

## PSYC3308- Atypical Development Lecture Notes

### Lecture One

- Course covers: **neurodevelopmental disorders** (autism, intellectual disabilities- evident early in the child's life), **other major disorders of childhood & adolescence** (e.g., eating disorders those that affect a large number of individuals) & lastly, **dementias**.

### EXAM

- Not content assessed in online quiz
- 2 hours

**Neurodevelopmental disorders:** conditions with onset in the developmental period (typically manifest early in development, often before child enters school)

- Characterised by deficits that produce impairments of personal, social, academic or occupational functioning.
- Substantial impairment in everyday functioning.

### Defining developmental disorders

- Patterns of behavioural, cognitive, emotional or physical symptoms linked with one or more of the following:
  - o Distress
  - o Disability (limited development of e.g., reading or maths)
  - o Increased risk for further suffering or harm

Labels describe behaviour, not the person

- A child with \_\_\_ an associated set of unusual behaviours. Try to help where there are limitations in the child's behaviour.
- Avoid stigmatisation
  - o Separate the child from the disorder
  - o Problem may be due to child trying to adapt to abnormal or unusual circumstances.
- Diagnosis
  - o Primary purpose is to help describe and organise complex behaviour patterns that are shown by children.
  - o Not put a sentence on a person, but identify behaviour and the most effective way to deal with such behaviour.

Kerig et al. (2012)

- Psychological problems that are significant deviations from healthy developmental course.
- Development "gone awry"
- Needs understanding of typical trajectory of biological, behavioural, cognitive, emotional and social development.
- Need to understand variability in typical development.

Development gone awry can manifest as:

- Quantitative differences
  - o Developmental delay: e.g., slow to crawl, speak, walk & non-verbal communication.
  - o Regression: the child appears to develop normally then at some point it appears as if they lose the once developed skills.
  - o Asynchrony: the child develops normally in some social and cognitive domains, but delayed development in another domain.
- Qualitative differences
  - o Developmental deviation: e.g., autism can engage in behaviours rarely seen in typically developing children.

Research on developmental disorder

- Define normal and abnormal development for children of different ages, sex and ethnicity.
- Identify causes and correlated of abnormal behaviour
- Predict long-term outcomes
- Develop and evaluate methods for treatment or prevention

Why study developmental disorders?

- The number of recognised developmental disorders has increased substantially across recent history.
- High prevalence rates for some development disorders
- Psychologists play critical roles in identifying and intervening for developmental disorders.

*Increased recognition of developmental disorders*

Descriptions date back centuries but others are quite recent.

- ADHD (1798)

DSM-1 (1952)

- Only 2 disorders of childhood: adjustment reaction & childhood schizophrenia

DSM- 5 (2013)

- Six categories of Neurodevelopmental Disorders
- Various other categories of disorder that can affect children and adolescents

Rates of identification for childhood developmental disorders is increasing (in US). In 1997, 12.84% > 2008, 15.04%. Not just psychological.

Autism prevalence

1996- 0.4 cases > 2006- 11 cases.

- Increases in autism rates can be attributed to increased willingness to diagnose children, greater community awareness and broader diagnostic criteria being used.

For many disorders:

- Diagnosis is with reference to: behaviour (e.g., autism, ADHD) or objective measures of performance (e.g., learning disorders)
- Intervention is based on psychological principles
- Psychologists are increasingly being involved in diagnosis and remediation

### **Traditional models of child psychopathology**

- Behavioural
  - o Skinner & Eysenck
  - o Normal development due to normal adaptive conditioning schedules & behaviour is modified through operant/classical conditioning, and modelling or observational learning through interaction with others
  - o Abnormal development due to atypical conditioning schedules
  - o Clinical implications: modify conditioning particularly the antecedents and consequences of behaviour.
- Attachment & parenting
  - o Bowlby, Ainsworth and Baumrind
  - o Normal development- infants have secure attachment with caregiver (e.g., show appropriate levels of distress if caregiver is separated from them)
  - o Abnormal development- anxious/resistant attachment (e.g., significant distress from separation with caregiver and doesn't lessen when they return) OR avoidant attachment (indifferent towards caregiver if they return or not)
  - o Abnormal development can be attributed to parenting styles.
  - o Clinical implications: develop self-esteem, parenting courses.
- Family-based
  - o McGoldrick
  - o Normal development: focus away from child alone, family as a whole. Family must together negotiate a sequence of developmental stages where there may be specific stresses.
  - o Abnormal development: the failure to resolve an abnormal stressor and move onto the next stage of development.
  - o Clinical implications: whole family works together to resolve stressor and continue path of development.
- Biological