2 Theories and Causes

Chapter Summary:

There are many factors and processes, which may influence child and family disturbances (e.g., biological, psychological, familial, cultural). The study of the etiology of childhood disorders is a consideration of how different variables interact to produce a particular outcome. An integrative approach allows for many different theories and models to contribute insights into human behavior. The developmental psychopathology perspective provides a general framework of studying childhood disorders and emphasizes the role of developmental processes, and the influence of multiple, interrelated events in guiding both abnormal and normal development. Importantly, the developmental psychopathology perspective stresses that an understanding of normal development is necessary in order to appropriately understand abnormal development. Biological perspectives examine how children's brain development is influenced by genetics, neuroanatomy, and maturation rates. Brain development and environmental experiences interact as a child's brain structure develops, with development continuing throughout a person's lifetime. Neural plasticity, genetics, brain structures, the endocrine system, and neurotransmitters all play significant roles in brain function. Psychological perspectives examine emotional, behavioral and cognitive influences on abnormal behavior. Emotional reactivity and regulation, as well as temperament and personality, play a role in the emotional development of the child. Behavioral and cognitive perspectives emphasize children's learning and interpretation of their environment. Three major approaches that follow behavioral or cognitive-behavioral models include Applied Behavior Analysis (ABA), classical conditioning, and social learning and cognition theories. Family and cultural perspectives view the child's social and environmental situations as influential factors. Knowledge about a child's attachment level and family relationships is essential in understanding behavior. A health promotion view recognizes that many causes interact together within a child's environment, and this perspective is emphasized within the context of understanding abnormal child psychology.

Chapter Outline:

I. Theoretical Foundations

- The study of abnormal child behavior requires an understanding of developmental processes and of individual and situational events that can influence the course and direction of a particular child
- Theories allow us to predict behavior based on samples of knowledge
- The study of the etiology of childhood disorders considers how biological, psychological, and environmental processes interact to produce outcomes over time

A. Underlying Assumptions

1. Abnormal development is multiply determined – we must look beyond current symptoms and consider developmental pathways and interacting events that, over time, contribute to the development and expression of a particular disorder
2. The child and the environment are interdependent and interact dynamically – the child and the environment are both active contributors to adaptive and maladaptive behavior (called the "transactional" or "relational" view)
3. Abnormal development involves continuities and discontinuities, with both quantitative and qualitative changes in patterns of behavior over time

B. An Integrative Approach

1. Abnormal child behavior is best studied from a multi-theoretical perspective

II. Developmental Considerations

- Adaptational failure is the failure to master or progress in accomplishing developmental milestones

A. Organization of Development

1. Implies an active, dynamic process of continual change and transformation
2. Sensitive periods are windows of time during which environmental influences on development are enhanced
3. The attempt to understand influences on abnormal child development is made easier by considering the fact that development proceeds in an organized, hierarchical way

B. Developmental Psychopathology Perspective

1. Developmental psychopathology is an approach to describing and studying disorders of childhood and adolescence in a way that stresses the importance of developmental processes and tasks
2. The developmental psychopathology perspective is viewed as a macroparadigm
3. To understand maladaptive behavior, one must view it in relation to what is considered normative

III. Biological Perspectives

- A neurobiological perspective considers brain and nervous system functions as underlying causes of psychological disorders

A. Neural Plasticity and the Role of Experience

1. The brain shows neural plasticity (i.e., malleability; use-dependent anatomical differentiation) throughout the course of development
2. Experience plays a role in brain development, with transaction occurring between ongoing brain development and environmental experiences; these experiences may include early care-giving
3. Maturation of the brain is an organized, hierarchical process with brain structures changing and growing through the life span
4. As the brain is shaped by early experiences, consequences of traumatic experience may be difficult to change

B. Genetic Contributions

1. Any trait a child has results from an interaction of environmental and genetic factors

2. Very few specific genetic causes have been isolated or identified as the underlying cause of child psychopathology
3. Genes produce tendencies to respond to the environment in certain ways, but do not determine behavior
4. Behavioral genetics investigates possible connections between genetic predispositions and observed behavior through familial aggregation studies and twin and adoption studies
5. Molecular genetics offer more direct support for genetic influences on child psychopathology
6. Molecular genetics methods directly assess the association between variations in DNA sequences and variations in a particular trait or traits
7. Conclusions from behavioral geneticists are that genetic contributions to psychological disorders come from many genes that each make relatively small contributions

C. Neurobiological Contributions

1. Brain Structure and Function – Different areas of the brain regulate different functions and behaviors, with the limbic system, basal ganglia, cerebral cortex, and frontal lobes of particular interest to researchers of psychopathology
2. The endocrine system regulates certain processes in the body through the production of hormones; it is closely related to the immune system, and therefore is especially implicated in health- and stress-related disorders
3. The hypothalamus and pituitary and adrenal glands make up the regulatory system known as the hypothalamic-pituitary-adrenal (HPA) axis, which has been implicated in several disorders, especially anxiety and mood disorders
4. Neurotransmitters are like biochemical currents of the brain that make connections between different parts of the brain; changes in neurotransmitter activity may make people more or less likely to exhibit certain behaviors. Neurotransmitters most commonly implicated in psychopathology include serotonin, benzodiazepine-GABA, norepinephrine, and dopamine.

IV. Psychological Perspectives

A. Emotional Influences

1. Emotions are critical to healthy adaptation in that they serve as internal monitoring and guidance systems that are designed to appraise events as being beneficial or dangerous, as well as provide motivation for action
2. Children may have difficulties in emotion reactivity or emotion regulation:
   a. Emotion reactivity – individual differences in threshold and intensity of emotional experience, which provides clues to an individual's level of distress and sensitivity to the environment
   b. Emotion regulation – involves enhancing, maintaining, or inhibiting emotional arousal, often for a particular purpose of goal
3. Temperament shapes the child's approach to the environment and vice versa. Three primary dimensions of temperament have relevance to the

risk of abnormal development: positive affect and approach, fearful or inhibited, and negative affect or irritability

B. Behavioral and Cognitive Influences

1. Applied Behavior Analysis (ABA) explains behavior as a function of its antecedents and consequences (reinforcement and punishment)
2. Classical conditioning explains the acquisition of deviant behavior on the basis of paired associations between previously neutral stimuli and unconditioned stimuli
3. Social learning considers the influence of cognitive mediators on behavior, as well as the role of affect and the importance of contextual variables in the etiology and maintenance of behaviors
4. Social cognition relates to how children think about themselves and others, resulting in the formation of mental representations of themselves and others

V. Family, Social, and Cultural Perspectives

- Ecological models describe the child's environment as a series of nested and interconnected structures

A. Infant-Caregiver Attachment

1. Attachment theory emphasizes the evolving infant-care-giver relationship, which helps the infant regulate behavior and emotions, especially under conditions of threat or stress
2. Children develop internal working models of relationships based on early relationships with caregivers. Four patterns of attachment styles, which are believed to reflect different types of internal working models, have been identified: secure, anxious-avoidant, anxious-resistant, and disorganized

B. The Family and Peer Context

1. Increasingly, the study of individual factors and the study of the child's context, including family and peer relationships, are being seen as mutually compatible and beneficial to both theory and intervention
2. Family system theorists study children's behavior in relation to other family members

Learning Objectives:

1. To outline three main underlying assumptions of abnormal child psychology

2. To explain why an integrative approach to child psychology is important

3. To define neural plasticity and explain how nature and nurture work together to influence brain functioning

4. To identify some of the structures of the brain and the functions that they perform

5. To name some of the major neurotransmitters and describe their functions and roles in psychopathology

6. To consider how emotions can influence abnormal behavior

7. To describe the dimensions of temperament that may lead to abnormal development

8. To compare and contrast some of the major behavioral and cognitive theories of abnormal child psychology

9. To describe how attachment and family systems influence children's development

10. To explain the health promotion view of child development

Key Terms and Concepts:

adaptational failure
attachment
behavioral genetics
brain circuits
continuity
cortisol
developmental cascades
developmental psychopathology
discontinuity
emotion reactivity
emotion regulation
epigenetic
epinephrine
etiology
family systems
frontal lobes
gene-environment interactions (GXE)
health promotion
hypothalamic-pituitary-adrenal (HPA) axis
interdependent
molecular genetics
neural plasticity
nonshared environment
organization of development
sensitive periods
shared environment
social cognition
social learning
temperament
transaction

Test Items:

1. A child's problems must be considered in relation to the influence of the:
   a. individual
   b. family
   c. community/culture
   d. all of the above

ANS: D REF: p.29-30 DIF: Easy COG: Factual

2. Victor is fearful of approaching new situations and often appears inhibited. Victor's mother reported that she struggles with similar difficulties. This is an example of:
   a. emotional influences
   b. biological influences
   c. cognitive influences
   d. behavioral influences

ANS: B REF: p. 29 DIF: ModerateCOG: Factual

3. Etiology refers to the _____ of childhood disorders.
   a. causation
   b. treatments
   c. correlates
   d. prevention

ANS: A REF: p.31 DIF: Easy COG: Factual

4. Which of the following is NOT an underlying assumption regarding abnormal child behavior?
   a. Abnormal development is multiply determined.
   b. The child and the environment are interdependent.
   c. Abnormal development involves continuities and discontinuities.
   d. All of these are underlying assumptions.

ANS: D REF: p.31-33 DIF: ModerateCOG: Factual

5. Isabella is three years old and she frequently demands attention, overreacts, and refuses bedtime. These behaviors are considered:
   a. common due to her age
   b. diagnosable as clinical disorders
   c. signs of an overly sensitive child
   d. early warning signs of future difficulties

ANS: A REF: p.34 DIF: ModerateCOG: Applied

6. The dynamic interaction of child and environment is referred to as:
   a. mutuality
   b. etiology
   c. transaction
   d. continuity

ANS: C REF: p.32 DIF: Easy COG: Factual

7. The single theoretical orientation which can explain various behaviors or disorders in childhood is the _____ perspective.
   a. biological
   b. psychological
   c. family
   d. none of these

ANS: D REF: p.34 DIF: ModerateCOG: Factual

8. The failure to master or progress in accomplishing developmental milestones is referred to as:
   a. adaptational failure
   b. developmental disintegration
   c. discontinuity
   d. dysregulation

ANS: A REF: p.35 DIF: Easy COG: Factual

9. Most often, adaptational failure is due to:
   a. a single cause
   b. poor relationships
   c. an ongoing interaction between individual development and environmental conditions
   d. poor environmental opportunities

ANS: C REF: p.35 DIF: Easy COG: Factual

10. An organizational view of development implies a(n) _____ process.
   a. static
   b. unchanging
   c. dynamic
   d. fixed

ANS: C REF: p.35 DIF: ModerateCOG: Factual

11. 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

ANS: A REF: p.35 DIF: Easy COG: Factual

12. Because development is _____, sensitive periods play a meaningful role in any discussion of normal and abnormal behavior.
   a. disorganized
   b. organized
   c. hierarchical
   d. organized and hierarchical

ANS: B REF: p.35 DIF: Easy COG: Factual

13. Children's development occurs in a(n) _____ manner.
    e. disorganized
    f. organized
    g. hierarchical
    h. organized and hierarchical

ANS: D REF: p.36 DIF: Easy COG: Factual

14. The developmental psychopathology approach to studying childhood disorders emphasizes the importance of:
    a. developmental disruptions
    b. developmental processes and tasks
    c. developmental regressions
    d. developmental obstacles

ANS: B REF: p.36 DIF: Easy COG: Factual

15. A central tenet of developmental psychopathology is that to understand maladaptive behavior it is necessary to consider:
    a. one's genetic predisposition
    b. how problematic behaviors develop over time
    c. the child's familial history for maladjustment
    d. what is normative for a given period of development

ANS: D REF: p.36 DIF: ModerateCOG: Factual

16. Children's early caretaking experiences play an important role in designing parts of the brain that involve:
    a. planning and complex processes
    b. problem solving skills
    c. emotion, personality, and behavior
    d. fine motor skills

ANS: C REF: p.37 DIF: ModerateCOG: Factual

17. Brain maturity occurs in a(n) _____ fashion.
    a. disorganized
    b. organized
    c. hierarchical
    d. organized and hierarchical

ANS: D REF: p.38 DIF: Easy COG: Factual

18. Which of the following statements 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. The connections in the brain are relatively pre-determined and the environment cannot change their course.
    d. Primitive areas of the brain develop first.

ANS: C REF: p.38 DIF: ModerateCOG: Factual

19. Which of the following statements 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 changing after 3 years of age.
    c. Primitive areas of the brain mature last.
    d. Brain regions which govern basic sensorimotor skills undergo the most dramatic changes within the first 3 years of life.

ANS: D REF: p.38 DIF: ModerateCOG: Factual

20. Which of the following statements about genetics 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.

ANS: A REF: p.38-39 DIF: Moderate COG: Factual

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

ANS: B REF: p.40 DIF: Easy COG: Factual

22. Behavioral geneticists have concluded that:
    a. many psychological disorders can be accounted for by an individual gene
    b. much of our development and behaviors are influenced by a small number of genes
    c. genetic contributions to psychological disorders come from many genes, which each make a small contribution
    d. behavior is largely influenced by the environment

ANS: C REF: p.40-41 DIF: Easy COG: Factual

23. The part of the brain that regulates our emotional experiences, expressions, and impulses is the:
    a. hypothalamus
    b. hindbrain
    c. basal ganglia
    d. limbic system

ANS: D REF: p.41 DIF: Easy COG: Factual

24. Epinephrine is also known as:
    a. dopamine
    b. serotonin
    c. cortisol
    d. adrenaline

ANS: D REF: p.43 DIF: Easy COG: Factual

25. The part of the brain that is implicated in disorders affecting motor behavior is the:
    a. hypothalamus
    b. hindbrain
    c. basal ganglia
    d. limbic system

ANS: C REF: p.41-42 DIF: Easy COG: Factual

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. basil ganglia
    d. hippocampus

ANS: A REF: p.42 DIF: Easy COG: Factual

27. The _____ lobes contain the functions underlying much of our thinking and reasoning abilities.
    a. temporal
    b. frontal
    c. parietal
    d. occipital

ANS: B REF: p.42 DIF: Easy COG: Factual

28. The _____ gland produces epinephrine in response to stress.
    a. hypothalamus
    b. thyroid
    c. adrenal
    d. pituitary

ANS: C REF: p.43 DIF: Easy COG: Factual

29. The glands located on top of the kidneys are important because they produce hormones that:
    a. orchestrate the body's regulatory functions
    b. control the entire HPA axis
    c. energize us and get our bodies ready for possible threats in the environment
    d. all of the above

ANS: C REF: p.43 DIF: Easy COG: Factual

30. The _____ gland plays a role in energy metabolism and growth, and is implicated in certain eating disorders.
    a. hypothalamus
    b. thyroid
    c. adrenal
    d. pituitary

ANS: B REF: p.43 DIF: Easy COG: Factual

31. The _____ gland oversees the body's regulatory functions by producing several hormones, including estrogen and progesterone.
    a. pineal
    b. pituitary
    c. thyroid
    d. adrenal

ANS: B REF: p.43 DIF: Easy COG: Factual

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

ANS: A REF: p.43 DIF: ModerateCOG: Factual

33. _____ is an inhibitory neurotransmitter that reduces overall arousal and levels of anger, hostility, and aggression.
    a. Serotonin
    b. Benzodiazepine-GABA
    c. Norepinephrine
    d. Dopamine

ANS: B REF: p.44 (Table 2.1) DIF: ModerateCOG: Factual

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

ANS: D REF: p.44 (Table 2.1) DIF: Easy COG: Factual

35. The neurotransmitter implicated in regulatory problems, such as eating and sleep disorders is:
    a. Norepinephrine
    b. Serotonin
    c. Benzodiazepine-GABA
    d. Dopamine

ANS: B REF: p.44 (Table 2.1) DIF: Easy COG: Factual

36. Emotions serve what purpose?
    a. to serve as internal monitoring systems which appraise events as beneficial or dangerous
    b. to provide motivation for action
    c. both a and b
    d. none of the above

ANS: C REF: p.45 DIF: ModerateCOG: Factual

37. The neurotransmitter, which is not *directly* involved in specific disorders but is more generally involved in emotional and behavioral regulation is:
    a. Serotonin
    b. Benzodiazepine-GABA
    c. Dopamine
    d. none of the above

ANS: D REF: p.44 (Table 2.1) DIF: ModerateCOG: Factual

38. James often appears to be in a bad mood and he is easily frustrated when given challenging tasks. His temperament would be considered:
    a. angry and intense
    b. negative affect or irritability
    c. fearful or inhibited
    d. positive affect and approach

ANS: B REF: p.46 DIF: ModerateCOG: Applied

39. _____ serve(s) as a filter for organizing large amounts of new information and avoiding potential harm.
    a. Cognitions
    b. Emotions
    c. The HPA axis
    d. Benzodiazepine-GABA

ANS: B REF: p.45 DIF: Easy COG: Factual

40. A child who cannot control his temper has problems in emotion _____.
    a. sensitivity
    b. reactivity
    c. regulation
    d. deregulation

ANS: C REF: p.45 DIF: Easy COG: Factual

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

ANS: A REF: p.49 DIF: ModerateCOG: Factual

42. Individual differences in emotion _____ account for differing responses to a stressful environment.
    a. affectivity
    b. sensitivity
    c. reactivity
    d. regulation

ANS: C REF: p.45 DIF: Easy COG: Factual

43. _____ problems refer to weak or absent control structures, whereas _____ problems mean that existing control structures operative in a maladaptive way.
    a. Regulation, dysregulation
    b. Dysregulation, regulation
    c. Reactivity, regulation
    d. Regulation, reactivity

ANS: A REF: p.45 DIF: ModerateCOG: Factual

44. Temperament:
    a. refers to the child's organized style of behavior that appears very early in development
    b. shapes the child's approach to the environment and vice versa
    c. is considered one of the building blocks of personality
    d. all of these

ANS: D REF: p.46 DIF: Easy COG: Factual

45. _____ describes the "slow-to-warm-up child", who is cautious in approaching novel or challenging situations.
    a. Positive affect and approach
    b. Fearful or inhibited
    c. Negative affect or irritability
    d. Adaptive with negative mood

ANS: B REF: p.46 DIF: Easy COG: Factual

46. ABA involves the examination of:
    a. behavior
    b. antecedents
    c. consequences
    d. all of the above

ANS: D REF: p.48 DIF: Easy COG: Factual

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

ANS: B REF: p.48 DIF: ModerateCOG: Factual

48. _____ theorists emphasize attributional biases, modeling, and cognitions in their explanation of abnormal behavior.
    a. Behavior
    b. Psychodynamic
    c. Social learning
    d. Biological

ANS: C REF: p.48 DIF: Easy COG: Factual

49. _____ models portray the child's environment as a series of nested and interconnected structures.
    a. Environmental
    b. Ecological
    c. Societal
    d. Macroparadigm

ANS: B REF: p.50 DIF: Easy COG: Factual

50. Brofenbrenner's (1977) model does not include a consideration of:
    a. the child in isolation
    b. the child's family members
    c. the society in which the child lives
    d. the model includes a consideration of all of these

ANS: D REF: p.50 DIF: Easy COG: Factual

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

ANS: D REF: p.51 DIF: Easy COG: Factual

52. Today's research and thinking accepts the notion that many childhood disorders:
    a. cannot be overcome
    b. are treatable with the use of medications
    c. receive too much media attention
    d. share many clinical features and causes

ANS: D REF: p.52 DIF: ModerateCOG: Factual

53. The process of attachment typically begins between _____ of age.
    a. 0-2 months
    b. 6-12 months
    c. 12-18 months
    d. 18-24 months

ANS: B REF: p.51 DIF: Easy COG: Factual

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

ANS: B REF: p.52 (Table 2.2) DIF: Easy COG: Factual

55. Infants that are wary of new situations and strangers and who often cannot be comforted by the caregiver are likely to have a(n) _____ attachment pattern.
    a. secure
    b. anxious-avoidant
    c. anxious-resistant
    d. disorganized
ANS: C REF: p.52 (Table 2.2) DIF: Easy COG: Factual

56. The attachment pattern that has been linked to conduct problems and aggressive behavior is:
    a. secure
    b. anxious-avoidant
    c. anxious-resistant
    d. disorganized
ANS: B REF: p.52 (Table2.2) DIF: ModerateCOG: Factual

57. The attachment pattern that has been linked to phobias and anxiety problems is:
    a. secure
    b. anxious-avoidant
    c. anxious-resistant
    d. disorganized
ANS: C REF: p.52 (Table 2.2) DIF: ModerateCOG: Factual

58. This term describes a child's model of relationships involving 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
ANS: A REF: p.51 DIF: ModerateCOG: Factual

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
ANS: C REF: p.51 DIF: Easy COG: Factual

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
ANS: A REF: p.53 DIF: Easy COG: Factual

Short Answer/Essay Questions:

1. Discuss the three major underlying assumptions regarding abnormal child behavior.
2. Distinguish between continuous and discontinuous patterns of behavior development.
3. What is meant by using an integrative approach to understanding factors that influence a child's behavior?
4. Describe how sensitive periods can impact children's development. Can developmental change occur outside of these periods?
5. How can a baby with a difficult temperament influence and be influenced by the environment?
6. Discuss how children learn from their emotions and the emotional expression of others.
7. How permanent are early neuronal connections?
8. Discuss the major functions of four major neurotransmitters in the brain and their implicated role in psychopathology.
9. Discuss the importance of attachment and how it affects a child's internal working model of relationships.
10. Distinguish between emotion reactivity and emotion regulation.
11. Briefly describe the three primary dimensions of temperament.
12. Provide everyday examples of positive and negative reinforcement, extinction, and punishment.
13. Explain why an integrative approach is important in abnormal psychology.
14. Discuss the main principles of a developmental psychopathology perspective.
15. Why do family systems theorists stress the importance of looking at the whole family as opposed to one individual's difficulties?

Questions and Issues for Discussion:

1. Should the distinction between abnormal and normal with regards to psychological functioning be considered absolute or on a continuum?
2. What are some examples of traits that appear to change continuously? What about traits that seem to change discontinuously? Which model better describes most of development?
3. Pick a television show or movie in which there are mental health concerns with regard to a child. Discuss the child's problems in the context of various paradigms and how each paradigm may contribute to an understanding of the cause of these problems.
4. The text outlines a variety of approaches to understanding psychological disorders. Which of these approaches seems to be the most valuable to explaining child psychopathology? Which is the least useful? Students are likely to have different opinions, which may spark some interesting discussion.
5. Have students research some of the historical perspectives of child psychopathology and present their findings to the class.
6. What is your opinion on Bronfenbrenner's ecological model? Is there anything missing from the model that you would include or anything you might remove? How might you improve on the way the model is depicted (as shown in your textbook).
7. Have students discuss their opinions on the nature/nurture debate concerning child psychopathology.

8. How do you think family and social influences change over the course of development? Do you think your parents or your peers were more influential on your own development during your child years? During your teen years?
9. Discuss how normal functioning can be informative of abnormal functioning and vice versa.
10. From a family systems perspective, consider what impact it would make on a child who has a different temperament then the rest of the family with whom the child lives with.

Website Suggestions:

http://ornl.gov/sci/techresources/Human_Genome/home.shtml The Human Genome Project website, with basic information about this 15-year project to understand more about our genetic composition. Easily understood by undergraduates, this website provides FAQs, terms, a search engine, and terrific links to related material.

http://www.med.harvard.edu/AANLIB/home.html The Whole Brain Atlas from Harvard University, with neuroimages of the normal and abnormal brain.

http://faculty.washington.edu/chudler/neurok.html Neuroscience for Kids, a fantastic site for those who are interested in learning about the brain and nervous system. This site is intended for kids, but would certainly be invaluable to those who are not biology or neuroscience majors!

Video Suggestions:

Children of Poverty (1987). Films for the Humanities and Sciences. (26 minutes; $149 purchase price)

Profiles America's children of poverty and shows the toll on children and mothers of problems finding food and shelter.

Secret of the Wild Child (production year unavailable). PBS Boston (WGBH Boston Video, NOVA). (60 minutes; $19.95 purchase price)

Tells the story and rehabilitation of "Genie," a girl who was found at age thirteen and had been imprisoned in her bedroom her entire life.

Society's Problems in Children's Lives (1995). Films for the Humanities and Sciences. (29 minutes; $89.95 purchase price)

Looks at how societal issues such as violence, drugs, and divorce are affecting children's lives and how they are coping.

American Adolescence (1999). Films for the Humanities and Sciences. (30 minutes; $89.95 purchase price)

Investigates today's teens, the many challenges they face, and their hopes and dreams for the future of American society.

The Brain (1989). Films for the Humanities and Sciences. (23 minutes; $89.95 purchase price)

A look at the world of dreams, the nervous system, and nuclear magnetic resonance and electroencephalography.

Classical and Operant Conditioning (1996). Films for the Humanities and Sciences. (56 minutes, $154.95 purchase price)

Explains the nature of behaviorism and its important applications in clinical therapy, education, and child-rearing.

Cognitive Development: Representation in Three to Five-Year-Old Children (1997). Films for the Humanities and Sciences. (30 minutes, $154.95 purchase price)

Discusses a theory of mind that stems from a child's experiential-based understanding of causal relationships. Includes Piaget's theory.

Damage: The Effects of a Troubled Childhood (1997). Films for the Humanities and Sciences. (55 minutes, $174.95 purchase price)

Part of the Series: Myths of Childhood: New Perspectives on Nature and Nurture. Investigates the question: Can the roots of adult phobias and anxieties be found in our childhoods?

Do Parents Matter? Judith Harris on the Power of Peers (1999). Films for the Humanities and Sciences. (12 minutes, $69.95 purchase price)

Discusses the controversial theory of child development through adaptation of peer groups.

The Development of the Human Brain (1989). Films for the Humanities and Sciences. (40 minutes; $149 purchase price, $75 rental price)

An award-winning program that follows the physiological development of the human brain from conception to the age of eight.

The Mind vs. the Brain (1995). Films for the Humanities and Sciences. (27 minutes, $89.95 purchase price)

Recent research into the brain has revealed that many mental disorders previously believed to be the product of environment and experience are actually rooted in biology and chemistry.

Growing the Mind: How the Brain Develops (2000). Films for the Humanities and Sciences. (50 minutes, $174.95 purchase price)

Charts the changes in the human brain as it develops from infancy to adulthood. Addresses the brain's extraordinary adaptability and reorganization.