

# Chapter 11



## Development-Related Disorders

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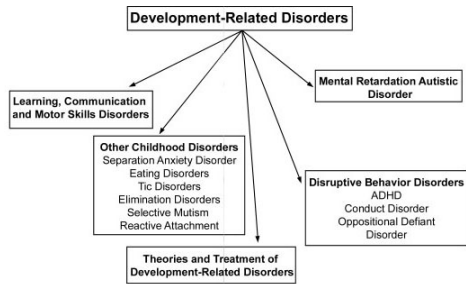
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DEVELOPMENT-RELATED  
DISORDERS first appear at birth or  
during youth.

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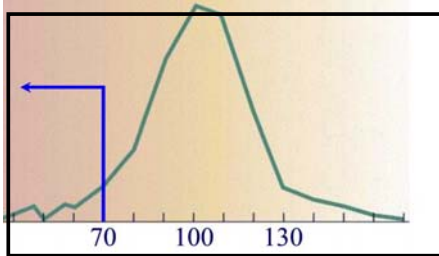
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**MENTAL RETARDATION** is characterized by significantly below average general intellectual functioning, indicated by an IQ of 70 or below.



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### LEVELS OF MENTAL RETARDATION

- MILD
  - IQ = 50/55 to 70
- MODERATE
  - IQ = 35/40 to 50/55
- SEVERE
  - IQ = 20/25 to 35/40
- PROFOUND
  - IQ below 20/25

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Mental retardation may result from an inherited condition or from an event or illness at any point from conception through adolescence.

#### INHERITED CAUSES

- PKU
- Tay-Sachs Disease
- Fragile X Syndrome
- Down Syndrome

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Mental retardation may result from an inherited condition or from an event or illness at any point from conception through adolescence.

**ENVIRONMENTAL CAUSES**

Prenatal disease

- Difficult delivery
- Premature birth
- Prenatal substance abuse
- Failure to thrive

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Although there is no cure for mental retardation, early intervention can enrich intellectual and physical development.



- MAINSTREAMING
- BEHAVIORAL INTERVENTIONS INVOLVING FAMILY
- PREVENTION OF PHYSICALLY RELATED DISORDERS



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# Pervasive Developmental Disorders

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**PERVASIVE DEVELOPMENTAL DISORDERS**

are characterized by severe impairment in several areas (e.g., social, communication) or by extremely odd behavior, interests, and activities.

- Rett's disorder
- Childhood disintegrative disorder
- Asperger's disorder



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**The most common of these disorders is AUTISTIC DISORDER.**

Apparent before age 3, usually in infancy. Clinicians assign the diagnosis based on symptoms that fall in three groups:

1. Impaired social interaction.
2. Impaired communication.
3. Oddities of behavior, interests, and/or activities.

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**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.

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## THEORIES OF AUTISM

### Evidence supports the theory of BIOLOGICAL causation:

- Patterns of family inheritance.
- Concordance among identical twins.
- Chromosomal abnormalities.
- Structural brain abnormalities.
- Functional brain abnormalities.

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Although prognosis for autistic disorder can appear bleak, MEDICATION and BEHAVIORAL treatments can change the behavior of these children.

#### BEHAVIORAL:

- Train child to communicate needs more effectively.
- Improve parental response.
- Teach caregivers not to reward negative behaviors.

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Although prognosis for autistic disorder can appear bleak, MEDICATION and BEHAVIORAL treatments can change the behavior of these children.

#### BEHAVIORAL:

- Help develop new learning and problem-solving skills.
- Teach self-control through self-monitoring.
- Aversive conditioning.

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# Learning, Communication, and Motor Skills Disorders

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## Learning Disorder

Delay or deficit in academic skill evidenced by difference in ability and achievement on standardized tests, substantially below what would be expected for others of comparable age, education, and level of intelligence.

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**Reading Disorder  
(Dyslexia)**

**Mathematics Disorder  
(Dyscalculia)**

**Disorder of Written Expression  
(Dysgraphia)**

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# Communication Disorders

Impairment in expression or understanding of language

Expressive  
Language  
Disorder



Phonological Disorder      Mixed Receptive-Expressive Language Disorder      Stuttering

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## DEVELOPMENTAL COORDINATION DISORDER

A condition characterized by marked impairment in the development of motor coordination.



- Impairment in 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.

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## THEORIES AND TREATMENT 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 ISSUES:

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

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# Attention Deficit and Disruptive Behavior Disorders

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## ATTENTION DEFICIT HYPERACTIVITY DISORDER

A behavior disorder of child involving problems with inattentiveness and hyperactivity-impulsivity.

### Inattentiveness

- carelessness
- forgetfulness in daily activities
- commonly loose belongings
- easily distracted
- cannot follow through on instructions
- difficulty organizing tasks

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## ATTENTION DEFICIT HYPERACTIVITY DISORDER

The hyperactive-impulsive component is further divided into subtypes of hyperactivity and impulsivity.

### Hyperactivity

- fidgeting
- restlessness
- running about inappropriately
- difficulty in playing quietly
- talking excessively

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## ATTENTION DEFICIT HYPERACTIVITY DISORDER

The hyperactive-impulsive component is further divided into subtypes of hyperactivity and impulsivity.

### Impulsivity

- blurring out answers
- inability to wait their turn
- interrupting or intruding on others

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## 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, and regulation of mood.
- Social Influence: Dysfunctional family environment and school failure.

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## ADHD TREATMENT

- **MEDICATION**
  - Stimulants (e.g., Ritalin).
  - Antidepressants.
- **COGNITIVE-BEHAVIORAL THERAPY**
  - Teach self-control, self-motivation, and self-monitoring using reinforcement.
  - Coordinate efforts with family and teachers.
  - Behavioral interventions must begin early.

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## CONDUCT DISORDER

The childhood precursor of antisocial personality disorder in adulthood.



Involves repeated violations of the rights of others and society's norms and laws.

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## CONDUCT DISORDER

### Their delinquent behaviors include:

- lying
- stealing
- truancy
- running away from home,
- physical cruelty to people & animals
- setting fires
- using drugs and alcohol

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## OPPOSITIONAL DEFIANT DISORDER

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

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

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## Separation Anxiety Disorder

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

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## Other Disorders Originating in Childhood

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## CHILDHOOD EATING DISORDERS



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

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## TIC DISORDERS

### MOTOR TICS

**examples:**

- eye blinking
- facial twitches
- shoulder shrugging

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## TIC DISORDERS

### VERBAL TICS

**examples:**

- grunting
- coprolalia
- tongue clicking

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## TIC DISORDERS

### TOURETTE'S DISORDER

A combination of chronic movement and vocal tics more commonly reported in males.

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## 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

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## REACTIVE ATTACHMENT DISORDER OF INFANCY OR CHILDHOOD



- 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

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People with **STEREOTYPIC MOVEMENT DISORDER**

engage in repetitive, seemingly driven behaviors such as:

- waving
- body rocking
- head-banging
- self-biting
- picking at their bodies



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**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



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