CHILD PSYCHOLOGY

- Disorders first diagnosed in childhood
- Roles of child psychologist
- Assessment
- Attachment
- Disorders
- Intervention/Treatment

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Clinical Child Psychology

- Increasing interest in child psychopathology
- 8 to 22% have behavioral, emotional, or learning disorder
- Lifelong consequences
  - Adult disorders rooted in childhood disorders
- Early intervention and prevention more effective than later intervention

Subspecialties

- Clinical Child Psychology
  - Related to physical, social, & developmental influences on childhood mental health
- Pediatric Psychology
  - Interdisciplinary field
  - Physical and mental development, health,
  - illness issues affecting children, adolescent, and families

Training

- PH.D. with specialty track
- Areas of training
  - Lifespan development
  - Developmental psychopathology
  - Child, adolescent, family assessment
  - Intervention for children

Disorders usually first diagnosed in infancy, childhood, or adolescence

Mental Retardation	Mild, Mod, Severe
Learning →	Reading, Math
Motor Skills →	Developmental coordination
Communication →	Expressive, stuttering
Pervasive Developmental →	Autism, Asperger's
Attention deficit & Disruptive →	ADHD, conduct,
Other →	Separation anxiety

Factors Effecting Attachment....

- Infant temperament
- Infant health (premature birth)
- Caregiver behaviors
  - rejecting
  - Critical
  - Withdrawn
  - Illness
  - “Fit” between infant/cargiver
- Environmental factors
  - chaos
  - abuse
  - neglect

Attachment Styles..

Classification of Attachment	One Year	Response in Strange Situation
Securely attached	60-70 %	Explores with M in room; upset with separation; warm greeting upon return; seeks physical touch and comfort upon reunion
Insecure: avoidant	15-20 %	Ignores M when present; little distress on separation; actively turns away from M upon reunion
Insecure: resistant	10-15 %	Little exploration with M in room, stays close to M; very distressed upon separation; ambivalent or angry & resists physical contact upon reunion with M
Insecure: disorganized/ disoriented	5-10 %	Confusion about approaching or avoiding M; most distressed by separation; upon reunion acts confused and dazed

Continued..

- Consequences of Attachment Problems
  - Eating problems
  - Bizarre soothing behaviors
  - Emotional problems (depression & anxiety)
  - Indiscriminant attachment (as safety-seeking)
  - Aggression
  - Lack empathy
  - Poor impulse control
  - Sometimes lack remorse
  - In childhood, ODD
  - In adulthood, personality disorders, APD

Clinical Roles

- Assessment
- Consultation
- Expert witness
- Intervention
- Research
- Program development/evaluation
- Teaching

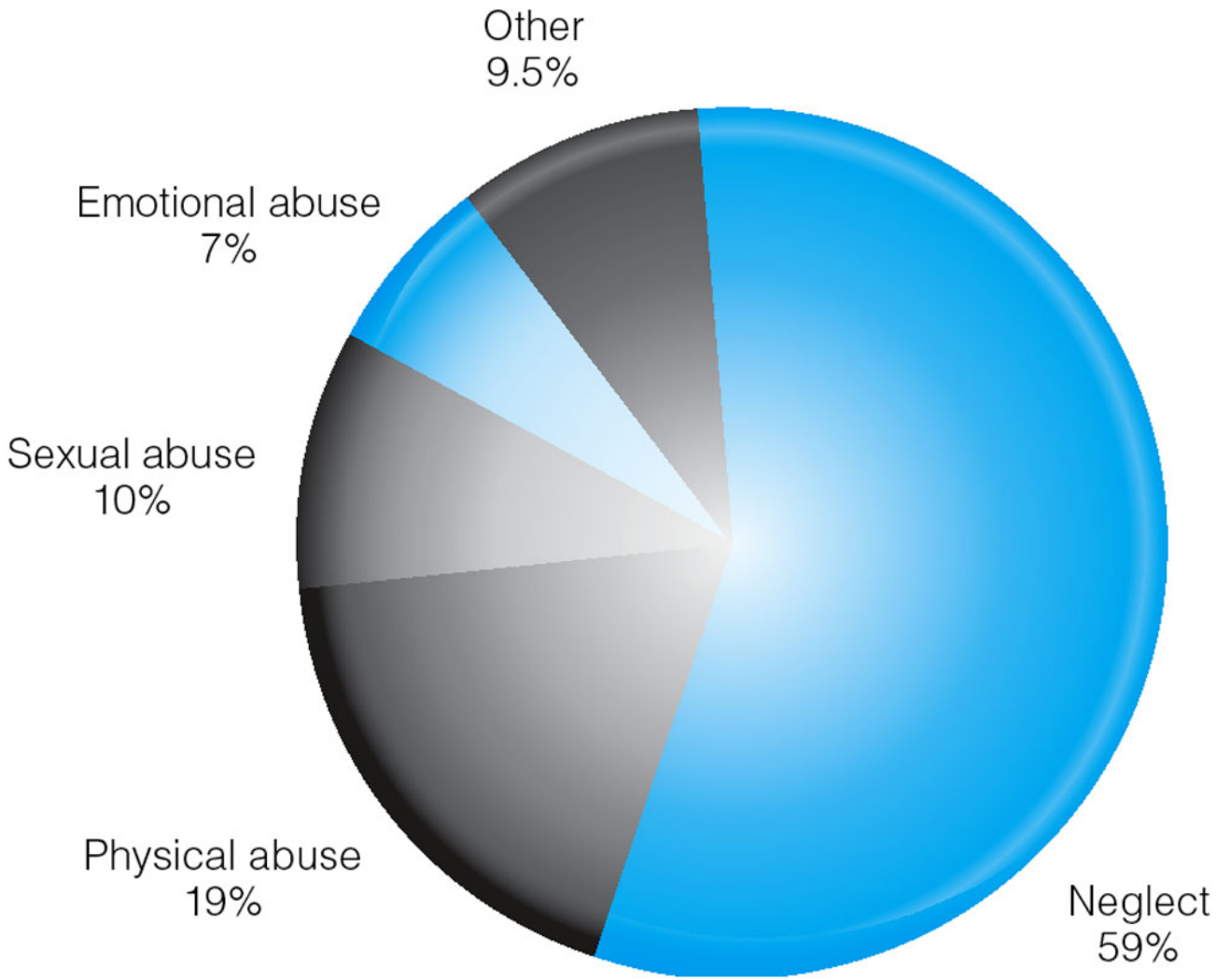
Clinical Assessment

- Not self-referred
- Must manage multiple sources of info
- Interviews - Observations
- Personality
- IQ & Achievement
- Development
- Family Assessment

Childhood Stressors

- School
- Parental divorce and conflict
- Child maltreatment
  - Significant overlap with domestic violence 30-60%
- Hurt directly and indirectly
  - Affected by exposure
  - Hurt accidentally
  - Hurt intentionally

Child Abuse & Neglect: US, 2001



POTENTIAL EFFECTS OF ABUSE

- Difficulties with school & peers
- Cognitive deficits
- Moral reasoning deficits
- Aggressive acting out behavior (Hostile attributions)
- Anxiety Disorders (e.g. Separation anxiety)
  - Effects of Trauma (PTSD or Personality Disorders)
- Depression
- Self-destructive/suicidal behavior

DISORDERS

- INTERNALIZING DISORDERS
  - Mood disorders
  - Anxiety disorders
  - More prevalent in girls
- EXTERNALIZING DISORDERS
  - ADHD
  - Conduct disorder
  - ODD
  - Acting out component/
  - More prevalent in boys

Parenting

Defiant Children (Barkley, 1987)

- Paying attention to good behavior
- Positive feedback and approval
- Paying attention to compliance
- Giving effective commands***
- Home point system
- Time out

Giving effective commands

- Mean it!
- Do not present command
- as a question or favor
- Limit # of commands
- Make sure child is paying attention
- Ask child to repeat command
- Make up chart

Normal childhood fears

- 0-6 - loss of support, loud noise
- 7-12 - strangers, sudden objects
- 1 year – separation, strangers
- 2 years – noise, darkness, animals
- 3 years – darkness, masks, animals
- 5 years – bad people
- 6 – supernatural beings

Separation Anxiety Disorder

- Age inappropriate, excessive, and disabling anxiety about being separated from parent(s) or home
- Most common anxiety disorder
  - Prevalence 3 to 12%
- May appear suddenly
- or follow stressful events
- Related to later psychopathology

Treatment for Separation Anxiety

- Modifying 4 primary problems
  - Excessive escape avoidance behaviors
  - Emergency physiological reactions
  - Feeling lack of control
  - Distorted information processing
- Behavioural treatment
  - Exposure
  - Systematic desensitization
  - Modeling
- Cognitive
  - Modifying maladaptive thought patters
- Meds

Disorders of sleeping

- Dyssomnias
  - Disturbance in the amount, timing, or quality of sleep
- Protodyssomnia
  - Difficulty getting to sleep
- Hypersomnia
  - Sleeping too much

Sleep Disorders

- Narcolepsy
  - Sleeping attacks
- Obstructive sleep apnea
  - Breathing stops during sleep

Nightmares vs sleep terrors

Nightmares	Sleep terrors
• Occurs during REM	• Non REM
• mid to late night	• First 1/3 of night
• Subdued verbalization	• Verbalizations usually present
• Moderate arousal	• Intense arousal
• Slight or no movement	• Extreme motor activity

Nightmares		Sleep terrors
• Easy to waken	→	Difficult
• Often remembered memory	→	Limited
• Common	→	Less so
• Reluctant to return to sleep	→	Quickly

Depression

- Expression changes with age
- Irritability and withdrawal
- Under age 7, tends to be diffuse and more difficult to recognize
- School-aged kids may have tantrums, eating disturbances, esteem problems or sadness
- After 11, more prevalent

  in girls

Suicide

- Most often due to depression
- 25-34% of depressed children & teens attempt suicide
- Increasing over past 25 years
  - Accounts for 12% of total teen deaths
  - 2nd leading cause of death among 15-24 year olds
- Girls show more suicidal ideation but often use less lethal methods

Interventions for Children

General Goals of Child Therapy

- Enhance child's self control, self-concept, and self-efficacy.
- Help child become aware of his or her feelings.
- Have a place where child can feel safe in exploration of self.
- Learn and practice self-control and alternative behaviors.
- Develop capacity to trust adults.
- Develop capacity to relate to an adult in an open, positive and caring manner.

Intervention

- Play
- Art therapy
- Medication
- Behavioural
- Cognitive
- Parenting
- Psychoanalytically oriented

Interventions for Children

- Child-Centered Play Therapy (Virginia Axlin)
- Major Premises of Theory
- Comes from Rogerian model.
- Called child-centered play therapy.
- Is Non-directive
- Reflects feelings, restates

  content, and returning responsibility to the child.
- Believes that children are able to work out their problems through use of unconditional positive regard.

Premises of Child-Centered Play Therapy

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he/she is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his/he feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feeling back to him/her in such a manner that the child gains insight into his/her behavior
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so, The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversations in any manner. The child leans the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of her responsibility in the relationship.

Interventions for Children

Play therapy:

- Symbolic
- Concrete
- The world of the child
- Allows acting out real life conflicts and issues

Five Phases of Child-Centered Play Therapy

1. Child uses play to express diffuse negative feels.
2. Uses play do express ambivalent feelings (e.g., anxiety, or hostility).
3. Express mostly negative feelings, again, but the target is now more specific, i.e, parents, sibs, or therapist
4. Ambivalent feelings resurface again but the target is now more specific, as in #3
5. Positive feelings are now predominant, but negative feelings are more grounded and realistic.