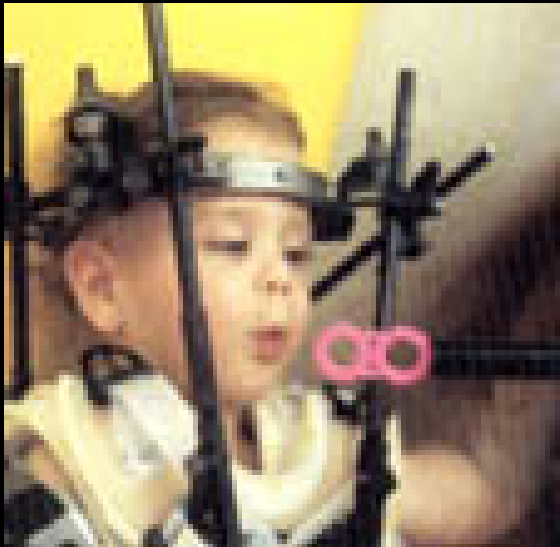




# Development-Related Disorders

## Chapter 11





Development-related disorders first appear at birth or during youth.

# 1. Diagnosing children compared to adults?

1. Easier
2. Harder



# 3 Reasons for Misdiagnosis of Children

- Genuine problems must be discriminated from developmental lag,
- Children cannot directly express their problems,
- Children's problems are often particular to situations and contexts.



# Current Outline

- Mental Retardation
- Motor Skills Disorders
- Communication Disorders
- Pervasive Developmental Disorders
- Attention Deficit and Disruptive Behavior Disorders
- Feeding and Eating Disorders of Infancy or Early Childhood
- Tic Disorders
- Elimination Disorders
- Other Disorders





# DSM-5 New Disorders

- PTSD in Preschool Children
- Temper Dysregulation Disorder with Dysphoria
- Callous and Unemotional Specifier for Conduct Disorder
- Learning Disorders
- Non-Suicidal Self Injury
- Non-Suicidal Self Injury NOS



## 2. How Experience do You Have with the Mentally Retarded?

1. None
2. Little
3. Some
4. Much





# Mental Retardation

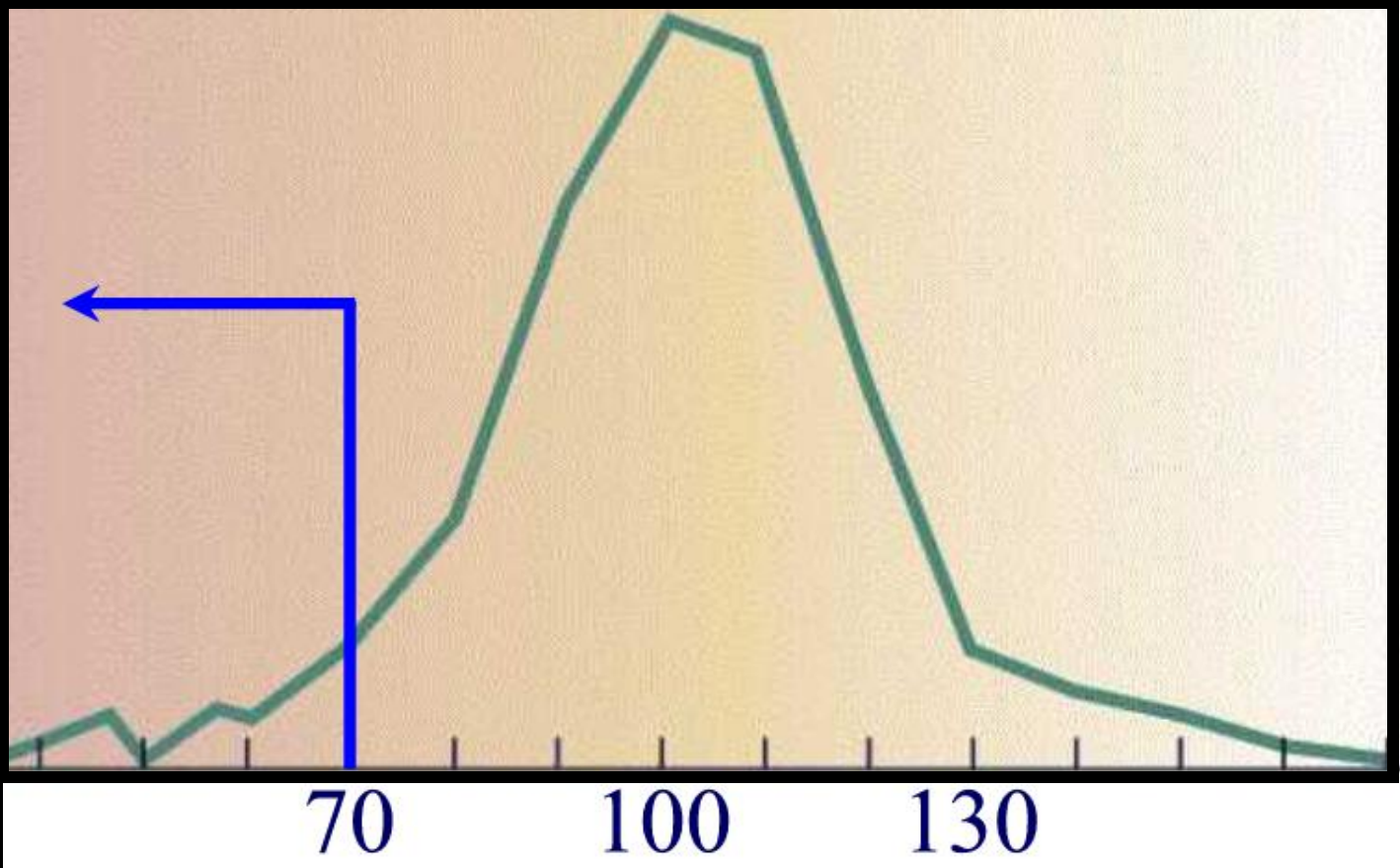
## Will be

## Intellectual Development Disorder



- Present from childhood
- Present in 1% (to 3%) of population
- More common in males
- Gradations of intellectual functioning and adaptive behavior
- May be unable to care for selves, difficulty in communicating, lacking social skills and judgment

**Mental retardation** significantly below average general intellectual functioning, indicated by an IQ of 70 or below.



# Mental retardation DSM-5: Intellectual Development Disorder



- Limitations in at least two areas:
  - Conceptual skills: communication, language, time, money, academic
  - Social skills: interpersonal skills, social responsibility, recreation, friendship
  - Practical Skills (daily living skills, work, travel)
- Onset before age 18



# Levels of Mental Retardation Not used in DSM-IV



- **Mild** IQ = 50/55 to 70
  - Learn academic skills up to 6<sup>th</sup> grade level
  - Can be guided toward social conformity.
- **Moderate** IQ = 35/40 to 50/55
  - Can profit from training in social and occupational skills; unlikely to progress beyond 2<sup>nd</sup> grade level; some independence in familiar places possible.
- **Severe** IQ = 20/25 to 35/40
  - Learn to talk or communicate; can be trained in basic self-help skills; profit from systematic habit training. However, their potential is severely limited.
- **Profound** IQ below 20/25
  - Some motor development may be present.
  - May respond to a very limited range of training in self-help



# Intellectual Development Disorder

- Causes
  - Inherited condition
  - From an event
  - Illness
- Course any point from conception through adolescence.

# Inherited Causes

- **Tay-Sachs** disease is a metabolic disorder causing accumulation of lipid in nerve cells, resulting in neural degeneration and early death, usually before age 5.
- **Fragile X syndrome** is transmitted through the “fragile X gene” on the X chromosome. It is associated with severe forms of retardation, particularly in males.



# ID Inherited Causes

- Down's syndrome is a form of mental retardation caused by having 47 instead of 46 chromosomes. Gene Found
- <http://news.bbc.co.uk/2/hi/health/5151232.stm>
- PKU, Phenylketonuria, is an inability to metabolize phenylalanine, an amino acid.
- PKU [PKU Link](#)



# ENVIRONMENTAL CAUSES

## Intellectual Disability

### Prenatal disease

- Rubella in mother in first trimester

- Difficult delivery

- anoxia and brain injury

- Premature birth

- Prenatal substance abuse

- Mother use of cocaine

- Failure to thrive

- Fetal Alcohol Syndrome [FAS Link](#)





# Controllable Influences on Intellectual Development

- Use of alcohol
- Use of crack
- Lead based paint
- Physical abuse
  - Accidental head trauma



# IDD Treatment



- No cure
- Mainstreaming
- Behavioral Interventions Involving Family –
  - use rewards to produce motor language, social, cognitive gains
- Prevention Of Physically Related Disorders -
  - such as PKU,
  - alcohol use by mother,
    - protection of young child from head injuries

# 3. Your view of “Mainstreaming”?

1. Favor
2. Oppose



[http://www.hebrewcollege.edu/Gen\\_images/alumni\\_V2-1\\_side-bar\\_special-ed-101.jpg](http://www.hebrewcollege.edu/Gen_images/alumni_V2-1_side-bar_special-ed-101.jpg)

# Mainstreaming

- Mainstreaming--integrated education programs
- Segregation has not proven effective in training mentally retarded children.
- Until it becomes absolutely clear that the child cannot function in the normal classroom,
  - Should remain there for humanistic and educational reasons





Pervasive Developmental Disorders  
to be  
Autism Spectrum Disorders

# Pervasive Developmental Disorders

- Severe impairment in several areas (e.g., social, communication) or
  - Extremely odd behavior, interests, and activities.





# Childhood Disintegrative Disorder to be part of the Autism Spectrum Disorder

- Develops normally until some time between ages 2 and 10,
- Lose language and motor skills
- Lose other adaptive functions including bowel and bladder control.

# Asperger's disorder to be part of Autism Spectrum Disorder

- Different from autism
- Variant of so-called high-functioning autism.
- Maintain adequate cognitive and language development
- Severely impaired in social interaction.
- Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.
- Remarkable interest in and knowledge of a very specific topic
  - So all-consuming it interferes with other development.







# Autistic Disorder to be part of Autism Spectrum Disorder

- Before the age of 3 years
- Impaired social interaction
  - Lack of awareness of others
  - Failure to make eye contact
  - Unable to share thoughts, feelings
  - In infancy, resist cuddling
  - Aversion to physical contact and affection
  - Inability to share thoughts, feelings.
- Gross impairment of communicative skills
  - Echolalia - repetition of others' speech
- Odd
  - Behaviors/interests/activities
  - Preoccupied with one or more fixed interests or objects



# Echolalia and Pronominal Reversal

- Echolalia is tendency to repeat or echo what has just been heard
- Pronominal reversal is the tendency to use “I” when “you” is meant.



# Autistic Savant Syndrome

In an unusual variant of autism, the individual possesses an extraordinary skill, such as:

- Ability to perform extremely complicated numerical operations.
- Exceptional musical talents.
- Ability to solve extremely challenging puzzles.
- *Rain Man.*





# Support for Biological Causation:

- Patterns of family inheritance.
  - Family concordance is high. One study monozygotic twins 92%.
- Chromosomal abnormalities.
  - Possible abnormalities on chromosomes 7, 15, and 16.
- Structural brain abnormalities.
  - Males greater brain volume,
  - Greater ventricle volume
  - Smaller corpus callosum.
  - Abnormalities in motor control areas.
- Functional brain abnormalities.
  - Blood flow suggests maturational delay.
  - Brain activity is similar when looking at faces and objects.

# Theories Of Autism

- **Psychological**-cognitive deficit in ability to understand mental states of others
- **Behavioral** focuses on parental response to autism, not the cause. Caregivers may exacerbate symptoms by rewarding negative behaviors



# Treatment Of Autism

- Behavioral techniques combined with medication
  - Reinforcement for appropriate behaviors
  - Behavioral programs must be intensive (40 + hours a week) and begin early in life
  - Train child to communicate needs more effectively.
  - Improve parental response.
    - Teach caregivers not to reward negative behaviors.



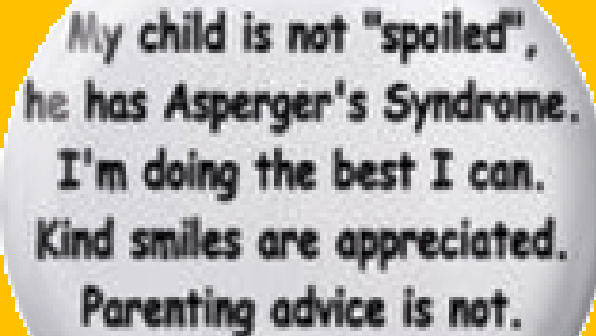
# Behavioral Treatment for Autism

- Develop new learning and problem-solving skills.
- Teach self-control through self-monitoring.
  - of language, relaxation training, and covert conditioning.
  - To be effective, (40-hour-per-week treatment)
  - Years, beginning early in the child's life.
- Aversive conditioning
- May be paired with SSRIs.



# 4. Were you ever given any education on how to respond to children with autism?

1. Yes
2. No



My child is not "spoiled",  
he has Asperger's Syndrome.  
I'm doing the best I can.  
Kind smiles are appreciated.  
Parenting advice is not.





# Learning, Communication, & Motor Skills Disorder



# Learning Disorders

Learning disorders interfere with the acquisition and use of one or more of the following academic skills: oral language, reading, written language, mathematics.

# 5. Should Learning Disorders be Labeled as Psychological Disorders?

1. Yes
2. No



<http://thenorthshoregroup.net/images/learning.jpg>

# Label Learning Disorders as Psychological Disorders?

- No evidence that psychological treatment or drugs have any positive effect
- Teachers may believe that reading disability is outside their sphere leaving the child without help.
- May stigmatize the child without contributing a solution to the problem.





# Learning Disorders

- Mathematics Disorder (Dyscalculia)
- Disorder of Written Expression (Dysgraphia)
- Reading Disorder (Dyslexia)

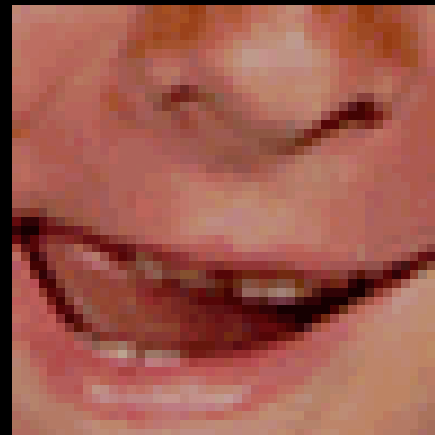
# Communication Disorders

- Impairment in expression or understanding of language
- Expressive Language Disorder
- Phonological Disorder
- Mixed Receptive-Expressive Language Disorder
- Stuttering



# Communication Disorders

- Five percent of children have one;
- 60 percent eventually evidence psychiatric disorder (especially an anxiety disorder)



# Developmental Coordination Disorder

- A condition characterized by marked impairment in the development of motor coordination.
- Trouble crawling, walking, sitting.
- Age-related tasks are below average.
- May affect ability to tie shoes, play ball, complete puzzles, write legibly








# Theories Of Learning, Communication, And Motor Skills Disorders

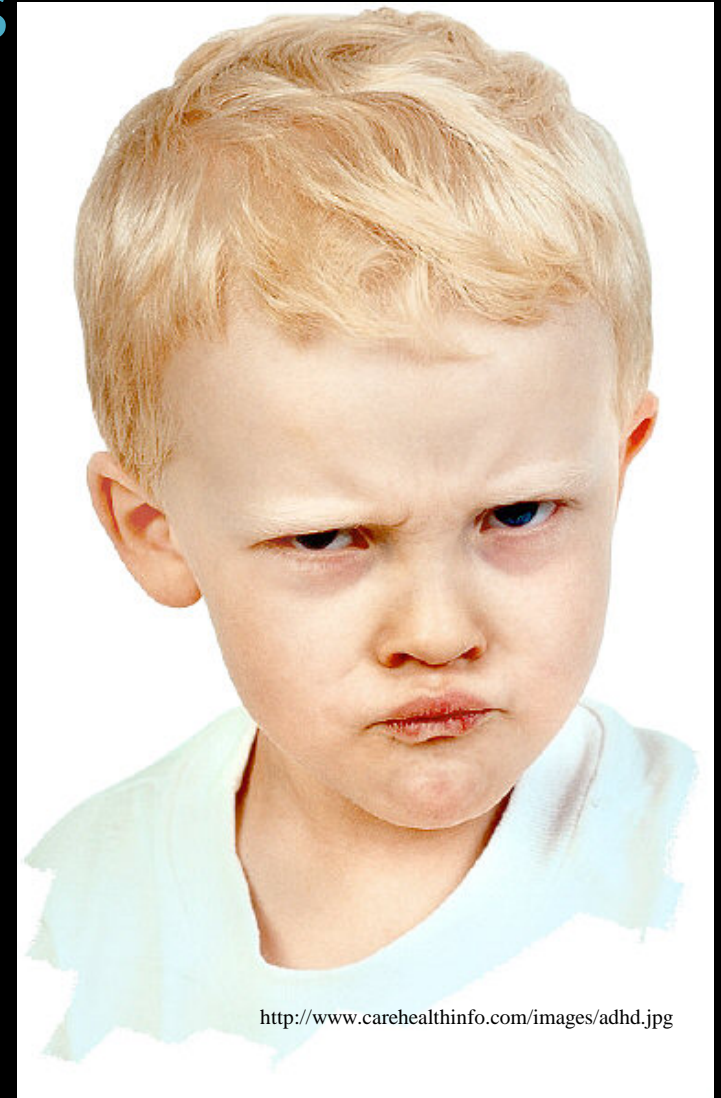
- Proposed Causes:
  - Brain damage during fetal development or birth.
  - Neurological condition caused by physical trauma or medical disorder.



# Treatment of Learning, Communication, and Motor Skills Disorders

- Treatment Issues:
  - Primary treatment site is at school.
  - Interdisciplinary treatments.
  - Activation of multiple sensory modalities

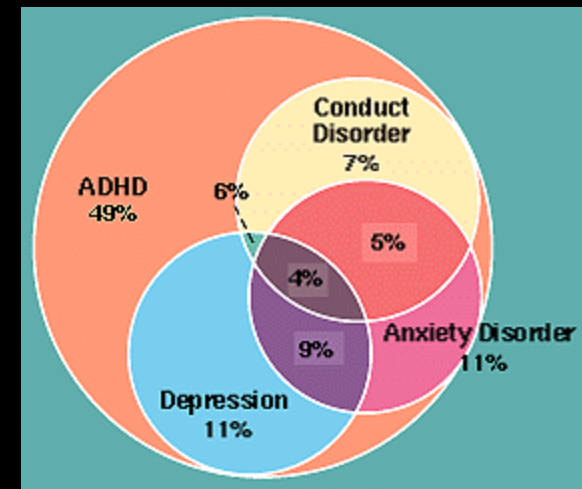
# Attention Deficit and Disruptive Behavior Disorders



<http://www.carehealthinfo.com/images/adhd.jpg>

# Attention-Deficit/Hyperactivity Disorder ADHD

- Inattention
  - carelessness
  - forgetfulness in daily activities
  - commonly lose belongings
  - easily distracted
  - cannot follow through on instructions
  - difficulty organizing tasks
- Marked impulsively
- Hyperactivity



# Attention -Deficit And Disruptive Behavior Disorders

- ADD/ADHD
  - ADD - inattentiveness
  - ADHD - inattentiveness plus hyperactivity and impulsiveness
- 45 to 70 percent of ADHD children show significant oppositional, defiant, hostile behaviors and quick temperedness
- Leads to intense interpersonal problems and mood and anxiety disorders



# Attention-Deficit/Hyperactivity Disorder ADHD

- Hyperactivity
  - fidgeting
  - restlessness
  - running about inappropriately
  - difficulty in playing quietly
  - talking excessively
- Marked impulsively
  - blurting out answers
  - inability to wait their turn
  - interrupting or intruding on others





# ADHD Theories

- Abnormal brain development and cognitive functioning arising from genetic causes, birth complications, acquired brain damage, exposure to toxic substances, infectious diseases.
- Biological abnormalities affect ability to inhibit and control behavior as well as memory, self-directed speech, regulation of mood.
- Social Influence: Dysfunctional family environment and school failure.

# ADHD Treatment

- **Medication**
  - stimulants (methylphenidate-ritalin) and
  - antidepressants
- **Cognitive-behavioral therapy**
  - Teach self-control, self-motivation, self-monitoring using reinforcement
  - Coordinate efforts with family and teachers
  - Behavioral interventions must begin early





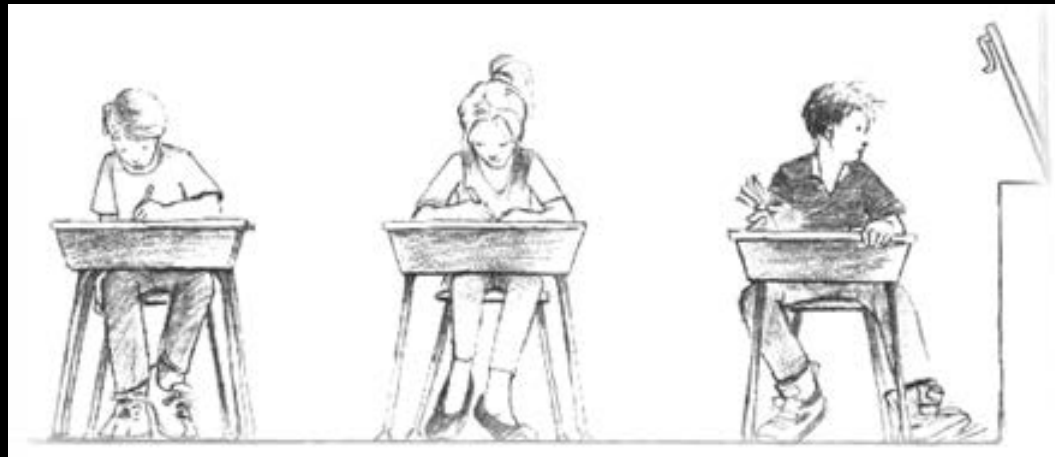
# Preferred treatment for ADHD

- Medication + Psychotherapy
- Better than
  - Behavioral
  - Community care



# Preferred treatment for ADHD

- Drug therapy gains are short lived and do not have a better prognosis than those w/o meds
- Operant therapy has been relatively effective when systematically applied



# Conduct Disorder

- Repetitive and persistent violations of rights of others and conduct norms
- More severe children will develop adult antisocial personality disorder
- Frequently diagnosed in children receiving psychiatric treatment



# Conduct Disorder

- **Their delinquent behaviors include:**
  - lying
  - stealing
  - truancy
  - running away from home,
  - physical cruelty to people & animals
  - setting fires
  - using drugs and alcohol



# Prevention

- Families in which
  - affection is lacking
  - discord is rampant;
  - where discipline is either inconsistent, or
  - extremely severe or lax;
  - divorce or separation;
  - children placed outside the home during family crisis.
- Interactions characterized by coercive, physically violent behaviors
- Lack of reinforcement for prosocial behaviors



# Social Learning Treatment

- Identify situations that trigger aggressive or antisocial behavior
- Take the perspective of others and care about that perspective
- Reduce tendency to over attribute hostility in others
- Teaching methods of problem solving like negotiating



# Oppositional Defiant Disorder

- A disruptive behavior disorder characterized by
  - undue hostility,
  - stubbornness,
  - strong temper,
  - belligerence,
  - spitefulness,
  - self-righteousness.



# Oppositional Defiant Disorder

- Behaviors that result in significant family or school problems
- Annoy others, refuse to do what they are told
- Blame others
- Evident between ages of 8 and 12
- May progress to conduct disorder
- Most CD children have had ODD





# Oppositional defiant Disorder

- Oppositional defiant disorder show a pattern of negativistic, hostile and defiant behavior, but do not show the more serious violations of others' rights as do children with conduct disorder.





A combination of behavioral, cognitive, and social learning approaches appears to be the most useful strategy in working with youths with disruptive behavior disorders.

# Separation Anxiety Disorder moved to Anxiety Disorders

Children may have intense and inappropriate anxiety concerning separation from home or caregivers.

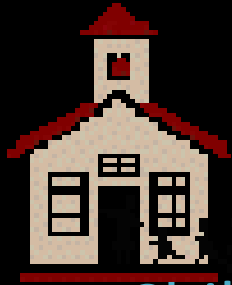
- Upset and often physically ill when facing a normal separation such as parent leaving home for work
- May refuse to sleep overnight at friend's house
- Panicky, miserable, homesick, withdrawn, sad when without the attachment figure
- Demanding, intrusive, and feel need for constant attention
- Evident by school age
- Often follows troubling life event, such as death of parent or pet
- May complain of physical maladies and nightmares
- May persist for years



# Theories And Treatment Of Separation Anxiety

- **Biological** family history of anxiety disorders (especially panic disorder)
- **Learning** - children cued by caregivers to be anxious, edgy, uncomfortable
- Behavioral treatment including family is most effective
  - Systematic desensitization, modeling, pro exposure
  - Contingency and self-management
  - Relaxation techniques





# Separation Anxiety vs. School Phobia

- Children who are afraid that they may be separated from their parents and they worry about that every minute of every day for at least two weeks have separation anxiety.
- School phobia is a common disorder that is a result of children who want to go to school but who have unrealistically high aspirations, who are very much concerned about getting B's, for example, instead of A's.



# Other Disorders Originating in Childhood

## DSM reclassified to EATING DISORDERS

- Pica
- Feeding Disorder of Infancy or Early Childhood
- Rumination Disorder



# Other Disorders Originating In Childhood

- Tic disorders
- Elimination disorders
- Reactive attachment disorder
- Stereotypic movement disorder
- Selective mutism





# TIC DISORDERS

## MOTOR TICS

### examples:

- eye blinking
- facial twitches
- shoulder shrugging







# TIC DISORDERS

## VERBAL TICS

- grunting
- coprolalia
- tongue clicking



# TIC DISORDERS

## TOURETTE'S DISORDER

# Elimination Disorders

## Encopresis

- repeated incontinence of bowel movements
- at least age 4



## Enuresis

- repeated incontinence of bladder
- at least twice weekly for 3 months
- age 5 or older
- Once a month

# Reactive Attachment Disorder

- Severe disturbance in ability to relate to others
- Do not initiate social interactions
- Do not respond when appropriate
- May be extremely inhibited & avoidant
- Show inappropriate familiarity with strangers



# Stereotypic Movement Disorder

- Engage in repetitive,
- Seemingly driven behaviors, such as
  - waving,
  - body rocking,
  - head-banging, and
  - picking at their bodies.



# Selective Mutism

- **The individual consciously refuses to talk, usually when there is an expectation for interaction.**
- **for extended period, at least one month**
- **interferes with normal functioning**





# Rett's Disorder

- Occurs only in females
- Between ages 5 months and 4 years,
- Changes indicative of neurological and cognitive impairments
- Previously development normal
- Growth of the head slows
- Loss of hand skills
- Loss of social engagement
- Poor coordination
- Psychomotor retardation
- Severely impaired language

