Essentials of Child and Adolescent Psychopathology
Essentials of Behavioral Science Series
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Essentials

of Child and Adolescent Psychopathology

Second Edition

Linda Wilmshurst

WILEY
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In the Essentials of Behavioral Science series, our goal is to provide readers with books that will deliver key practical information in an efficient, accessible style. The series features books on a variety of topics, such as statistics, psychological testing, and research design and methodology, to name just a few. For the experienced professional, books in the series offer a concise yet thorough review of a specific area of expertise, including numerous tips for best practices. Students can turn to series books for a clear and concise overview of the important topics in which they must become proficient to practice skillfully, efficiently, and ethically in their chosen fields.

Wherever feasible, visual cues highlighting key points are utilized alongside systematic, step-by-step guidelines. Chapters are focused and succinct. Topics are organized for an easy understanding of the essential material related to a particular topic. Theory and research are continually woven into the fabric of each book, but always to enhance the practical application of the material, rather than to sidetrack or overwhelm readers. With this series, we aim to challenge and assist readers in the behavioral sciences to aspire to the highest level of competency by arming them with the tools they need for knowledgeable, informed practice.

Essentials of Child and Adolescent Psychopathology, Second Edition, provides an overview of child and adolescent disorders that begins with a look at the foundations of the discipline and the unique historical influences that played a role in the evolution of the field. This updated version of the book includes all of the changes in the criteria and conceptualization of disorders that can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association [APA], 2013). The book is divided into six parts. In Part I, readers are introduced to child and adolescent characteristics (e.g., family, school, economics, culture) that shape developmental pathways toward normal or deviant behaviors, and the role of theoretical perspectives in guiding our understanding of the underlying processes. Current trends and issues
in the areas of professional ethics, research, assessment, diagnosis, and treatment are also addressed. Part II contains three chapters (intellectual and developmental disabilities, attention-deficit/hyperactivity disorder, specific learning disabilities) that focus on disorders representing a range of neurodevelopmental impairments and functioning from global (global developmental delay) to more specific deficits (executive functioning deficits).

The focus in Part III is on the internalizing disorders (anxiety and obsessive-compulsive and related disorders, disorders of mood and somatic symptom and related disorders), whereas Part IV discusses externalizing disorders, such as oppositional defiant disorder and disorders of conduct. Disorders that most likely have onset in later childhood or adolescence, such as eating disorders and substance-related disorders, are presented in Part VI. The final section, Part VII, contains two chapters devoted to special topics: trauma- and stress-related disorders and children of diverse cultures. Finally, the book provides three additional appendices that contain important information, regarding ethical codes of conduct, references for assessment instruments and resources, and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 04).

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The following three chapters provide the basic foundations for understanding child and adolescent psychopathology. In the Introduction, readers will discover how child and adolescent psychopathology evolved as a unique discipline and the growing pains that were evident in achieving the early milestones, historically. Through the use of case examples, readers will gain an increased appreciation of important developmental considerations that are required in order to make clinical decisions regarding where a child’s behavior is best represented on the normal versus abnormal continuum based on important information available from developmental expectations and theoretical perspectives.

The second chapter provides important information regarding ethical issues and challenges that practitioners face in their work with young children and adolescents, whether this takes place in a clinical or research setting. Issues of confidentiality can be daunting as practitioners attempt to determine who is the legal guardian for children under 18 years of age (or the age of majority in the state where the clinician is practicing), especially in cases where information regarding the custodial parent may not be readily accessible. The chapter ends with an important discussion about common risks and protective factors that can influence the trajectory of child development.

Finally, in the third chapter, readers are introduced to issues in diagnosis, assessment, and treatment as they relate to different systems of classification (empirical versus categorical), and how the recently revised DSM-5 has attempted to address these issues. Different methods of clinical assessment will be discussed, as well as issues of obtaining parental consent and child assent for individual assessments.
One

INTRODUCTION TO CHILD AND ADOLESCENT PSYCHOPATHOLOGY

Development, Theories, and Influences

Recognition of clinical child psychology as a unique discipline has only emerged in the past 30 years, despite auspicious beginnings. The end of the 19th century ushered in an era of social reform that addressed the need to protect children’s rights concerning health and education, to provide protection within the judicial system, and to free children from working within the adult workforce (Culbertson, 1991). In the wake of this movement, child labor laws and mandatory education became a reality. At the turn of the 20th century, Lightner Witmer established the first psychology clinic to treat children with learning disabilities, and by 1909 more than 450 cases had been seen at the clinic. However, Witmer fell out of favor with his colleagues, because of his refusal to adopt Terman’s revision of the Stanford-Binet tests of intelligence and his reluctance to accept Freud’s theories on behavior disorders.

William Healey, an English-born psychiatrist who shared America’s enthusiasm for Freud’s theories, opened the first child guidance clinic in Chicago in 1909. By 1933, 42 child guidance clinics were in operation at a wide variety of locations, including juvenile institutions, courts, hospitals, schools, and universities. As the popularity of the child guidance clinics grew, the emphasis shifted from delinquency to problems evident at home and at school, with a primary interest in parent–child difficulties.

The underlying philosophy of the time was that the source of children’s problems could be found in parenting and the family (Horn, 1989, p. 27). In 1948, 54 child guidance clinics came together to form the American Association of Psychiatric Clinics for Children (AAPCC). According to Horn, this marked a shift from identification to training and treatment; a movement riddled with debate over standards, roles, and status among psychiatrists, psychologists, and social
workers. For a summary of the timelines in historical perspective, refer to Rapid Reference 1.1.

Despite the popular rise of the child guidance clinics, the field of clinical child psychology encountered many roadblocks that delayed the establishment of child psychopathology as a unique discipline until only 30 years ago. One reason for the delay was the fact that theories of child development were firmly entrenched in the controversy over nature versus nurture.

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**Rapid Reference 1.1**

**Early Milestones in the History of Child Psychology**

1892  American Psychological Association founded; G. Stanley Hall is first president.
1896  L. Witmer founds first psychology clinic, at the University of Pennsylvania, for children with learning disabilities and academic problems.
1897  Witmer’s clinic offers four-week summer course in child psychology.
1905  Binet-Simon Intelligence Scale for measuring mental abilities in children published in France.
1907  Witmer establishes a residential school for retarded children and founds the first clinical journal, *The Psychological Clinic*.
1908  H. Goddard establishes first clinical internship program at Vineland Training School (New Jersey).
1909  Beers, supported by psychologist W. James and psychiatrist A. Meyer, founds the National Committee for Mental Hygiene, later renamed the National Association of Mental Health (NAMH).
1909  W. Healey establishes the first child guidance center, the Juvenile Psychopathic Institute (Chicago), to treat and prevent mental illness in juvenile offenders; later named the Institute for Juvenile Research.
1909  G. Stanley Hall invites Sigmund Freud to lecture on psychoanalysis at Clark University.
1910  Goddard translates the Binet-Simon Intelligence Test for use with “feebleminded children” at the Vineland School.
1911  A. Gesell appointed director of Yale’s Psychoeducational Clinic; renamed Clinic of Child Development.
1912  J. B. Watson publishes *Psychology as a Behaviorist Views It*.
1916  Terman’s Stanford-Binet Intelligence Test is published.
1917  APA section of clinical psychology is founded.
1920  Watson and Raynor demonstrate that fear can be conditioned in a child called Albert.
Toward the end of the 19th century, there was a growing belief that mental illness had a biological basis, and Emil Kraepelin’s (1856–1926) textbook published in 1883 argued that physical ailments could cause mental dysfunction. The disease model was a mixed blessing, with some practitioners intent on finding a cure, whereas others feared that diseases could be transmitted to others or passed on genetically to offspring. Fear and misunderstanding resulted in the placement