Disorders of Childhood 4th edition Parritz Solutions Manual

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Instructor Manual

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Purpose and Perspective of the Chapter

The authors introduce the developmental psychopathology approach. They also define and discuss important terms and issues in the field of developmental psychopathology. Some key issues that are introduced in the chapter include how normality and psychopathology are described and the role of values in conceptualizing psychopathology. Other issues that are discussed include the rates of disorders in infancy, childhood, and adolescence; allocation of resources; availability and accessibility of care; and global perspectives on children's mental health. Two boxes highlight the child in context. One box is focused on "the irreducible needs of children," a summary of what children need to thrive. The second box is focused on responses to the emergency in child and adolescent mental health.

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Chapter Objectives

The following objectives are addressed in this chapter:

1.1. Explain the benefits and drawbacks of different approaches (e.g., statistical deviance, sociocultural norms, mental health definitions) to identifying disorders in children and adolescents.
1.2. Explain the impact of values on definitions of disorders.
1.3. Discuss the implications of the definition of developmental psychopathology that includes descriptions of typical and atypical patterns of emotion, cognition, and behavior.
1.4. Identify several goals related to research on rates of disorders in children and adolescents.
1.5. Discuss several factors that influence current estimates of rates of disorder.
1.6. Outline several issues related to the allocation of resources, availability of treatment, and access to care.
1.7. Outline barriers to care and ways in which barriers are experienced by children and families of various backgrounds.
1.8. Summarize the important information provided by global perspectives of children's mental health and mental illness.

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What's New in This Chapter

The following elements are improvements in this chapter from the previous edition:

- Expanded coverage on rates of disorders in infancy, childhood, and adolescence.
- Expanded coverage on barriers to care.
- More emphasis the impact of health equity and public policy issues on children's well-being.

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Chapter Outline

The following outline organizes activities (including any existing discussion questions in PowerPoint slides or other supplements) and assessments by chapter (and therefore by topic), so that you can see how all the content relates to the topics covered in the text.

I. Defining Disorders of Infancy, Childhood, and Adolescence (LOs 01.01 through 01.02, PPT Slides 5–6)
   A. The central premise of developmental psychopathology is that we gain a better understanding of children's disorders when we think about those disorders within the context of typical development.
   B. Case study of Emma: How do parents and clinicians make decisions about adaptation vs. maladaptation?
   C. Contemporary theorists, researchers, and clinicians emphasize that a useful models of development and psychopathology require a dynamic appreciation of children's strengths and weaknesses.

II. What Is Normal? (LOs 01.01 through 01.02, PPT Slides 7–9)
   A. Common descriptions of normality and psychopathology often focus on:
      1. Statistical Deviance – the infrequency of certain emotions, cognitions, and/or behaviors. Those who display too much or too little of any age-expected behavior might have a disorder.
      2. Sociocultural Norms – the beliefs and expectations of certain groups about what kinds of emotions, cognitions, and/or behaviors are undesirable or unacceptable.
      3. Mental Health Definitions – theoretical or clinically based notions of distress and dysfunction. Children who have a negative quality of life, function poorly, or exhibit certain kinds of symptoms might have a disorder. (Discussion PPT Slide 9)

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III. The Role of Values (LOs 01.01 through 01.02, PPT Slides 10–13)
   A. The role of values must be taken into account when conceptualizing mental health and psychopathology. Two such judgments are:
      1. Poor Adaptation – what is considered as maladaptation
      2. Adequate Adaptation – what is considered acceptable
      3. Optimal Adaptation – what is considered excellent or superior
      4. The cases of Dylan (poor adaptation), Benjamin (adequate adaptation), and Sofia (optimal adaptation)
   B. The impact of values on definitions of disorder
      1. Judgments must be made with various definitions of disorder.
      2. In statistical deviance definitions, decisions are made about how to conceptualize behavior along a continuum and about cutoffs (how much or how little of a behavior reflects maladaptation).
      3. In sociocultural definitions, value judgments are the very basis of different definitions of disorder (e.g., cultural tolerance of mind-altering substances influences evaluation of pathological addiction).
      4. In mental health definitions, the values of psychologists, psychiatrists, and clinical social workers are embedded in both scientific and lay community decision-making.

IV. Definitions of Psychopathology and Developmental Psychopathology (LOs 01.01 through 01.03, PPT Slide 14)
   A. Psychopathology refers to intense, frequent, and/or persistent maladaptive patterns of emotion, cognition, and behavior.
   B. Developmental psychopathology extends this description to emphasize that these maladaptive patterns occur in the context of typical development and result in the current and potential impairment of infants, children, and adolescents.

V. Rates of Disorders in Infancy, Childhood, and Adolescence (LOs 01.04 through 01.05, PPT Slides 15–19)
   A. Developmental epidemiology is the field that studies frequencies and patterns of distributions of disorders in infants, children, and adolescents.
   B. Prevalence refers to all current cases of the disorder.
   C. Incidence refers to new cases in a given time period.
   D. It is estimated that between 13%–16% of children in the United States between 8 and 15 years of age meet criteria for a mental disorder. These rates are similar to those observed in cross-country investigations.
   E. Rates of disorder are increasing, with a national emergency in child and adolescent mental health declared by the American Academy of

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Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association. There is a disproportionate impact on children and families in communities of color and in low-SES settings. (Activity PPT Slide 19)

VI. Allocation of Resources, Availability and Accessibility of Care (LOs 01.06 through 01.07, PPT Slides 20–21)
   A. Fewer than half of children who need mental health services receive them.
   B. Barriers to care are widespread and include structural barriers, barriers related to perceptions about mental health difficulties, and barriers related to perceptions about mental health services.
   C. Cost of care is often prohibitive.
   D. Funding for prevention is often inadequate.
   E. The stigmatization of mental illness remains an important issue. Ignorance and intolerance are critical issues for children and families experiencing mental health challenges.

VII. The Globalization of Children's Mental Health (LO 01.08, PPT Slides 22–23)
   A. We need to take global perspectives into account as we think about definitions of disorder, allocation of resources, and access to care.
   B. For too many children and adolescents, experiences of trauma increase risk for psychopathology, difficult developmental pathways, and poor outcomes.
   C. Outreach and treatment must take into account cultural variation as well as accessibility and implementation challenges. (Reflection PPT Slide 23)

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Additional Activities and Assignments

The following are activities and assignments developed by Cengage but not included in the text or courseware (if courseware exists)—they are for you to use if you wish.

1. What is normal? Compare and contrast how definitions based on statistical deviance, sociocultural norms, and mental health definitions are made. Small groups can focus on broad categories of disorder such as anxiety, depression, conduct problems, and/or substance use.
2. Examine the constructs of statistical deviance, sociocultural norms, and mental health definitions more closely. What are the strengths and weaknesses of each approach? Students can discuss whether a specific

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approach is well matched to a particular disorder or whether/how sociocultural norms should influence decisions about disorders.

3. In small groups, have students create new cases that reflect poor adaptation, adequate adaptation, and optimal adaptation. Provide information about a traumatic event that is experienced by many different children or adolescents or an early appearing disorder (such as attention-deficit/hyperactivity disorder) diagnosed in many children with different backgrounds or circumstances. In a whole-class discussion, have students identify similarities in the cases of poor adaptation, adequate adaptation, and optimal adaptation. This activity helps students begin to think about risk and protective factors.
4. Ask your students why they think that approximately 15% of children and adolescents meet the diagnostic criteria for a disorder. Is this number higher or lower than your class expected? Why? Have students discuss the multiple factors that influence prevalence rates. Or, have students discuss the national emergency in child and adolescent mental health. With a focus on Box 1.2, have students discuss the specific recommendations.
5. [Access to a computer lab would be ideal for this class activity, or ask students who have laptops to bring them to share.] Assign students to work in small groups during class time to research epidemiological statistics. Each group can be assigned a different group of mental disorders (e.g., anxiety disorders, mood disorders, etc.) and asked to find out the current prevalence and incidence rates, and how those rates vary with age. Make sure that students seek information from countries other than the United States for comparison and contrast.
6. Have students discuss why so many children "fall through the cracks." Include in your discussion such items as available resources, where one lives (rural vs. urban), poverty, cultural perceptions, stigmatization, costs, and time commitment involved of caregivers or children.
7. Discuss barriers to care, starting with a large-group discussion in which the students review the barriers presented in the textbook and then brainstorm further possible barriers. Then have the class break into small groups and each choose one barrier from the list to explore in more depth. In their small groups, ask them to brainstorm ways to overcome the barrier they chose and the needed resources for each of their ideas. Then ask them to assess the feasibility of overcoming each barrier and make a suggestion to the class of the best suggestion for overcoming their chosen barrier, based on their analysis.
8. In small groups, have students search for information on rates of disorders in different world regions. Have students looks for mental health information related to traumatic events (natural disasters, war and displacement, severe

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poverty). Compare and contrast mental health and mental illness experiences in different countries with distinctive challenges.

9. Discussion board topic: Have students make connections between the two *New York Times* articles and the Chapter 1 textbook material. In what ways do the articles provide evidence that supports information about definitions of disorder, prevalence rates, and barriers to care?

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Additional Resources

External Videos or Playlist

- **Online Video Resources:**
  - **Maladaptation and Resilience in Maltreated Children: A Multiple Levels of Analysis Perspective**
    Dante Cicchetti, PhD, is a leading expert on developmental psychopathology, particularly the areas of risk and resilience. In this hour-long talk, he discusses how maltreated children adapt or fail to adapt to the environmental insults they have suffered.
  - **APA video: The Kids Are Not Alright – The Decline in Mental Health among Youth**
    The 2022 APA conference session focused on declines in youth mental health (varied speakers and presentations).
  - **Cultivating Resilience**
    Counseling psychologist Greg Eells, PhD, discusses what it means to build resilience, regardless of the circumstances an individual faces.
  - **Emmy Werner: Hope and Resiliency**
    A brief video about and featuring Dr. Emmy Werner, a renowned leader on risk and resilience who led the famed Kauai Longitudinal Study.
  - **Imagine There Was No Stigma to Mental Illness**
    In this TEDx talk, Dr. Jeffrey Lieberman, professor and chair of psychiatry at Columbia University, discusses the possible positive ramifications of breaking down the stigma against mental illness.
  - **The Stigma of Mental Illness**
    This TEDx talk offers a first-person perspective on stigmatization against mental illness from a 22-year-old who battled childhood psychopathologies.

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Internet Resources

- **Children and Mental Health: Is This Just a Stage?**
  This extensive fact sheet produced by the National Institutes of Mental Health offers frequently asked questions and answers about children with mental illness. A downloadable PDF is also available to provide to students.
- **Stigma Free**
  The National Alliance on Mental Illness is leading the charge against stigmatization of mental illness, with their efforts centered on the StigmaFree pledge. This page provides an overview of the pledge and empowers readers to take the pledge and to carry the message forward.
- **Epidemiology of Mental Disorders in Children and Adolescents**
  This article offers a prime example of developmental epidemiology, providing prevalence and incidence rates for a variety of mental illnesses in children and adolescents. It provides an excellent way to discuss the concepts in this chapter in relation to real world statistics.
- **Kids Count Data Center**
  This site provides information about children's well-being in the United States. Data on trends in youth mental health can be accessed by topic, state, family and community resources, and other factors.

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Primary Sources

- **Non-journal articles:**
  - Richtel, M. (2022, April 24). **It's Life or Death': The Mental Health Crisis among U.S. Teens**. *New York Times*.
  - Richtel, M., & Flanagan A. (2022, Aug. 27). **This Teen Was Prescribed 10 Psychiatric Drugs. She's Not Alone.** *New York Times*.
- **Journal articles:**
  - Rutter, M., Kim-Cohen, J., & Maughan, B. (2006). **Continuities and discontinuities in psychopathology between childhood and adult life**. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 47,* 276–295.
  - Rutter, M. L., & Sroufe, L. A. (2000). **Developmental psychopathology: Concepts and challenges.** *Development & Psychopathology, 12,* 265–296.
  - Sroufe, L. A., & Rutter, M. L. (1984). **The domain of developmental psychopathology**. *Child Development, 55,* 17–29.
  - Stout, P. A., Villegas, J., & Jennings, N. A. (2004). **Images of mental illness in the media: Identifying Gaps in the Research**. *Schizophrenia Bulletin, Vol 30*(3), 543–561.

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