

MULTIPLE CHOICE

1. The authors of this text assert that psychopathology is best understood in relationship to:
 - a. how children typically develop.
 - b. adaptation to atypical situations.
 - c. each child's unique pattern of development.
 - d. maladaptation to environmental stressors.

ANS: A
Adolescence

DIF: 2
TYPE: F

REF: Defining Disorders of Infancy, Childhood and

2. Dr. Jones tells her psychology class that it is difficult to determine one true definition of psychopathology. Which of the following statements would best support her assertion regarding developmental psychopathology?
 - a. Children who experience minimal stressors may develop maladaptive behaviors.
 - b. Typically developing children can and do display behaviors that could be described as "abnormal."
 - c. Children who display maladaptive behaviors come from a variety of situations, including socioeconomic status.
 - d. Atypical development can best be defined in terms of gender expectations and age of the child.

ANS: B
Adolescence

DIF: 3
TYPE: C

REF: Defining Disorders of Infancy, Childhood, and

3. A child's behaviors might be considered typical or adaptive in one situation but not in another because these behaviors may:
 - a. be rare or unusual when compared to other children of the same age or gender.
 - b. be considered adaptive in a given sociocultural group or situation.
 - c. not meet the specific criteria for a disorder as defined by the medical community.
 - d. be considered acceptable by psychologists who study children's behavior.

ANS: B

DIF: 2

REF: What is Normal? TYPE: C

4. At age 6, Allison's temper tantrums are more frequent and intense than her same-aged peers. Allison's behavior may be considered pathological based on which of these criteria?
 - a. violation of sociocultural norms
 - b. meeting the definition of a specific mental health disorder
 - c. statistical deviance from peers
 - d. major emotional maladjustment

ANS: A

DIF: 2

REF: What is Normal? TYPE: A

5. Dr. Vance works with all of his clients to identify their strengths and weaknesses and develops a plan for them to be able to function at the highest level possible. This is known as _____ adaptation.

- a. adequate
- b. foundational
- c. superior
- d. optimal

ANS: D

DIF: 1

REF: The Role of Values

TYPE: A

6. Sameroff (1993) stated that “all life is characterized by disturbance that is overcome, and that only through disturbance can we advance and grow.” How does this statement further the understanding of developmental psychopathology?
- a. It provides a basis for defining psychopathology in youth.
 - b. It normalizes the fact that most children can and do face challenges.
 - c. It creates a basis for understanding why we must provide funding for children’s mental health.
 - d. It supports the fact that in order to overcome adversity all humans need support.

ANS: B

DIF: 3

REF: The Role of Values

TYPE: C

7. The major difference between psychopathology and developmental psychopathology is the:
- a. likelihood that children’s development will be negatively impacted.
 - b. role of culture in understanding deviant behavior.
 - c. understanding of how family values impact the development of maladaptive behavior.
 - d. belief that most deviant behavior is innate.

ANS: A

DIF: 3

REF: Definitions of Psychopathology and Developmental Psychopathology

TYPE: C

8. Dr. Uyenco wants to know how many new cases of autism are diagnosed each year in her particular state. Which type of data should she access?
- a. epidemiology
 - b. prevalence
 - c. identification rate
 - d. incidence

ANS: D

DIF: 2

REF: Rates of Disorders in Infancy, Childhood, and Adolescence

TYPE: F

9. Tolan and Dodge (2005) have proposed a four-part model for a comprehensive mental health system that serves children and their families. Based on what is known about existing barriers to services, which of the following components would likely be a part of this model?
- a. access to effective emergency care to treat crisis situations
 - b. preventive care provided in natural settings such as schools or daycares
 - c. emphasis on research-based treatments that address the cultural majority
 - d. an expansion of psychiatric hospitals that are equipped to handle long-term inpatient care

ANS: B

DIF: 3

REF: Allocation of Resources, Availability and Accessibility of Care

TYPE: C

10. Children in Africa, Latin America, and Eastern Europe are less likely to have access to quality mental health services. These countries may be classified as:
- uneducated.
 - poor.
 - resource-poor.
 - rural.

ANS: C
TYPE: F

DIF: 1

REF: The Globalization of Children's Mental Health

TRUE/FALSE

1. In order to accurately understand psychopathology in children, it is important to distinguish between "normal" and "abnormal" development.

ANS: T
Adolescence

DIF: 1
TYPE: F

REF: Defining Disorders of Infancy, Childhood, and

2. In some Native American tribes, it is considered a sign of disrespect to look at an elder when talking to them. This is an example of a sociocultural norm.

ANS: T
TYPE: A

DIF: 2

REF: What is Normal?

3. Despite early abuse and neglect, 10-year-old Joshua has adapted well to his new foster family, has made good friends at school, and is excelling in reading and soccer. Joshua's situation would most likely be an example of adequate adaptation.

ANS: F

DIF: 2

REF: The Role of Values

TYPE: A

4. More current definitions of psychopathology include both extremes of behavior (too little or too much).

ANS: T

DIF: 2

REF: The Role of Values

TYPE: F

5. Dr. Andrews wants to study how many children under the age of 5 in the United States have been diagnosed with autism over the past 10 years. In order to do this, he is most likely to use a random sampling of the general population to estimate the prevalence of autism.

ANS: T

DIF: 2

REF: Rates of Disorders in Infancy, Childhood, and Adolescence

TYPE: A

6. The fact that many children who need mental health care don't receive it is primarily based on denial of mental health treatment.

ANS: F DIF: 2

REF: Allocation of Resources, Availability and Accessibility of Care TYPE: F

7. Patrick's parents are reluctant to have him see a psychologist because they're afraid other family members will think they are "bad" parents. Their reluctance is most closely related to lack of resources in their local community.

ANS: F DIF: 3

REF: The Globalization of Mental Health

TYPE: A

FILL IN THE BLANK

1. According to the authors of this text, the understanding of developmental psychopathology must be centered in what is _____ for a particular child's development.

ANS: typical, normal DIF: 2

REF: Defining Disorders of Infancy, Childhood, and Adolescence TYPE: F

2. Dr. Wang has diagnosed Emma with separation anxiety disorder based on her presenting symptoms, but also has considered how these symptoms impact her quality of life. Dr. Wang is using the _____ aspect of psychopathology.

ANS: mental health definition DIF: 3

REF: What is Normal? TYPE: A

3. The authors of this text believe that all children should have the support they need to reach their full potential, in spite of challenges they may face. This is known as _____.

ANS: optimal adaptation DIF: 2

REF: The Role of Values TYPE: F

4. The example of the Hmong families and their unmarried children who continue to live at home highlights the fact that _____ are critical in understanding developmental psychopathology.

ANS: sociocultural norms DIF: 2

REF: The Role of Values TYPE: A

5. Dr. Schwiesow is studying how often schizophrenia is diagnosed in the U.S. population, as well as states where there are more children who are diagnosed with attention deficit/hyperactivity disorder. His field of study is most likely _____.

ANS: developmental epidemiology DIF: 2

REF: Rates of Disorders in Infancy, Childhood, and Adolescence TYPE: A

6. _____ are those factors that potentially prevent individuals from receiving effective treatment for mental health issues.

ANS: Barriers to care DIF: 1

REF: Allocation of Resources, Availability, and Accessibility of Care TYPE: F

7. _____ youth are more likely to have difficulty accessing appropriate and effective treatment and prevention programs related to mental health.

ANS: Minority, Disadvantaged DIF: 1

REF: Allocation of Resources, Availability, and Accessibility of Care TYPE: F

8. The Tolan and Dodge (2005) model of a comprehensive mental health system includes access to mental health services, services provided in primary care settings, preventative care for high-risk children, and _____.

ANS: attention to cultural context and cultural competence DIF: 3

REF: Allocation of Resources, Availability and Accessibility of Care TYPE: F

SHORT ANSWER ESSAY

1. Identify the pros and cons of using the statistical deviance model of abnormality. Include a brief definition.

ANS:

- Definition – infrequency of emotions, cognitions, and/or behaviors; too much or too little of these
- Pros – provides a point of reference for understanding psychopathology; how different is this behavior than others their age, gender, race, etc.
- Cons – doesn't acknowledge the role of culture and values in understanding statistical rarity; may focus of the cultural majority

REF: What is Normal?

2. Define and provide an example of the sociocultural perspective on abnormality. How does this approach differ from the statistical deviance model?

ANS:

- Definition – behavior is viewed by how it relates to age, gender, or culture.
- Example – a child who is acting a particular way based on expectations of the family (parenting styles, cultural expectations), neighborhood (aggression in a dangerous neighborhood), or school (value of education, carrying weapons to protect self), etc.
- Difference – frames psychopathology in reference to a particular culture or subculture; statistical deviance may or may not capture those differences as it generally compares to a larger, possibly more diverse group

REF: What is Normal?

3. Define and give an example of the mental health definition perspective on abnormality. How might this approach help or hinder the advancement of mental health treatment for youth?

ANS:

- Definition – psychological well-being is primary; children who are disadvantaged in terms of quality of life or who are functioning inadequately in their current environment are at risk
- Example – an answer that identifies a particular problem a child may be experiencing (e.g., anxiety) that would have the potential to engage in developmentally appropriate activities (e.g., going to school)
- Help or hinder – focuses on identifying those children who are at risk of developing a disorder or who are currently experiencing problems; prevention and treatment would be emphasized

REF: What is Normal?

4. Compare and contrast adequate versus optimal adaptation. How might these approaches impact the outcome of youth who are experiencing mental health issues?

ANS:

- Adequate adaptation – functioning at a basic level that is considered sufficient for development
- Optimal adaptation – functioning at the highest level possible for that particular child
- Outcome – prevention efforts could be time-limited or sustained or include a narrow or broad range of interventions depending on the belief about adaptation; focus of treatment could stop at a point where the child is functional or continue until the child is more than functional; broadness of perspective which could include only the child or the child, family, school, neighborhood

REF: The Role of Values

5. Compare developmental psychopathology and psychopathology in terms of basic approaches.

ANS:

- Psychopathology – intense, frequent, and/or persistent maladaptive patterns of emotion, cognition and behavior; could apply to adults or children; doesn't emphasize the impact on development
- Developmental psychopathology – emphasizes how maladaptive behaviors occur in the context of typical development and can result in short-term or long-term impairment of children; emphasizes typical and atypical development and the concern about how it can impact current and future development

REF: Definitions of Psychopathology and Developmental Psychopathology

6. What is the definition of incidence and prevalence? Give examples of when it might be best to know each one of these when working with youth with mental health issues.

ANS:

- Incidence – current number of cases in a given population
- Prevalence – rate at which new cases are identified

- Examples – could potentially identify if a particular disorder is being diagnosed at a higher rate due to a number of factors (e.g., environmental toxins, revised definitions, etc.); can compare prevalence to incidence to identify trends; can identify pockets of different disorders which could lead to possible etiology and where to focus prevention and treatment efforts

REF: Rates of Disorders in Infancy, Childhood, and Adolescence

7. What are two problems related to estimating rates of disorders in childhood? How might researchers guard against these potential problems?

ANS:

- Two problems – may underestimate actual rates of disorders because numbers are usually based on random sampling of a population; may not capture relevant factors such as ethnicity, gender, SES
- Researchers – increase number in sample; compare numbers to other studies; repeat studies over time; identify relevant factors (e.g., gender, ethnicity) and include those in the sample

REF: Rates of Disorders in Infancy, Childhood, and Adolescence

8. Identify the barriers to care that minority and socioeconomically disadvantaged youth might face. How and why do these barriers differ from other youth?

ANS:

- Barriers – structural (transportation, inability to pay, lack of competent providers); perception (cultural norms that place a stigma on seeking mental health treatment based on lack of education); preventative (lack of programs available in neighborhood, community or schools because of funding issues)
- Different from other youth – related to education, insurance benefits, higher quality schools, understanding of cultural norms related to socio-economic status

REF: Allocation of Resources, Availability and Accessibility of Care

9. Using what is known about developmental psychopathology, develop a brief public service announcement (3-4 sentences) highlighting the important aspects and/or misconceptions related to mental health issues in youth and what can and should be done to help these youth.

ANS:

- Any reasonable combination of the following:
 - Definition of developmental psychopathology
 - Prevalence of mental health issues in youth
 - Stigma related to psychopathology
 - Potential for harm to child and society – loss of productivity, cost, etc.
 - What we know about what can be done to help children – preventative care and treatment

REF: Chapter 1

LONG ANSWER ESSAY

1. According to the authors of this text, why is it important to maintain a flexible and changing understanding of a child's strengths and weaknesses?

ANS:

- Includes a wide variety of factors related to a child's development
- Identifies how many factors could impact a child's development including culture, society, family, ethnicity
- Children change and develop over time and have different needs over time
- Focuses on both challenges and strengths that can be a part of prevention and treatment

REF: Defining Disorders of Infancy, Childhood, and Adolescence

2. A 15-year-old freshman has been referred to the school psychologist by her mother. The concerns include poor grades, withdrawal from her family, increased moodiness, and conflicts with peers. Briefly describe how this school psychologist might view this child's problems from a statistical deviance perspective, sociocultural perspective, and mental health perspective.

ANS:

- Statistical deviance – how different is her behavior from others her age and gender
- Sociocultural perspective – what the cultural expectations of her are in terms of her family, neighborhood, school, ethnicity
- Mental health perspective – how her behavior is impacting her functioning in various environments (e.g., home, school) and what the potential is for future harm

REF: What Is Normal?

3. What are three key issues related to the stigma of psychopathology in children, and why are they important to address? For each of these issues, propose one way to combat stigma related to psychopathology in children.

ANS:

- Issues – any issues related to personal, familial, social, and institutional stigma
- Combat through education, prevention programs in primary settings (schools, doctor's offices, etc.), public service announcements, and access to effective treatment

REF: The Globalization of Children's Mental Health

4. Based on what you've read in the text, develop a lobbying strategy to present to policy makers regarding key components of a supportive and effective mental health care policy for youth.

ANS:

- Key components – access to preventative programs for all children and families; may emphasize the cost of lost productivity if society doesn't address children's issues;

access to quality and affordable treatment; combating misconceptions about mental health in youth; financial support for quality programs; education of those who come in contact with children – pediatricians, educators, etc. Could also reference the Tolan and Dodge (2005) model – access to mental quality mental health services, prevention provided in primary care settings, focus on high-risk families and children, and emphasis on cultural context and competence.

REF: Chapter 1

5. Define and give an example of stigma related to psychopathology in children. In what ways does today's media help or hurt the stigma related to mental health?

ANS:

- Any issues related to personal, familial, social and institutional stigma
- Reference to music, TV, movies, etc., that either educate, stereotype, or stigmatize mental health issues in children

REF: The Globalization of Children's Mental Health

6. Based on what you've learned about developmental psychopathology, develop a preventative program that would be housed in the local school district. Identify at least four key components to such a program.

ANS:

- Any reasonable response that includes prevention, education, efforts to reduce stigma, access to quality professionals and interventions, early recognition of mental health issues, referral to effective and culturally competent professionals; also should include a program that address the whole child (cognitive, social, etc.)
- Could also reference the Tolan and Dodge (2005) model – access to mental quality mental health services, prevention provided in primary care settings, focus on high-risk families and children, and emphasis on cultural context and competence

REF: Chapter 1