Abnormal Psychology

Developmental Psychopathology
Psychology 3303
Professor June Gruber
Roadmap

Course Logistics

Developmental Psychopathology

Internalizing & Externalizing Disorders

Autism Spectrum Disorders

Take-Away Qs
Course Logistics

Exam 2

Handed Back End of Class
Course Logistics

Outreach Project

Two parts uploaded to Canvas

(1) Revised proposal + brief summary of what you did and how it went (main text can go beyond 1 page length)

(2) Evidence of project submitted separately (e.g., copy of brochure, flyer, video, etc)
Roadmap

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Take-Away Qs
Developmental Psychopathology: What is it?

A general framework for understanding disordered behavior in relation to normal development.

Developmental psychopathology incorporates a developmental life-span perspective into the study of abnormal behavior. Pathology is developmental maladaptation.
Marshmallow Test
Developmental Psychopathology: Terms

Developmental psychopathology:

*Studies disorders of childhood within the context of normal child development*

**HOMOTYPIC CONTINUITY**
- Phenotypic (e.g., behavioral) consistency across development.
- Symptoms manifest similarly across developmental levels

**HETEROTYPIC CONTINUITY**
- Developmental differences in how symptoms are expressed
- Symptoms may vary in presentation according to age
Developmental Psychopathology: Terms

**EQUIFINALITY**
- Different pathways to same outcome
- Ex: early vs. late onset depression

**MULTIFINALITY**
- Same starting place, different outcome
- Ex: Early life stress may lead to depression, but only for children with certain genetic vulnerability
RISK

Risk predisposes individuals and populations (identifiable groups of people) to specific negative or undesirable outcomes. e.g., Risk of developing schizophrenia if you have one affected parent: 10% (compared to 1% in general population).

Examples:

- Some individuals and families start off well and stay well
- Some start off at risk or in distress and stay that way
- Some start off well and then develop a disorder/move into risk status.
- Some start off at risk or in distress and then function well later on.
- Some start off with specific problems and remain in distress, but the nature of the problems shifts over time.
- Some cycle in and out of risk and actual distress.
RESILIENCE

Individual’s tendency to cope with stress and adversity

An occurrence of rebounding or bouncing back
Disruption in Functioning

- Chronic (5-30%)
- Delayed (0-15%)
- Recovery (15-25%)
- Resilient (35-55%)

Traumatic Event

1 year

2 years
Extra Credit Option

Dr. George Bonanno

Professor of Clinical Psychology
Teachers College, Columbia University

Loss, Trauma, and Human Resilience
Roadmap

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Take-Away Qs
<table>
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## Externalizing Disorders

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More common in boys

More common in girls
Externalizing Disorders
Disorders of Childhood: Major Classifications

Externalizing Disorders

Failure to control behavior according to expectations of parents, peers, teachers, and/or legal authorities. These problems create difficulties for the external world. Negativity, aggression, impulsivity, hyperactivity, and attention deficits.
Externalizing Disorders: ADHD
Externalizing Disorders: ADHD

**ADHD:** What’s the primary feature?

DSM-II (Hyperkinesis)

DSM-III (Attention-Deficit Disorder, ADD)

DSM-IV & DSM-5 (ADHD)– Predominantly Inattentive, Predominantly Hyperactive-Impulsive, or Combined Type.
Externalizing Disorders: ODD
Externalizing Disorders: ODD

**ODD:** Defined by a pattern of negative, hostile, and defiant behavior. Behaviors are non-normative during school age years, but actually normative during adolescence.

**Comorbidity:** 50% of children who meet diagnosis for AHDH also meet for ODD. These disorders are viewed as separated but very much overlapping problems.
Externalizing Disorders: CD
Externalizing Disorders: CD

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least 3 of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.
Externalizing Disorders: CD

1. Aggression to people and animals.
2. Often bullies, threatens, or intimidates others.
3. Often initiates physical fights.
4. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
5. Has been physically cruel to people.
6. Has been physically cruel to animals.
7. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
8. Has forced someone into sexual activity.
12. Deceitfulness or Theft
13. Has broken into someone else's house, building, or car.
14. Often lies to obtain goods or favors to avoid obligations (i.e., "cons" others).
15. Has stolen items of non-trivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).
16. Serious Violations of Rules
17. Often stays out at night despite parental prohibitions, beginning before age 13 years.
18. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.
19. Is often truant from school, beginning before age 13.
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Internalizing Disorders
Internalizing Disorders

Problems associated with subjective distress that primarily affect the child’s internal world.
Separation Anxiety Disorder
Separation Anxiety Disorder

Separation anxiety is a normal fear or distress upon separation from an attachment figure. Age inappropriate, excessive anxiety about being apart from parents = separation anxiety disorder.
Depression
Depression

Prevalence:
2-8% of children ages 4-18.
Rare among preschool and school-age children, very large bump for girls during adolescence/puberty.
## Depression: Heterotypic Continuity

<table>
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<th>Young Children</th>
<th>Adolescents (~13-17)</th>
<th>Adults (18+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More likely to cry and look sad than talk about/verbalize feelings of sadness</td>
<td>More likely to express as irritability.</td>
<td>More likely to directly verbalize sadness.</td>
</tr>
</tbody>
</table>
Roadmap

Course Logistics

Developmental Psychopathology

Internalizing & Externalizing Disorders

Autism Spectrum Disorders

Take-Away Qs
“Not everything that steps out of line, and thus abnormal, must necessarily be inferior.”

-Hans Asperger (1938)
“TRIAD OF IMPAIRMENT”

I. Restrictive, repetitive patterns of behaviors, interests & activities
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II. Impairment in Communication
“TRIAD OF IMPAIRMENT”

I. Restrictive, repetitive patterns of behaviors, interests & activities

II. Impairment in Communication

III. Impairments in Social & Emotional Interaction
III. Impairment in Emotional & Social Interaction

- Inability to use/read non-verbal behaviors (eye gaze, facial expressions, gestures)

- Lack of spontaneous seeking to share emotions with others (e.g., pointing, showing, bringing)

- Lack of social and emotional reciprocity
Autism Spectrum Disorders
WHERE IS EMOTIONAL DIFFICULTY?

Basic vs. Self-Conscious Emotions

Happy, Fear, Sad, Anger, Disgust, Surprise
- Do not require complex social cognition
- Do not require understanding other’s mental states (i.e., Theory of Mind)

Embarrassment, Shame, Pride, Guilt
- Require complex social cognition
- Require understanding other’s mental states (i.e., ToM)

Deficits in Autism?

Erin A. Heerey, Dacher Keltner, and Lisa M. Capps
University of California, Berkeley

Self-conscious emotions such as embarrassment and shame are associated with 2 aspects of theory of mind (ToM): (a) the ability to understand that behavior has social consequences in the eyes of others and (b) an understanding of social norms violations. The present study aimed to link ToM with the recognition of self-conscious emotion. Children with and without autism identified facial expressions of self-conscious and non-self-conscious emotions from photographs. ToM was also measured. Children with autism performed more poorly than comparison children at identifying self-conscious emotions, though they did not differ in the recognition of non-self-conscious emotions. When ToM ability was statistically controlled, group differences in the recognition of self-conscious emotion disappeared. Discussion focused on the links between ToM and self-conscious emotion.
Table 2
Proportions of Emotions Correctly Identified by Group

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Comparison (n = 21)</th>
<th>HFA/AS (n = 25)</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-self-conscious</td>
<td>.70</td>
<td>.67</td>
<td>.85</td>
</tr>
<tr>
<td>Anger</td>
<td>.81</td>
<td>.76</td>
<td>1.56</td>
</tr>
<tr>
<td>Contempt</td>
<td>.37</td>
<td>.30</td>
<td>1.53</td>
</tr>
<tr>
<td>Disgust</td>
<td>.62</td>
<td>.54</td>
<td>1.35</td>
</tr>
<tr>
<td>Fear</td>
<td>.48</td>
<td>.36</td>
<td>2.32</td>
</tr>
<tr>
<td>Sadness</td>
<td>.76</td>
<td>.92</td>
<td>2.51</td>
</tr>
<tr>
<td>Happiness</td>
<td>1.00</td>
<td>1.00</td>
<td>—</td>
</tr>
<tr>
<td>Surprise</td>
<td>.86</td>
<td>.80</td>
<td>1.02</td>
</tr>
<tr>
<td>Self-conscious</td>
<td>.64</td>
<td>.38</td>
<td>6.39*</td>
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<td>Embarrassment</td>
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<td>.48</td>
<td>.24</td>
<td>3.36§</td>
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The ‘Reading the Mind in the Eyes’ Test Revised Version:
A study with normal adults, and adults with Asperger Syndrome or High-Functioning Autism.

Simon Baron-Cohen, Sally Wheelwright, Jacqueline Hill, Yogini Raste and Ian Plumb
# Autism and Emotion

**READING THE MIND IN THE EYES (TASK)**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><img src="image1.png" alt="Image" /></td>
<td>playful</td>
<td>comforting</td>
<td>irritated</td>
</tr>
<tr>
<td>2</td>
<td><img src="image2.png" alt="Image" /></td>
<td>terrified</td>
<td>upset</td>
<td>arrogant</td>
</tr>
<tr>
<td>3</td>
<td><img src="image3.png" alt="Image" /></td>
<td>joking</td>
<td>flustered</td>
<td>desire</td>
</tr>
<tr>
<td>4</td>
<td><img src="image4.png" alt="Image" /></td>
<td>joking</td>
<td>insisting</td>
<td>amused</td>
</tr>
</tbody>
</table>

[http://glennrowe.net/BaronCohen/Faces/EyesTest.aspx](http://glennrowe.net/BaronCohen/Faces/EyesTest.aspx)
Clinical Science Expert

Dr. James McPartland

Assistant Professor, Yale Child Study Center
Associate Director, Developmental Electrophysiology Lab

Autism and Emotion in Children
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Take-Away Qs
Thank You!

Psychology 3303
Professor June Gruber