Development and Assessment in Childhood and Adolescence: Disorders Diagnosed in Childhood and Adolescent

Week 4

Rachel Speer

Think. Pair. Share.
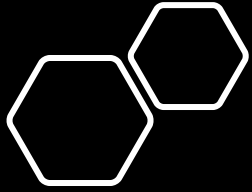
- What is one of your favorite memories?

Neurodevelopmental Disorders

- ADHD

- Autism Spectrum Disorder

Neurodevelopmental Disorders

- ADHD
  - Role of environment?

Why early experiences matter

Newborn Brain
Average weight
333 grams

2 Year Old's Brain
Average weight
999 grams

Attention-Deficit/Hyperactivity Disorder

- DSM Criteria (let's look)
- Symptoms rooted in executive functioning
- Occurs in 5% of children
- Treatments
  - Psychopharmacology
  - Behavioral Interventions
  - Family Supports

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past <u>6 months</u>.

Is this evaluation based on a time when the child ☐ **was on medication** ☐ **was not on medication** ☐ **not sure?**

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ
National Institute for Children's Health Quality
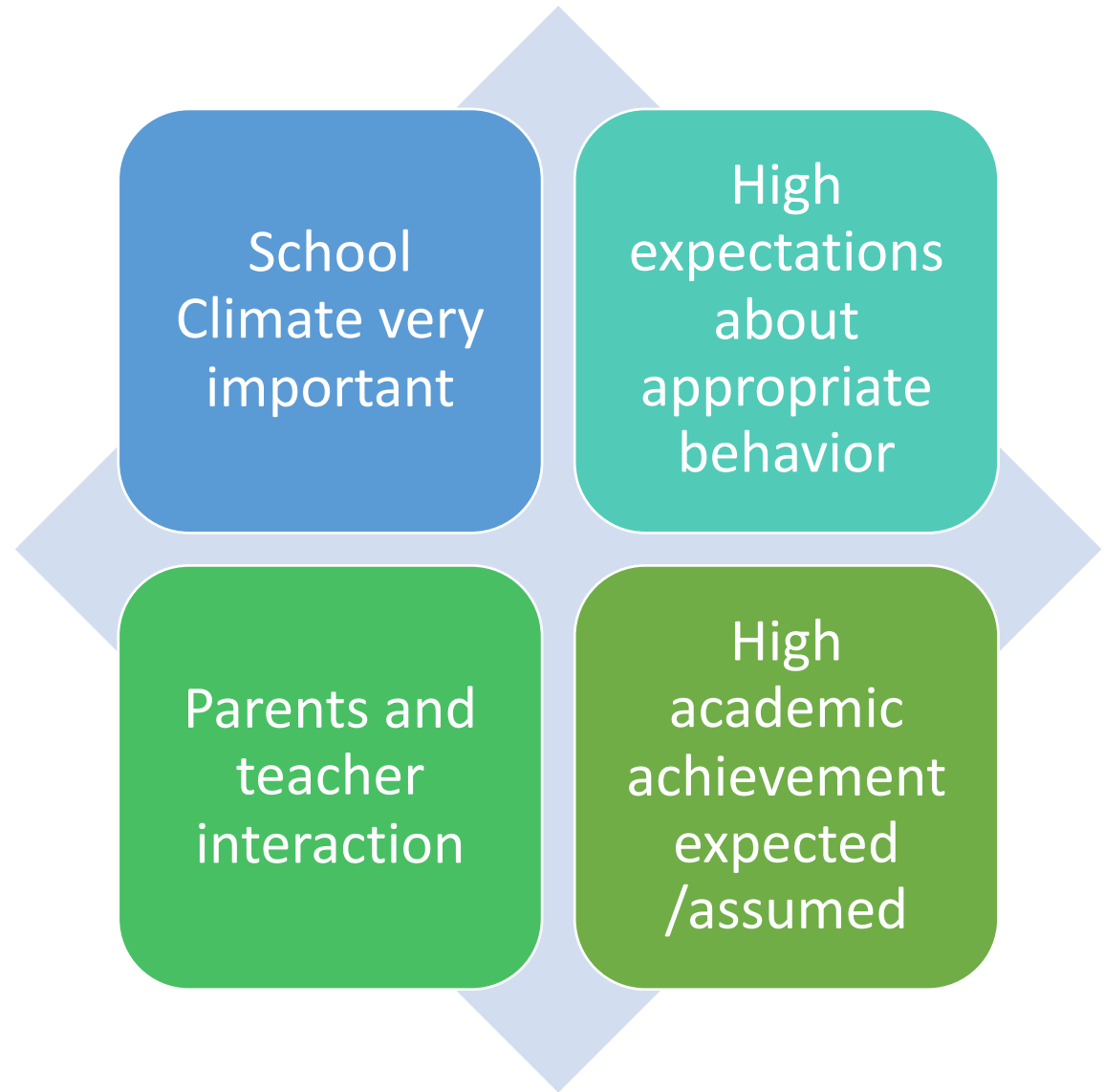
McNeil
Consumer & Specialty Pharmaceuticals

Outcomes of ADD/ADHD if left untreated

- Isolation from peers
- Difficulty making keeping friends
- Poor self esteem
- Academic difficulties
- ~40% also L.D.
- "getting into trouble" possibly criminal behavior
- Risky behaviors/risk taking, drugs, etoh

Elements of Effective Schooling

School Climate very important

High expectations about appropriate behavior

Parents and teacher interaction

High academic achievement expected /assumed

Educational Self-fulfilling prophesies

Teacher expectations effects academic outcomes

Teachers' beliefs about student capabilities effects outcomes

Autism Spectrum Disorder

- DSM Criteria (let's look)
- Hallmarks are repetitive/stereotyped behaviors, social deficits
- Changes from DSM-IV
- Dropped subtypes and created one umbrella diagnosis
- Treatments
  - Psychopharmacology for secondary symptoms
  - School inclusion, modeling
  - Behavioral interventions (ABA for language)
  - Social skill training

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1.	If you point at something across the room, does your child look at it? (**For Example**, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2.	Have you ever wondered if your child might be deaf?	Yes	No
3.	Does your child play pretend or make-believe? (**For Example**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4.	Does your child like climbing on things? (**For Example**, furniture, playground equipment, or stairs)	Yes	No
5.	Does your child make unusual finger movements near his or her eyes? (**For Example**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6.	Does your child point with one finger to ask for something or to get help? (**For Example**, pointing to a snack or toy that is out of reach)	Yes	No
7.	Does your child point with one finger to show you something interesting? (**For Example**, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8.	Is your child interested in other children? (**For Example**, does your child watch other children, smile at them, or go to them?)	Yes	No
9.	Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**For Example**, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10.	Does your child respond when you call his or her name? (**For Example**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11.	When you smile at your child, does he or she smile back at you?	Yes	No
12.	Does your child get upset by everyday noises? (**For Example**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13.	Does your child walk?	Yes	No
14.	Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15.	Does your child try to copy what you do? (**For Example**, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16.	If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17.	Does your child try to get you to watch him or her? (**For Example**, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18.	Does your child understand when you tell him or her to do something? (**For Example**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19.	If something new happens, does your child look at your face to see how you feel about it? (**For Example**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20.	Does your child like movement activities? (**For Example**, being swung or bounced on your knee)	Yes	No

Case Example: Sarah

Sarah, a 9-year-old female, is referred to you for psychological assessment by her elementary school. The school counselor is concerned because Sarah does not play with other children, initiate or respond to social interactions, or seem interested in her peers. Ms. Muños, Sarah's 3rd-grade teacher, tells you that Sarah is "a smart, basically happy kid" who "just tunes out" most of the time, not making eye contact or even looking at others. "Unless we're talking about science," Ms. Muños adds. "She *loves* science. We were studying the solar system—she did a 10 page paper on the red spot on Jupiter, can you believe it? She talked about it for *weeks*. Drove the other kids crazy. It was a good paper, though—really detailed and meticulous for this age." Ms. Muños points out that Sarah is generally quiet in class, playing repetitive games by herself at her desk, and that her behavior is not disruptive, "as long as I stick to the program." She clarifies that Sarah cannot stand any deviation from the typical school schedule, and becomes quite upset when school programs or field trips disrupt the routine. This has been a problem for both Sarah and the other students, resulting once in the rescheduling of a planned outing and another time in Sarah becoming physically ill following a prolonged emotional outburst. According to school records, Sarah comes from a stable, loving home environment and has no history of trauma, psychotic symptoms, or medical concerns. Her parents indicate she has "always been this way." Sarah's cognitive ability is estimated to be in the high-normal range, and she met all other developmental milestones appropriately.

Name <u>one *DSM*-5 diagnosis</u> you would consider and identify the supporting behaviors:

Child-Onset Conduct Disorders/ODD

- Conduct Disorder
  - DSM Criteria (let's look)
  - Treatment
    - Behavioral interventions
    - Play therapies

- Oppositional Defiant Disorder
  - DSM Criteria (let's look)
  - Treatment;
    - Behavioral interventions
    - Play therapies

https://www.youtube.com/watch?v=OyE0pcaN-_I

Adolescent Important areas of development

Physical

Cognitive (Piaget): formal operations

Social (Erikson): identity vs role confusion

Emotional

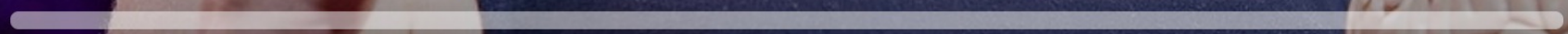Moral (Kohlberg): may have reached the third stage (postconventional)

Sarah-Jayne Blakemore | TEDGlobal 2012

The mysterious workings of the adolescent brain

14:10

Adolescent Substance Use

Overall Trends in Substance Use:

- Reported use of any illicit drug within the past year in 2022:
  - 11% of eighth graders
  - 21.5% of 10th graders
  - 32.6% of 12th graders
- These levels remained stable or significantly below pre-pandemic levels.

Adolescent Substance Use

Specific Substance Use Rates:

- Nicotine vaping:
  - Stable across all grades surveyed (12% of eighth graders, 20.5% of 10th graders, 27.3% of 12th graders).

- Cannabis use:
  - Stable across all grades surveyed (8.3% of eighth graders, 19.5% of 10th graders, 30.7% of 12th graders).
  - Vaping cannabis showed a slight increase among 10th graders compared to pre-pandemic levels.

https://nida.nih.gov/news-events/news-releases/2022/12/most-reported-substance-use-among-adolescents-held-steady-in-20

Adolescent Substance Use

Alcohol Use:

- Returned to pre-pandemic levels for 12th graders in 2022 (51.9% reported alcohol use in the past year).

Illicit Drug Use (Other than Marijuana):

- Stable across all grades surveyed:
    - 4.9% of eighth graders
    - 5.7% of 10th graders
    - 8.0% of 12th graders

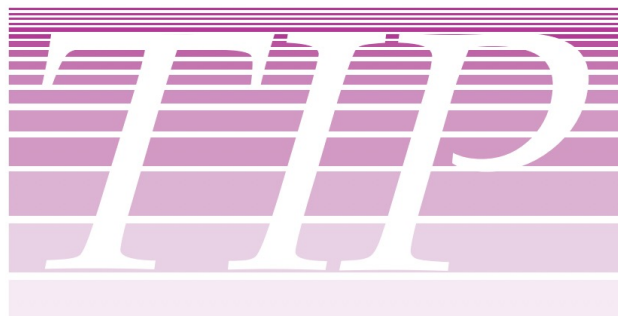**Substance Abuse and Mental Health Services Administration**

Center for Substance Abuse Treatment

Screening and Assessing Adolescents for Substance Use Disorders

Treatment Improvement Protocol (TIP) Series

31

Social Media Use

AMERICAN PSYCHOLOGICAL ASSOCIATION

SEARCH

Entire Site

TOPICS   PUBLICATIONS & DATABASES   RESEARCH & PRACTICE   EDUCATION & CAREER   NEWS & ADVOCACY

Home > Monitor on Psychology > 2023 > September >

COVER STORY

Social media brings benefits and risks to teens. Psychology can help identify a path forward

New psychological research exposes the harms and positive outcomes of social media. APA's recommendations aim to add science-backed balance to the discussion

AMERICAN BLACK JOURNAL

The effects of social media on teens' mental health

Clip: Season 51 Episode 41 | 6m 44s   CC

+ My List   Watch Full Length

From Twitter to Instagram and now TikTok, social media use by teens is widespread. What impact is it having on their mental health? Former One Detroit summer intern Zion Williams talks with three of her high school friends, as well as mental health experts across Michigan, about how social media can affect teens' developing minds and how parents can monitor their children's well-being and online h

Aired: 10/11/23   Rating: NR

Small Group Reflection

- **Assessing Risk vs. Benefits**: How can we effectively assess the risks and benefits of social media use in adolescents through the lens of psychopathology? Of substance use/abuse? What assessment tools or methods might be valuable in this context? What questions are important to ask?

- **Psychopathological Vulnerabilities**: Considering the vulnerabilities of adolescents to psychopathological conditions, how does social media use potentially exacerbate or mitigate these conditions? What are some key psychopathological factors that could interact with social media use?

- **Future Directions in Assessment**: What are the gaps in current assessment tools and methods when it comes to understanding the intersection of social media and psychopathology in adolescents? How can advancements in assessment practices better address these gaps in the future?
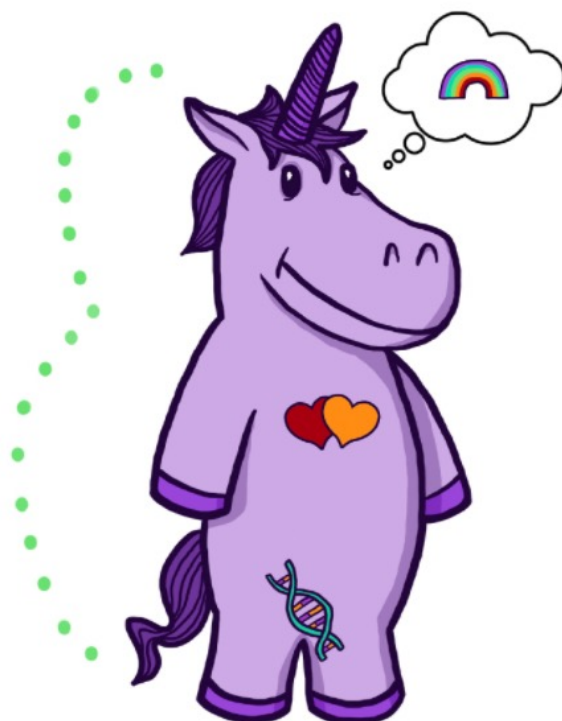
Gender

Gender identity: conception of oneself as male, female, transgender, non-binary (+)

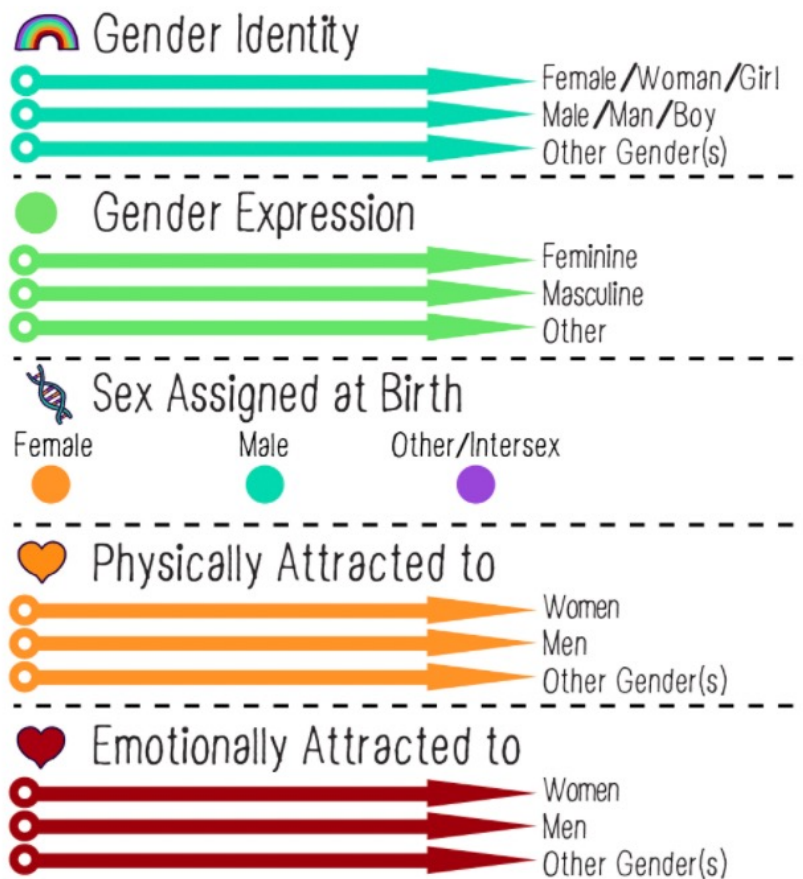**Gender role:** expectation for masculine or feminine behaviors

Gender
Psychoanalytic view
Freud

Identification with parent

Become what parent is

Includes formation of the superego

Includes gender learning

**Gender
Cognitive-Learning Theory
Bandura**

- Child observes behavior of parents and others
- Child symbolizes and remembers perceptions
- Concepts for masculine/feminine
- Then selectively reinforced
- Shaped with social experience

**Gender
Cognitive Theory
Piaget**

- Child begins by forming gender identity
- Labeling - the concept
- Behavior – what should be done
- Differential reinforcement by parent

New Diagnostic Codes Lessen Stigma for Transgender People

Jack Drescher, MD

DISCLOSURES | September 11, 2017

15 Read Comments

Gender Dysphoria

- Do you agree with Dr. Drescher and his working group's decision to retain gender dysphoria as a diagnosis in the DSM rather than removing it?

- What are the implications for keeping it and what are the implications for removing it?

A Letter to My Son Jacob on His 5th Birthday

Transgender Identity development

Mimi and her son Jacob. *Courtesy of Mimi Lemay*

For more
information..

Standards of Care
for the Health of Transsexual,
Transgender, and Gender-
Nonconforming People

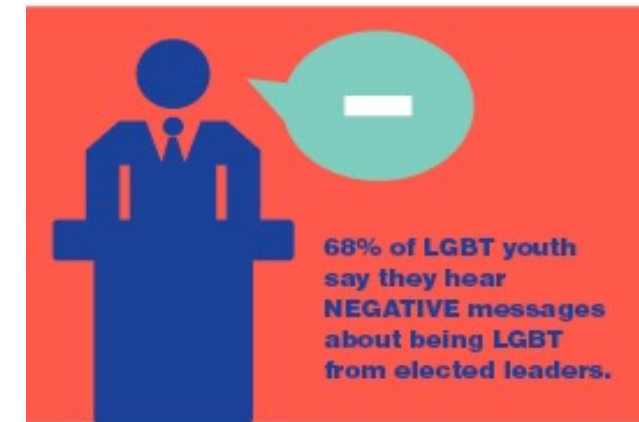GENDER-EXPANSIVE YOUTH USED AN ARRAY OF TERMS AND PHRASES TO DESCRIBE THEIR GENDER:

NON-BINARY FEMALE • NEITHER • GENDER FLUID • GENDERLESS • QUESTIONING • NEUTRAL • BOI • AGENDER • TRANSGENDER • ANDROGYNOUS • GENDER • QUEER • AGENDER • NONGENDER • BOTH GENDERS • HUMAN • TWO SPIRIT • FEMALE, BUT NOT 100% • BIGENDER

Growing up LGBT

- HRC's report, Growing up LGBT in America, is a ground breaking survey of more than 10,000 LGBT-identified youth agest 13-17
- 925 youth reported transgendered or "I prefer to identify the gender myself"
- 1/3 then identified as trans with 2/3 as other

Support

- 29% of queer youth feel they do not have an adult they can talk to compared to 52% of non-queer youth

- 52% of queer youth reported substance use compared to 22% of non-queer youth

OUT   NOT OUT

LGBT youth out to their immediate families are more likely to report being happy than those who are not out.

68% of LGBT youth say they hear NEGATIVE messages about being LGBT from elected leaders.

NOT OUT

SCHOOL

OUT

About two-thirds (64%) of high school youth say they are out to their classmates.

Top 3 Important problems

- Queer Youth
  - 26% non-accepting family members
  - 21% school/bullying problems
  - 18% fear of being out or open

- Non-queer Youth
  - 25% Classes/exams/grades
  - 14% college/career
  - 11% financial pressure related to job/college

Pro-social involvement

- Among GLBT youth, 28% reported attending religious service very often/sometimes compared to 58% non-GLBT youth

- Less than 30% of GLBT youth report involvement in sports compared to 49% of non-GLBT youth

- Only 21% of GLBT youth say there is a place in their community that helps GLBT people

Questions?

Comments?