

Name

Class

Date

: _____ : _____ e: _____

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1. Children's problems must be considered in the context of their ____.

- a. individual nature
- b. family dynamics
- c. community/culture
- d. all of these

ANSWER:

d

2. Victor is fearful of approaching new situations and often appears inhibited. Victor's mother reports that she struggles with similar difficulties and he may have inherited it from her. This is an example of ____.

- a. emotional influences
- b. biological influences
- c. cognitive influences
- d. behavioral influences

ANSWER:

b

3. Etiology refers to the ____ of childhood disorders.

- a. possible root causes
- b. possible treatments
- c. various correlations
- d. various preventions

ANSWER:

a

4. What is an underlying assumption with regard to abnormal child behavior?

- a. Abnormal development is solely determined by the child's genetic makeup.
- b. Abnormal development is solely determined by the child's environment.
- c. Abnormal development involves continuities and discontinuities.
- d. Abnormal development focuses on extreme or bizarre behavior.

ANSWER:

c

5. Isabella is 3 years old, and frequently demands attention, overreacts, and refuses to go to bed. These behaviors are considered ____.

- a. typical because of her age
- b. diagnosable as a clinical disorder
- c. signs of an overly sensitive child
- d. early warning signs of future difficulties

ANSWER:

a

6. Brett is an aggressive preschooler, who often bites other children and throws toys at his teacher. When Brett finished 3rd grade, he was asked to find another school to attend since he had repeatedly hit his classmates and kicked the principal. Brett's behavioral patterns are an example of

- a. abnormal behavior that follows a discontinuities pattern.

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- b. abnormal behavior that follows a continuity pattern.
- c. normal age appropriate development.
- d. sociopathic behavior that is rare in young children.

ANSWER:

b

7. When developmental psychopathologists view adaptive and maladaptive behaviors as the result of previous interactions and experiences spread over several years, they refer to the process as

- a. typical development.
- b. environmental determinants.
- c. developmental cascades.
- d. developmental theoretics.

ANSWER:

c

8. An integrative approach to the psychopathology of a child means that

- a. maladaptive behaviors are acceptable.
- b. all development takes place on a continuum.
- c. more than one therapist has to see the child.
- d. many theories and concepts can be used to explain behavior.

ANSWER:

d

9. Most often, adaptational failure is due to a(n) ____.

- a. single, definable cause
- b. longstanding biological maladaptation
- c. ongoing interaction between the individual and environment
- d. sudden onset of an environmental challenge

ANSWER:

c

10. A toddler learning to make sounds such as “mememe” and “bagabaga” before learning how to use intelligible language indicates a structure and process to development, otherwise known as the

- a. organization of development.
- b. hierarchy of development.
- c. biological perspective.
- d. integrative perspective.

ANSWER:

c

11. The windows of time during which environmental influences on development are enhanced are called ____.

- a. sensitive periods
- b. critical periods
- c. crucial periods
- d. necessary periods

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ANSWER: a

12. ____, The brain develops and grows over a lifetime, but from birth to 11 years, the most dramatic changes occur. Problems or disruptions that occur when a child is young can lead to

- a. disorganized development.
- b. organic disorders.
- c. hierarchical development.
- d. broken synapses.

ANSWER: b

13. Children's development occurs in a(n) ____ manner.

- a. mostly random
- b. strictly organized
- c. strictly hierarchical
- d. organized and hierarchical

ANSWER: d

14. The developmental psychopathology approach to studying childhood disorders emphasizes the importance of developmental ____.

- a. disruptions
- b. processes and tasks
- c. regressions
- d. obstacles

ANSWER: b

15. The two terms that are used to explain how a child's interaction with his/her environment can lead to the development of maladaptive behaviors are

- a. organized and interactive
- b. interactive and proactive
- c. transaction and interdependent
- d. transaction and transition

ANSWER: d

16. The role that a child's primary caretaker has in terms of that child's brain development is crucial, since those early experiences form the part of the brain that is responsible for their ____.

- a. planning and complex processes
- b. Problem-solving skills
- c. emotion, personality, and behavior
- d. Fine and gross motor skills

ANSWER: c

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17. Brain maturity occurs in a(n) ____ fashion.

- a. mostly random
- b. strictly organized
- c. strictly hierarchical
- d. organized and hierarchical

ANSWER:

d

18. Which statement about neural development is false?

- a. Most developing axons reach their destination even before a baby is born.
- b. Synapses both proliferate and disappear in early childhood.
- c. Brain connections are relatively predetermined and cannot be changed by the environment.
- d. Primitive areas of the brain develop first.

ANSWER:

c

19. Which statement about neural development is true?

- a. Major restructuring of the brain in relation to puberty occurs between 6 and 9 years of age.
- b. The brain stops developing after 3 years of age.
- c. Primitive areas of the brain mature last.
- d. The prefrontal cortex and the cerebellum are not wired until a person is 5 to 7 years old.

ANSWER:

d

20. Which statement about our genetic makeup is false?

- a. Genes determine behavior.
- b. Genes are composed of DNA.
- c. Genes produce proteins.
- d. The expression of genes is influenced by the environment.

ANSWER:

a

21. The problem with family aggregation studies is that they ____.

- a. are difficult to carry out
- b. do not control for environmental variables
- c. only tell us about the influence of the environment
- d. only tell us about chromosomal abnormalities

ANSWER:

b

22. Molecular geneticists focus on finding a specific gene for childhood disorder, while behavioral geneticists ____.

- a. study the possible connection between genetic predisposition and behavior
- b. study the possible connection between genes and education
- c. focus on brain development between 3 and 5 years

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- d. focus on neural synapsis developing until age 11

ANSWER:

c

23. Which part of the brain is most responsible for regulating our emotional experiences, expressions, and impulses?

- a. Hypothalamus
- b. Hindbrain
- c. Basal ganglia
- d. Limbic system

ANSWER:

d

24. Epinephrine is also known as ____.

- a. dopamine
- b. serotonin
- c. cortisol
- d. adrenaline

ANSWER:

d

25. Which part of the brain is implicated in disorders affecting motor behavior?

- a. Hypothalamus
- b. Hindbrain
- c. Basal ganglia
- d. Limbic system

ANSWER:

c

26. The ____ gives us the distinct qualities that make us human and allows us to think about the future, to be playful, and to be creative.

- a. cerebral cortex
- b. limbic system
- c. brainstem
- d. hippocampus

ANSWER:

a

27. The _____ lobes contain the functions underlying much of our thinking and reasoning abilities.

- a. temporal
- b. frontal
- c. parietal
- d. occipital

ANSWER:

b

28. The ____ gland produces epinephrine in response to stress.

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- a. hypothalamus
- b. thyroid
- c. adrenal
- d. pituitary

ANSWER:

c

29. Mike is having a very difficult time in school. Which gland would produce epinephrine in response to the stress he is experiencing?

- a. Hypothalamus
- b. Cortisol
- c. Adrenal
- d. Tegmentum

ANSWER:

b

30. Cindy has recently been diagnosed with anorexia. From a biological perspective, which neurotransmitter plays a role in eating disorders?

- a. GABA
- b. Serotonin
- c. Dopamine
- d. Pituitary

ANSWER:

b

31. The ____ gland oversees the body's regulatory functions by producing several hormones, including estrogen and testosterone.

- a. pineal
- b. pituitary
- c. thyroid
- d. adrenal

ANSWER:

b

32. ____ has been implicated in several psychological disorders, especially those connected to a person's response to stress and ability to regulate emotions.

- a. The HPA axis
- b. BZ-GABA
- c. Norepinephrine
- d. Dopamine

ANSWER:

a

33. What is an inhibitory neurotransmitter that reduces overall arousal and levels of anger, hostility, and aggression?

- a. Serotonin

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- b. Benzodiazepine-GABA
- c. Norepinephrine
- d. Dopamine

ANSWER:

b

34. _____ acts like a “switch” in the brain, turning on various circuits associated with certain types of behavior.

- a. Serotonin
- b. Benzodiazepine-GABA
- c. Norepinephrine
- d. Dopamine

ANSWER:

d

35. The neurotransmitter implicated in regulatory problems, such as eating and sleep disorders, is _____.

- a. norepinephrine
- b. serotonin
- c. benzodiazepine-GABA
- d. dopamine

ANSWER:

b

36. The child-caregiver role helps children explore their own emotions. Which style of parenting allows for the healthiest development of the child?

- a. Restrictive
- b. Demanding
- c. Emotional
- d. Authoritative

ANSWER:

d

37. ACTH causes the adrenal glands to release _____.

- a. benzodiazepine-GABA
- b. cortisol
- c. serotonin
- d. dopamine

ANSWER:

b

38. James often appears to be in a bad mood and he is easily frustrated when given challenging tasks. His temperament would be described as _____.

- a. angry and intense
- b. negative affect or irritability
- c. fearful or inhibited
- d. positive affect and approach

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ANSWER: b

39. Kim had been physically abused when she was 5, and is now a 10-year-old showing signs of “numbing,” which is an emotional dysregulation. In Kim’s situation, is her behavior

- a. completely maladaptive and in need of change?
- b. adaptive and protective?
- c. maladaptive and will lead to a personality disorder?
- d. adaptive and should not be changed?

ANSWER: b

40. A child who cannot control his temper has problems in emotion _____.

- a. sensitivity
- b. reactivity
- c. regulation
- d. deregulation

ANSWER: c

41. _____ relates to how children think about themselves and others, resulting in mental representations of themselves, relationships, and their social world.

- a. Social cognition
- b. Observational learning
- c. Cognitive mediation
- d. Cognitive development

ANSWER: a

42. Individual differences in emotion _____ account for differing responses to a stressful environment.

- a. affectivity
- b. sensitivity
- c. reactivity
- d. regulation

ANSWER: c

43. _____ problems refer to weak or absent control structures, whereas _____ problems indicate that existing control structures operative in a maladaptive way.

- a. Regulation; dysregulation
- b. Dysregulation; regulation
- c. Reactivity; regulation
- d. Regulation; reactivity

ANSWER: a

44. Temperament _____.

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- a. refers to a child's unpredictable behavior
- b. shapes a child's approach to the environment and vice versa
- c. is not related to personality
- d. forms very late in development

ANSWER:

b

45. Brendan is considered by his caregivers as a "slow-to-warm-up child," who is cautious in approaching novel or challenging situations. Which of the following would describe Brendan's temperament?

- a. Positive affect and approach
- b. Fearful or inhibited
- c. Negative affect or irritability
- d. Adaptive with negative mood

ANSWER:

b

46. Sharon is a psychologist who is using the ABA method with her client Katie, a difficult 6-year-old. As an ABA therapist, Sharon would focus on

- a. behavior only.
- b. antecedents and consequences only.
- c. behavior and consequences only.
- d. behavior, antecedents, and consequences.

ANSWER:

d

47. _____ explain the acquisition of problem behavior on the basis of paired associations between previously neutral stimuli (e.g., homework), and unconditioned stimuli (e.g., parental anger).

- a. Operant models
- b. Classical conditioning models
- c. Social learning models
- d. Social cognition models

ANSWER:

b

48. _____ theorists emphasize attributional biases, modeling, and cognitions in their explanation of abnormal behavior.

- a. Behavior
- b. Psychodynamic
- c. Social learning
- d. Biological

ANSWER:

c

49. _____ models portray the child's environment as a series of nested and interconnected structures.

- a. Environmental
- b. Ecological

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- c. Societal
- d. Macroparadigm

ANSWER:

b

50. John Bowlby's research on attachment showed that a child who has a secure attachment with a caregiver generally leads to

- a. atypical development.
- b. extra neurotransmitters being released.
- c. the development of a child's positive internal working model.
- d. an unknown outcome, since that attachment is broken after 12 months of age.

ANSWER:

c

51. Attachment theory considers crying (in an infant) to be a behavior that ____.

- a. serves to keep predators away
- b. stimulates the immune system
- c. irritates others
- d. enhances relationships with the caregiver

ANSWER:

d

52. According to Bronfenbrenger's ecological model of environmental influences, which influence plays a role in the child's life?

- a. Church or synagogue
- b. Neighborhood play areas
- c. Mass media
- d. All of the above

ANSWER:

d

53. The process of attachment typically begins between ____ of age.

- a. 0 to 2 months
- b. 6 to 12 months
- c. 12 to 18 months
- d. 18 to 24 months

ANSWER:

b

54. Infants that explore the environment with little affective interaction with the caregiver are likely to have a(n) ____ attachment pattern.

- a. secure
- b. anxious-avoidant
- c. anxious-resistant
- d. disorganized

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ANSWER: b

55. Jace is a baby that often seems nervous in new situations and around new people and is not easily comforted by his mother in these situations. Jace most likely has which attachment pattern?

- a. Secure
- b. Anxious-avoidant
- c. Anxious-resistant
- d. Disorganized

ANSWER: c

56. Luca has been showing aggressive behavior with his peers and has difficulty conducting himself in a normal fashion, and is constantly getting in trouble at school. According to attachment theories, which type of attachment pattern did Luca most likely exhibit as a child?

- a. Secure
- b. Anxious-avoidant
- c. Anxious-resistant
- d. Disorganized

ANSWER: b

57. Which attachment pattern has been linked to phobias and anxiety problems?

- a. Secure
- b. Anxious-avoidant
- c. Anxious-resistant
- d. Disorganized

ANSWER: c

58. Which term describes a child's model of relationships in terms of what the child expects from others and how the child relates to others?

- a. Internal working model
- b. External working model
- c. Internal attachment model
- d. External attachment model

ANSWER: a

59. _____ theorists argue that a child's behavior can only be understood in terms of relationships with others.

- a. Cognitive
- b. Behavioral
- c. Family systems
- d. Genetic

ANSWER: c

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60. The _____ view of child development recognizes the importance of balancing the abilities of individuals with the challenges and risks of their environments.

- a. health promotion
- b. family systems
- c. attachment
- d. psychopathological

ANSWER:

a

61. Discuss the three major underlying assumptions regarding abnormal child behavior.

ANSWER: The first underlying assumption is that abnormal child behavior is multiply determined. Thus, we have to look beyond the child's current symptoms and consider developmental pathways and interacting events that, over time, contribute to the expression of a particular disorder. The second assumption extends the influence of multiple causes by stressing how the child and environment are interdependent—how they influence each other. This concept departs from the tradition of viewing the environment as acting on the child to cause changes in development, and instead argues that children also influence their own environment. In simple terms, the concept of interdependence appreciates how nature and nurture work together and are, in fact, interconnected. Few psychological disorders or impairments suddenly emerge without at least some warning signs or connections to earlier developmental issues. This connection is apparent, for example, in early-onset and persistent conduct disorders, with which parents and other adults often see troublesome behaviors at a young age that continue in some form into adolescence and adulthood.

62. Distinguish between continuous and discontinuous patterns of behavior development. Which category would an eating disorder fall? Which category would persistent conduct disorders fall?

ANSWER: Continuity implies that developmental changes are gradual and quantitative (i.e., expressed as amounts that can be measured numerically, such as weight and height changes) and that future behavior patterns can be predicted from earlier patterns. Discontinuity, in contrast, implies that developmental changes are abrupt and qualitative (i.e., expressed as qualities that cannot be measured numerically, such as changes in mood or expression) and that future behavior is poorly predicted by earlier patterns. An eating disorder is discontinuous. Persistent conduct disorder is continuous

63. What is meant by using an integrative approach to understanding factors that influence a child's behavior?

ANSWER: Because no single theoretical orientation can explain various behaviors or disorders, we must be familiar with many theories and conceptual models—each contributes important insights into normal and abnormal development.

64. Most children follow a predictable pattern of development in terms of walking, talking, learning, and so on.

Additionally most clinical disorders commonly appear at predictable points in development. For the following ages, list two common clinical disorders: 0–2, 2–5, and 6–11.

ANSWER: 0–2: mental retardation and autism; 2–5: speech and language disorders, anxiety, and problems stemming from child abuse and neglect; 6–11: ADHD and learning disorders.

65. How can a baby with a difficult temperament influence and be influenced by the environment?

ANSWER: This dimension describes the “difficult child,” who is predominantly negative or intense in mood, not very adaptable, and arrhythmic. Some children with this temperament show distress when faced with novel or challenging situations, and others are prone to general distress or irritability, including when limitations are placed on them.

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66. Discuss how children learn from their emotions and the emotional expression of others.

ANSWER: Children have a natural tendency to attend to emotional cues from others, which helps them learn to interpret and regulate their own emotions. They learn, from a very young age, through the emotional expressions of others.

67. How permanent are early neuronal connections?

ANSWER: This question has provoked different theories and agonized many parents who are concerned about their children's early development. For instance, if early brain functions are unlikely to change, this implies that early experiences set the course for lifetime development. Freud's similar contention implied that an individual's core personality is formed from an early age, which sets the pace and boundaries for further personality formation.

68. Discuss the major functions of four major neurotransmitters in the brain and their implicated role in psychopathology.

ANSWER: Benzodiazepine-GABA reduces arousal and moderates emotional responses, such as anger and hostility; it is implicated in anxiety disorder. Dopamine may act as a switch that turns on various brain circuits, allowing other neurotransmitters to inhibit or facilitate emotions or behavior and is implicated in schizophrenia, mood disorders, and attention-deficit/hyperactivity disorder. Norepinephrine facilitates or controls emergency reactions and alarm responses; it plays a role in emotional and behavioral regulation, but is not directly implicated with any specific disorder. Serotonin plays a role in information and motor coordination, and is implicated in regulatory problems, obsessive-compulsive disorder, schizophrenia, and mood disorders.

69. Caspi (2003) conducted a study that connected early temperament style in children, and their personality traits as adults. Is this study practically helpful in terms of what we can do, if anything, to prevent a difficult child with self-control issues from being a difficult adult with self-control issues?

ANSWER: Yes.

70. Distinguish between emotion reactivity and emotion regulation.

ANSWER: Emotion reactivity refers to individual differences in the threshold and intensity of emotional experience, which provide clues to an individual's level of distress and sensitivity to the environment. Emotion regulation, on the other hand, involves enhancing, maintaining, or inhibiting emotional arousal, which is usually done for a specific purpose or goal.

71. Briefly describe the three primary dimensions of temperament.

ANSWER: Positive affect and approach. This dimension describes the "easy child," who is generally approachable and adaptive to his or her environment and possesses the ability to regulate basic functions of eating, sleeping, and elimination relatively smoothly.
Fearful or inhibited. This dimension describes the "slow-to-warm-up child," who is cautious in his or her approach to novel or challenging situations. Such children are more variable in self-regulation and adaptability and may show distress or negativity toward some situations.
Negative affect or irritability. This dimension describes the "difficult child," who is predominantly negative or intense in mood, not very adaptable, and arrhythmic. Some children with this temperament show distress when faced with novel or challenging situations, and others are prone to general distress or irritability, including when limitations are placed on them.

72. Provide everyday examples of positive and negative reinforcement, extinction, and punishment.

ANSWER: An example of positive reinforcement would be a mother giving a child a special treat if the child behaved in the store. Negative reinforcement would occur when you get in your car and buckle your seatbelt in order

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to stop the beeping noise. If I got sick on a certain food and was then conditioned to avoid it because it caused nausea, extinction would occur when I no longer pair the sickness with the food and can eat it again. Positive punishment is an active process—doing something to someone like assigning extra chores.

73. Explain why an integrative approach is important in abnormal psychology.

ANSWER: Each model is restricted in its ability to explain abnormal behavior to the extent that it fails to incorporate important components of other models. Fortunately, such disciplinary boundaries are gradually diminishing as different perspectives take into account important variables derived from other models. Over time, major theories of abnormal child psychology have become compatible with one another. Rather than offering contradictory views, each theory contributes one or more pieces of the puzzle of atypical development. As all the available pieces are assembled, the picture of a particular child or adolescent disorder becomes more and more distinct.

74. Discuss the main principles of a developmental psychopathology perspective.

ANSWER: Developmental psychopathology is an approach to describing and studying disorders of childhood, adolescence, and beyond in a manner that emphasizes the importance of developmental processes and tasks. This approach provides a useful framework for organizing the study of abnormal child psychology around milestones and sequences in physical, cognitive, social–emotional, and educational development. It also uses abnormal development to inform normal development, and vice versa (Cicchetti, 2006; Hinshaw, 2013). Simply stated, developmental psychopathology emphasizes the role of developmental processes, the importance of context, and the influence of multiple and interacting events in shaping adaptive and maladaptive development. We adopt this perspective as an organizing framework to describe the dynamic, multidimensional process leading to normal or abnormal outcomes in development.

75. Why do family systems theorists stress the importance of looking at the whole family as opposed to one individual's difficulties?

ANSWER: This view is in line with our earlier discussion of underlying assumptions about children's abnormal development—relationships, not individual children or teens, are often the crucial focus.