

## **Chapter 1: The Science and Practice of Abnormal Child Psychology**

### **Multiple Choice Questions**

1. Epidemiologists often report the prevalence of a medical or psychological disorder. What is "prevalence?"
  - A) The number of people in a population with a given disorder
  - B) The percentage of people in a population with a given disorder
  - C) The number of new cases of a disorder in a population
  - D) The percentage of new cases of a disorder in a population
2. According to Tolan and Dodge (2005), children and adolescents often have difficulty accessing high quality mental health services. Which of the following is NOT a barrier to mental health treatment identified by these authors?
  - A) Parents are in denial that their children have mental or behavioral problems.
  - B) Parents cannot afford mental health services
  - C) Parents cannot find professionals training in providing high quality services
  - D) Parents are afraid of stigmatizing their children with a mental diagnosis.
3. Which of the following is NOT an essential component of the DSM-5 definition of a mental disorder?
  - A) A pattern of behavior that occurs within an individual
  - B) A behavior that reflects an underlying dysfunction
  - C) The consequences of the behavior cause distress or disability
  - D) The behavior goes against the standards or norms of the society
4. What does "probabilistic epigenesis" mean?
  - A) Biological, psychological, and social-cultural factors cause development to unfold over time in a manner that is not predetermined.
  - B) Genetics influence children's biological development which, in turn, affects their psychological functioning.
  - C) Children's outcomes in adulthood can be traced back to early risk or protective factors in early life.
  - D) Genetic and biological factors play the largest role in shaping child development, but psychological and social factors can alter developmental trajectories over time.
5. How do developmental psychopathologists differentiate normal and abnormal child behavior?
  - A) Behavior that interferes with children's competence and does not meet the demands of the environment
  - B) Behavior that leads to psychological distress, impairment, and risk of harm to self or others
  - C) Behavior that leads to psychological distress, impairment, or risk of harm to self or others
  - D) Behavior that leads children down aberrant developmental pathways

6. Dora, Elaine, and Fatima all had fathers who abused alcohol and other drugs. Dora and Elaine developed depression and anxiety in early adolescence, but Fatima did not. These three girls illustrate the principles of
- A) incompetence
  - B) developmental pathways
  - C) equifinality
  - D) multifinality
7. What is the scientist-practitioner model approach to understanding and treating child psychopathology?
- A) Psychological research and clinical practice are important, connected professional activities.
  - B) Psychological research and clinical practice require professional training, study and specialization.
  - C) Researchers should disseminate their knowledge of psychopathology to clinicians who can use it to help families.
  - D) Psychologists should do both psychological research and clinical practice.
8. Clinical interventions that are not grounded in psychological science can harm children and families. Which of the following is NOT a way identified in the text that scientifically uninformed practice can hurt clients?
- A) Ineffective treatments can cause parents to lose hope in psychology and treatment in general.
  - B) Ineffective interventions can cost parents time and money.
  - C) Ineffective treatments can cause parents to become angry or depressed.
  - D) Ineffective treatments can be physically harmful to children.
9. Wakefield's (1992) concept of "harmful dysfunction" ...
- A) Provides criteria for differentiating normal from abnormal behavior.
  - B) Requires all mental disorders to have an underlying biological cause.
  - C) Asserts that genetic and biological factors play a greater role in psychopathology than social-cultural factors.
  - D) Assumes that a biological or medical cause of a person's psychopathology has been ruled out before a psychiatric diagnosis is assigned.

10. What is the main difference between the APA General Ethical Principles and the Ethical Standards?
- A) Only APA members need to follow the General Principles, but everyone must follow the Standards.
  - B) The General Principles outline rules and the Standards give examples of situations in which rules might be applied.
  - C) The General Principles describe ethical violations whereas the Standards describe violations of the law.
  - D) The General Principles are not enforceable rules whereas the Standards are enforceable.
11. In which of the following situation is it probably NOT ethical to violate a client's confidentiality?
- A) A judge orders a therapist to provide information about a client to help him render a decision about a case.
  - B) A teacher asks a therapist to provide information about her student so that she can help improve his reading and math skills.
  - C) A therapist suspects that her client might be neglected by his parents.
  - D) A client threatens to kill her ex-husband during a therapy session.
12. A psychologist is about to begin therapy with an adolescent and her family. Which of the following is NOT a component of informed consent?
- A) The therapist should tell the family approximately how long therapy will last.
  - B) The therapist should tell the family her theoretical orientation.
  - C) The therapist should tell the family how much therapy will cost.
  - D) The therapist should tell the family about limitations to confidentiality in therapy.
13. Which of the following scenarios provides the best description of a "multiple relationship?"
- A) A psychologist agrees to provide therapy to his best friend's son.
  - B) A psychologist works as both a therapist and a researcher at a university.
  - C) A therapist works a full-time job on weekdays and also sees clients on weekends and evenings.
  - D) A psychologist pays an advertising agency to produce brochures for her new clinic.
14. Approximately what percentage of children and adolescents in the United States is currently taking a psychotropic medication?
- A) 0.5%
  - B) 5.0%
  - C) 15%
  - D) 50%
15. Which of the following is the most common psychiatric disorder among children and adolescents in the United States?
- A) ADHD
  - B) Anxiety Disorders
  - C) Autism Spectrum Disorder
  - D) Conduct Disorder

## **Short-Answer/Essay**

### *Define:*

- What does “prevalence” mean?
- Explain Wakefield’s (1992) concept of “harmful dysfunction.”
- What does “probabilistic epigenesis” mean?
- Define the concept of “resilience.”

### *Comprehend:*

- Based on the best available data, what percentage of youth in the United States currently suffers from a mental or behavioral disorder?
- How common is the use of psychotropic medication among youth in the United States?
- Explain and provide an example of equifinality.
- Explain and provide an example of multifinality.
- Explain the scientist-practitioner approach to understanding and treating childhood disorders Are all psychologists therapists?

### *Analyze:*

- What are the strengths and weaknesses of defining “abnormality” based on the child or adolescents’ degree of impairment?
- What is developmental psychopathology? How are developmental psychopathologists different from physicians and therapists?
- How can psychological research guide treatment? How can clinician’s experiences in therapy inform clinical research?

### *Apply:*

- Why do some experts claim that the child mental health care system in the United States is in a state of crisis? How might the system be reformed to provide youth with greater access to high-quality assessment and treatment?
- How might an adolescents’ ethnicity, religion, or culture influence the likelihood that he might be diagnosed with a mental disorder or be considered “abnormal?”
- Vincent is a 14-year-old boy who was sent to the emergency department of a children’s hospital following a suicide attempt. Vincent, a first-generation immigrant from Mexico, does not speak English. After Vincent was medically stable, the psychologist at the hospital interviewed him

through a translator, in order to determine whether he met diagnostic criteria for depression or another mental disorder. If you were the psychologist, what considerations might you keep in mind while interviewing Vincente?

- Mrs. Johnson referred her five-year-old son, Billy, to a child psychologist because Billy showed problems with oppositional and defiant behavior (e.g., refusing to do chores, tantrumming, sassing back to mother). The psychologist observed Mrs. Johnson and Billy during a 20-minute play session in the clinic. During the session, Mrs. Johnson repeatedly yelled at Billy, threatened him with physical punishment, and lost her temper. How might Billy's behavior problems be explained by the *transaction* between his actions and those of his mother?
- How might a three-year-old, a 10-year-old, and a 16-year-old demonstrate psychosocial competence?
- You are a volunteer at a residential treatment facility for children with mental retardation. Over several weeks, you notice that the type of therapy practiced at the facility does not have empirical support and other methods of treatment that have greater empirical support are not being used. What would you do?
- Margaret operates a "horseback therapy" program for children with Autism Spectrum Disorder. As part of this program, parents pay several hundred dollars each week for their children to ride on horses, feed and pet the horses, and participate in other "bodily-kinesthetic" exercises. Margaret claims that her therapy is effective because "the parents are satisfied with the services and the kids really love it." Does Margaret's treatment carry any risks?

*Evaluate:*

- Why are children from economically- and culturally-disadvantaged homes at increased risk for developing psychological disorders?
- What is the DSM-5 definition of mental disorder? Are there any weaknesses in the DSM-5 definition, especially as it applies to children and adolescents?
- Why is it preferable to refer to children's behavior as "adaptive" or "maladaptive" rather than as "good" or "bad"?
- Developmental psychopathologists are often interested in children who face many psychosocial risk factors, but still show high levels of psychosocial competence. Why?
- Evaluate McFall's assertion: "All forms of legitimate clinical psychology must be grounded in science...all competent clinical psychologists must be scientists first and foremost, and...all clinicians must ensure that their practice is scientifically valid." Is it possible to competently and ethically practice psychology in a way that is *not* based on scientific research?