

# 2

## THE CAUSES OF CHILDHOOD DISORDERS

### CASE STUDY

#### DEVELOPMENTAL PSYCHOPATHOLOGY: CONTINUITY AND CHANGE

Developmental psychopathology is a multidisciplinary approach to understanding normal and abnormal development over the lifespan. It conceptualizes development in terms of risk and protective factors that place individuals on developmental pathways toward adaptation or maladaptation (Cicchetti & Rogosch, 2002).

Developmental psychopathologists are interested in continuity versus change across development. Almost a century ago, Sigmund Freud wrote about the difficulty in predicting children's development over time:

So long as we trace development from its final outcome backwards, the chain of events appears continuous. . . . But if we proceed the reverse way, if we start from the premises and try to follow these up to the final result, we notice at once that there might have been another result and we might have been just as well able to understand and explain the latter. Hence the chain of causation can always be recognized with certainty if we follow the line of analysis backwards, whereas to predict it is impossible. (Sroufe & Rutter, 1984)

*(Continued)*



©iStockphoto.com/Tomwang112

(Continued)

Read the following scenarios and answer each question. What principle of developmental psychopathology does each scenario illustrate?

1. Carlos is a 14-year-old boy with a long-standing history of attention-deficit/hyperactivity disorder (ADHD). He began to show problems with hyperactivity and impulsivity as a preschooler. In early elementary school, he also began exhibiting poor attention and concentration. Now in the eighth grade, Carlos continues to show all of these symptoms. He manages these symptoms with medication and behavioral interventions administered by his parents and teachers.

What principle of developmental psychopathology does Carlos illustrate?

2. Haley is a 17-year-old high school student with a history of separation anxiety disorder. When Haley was a toddler, she followed her parents around the house and cried when they left her with a babysitter. Haley refused to attend preschool and was resistant to begin kindergarten when she turned 6 years old. In early elementary school, Haley's separation anxiety decreased, but she continued to worry about "bad things" happening to her parents when she was separated from them.

Now in high school, Haley reports no significant problems with separation anxiety. However, in the past 6 months, she has experienced several panic attacks—intense episodes of fear characterized by rapid heart rate, shallow breathing, and intense distress. Her pediatrician confirmed that these attacks are not caused by a medical problem. Her mother has sought help from a psychologist who specializes in adolescent anxiety disorders.

What principle of developmental psychopathology does Haley illustrate?

3. The juvenile court in one county hears cases for approximately 75 youths and families each month. Although the children who appear before the court come from different backgrounds and have different histories, they almost always show problems with antisocial behavior or substance use.

What principle of developmental psychopathology does this scenario illustrate?

4. Adebba is a social worker who is employed by Child Protective Services. Adebba is assigned a new case, an 11-year-old girl who experienced repeated sexual abuse by her stepfather. Adebba wants to determine the girl's prognosis, but she can't predict the girl's future with much certainty.

What principle of developmental psychopathology does she illustrate?

## References

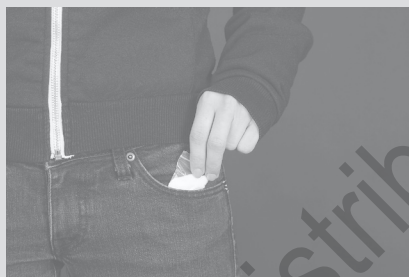
- Cicchetti, D., & Rogosch, F. A. (2002). A developmental psychopathology perspective on adolescence. *Journal of Consulting and Clinical Psychology, 70*, 6–20.
- Sroufe, L. A., & Rutter, M. (1984). The domain of developmental psychopathology. *Child Development, 55*, 17–29.

This case study accompanies the textbook: Weis, R. (2021). *Introduction to abnormal child and adolescent psychology* (4th ed.). Thousand Oaks, CA: Sage. Answers appear in the online instructor resources. Visit <https://sagepub.com>.

## CASE STUDY

### BIO-PSYCHO-SOCIAL CAUSES OF CHILDREN'S PROBLEMS

Just like the characters in *The Blind Men and the Elephant*, we obtain the most complete picture of children's development (and developmental problems) when we look at it from multiple perspectives. Developmental psychopathologists study childhood disorders across multiple levels of analysis: biological, psychological, and social-cultural. Then, they combine information from across these levels to explain how disorders emerge over time.



©iStockphoto.com/14848923

Now it's your turn to apply the various levels of analysis presented in the text to a clinical case. Read the case study and briefly explain how Valerie's disorder can be explained in terms of each level, and how the levels might interact with each other, over time, to shape development.

#### Description

Valerie Connell was a 16-year-old girl who was referred to an inpatient residential treatment program for adolescents with substance use disorders. Val was ordered to participate in treatment by the juvenile court after she was arrested for opioid possession and distribution.

Val grew up in a western suburb of Chicago. Her father was a musician with a history of alcohol and marijuana use problems. He left Val and her mother when Val was 5 years old. Although he continued to live in the Chicago area, he had only occasional contact with Val. Val had mixed feelings about her father. On one hand, she was attracted to his glamorous lifestyle: performing, traveling, and socializing. On the other hand, she resented his decision to abandon his family when she was so young and harbored anger toward him because of the many times he disappointed her over the years. "If your own dad doesn't care about you, no one will," said Val. "I saw myself as pretty worthless—like no one will ever really love me."

Val's mother also had a history of alcohol use. She became pregnant with Val when she was 17, a single parent by the time she was 22, and a recovering alcoholic by the time she was 26. Mrs. Connell attends Alcoholics Anonymous meetings to maintain her sobriety and supports herself and Val by working two jobs. Long hours limit her ability to be involved in Val's school or extracurricular activities. Although she says, "Val means the world to me—the one thing I live for," she admits that stress at work and concerns about her ability to pay the bills "sometimes cause me to lose my temper with her."

Val exhibited problems with hyperactivity and oppositional behavior as a pre-schooler. "She was a handful," recalled her mother. "She'd always be on the go,

(Continued)

(Continued)

she never wanted to be quiet and listen to me. If I would tell her to do something, she'd ignore me, yell, or scream." Val's disruptive behavior persisted into elementary school. Her pediatrician prescribed stimulant medication to manage her hyperactive-impulsive behavior, but it had little effect on her defiance and tantrums. By the time Val was in the third grade, she was behind her classmates in reading and math and had gained a reputation as a troublemaker.

Val's substance use began with her transition to middle school. She was referred to a special education program for children with behavior problems and learning disabilities. She quickly made friends with several girls who introduced her to smoking (age 12) and marijuana (age 13). Although she tried alcohol at approximately the same age, she did not like its taste and limited its use to parties and social gatherings. By the time Val was 14 years old, she was using marijuana several times per week and drinking five to six sweet alcoholic drinks at parties on the weekends. She found it easy to hide her substance use from her mother.

Val transitioned to an alternative high school during her freshman year. "All of the kids there used drugs," Val recalled. Her 17-year-old boyfriend introduced her to prescription pain medication. Val's favorite combination was OxyContin in the morning followed by Roxycodone periodically throughout the school day. She quickly became known as the "Oxy and Roxy" girl. "I'd sleep during class, slur my speech, didn't care about anything," she recalled. "The teachers didn't say anything to me because I didn't cause trouble, so I kept on going." Val obtained \$10 pills from her boyfriend and sold them to classmates for \$25, pocketing the profits to support her own drug use.

"I first used heroin with my boyfriend—a different boyfriend—during my sophomore year," Val reported. "I was afraid of needles so I snorted it. The feeling was excellent, like all the pain in my life was taken away. I could relax, stay still, and not worry about school or family. Snorting worked much faster than taking pills and the effects of heroin were much better." Within 6 months, Val was using heroin approximately 3 times per day to sustain its positive effects and avoid withdrawal symptoms such as anxiety, nausea, and agitation. Her use became expensive and she engaged in prostitution several times to support her habit.

"It might seem crazy, but I'm kind of glad that I got caught," Val reported. "I've been to the funerals of two friends who died from heroin. My life was on the wrong track." In residential treatment, Val was prescribed a medication called Suboxone, a combination of buprenorphine (an opiate substitute that reduces cravings) and naloxone (a medication that blocks the positive effects of heroin). The physician and psychologist at the residential treatment facility hope that it will help her reduce her opioid use [see Fiellin et al., 2014].

"I'm not sure what I'm going to do when I get out of here," reported Val. "My mom wants me to come back home, but I can't go back. Everyone I know uses. I need a clean break."

### Discussion Questions

1. How might you explain Val's substance use disorder in terms of behavioral genetics and epigenetics?
2. How might you explain Val's problems with (a) hyperactivity-impulsivity and (b) substance use in terms of the brain and neurotransmitters?

3. How might you use learning theory to explain Val's substance use disorder?
4. How might problems with cognition or emotion regulation contribute to Val's substance use problems?
5. How might Val's parents and peers contribute to her substance use problems?
6. How might social-cultural factors contribute to Val's substance use problem?

### Reference

Fiellin, D. A., Schottenfeld, R. S., Cutter, C. J., Moore, B. A., Barry, D. T., & O'Connor, P. G. (2014). Primary care-based buprenorphine taper vs maintenance therapy for prescription opioid dependence: A randomized clinical trial. *JAMA Internal Medicine*, 174(12), 1947–1954.

---

This case study accompanies the textbook: Weis, R. (2021). *Introduction to abnormal child and adolescent psychology* (4th ed). Thousand Oaks, CA: Sage. Answers appear in the online instructor resources. Visit <https://sagepub.com>. This case is based on interviews conducted by Paul Grondahl for the *Albany Times Union*.

## CASE STUDY

### BUTTERFLY DI: A CASE OF GENE–ENVIRONMENT CORRELATION

Scarr and McCartney's (1983) notion of gene–environment correlation can be used to explain the way genotype and environment affect each other to shape development. Chapter 2 in the text presents the case study of Kirby, a boy with emerging disruptive behavior problems. However, gene–environment correlation can also be applied to children whose development seems to be coming along “swimmingly.” Read the case study below and identify how the theory of gene–environment correlation can be applied to Diana's development.



#### Description

Diana was born to swim. Her mother was an Olympic athlete whose relay medley team won the bronze medal in Atlanta. Today, Diana's mother is the head swim coach at a Division II college in Diana's hometown. Although Diana's father was not a swimmer, he was a Division I baseball player who currently works as a personal trainer. Diana also has two older sisters who earned college scholarships for swimming and diving, respectively.

Diana was a healthy baby who enjoyed all of the benefits of a health-conscious family. Her father, who studied nutrition in college, was extremely conscientious about his family's eating habits. Diana and her sisters ate a largely vegetarian diet and received excellent medical care. Her mother decorated Diana's room in an aquatic theme: blue walls, fish-patterned bedsheets, an octopus pillow, and a dolphin nightlight.

Diana began taking swim lessons at the age of 18 months. She was more agile in the pool than on land. Her mother would swim with her and her sisters several times per week. Diana also attended her older sisters' swim lessons and, later in her childhood, she would also attend their swim meets.

Diana began to swim competitively at the age of 5 for a summer aquatic league. By the time she was 7, she was swimming year-round for a 10-and-under recreational team at the YMCA and winning many of her events. One of the coaches recognized her raw talent and invited her to join his travel team that practiced at the local college. Diana joined the team several months later, practiced 5 days per week, and received individual lessons from the head coach.

Diana swam on the varsity team during her freshman year of high school. She excelled in all events, especially the butterfly. Diana bonded with other girls on the team and had success in the pool and in the classroom.

Now 17-year-old Diana is beginning her final year as a high school swimmer. A shoulder injury sustained in a car accident earlier in the year slowed down her stroke and probably eliminated her chances of a Division I scholarship. However, Diana has visited several Division III schools with excellent swimming programs that would provide her with a good education and an opportunity to swim competitively for 4 more years. "Swimming's not the only thing important in my life, but it's a major part of it," Diana said. "I can't imagine giving it up just yet."

### Discussion Questions

1. How does Diana illustrate passive gene–environment correlation?
2. How does Diana illustrate evocative gene–environment correlation?
3. How does Diana illustrate active gene–environment correlation?

### Reference

Scarr, S., & McCartney, K. (1983). How people make their own environments: A theory of genotype environment effects. *Child Development, 54*, 424–435.

---

This case study accompanies the textbook: Weis, R. (2021). *Introduction to abnormal child and adolescent psychology* (4th ed.). Thousand Oaks, CA: Sage. Answers appear in the online instructor resources. Visit <https://sagepub.com>.