

## Human Growth and Development Comps Review

**1. Development is defined as systematic changes and continuities in the individual that occur between conception and death.** These systematic changes occur in three broad areas: physical development, cognitive development, and psychosocial development.

**2. Theories of how humans grow and develop fall into the following broad categories:**

- learning including behavioral theories, social learning theories, and information-processing theories
- cognitive theories
- psychoanalytic including the Neo-Freudian and ego psychology theories
- humanistic psychology and self-theories

**3. Human growth and development changes can be viewed as:**

**Qualitative:** change in structure or organization (for example, sexual development)  
**or**

**Quantitative:** change in number, degree or frequency (content changes, for example, intellectual development).

**Continuous:** changes are sequential and cannot be separated easily (for example, personality development)

**or**

**Discontinuous:** certain changes in abilities or behaviors can be separated from others which argues for stages of development (for example, language development).

**Mechanistic:** this is the reduction of all behavior to common elements (for example, instinctual, reflexive behavior)

**or**

**Organismic:** because of new stages, there is change or discontinuity; it is more than Stimulus-Response. The organism is involved including the use of cognition. Examples would be moral or ethical development.

**4. Self-concept**

Self-concept may be defined as your perception of your qualities, attributes and traits.

**At birth,** infants have no sense of self. Linearly months this quickly changes.

**By 24 months,** most infants show signs of self-recognition; they can identify social categories they are in such as age and gender, "who is like me and who is not like me"; they exhibit various temperaments.

**The pre-school child's** self-concept is very concrete and physical. By 8 or so. they can describe inner qualities.

**By adolescence,** self-concepts (self-descriptions) become more abstract and psychological. Stabilization of self-concept attributes continues.

Cultural and family factors influence the development of attributes and some traits.

## 5. Developmental concepts

**Nature vs. Nurture:** Nature includes genetic and hereditary factors.

Nurture includes learning and environmental factors.

**Genotype and Phenotype:** Genotype is the genetic (inherited) makeup of the individual. Phenotype: the way an individual's genotype is expressed through physical and behavioral characteristics.

**Tabula rasa:** John Locke's view that children begin as a 'blank slate' acquiring their characteristics through experience.

**Plasticity:** for most individuals lifespan development is plastic representing an easy and smooth transition from one stage to the next.

**Resiliency:** the ability to adapt effectively despite the experience of adverse circumstances. For example, some children, despite experiencing potentially damaging conditions and circumstances, seem to suffer few consequences.

## 6. Neurobiology

Neuroscience is sometimes referred to as the missing link in the mental health professions. Ivey, D'Andrea and Ivey (2012) believe that "the mind is the product of the activity occurring in the brain at the molecular, cellular, and anatomical levels, which are in turn impacted by a person's interpersonal relationships, cultural context, and societal experience." Counselors, by using different theories, skills and interventions promote the release of various neurotransmitters which promote related brain changes.

Neurotransmitters affect various cognitive, emotional, psychological and behavioral reactions that people have to their life experiences. Neurotransmitters carry messages between neurons that stimulate reactions in the brain. These chemical reactions stimulate different parts of the brain leading to different cognitive, emotional, psychological and behavioral outcomes.

Four principal neurotransmitters important to counselors:

**Acetylcholine** -- important for memory, optimal cognitive functioning, emotional balance and control

**Serotonin** -- affects feelings, behaving, thinking; critical for emotional and cognitive processes; vital to sleep and anxiety control

**Dopamine** -- important for emotional wellness, motivation, pleasurable feelings

**GABA** (gamma amino butyric acid) -- helps reduce anxiety, promotes relaxation and sleep

Different counseling and therapy skills help promote the production of each of these four neurotransmitters.

## 7. Abraham Maslow (Humanistic Psychologist)

Maslow developed the 'hierarchy of needs.'

People are always motivated to higher-order needs:

- Food/water to
- Security/safety to
- Belonging/love to

- Self-esteem/prestige/status to
- Self-actualization.

We go from filling our needs from the physiological level to the social level to the cognitive level.

### **8. Robert Havighurst**

Havighurst identified stages of growth-each one requiring completion of the last one for success and happiness.

**Developmental tasks arise from** physical maturation, influences from culture and society, and desires and values of the person.

**Developmental tasks are** the skills, knowledge, behaviors, and attitudes that an individual has to acquire through physical maturation, social learning, and personal effort.

### **9. Behaviorism (John Watson, B.F. Skinner)**

This is a learning approach. Behaviorists believe the environment manipulates biological and psychological drives and needs resulting in development. Learning and behavior changes are the result of rewards and punishments. A reward is a positive-reinforcing stimulus which maintains or increases a behavior. When a behavior results in the termination of a positive-reinforcing stimulus or the beginning of a negative stimulus we have punishment. Such a behavior should weaken or drop out.

We grow, develop, and learn through the nature of experience-the rewards and punishments we receive.

### **10. Law of effect**

Edward Thorndike formulated this law which states that when a stimulus-response connection is followed by a reward (reinforcement), that connection is strengthened. Another words, a behavior's consequences determine the probability of its being repeated.

### **11. Conditioning principles**

**Classical conditioning:** food-salivation; bell-salivation.

**Operant conditioning:** pick up toys-get a hug or a cookie.

**Reinforcement schedule:** This schedule can be continuous or variable. Behaviors established through variable or intermittent reinforcement are tougher to extinguish.

**Fixed ratio:** reinforce after a fixed number of responses.

**Variable ratio:** reinforce, on the average, after every nth (e.g. 5th) response.

**Fixed interval:** reinforce after a fixed period of time.

**Variable interval:** reinforce, on the average, after every nth (e.g. 3rd) minute.

**Spontaneous recovery:** after a rest period, the conditioned response reappears when the conditioned stimulus is again presented.

**Stimulus generalization:** Once a response has been conditioned, stimuli that are similar to the conditioned stimulus are also likely to elicit the conditioned response.

We can shape behavior through successive approximations.

## 12. Psychoanalytic approach and psychosexual development (Freud)

There is an interaction between our internal needs/forces and the environment. Freud identified five stages of development:

1. Oral (birth to 18 months)
2. Anal (2 to 3 years)
3. Phallic (3 to 5 years)
4. Latency (6 to 12 years)
5. Genital (12 to 19; others have said it never ends)

**The phallic stage** has the Oedipal (son attraction to mother) and Electra (daughter attraction to father) complexes. These are conflictual times for the child.

**The libido** is the basic energy or force of life. It consists of life instincts and death instincts.

**Fixation:** incomplete or inhibited development at one of the stages.

Other psychoanalytic concepts include: castration anxiety, penis envy, pleasure principle, and reality principle. Erogenous zones are areas of bodily excitation such as the mouth, anus, and genitals.

## 13. Defense mechanisms

Defense mechanisms are unconscious protective processes that help us control primitive emotions and anxiety. They include:

**Repression:** rejecting from conscious thought (denying or forgetting) the impulse or idea that provokes anxiety.

**Projection:** avoiding the conflict within oneself by ascribing the ideas or motives to someone else.

**Reaction formation:** expressing a motive or impulse in a way that is directly opposite what was originally intended.

**Rationalization:** providing a reason for a behavior and thereby concealing the true motive or reason for the behavior.

**Displacement:** substituting a different object or goal for the impulse or motive that is being expressed.

**Introjection:** identifying through fantasy the expression of some impulse or motive.

**Regression:** retreating to earlier or more primitive (childlike) forms of behavior.

**Denial:** refusing to see something that is a fact or true in reality.

**Sublimation:** may be viewed as a positive defense mechanism wherein anxiety or sexual tension or energy is channeled into socially acceptable activities such as work.

## 14. Erik Erikson

Erikson identified eight stages wherein a psychosocial crisis or task is to be mastered. The stages, corresponding ages and resulting ego virtue are:

1. **Trust vs. Mistrust** (birth to 1½ years), **Hope** Infant develops trust if basic needs are met.

2. **Autonomy vs. Shame** and doubt (1½ to 3), **Will** (a sense of self) Infant asserts self; develops independence if allowed.
3. **Initiative vs. Guilt** (3 to 6), **Purpose** (goal setting) Children meet challenges; assume responsibility; identify rights of others.
4. **Industry vs. Inferiority** (6 to 11), **Competence** Children master social and academic skills or feel inferior.
5. **Identity vs. Role Confusion** (adolescence), **Fidelity** (ability to commit) Individual establishes social and vocational roles and identities or is confused about adult roles.
6. **Intimacy vs. Isolation** (early adulthood), **Love** Young adult seeks intimate relationships or fears giving up independence and becoming lonely and isolated.
7. **Generativity vs. Stagnation** (middle adulthood), **Care** (investment in future) Middle-aged adults desire to produce something of value, and contribute to society.
8. **Integrity vs. Despair** (later adulthood), **Wisdom** Older adults view life as meaningful and positive or with regrets.

Erikson viewed life as in constant change; the social context is important in the development of personality.

## 15. Jean Piaget

Piaget studied cognitive development (intelligence).

We inherit two tendencies-**Organization and adaptation.**

**Organization** is how we systematize and organize mental processes and knowledge.

**Adaptation** is the adjustment to the environment.

Two processes within adaptation are:

**Assimilation:** modifying the relevant environmental events so they can be incorporated into the individual's existing structure.

**Accommodation:** modifying the organization of the individual in response to environmental events.

**Schema** is another word for a mental structure that processes information, perceptions, and experiences.

Piaget identified four stages of cognitive development:

1. **Sensorimotor** (birth to 2): the child differentiates self from objects; can think of an object not actually present; seeks stimulation.
2. **Preoperational** (2 to 7): language development is occurring; child is egocentric; has difficulty taking another's point of view; classifies objects by one feature.
3. **Concrete operational** (7 to 11): begins logical operations; can order objects (small to large; first to last); understands conservation.
4. **Formal operational** (11 to 15): moves toward abstract thinking; can test hypotheses; logical problem solving can occur.

## 16. Lawrence Kohlberg

Kohlberg studied **moral development**; thinking and reasoning are involved.

He identified three levels relating to the relationship between self and society:

**Preconventional:**

Stage 1: A punishment and obedience orientation exists.

Stage 2: An instrumental and hedonistic orientation prevails (obtaining rewards).

**Conventional:**

Stage 3: Interpersonal acceptance orientation prevails; maintaining good relations, approval of others.

Stage 4: A law and order orientation exists; conformity to legitimate authorities.

**Postconventional:**

Stage 5: Social contracts and utilitarian orientation exists; most values and rules are relative.

Stage 6: A self-chosen principled orientation prevails; universal ethical principles apply.

## 17. Daniel Levinson

Levinson wrote: *The Seasons of a Man's Life*.

He identified three major transitions/times occurring between four major eras of life:

1. Early adult transition (17 to 22)
2. Mid-life transition (40 to 45)
3. Late adult transition (60 to 65).

In adulthood, the individual copes with three sets of developmental tasks:

1. Build, modify, and enhance life structure
2. Form and modify single components of the life structure such as: life dream, occupation, love-marriage, family relationships, mentor, and forming mutual relationships
3. Tasks to become more individuated.

Levinson believed that the majority of the men he studied experienced midlife crisis, a time of questioning their life structure including their career. This occurred in the transition period of age 40 to 45.

## 18. Urie Bronfenbrenner

Bronfenbrenner took an ecological approach to the study of human development, i.e., he believed it was important to look at all levels and systems impacting a person.

For example: A troubled adolescent is a part of several systems such as family, school, peers, community, etc. We must be sensitive to influences of all of these systems.

## 19. Social-learning models

These models see the importance of social environment and cognitive factors. They go beyond behaviorism, i.e., the simple stimulus-response paradigm because we can think about the connections between our behaviors and the consequences.

**Albert Bandura** developed a social learning theory. One of the central concepts of this cognitive-behavioral approach is self-efficacy, the belief that we can perform some behavior or task. Self-efficacy can help explain how it is that people change.

One's self-efficacy is facilitated through four mechanisms which are:

**Modeling** after others' behavior, **vicarious experience**, i.e., watching others perform the behavior, receiving **verbal persuasion** from others that one can do a task, and lastly, paying attention to one's own **physiological states** such as emotional arousal or anxiety involved in doing the behavior.

## **20. William Perry**

Perry developed a scheme for intellectual development and ethical development. He identified three general categories and nine positions:

### **Dualism**

- authorities know
- there are true authorities and wrong authorities
- good authorities may know but may not know everything yet

### **Relativism is Discovered**

- there may not be right or wrong answers; uncertainty may be OK
- all knowledge may be relative
- in an uncertain world, I'll have to make decisions

### **Commitment in Relativism**

- initial commitment
- several commitments-and balancing them
- commitments evolve, and they may be contradictory

## **21. Theories of how women develop**

Theories of women's development are evolving. Many writers argue that gender stereotyping, male-imposed standards, and the devaluation of feminine qualities have made women second-class citizens. In the mid-70s, Nancy Chodorow was one of the first to speak out against the masculine bias found in psychoanalytic theory.

In *Toward a New Psychology of Women*, Jean Baker Miller indicated that a large part of women's lives has been spent helping others develop emotionally, intellectually, and socially. This 'caretaking' is a central concept differentiating the development of women from men.

Judith Jordan and others affiliated with the Stone Center, Wellesley College, presented a developmental theory of women in 1991 which was referred to as self-in-relation theory. The principal components of this theory included:

- people grow toward relationships throughout life
- mature functioning is characterized by mutuality and deepening connections
- psychological growth is characterized by involvement in complex and diversified relational networks
- mutual empathy and empowerment are at the core of positive relationships
- growth-fostering relationships require engagements to be authentic
- growth-fostering relationships stimulate growth and change in all people

- goals of development are characterized by an increasing ability to negotiate and resist disconnections, sources of oppression, and obstacles to relational relationships

This theory of development is now known as relational-cultural theory.

## **22. Other writers who addressed women's issues included:**

Harriet Lerner in *The Dance of Intimacy*, believed women needed to re-evaluate their intimate relationships which may not be working, and choose a healthier balance between other-oriented and self-absorption. Competent relationships allow for each person to be appreciated and enhanced, and the woman should show strength, independence and assertiveness.

In *The Mismeasure of Woman*, Carol Tavris indicated that women are judged and mismeasured by their fit into a male world. In fact, both genders are more alike than different but they are perceived as different because of the roles they have been assigned. Society also 'pathologizes' women.

Carol Gilligan, In *A Different Voice* and other writings, believed that women view relationships and experience of relationships differently than men do. Their communication patterns are also different.

Women use different criteria than men in making moral judgments. Consequently, they score lower on Kohlberg's Moral Dilemma Test. Men use the criteria of justice and rights; women use human relationships and caring. There is overlap between men and women on the instrument.

## **23. Gail Sheehy**

She wrote *Passages: Predictable Crises of Adult Life* in 1976. Passages are transitional periods between life stages and are different for most individuals. These passages also provide opportunities for growth--through the crises we face in making constructive changes between life stages. Other Sheehy books include: *The Silent Passage: Menopause*, *New Passages*, *Understanding Men's Passages*, and *Passages in Caregiving: Turning Chaos into Confidence*.

## **24. Spiritual development**

Some research indicates that over 90 percent of the U.S. population has a belief in a divine power or force greater than oneself. Spirituality is viewed more broadly than belief in a religion. In any case, spirituality may directly influence clients in their view of self, relationships, worldview, as well as nature and cause of perceived problems. For many individuals, their spirituality is a key component in their definition of being whole and of wellness. Counselors must be willing and able to address and identify issues of spirituality important to the client's situation. They may have to acquire knowledge and the language to communicate effectively with clients who have a wide variety of spirituality issues and beliefs. Essentially, this process may require counselors to examine their own spirituality.



## 25. Intelligence

Intelligence has been defined as 'adaptive thinking or action' (Piaget) or ability to think abstractly. Charles Spearman believed there was general intelligence (g) and special abilities (s). Louis Thurstone identified several primary mental abilities.

- Intelligence is not fixed or determined solely by genetics. One's environment, experiences, and cultural factors influence intelligence.
- Intelligence testing may be biased against those who have not had the opportunities to learn or experience those things the test measures.

In *Emotional Intelligence: Why It Can Matter More Than IQ*, Daniel Goleman proposed that one component of intelligence can operate out of human emotions, that is, independently of the person's reasoning and thinking processes. This emotional intelligence is a learned developmental process beginning in infancy and proceeding to adulthood through varying levels of development. An emotionally intelligent person is self-motivated, empathic, grasps social signals and nonverbal messages, and develops strong interpersonal abilities.

## 26. Propinquity

This is the concept that implies nearness or proximity. For example, in selecting a partner, one is most likely to become involved with someone who lives nearby or works at the same location.

## 27. Midlife crisis

Stress may occur as an individual encounters various transitional periods/stages. Although Levinson believes that most men experience midlife crisis, many writers do not. Both men and women may experience a painful self-evaluation process but not at a crisis level.

# Abnormal Human Behavior

## 28. Definitions

**Psychological dysfunction:** a breakdown in cognitive, emotional, or behavioral functioning. The dysfunction is unexpected in its cultural context and associated with personal distress or substantial impairment in functioning.

**Psychopathology:** the scientific study of psychological disorders.

**Prevalence:** how many (what percent) of the population has the disorder.

**Incidence:** how many new cases occur within a given time frame such as a year.

**Prognosis:** the anticipated course of a disorder.

**Etiology:** what causes a disorder, i.e., why does it begin? Biological, psychological and social dimensions are involved.

**Equifinality:** there may be multiple paths to a given outcome. For example, depression may be caused by physical injury, loss of a loved one, or substance abuse.

**Comorbidity:** means that an individual has two or more disorders at the same time.

**Adaptive Functioning:** occurs when defense mechanisms are used to cope with stressors. Mechanisms leading to optimal adaptation include anticipation, humor and sublimation. At the other extreme, failure to regulate stress may lead to a break with reality resulting in delusional projection or psychotic distortion.

## 29. Causal models

**One-dimensional** -this model assumes that a disorder is caused by one factor such as a chemical imbalance. Research does not support this linear model.

**Multidimensional models** - these models assume that a disorder is caused by the interaction of several factors and dimensions. The context of the individual is important and includes the biology and behavior of the individual as well as cognitive, emotional, social, and cultural dimensions.

- Biology includes genetic factors. Genetic factors appear to make some contribution to all psychological disorders by influencing cognitions, behaviors and emotions. The nervous system influences psychological disorders primarily through biochemical neurotransmitters in the brain.
- **Behavior and cognitive factors.** How we acquire and process information, store and retrieve it influences behavior. We also acquire and learn behaviors through conditioning and social learning.
- **Emotions have an important role in psychological disorders.** The emotion of fear, for example, has an important influence on our bodies and influences our behavior. **Emotion** is viewed as temporary and short-lived. **Mood** is a more persistent period of emotionality.
- **Cultural, social and interpersonal behaviors** influence our lives. Gender is an important influence on the incidence of some disorders. The amount and kind of social relationships and contacts help predict longevity by reducing the incidence of certain physical disorders perhaps by influencing the immune system.

## 30. Symptoms or traits may be

- **Ego-dystonic:** the individual perceives the symptoms or traits as unacceptable and undesirable.
- **Ego-syntonic:** the individual perceives the symptoms or traits as acceptable.

**31. Clinical assessment** is the process of determining the psychological, biological, and social factors which may be associated with a psychological disorder. Diagnosis is the process of determining whether a presenting problem meets the criteria for a psychological disorder as set forth in DSM-5.

## 32. Mental Status Exam

The mental health practitioner may use the clinical interview to examine the mental status of an individual seeking services. A formal mental status exam covers the following five areas:

1. appearance and behavior

2. thought processes
3. mood and affect
4. intellectual functioning
5. sensorium

The sensorium addresses the individual's orientation and awareness to surroundings, time, place, and identity.

### **33. Behavioral assessment**

This is the use of direct observation to assess formally an individual's thoughts, feelings, and behavior in specific situations or contexts. The clinical interview provides one avenue of behavioral assessment. Sometimes targeted behaviors are identified and observed.

### **34. Psychological assessment**

Psychological tests may measure cognitive functioning, emotional or behavioral responses, or personality characteristics.

Examples are:

- Projective tests e.g., Rorschach, Thematic Apperception Test, Incomplete Sentences Blank
- Personality tests e.g., Minnesota Multiphasic Personality Inventory (MMPI), California Psychological Inventory
- Intelligence tests e.g., Wechsler Adult Intelligence Scale-IV

### **35. Neuropsychological assessment**

These instruments measure brain dysfunctions and measure such abilities as language expression, attention and concentration, memory, motor skills, and perceptual abilities.

Examples are:

- Luria-Nebraska Neuropsychological Battery measures organic damage and location of such injury.
- Bender Visual-Motor Gestalt Test often used with children, and can measure brain dysfunction.

### **36. Treatment plan**

This is a therapeutic road map to help individuals improve their mental health and daily functioning. Minimally, the treatment plan helps an individual resolve enough problems so they can function at a higher level, and move to a less restrictive treatment environment.

### **37. Continuum of care**

Many individuals in treatment move through a continuum of care. The most restrictive environment is inpatient hospitalization followed by partial or day hospital care, followed by group home or residential care. Less restrictive possibilities include intensive outpatient programs, home health care, and outpatient services.

### **38. Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**

The fifth edition of the DSM was published in 2013 by the American Psychiatric Association. The international classification codes of the World Health Organization from its International Statistical Classification of Diseases and Related Health Problems (ICD) are also included in the DSM. ICD-10 is now the current one.

### **39. Changes in the DSM-5 from DSM-IV-TR**

#### **Structural**

Principal changes include the removal of the axial classification system. The Global Assessment of Functioning (GAF) scale has been dropped. V Codes are conditions not attributable to a mental disorder but are important to intervention efforts. The list of V codes is expanded to provide for the client's worldview, psychosocial and contextual information. Relational problems, abuse, occupational and acculturation issues may be included. Not Otherwise Specified (NOS) will not be an option for labelling disorders. Two replacement options for NOS are Other specified disorder and Unspecified disorder. There have been a number of changes and modifications to the classification of disorders.

#### **Philosophical**

**First:** The focus for identifying disorders shifts from observation of symptoms and behavior to identifiable pathophysiological origins - a more biological orientation. Problems of growth and development of the brain or central nervous system impact behavior, learning and social interactions. One consequence of this biological approach is the potential to view treatment as pharmacological with the need for more prescriptions and drugs. A result may be a decrease in the belief in the need for psychotherapeutic (counseling) approaches and holistic client care.

**Second:** This philosophical change is the reliance on dimensional assessments rather than categorical descriptions of disorders. Although many dimensional assessments (scales) are still under development, their focus will be on the frequency, duration and severity of the client's experience with a disorder rather than on the presence or absence of a particular symptom.

#### **Selected diagnostic category changes**

- Mental retardation is now intellectual disability with level of disability determined by new measures, not IQ.
- Communication disorders now include social communication disorder and two categories are language disorder and speech disorder.
- Autism and Asperger's disorder have been replaced by one umbrella diagnosis - autism spectrum disorder.
- Stuttering becomes childhood-onset fluency disorder.
- Schizophrenia is viewed as a spectrum and the five subtypes are no longer used.
- Anxiety disorders now include the diagnostic categories of agoraphobia and panic disorder.
- PTSD now includes four rather than three distinct diagnostic clusters.

- Neurocognitive disorders include dementia and delirium. Dementia is conceptualized as a major neurocognitive disorder.

#### **40. Differential diagnosis**

Information about differential diagnosis is presented for the disorders in DSM-5. For example, disruptive mood dysregulation disorder is used for children (6 to 18 years of age) who are experiencing severe, recurrent outbursts of temper with an average frequency at least three times per week for at least 12 months or more. If these criteria are not met, a different diagnosis is in order. Furthermore, if the child or adolescent experiences any manic or hypomanic episodes, the diagnosis of disruptive mood dysregulation disorder cannot be assigned.

**NOTE:** The following information summarizes the diagnostic categories from the DSM-5 along with some implications for treatment. Perhaps 2 or 3 questions on the NCE or CPCE will come from all of the following material on diagnostic categories. Remember, these are not clinical exams.

#### **41. Depressive disorders**

Depressive disorders do not contain any disorders related to mania. Bereavement has been excluded as part of a major depressive episode. Physical causes for depression must always be considered. The most common and effective treatment for depressive disorders include medication and psychotherapy. The two most effective psychotherapeutic interventions appear to be cognitive behavior therapy and interpersonal therapy.

Specific disorders include:

- Disruptive mood dysregulation disorder
- Major depressive disorder, single episode and recurrent episode
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder

#### **42. Bipolar and related disorders**

Mania and hypomania criteria focus on changes in energy and activity. Depression and anxiety are often viewed as comorbid with bipolar and related disorders. Mood-stabilizing medication and psychotherapy are the typical recommended treatments. Specifically, psychoeducation, family-focused therapy, CBT, and interpersonal therapy have been shown to be effective. Disorders include:

- Bipolar I disorder
- Bipolar II disorder
- Cyclothymic disorder

#### **43. Anxiety disorders**

Fear and anxiety are part of anxiety disorders as well as a variety of physiological symptoms such as heart palpitations, sweating, and shortness of breath. Comorbidity

with depressive disorders is common although anxiety is often characterized by anxious anticipation and fear unlike depressive disorder. Anxiety disorders often have an early-age onset and suicide risk assessment is important. Effective interventions include CBT, behavior therapy and relaxation training.

Anxiety disorders include:

- Separation anxiety disorder
- Selective mutism
- Specific phobia
- Social anxiety disorder (social phobia)
- Panic disorder
- Agoraphobia

#### **44. Obsessive-compulsive and related disorders**

Obsessive-compulsive disorders feature obsessive preoccupation and engagement in repetitive behaviors. Previously classified in the anxiety disorders category, the principal feature of these disorders is not anxiety. Comorbidity with other diagnoses is not uncommon and these include depressive and anxiety disorders, hypochondriasis, eating disorder, and ADHD, to name a few. Treatment approaches for obsessive-compulsive disorders involve a combination of psychopharmacologic treatment and psychotherapy. CBT and a form of CBT namely, exposure and response prevention, have also shown to be effective. In this category, disorders include:

- Obsessive-compulsive disorder
- Body dysmorphic disorder
- Hoarding disorder
- Trichotillomania (hair-pulling) disorder
- Excoriation (skin-picking) disorder

#### **45. Trauma- and stressor-related disorders**

Traumatic or stressful events may threaten an individual's physical, social, emotional, cognitive or spiritual well-being. These events include sexual or physical assault, combat, torture, disasters, severe car accidents, child abuse and life-threatening illnesses. These events can occur once or be re-occurring and overwhelm a person's coping ability. A wide variety of psychopharmacological and psychotherapeutic approaches may be indicated for disorders in this broad category. Variables such as age of the person from child to adult, nature of and duration of traumatic event, and the individual's coping skills and support, will help determine the appropriate psychotherapeutic approach that could be implemented.

**Trauma- and related-stressor disorders** include:

- Reactive adjustment disorder
- Disinhibited social engagement disorder
- Posttraumatic stress disorder
- Acute stress disorder

- Adjustment disorders

#### **46. Gender dysphoria in children, adolescents, and adults**

Gender dysphoria refers to conscious or unconscious feelings (especially in children) that there is a mismatch between the gender they were born and their desire for the gender they want to be identified as. Especially in adolescents and adults this discomfort often leads to the desire for gender reassignment through hormone replacement or surgery. Although not listed as a disorder, being included in the DSM-5 will make such medical intervention more likely than if it was not included in the DSM. The overall treatment that counselors should consider in their therapeutic approach is to support the client in coping with their feelings of incongruence and helping them promote optimal functioning. Family therapy may be helpful for children who are gender variant including increasing the awareness of children and adolescents in how others react to them. In addition to possible medical interventions, counseling can help with adult clients' awareness, understanding and functioning.

There are diagnostic criteria for:

- Gender dysphoria in children
- Gender dysphoria in adolescents and adults

#### **47. Substance-related and addictive disorders**

Prevalence rates of substance use are very high in the U.S. with over 22 million individuals reporting use. Substance-related and addictive disorders focus on ten classes of drugs. The concepts of abuse and dependence are no longer included in the diagnosis. Severity of disorder can be specified as mild, moderate or severe. A cluster of cognitive, behavioral and physiological symptoms typify the disorder. Other criteria cover social, occupational and interpersonal issues as well as risk-taking, tolerance and withdrawal. Treatment may include medical interventions including use of medically-controlled substitutes. Adaptive coping mechanisms and substituting positive behaviors can be effective treatment options. Mindfulness training has been found effective in some cases.

**Some of the ten substance-related disorders are:**

- Alcohol-related disorders
- Cannabis-related disorders
- Hallucinogen-related disorders
- Inhalant-related disorders
- Opioid-related disorders
- Sedative-, hypnotic-, or anxiolytic-related disorders
- Stimulant-related disorders
- Gambling disorder has similar neurochemical brain responses and risk-taking behavior.

#### **48. Disruptive, impulse-control, and conduct disorders**

Some of the characteristics of these disorders include impulse-control; conduct disorders are aggressive or self-destructive behaviors, destruction of property, conflict with authority figures, and disregard for norms and outbursts of anger not proportionate to the situation. All disorders listed here include the common characteristic of problems with emotional or behavioral regulation and these disorders typically appear first in childhood or adolescence. There is high comorbidity with substance use disorders, depressive disorders and anxiety disorders. Parent/family interventions, including training and fostering positive time between parent and child, may be the treatment of choice together with the appropriate psychopharmacological interventions especially for pyromania and kleptomania. CBT can help clients modify cognitive distortions and develop problem-solving skills.

Disruptive, impulse-control, and conduct disorders include:

- Oppositional defiant disorder
- Intermittent explosive disorder
- Conduct disorder
- Pyromania
- Kleptomania

#### **49. Specific behavioral disruptions**

Behavioral disruptions are classified into five distinct areas. They are grouped together because each of them will be disruptive in the behavior of the individual who has the disorder. Although similar in this regard, the specific disorders differ widely. For many of these disorders, medical interventions may be necessary including psychopharmacological treatment. The disorders are also appropriately treated through psychotherapeutic means although the approaches many vary depending upon the specific disorder. A trusting relationship with a counselor is necessary and the application of DBT may be helpful especially when other approaches have failed. The eating disorders and the elimination disorders may lend themselves to family counseling in addition to a range of medical and behavioral interventions.

Some examples of disorders in each of the five groups include:

##### **Feeding and eating disorders:**

- Pica
- Rumination disorder
- Anorexia nervosa
- Bulimia nervosa
- Binge-eating disorder

##### **Elimination disorders:**

- Enuresis
- Encopresis

##### **Sleep-wake disorders**

- Insomnia disorder
- Restless legs syndrome



### **Sexual dysfunctions**

- Erectile disorder
- Female orgasmic disorder
- Premature (early) ejaculation

### **Paraphilic disorders**

- Pedophilic disorder
- Voyeuristic disorder
- Fetishistic disorder

## **50. Neurodevelopmental and neurocognitive disorders**

These disorders are similar in that they very probably have a biological basis. It also means that counselors are not likely to be the ones to diagnose them. A more formal background in medicine or neurobiology and neuropsychology will be necessary although once formally diagnosed, counselors can certainly provide treatment, usually in conjunction with other providers. Neurodevelopmental disorders typically begin in childhood whereas neurocognitive disorders may be more prevalent later in life, however, they can be found in people of all ages. It is important for counselors to recognize the signs and symptoms of a variety of neurodevelopmental and neurocognitive disorders in order to make referrals for assessment and appropriate clinical treatment. Following diagnosis, counselors can work with such clients and their families in conjunction with any medical or pharmacological treatment. Children and adolescents with neurodevelopmental disorders may initially be in contact with counselors in school and community mental health settings.

### **Some neurodevelopmental disorders include:**

- Intellectual disability
- Language disorder
- Autism spectrum disorder
- Attention-deficit/hyperactivity disorder

### **Neurocognitive disorders include:**

- Delirium
- Alzheimer's disease
- Parkinson's disease

## **51. Schizophrenia spectrum and other psychotic disorders**

These disorders are characterized by one or more of the following five symptom classes: delusions, hallucinations, disorganized thinking, disorganized or abnormal motor behavior, and negative symptoms. Some of these symptoms may be temporary and found in individuals as a result of medication or drug or alcohol use. Many of the individuals who meet the criteria for psychotic disorders have a lifelong struggle with psychotic symptomatology. If psychotic symptoms are identified in a client, counselors need to refer to medical personnel for definitive diagnoses. Following such diagnosis and likely medications, counselors can provide psychosocial interventions to assist with

coping and occupational functioning. CBT, psychoeducation, and family intervention and support may be appropriate. Counselors may also find instruction and support useful to the client and family regarding medication management.

Schizophrenia disorders include:

- Brief psychotic disorder
- Schizophrenia
- Schizoaffective disorder

## **52. Dissociative disorders**

These disorders represent a disconnection between things usually connected. These disconnections signify a disruption in the normal integration of consciousness, identity, memory, body representation, motor control and behavior. Dissociative disorders are usually associated with trauma and can occur at any age. Certain medical conditions, seizures, drug use, and brain injuries may result in dissociative symptoms. Comorbidity, especially with depressive, anxiety, and substance use may be signals for the counselor to be alert to self-injurious and suicidal behavior. A usual first level of treatment may be to establish a safe and stable environment for the client. Working through traumatic memories with approaches such as CBT, DBT, and hypnosis may be adjuncts to possible psychotropic medication. The five types of dissociation are: Depersonalization, Derealization, Amnesia, Identity confusion, and Identity alteration.

## **53. Somatic symptom and related disorders**

These disorders are characterized by the presence of physical or somatic complaints and the feelings, thoughts and behaviors that go along with these complaints. Individuals report distress and impairment because of these symptoms. Although many of their complaints cannot be confirmed by examining physicians, to the individual they are real. Because of stigmatization, the concept of hypochondriasis is not used. Also, there may be cultural factors which contribute to an individual's experiencing of symptoms. Treatment begins with a physical exam to determine the validity of the somatic complaint. Following any psychiatric intervention including medication, counseling may take a problem-solving approach. CBT, psychoeducation, including how stress influences bodily sensations, and relaxation training may be helpful.

Disorders falling into this category include:

- Somatic symptom disorder
- Illness anxiety disorder
- Conversion disorder

## **54. Personality disorders**

These disorders are characterized by persistent maladaptive patterns of behavior, affect, cognition and interpersonal functioning. These patterns deviate from one's culture and usually begin before adulthood. Furthermore, these traits have an impact on an individual's life and ability to function in home, school or work. There is a tendency to see these maladaptive patterns as persistent throughout life thus making treatment

difficult. Ten distinct types of personality disorder are identified: paranoid, schizoid, schizotypal, antisocial, borderline, narcissistic, avoidant, histrionic, obsessive-compulsive and dependent. These clients are often viewed as difficult and challenging to treat. Some evidence seems to support that psychotherapy is more effective than psychopharmacological approaches. It is not always easy to distinguish normal from pathological personality functioning; personality is a very complex phenomenon.

## 55. Mental health services

These concepts are related to abnormal human behavior and mental health services. **Mental illness is a legal concept** usually meaning severe emotional or thought disturbances that negatively affect an individual's health and safety. **Each state has civil commitment laws** that describe how an individual can be declared legally to have a mental illness and be placed in a treatment facility. Beginning in the 1980s, the **process of deinstitutionalization**, which moved many people with severe mental illness out of institutions, accelerated. An increase in homelessness and criminal justice system contacts occurred because not enough community mental health facilities and services were available. **Right to Treatment legislation** has been passed assuring appropriate treatment for patients in mental health facilities. There is also a movement for patients to be able to refuse treatment legally. Although this issue has not been finally settled, some court rulings have supported this notion.

## 1. Human Growth and Development Study Questions

1. The science of neurobiology is growing in importance to the field of counseling and psychotherapy. One part of neurobiology is neurotransmitters. Which of the following statements is true?

- A. Neurotransmitters affect various cognitive, emotional, and psychological reactions in individuals.
- B. Neurotransmitters are found primarily in the liver.
- C. Neurotransmitters are unrelated to diet and nutrition.
- D. Neurotransmitters are unimportant to physically healthy individuals.

2. Mokie is in the second grade and appears to have a developmental disorder. His social interaction skills are impaired and he appears to be inordinately preoccupied with butterflies and other insects. He can talk at length about this 'preoccupation.' It is possible that Mokie has

- A. dyslexia.
- B. generalized anxiety.
- C. obsessive-compulsive disorder.
- D. autism spectrum disorder.

3. Counselor: "You're wondering whether or not I believe you."

Client: "That's the same thing that would happen with my old man when I was a kid."  
This interaction between the client and counselor suggests that the following psychodynamic mechanism may be operating.

- A. Displacement.
- B. Transference.
- C. Resistance.
- D. Countertransference.

4. According to Piaget, when a child is egocentric and unable to take the viewpoint of other people, he or she is in the stage called

- A. concrete operations.
- B. preoperational thought.
- C. sensorimotor.
- D. formal operations.

5. Defense mechanisms help control anxiety by protecting the ego from demands made by the id and superego. Which of the following is a defense mechanism?

- A. Reaction formation.
- B. Dependence.
- C. Transference.
- D. Diffusion.

6. William Perry devised a scheme to represent the cognitive developmental stages through which individual intellectual and ethical development occurred. In his scheme, dualism was followed by

- A. determinism.
- B. commitment.
- C. symbolism.
- D. relativism.

7. For each of eight stages, Erikson believed that a balance between the polarities was typically the outcome. For example, in his stage of Autonomy vs. Shame and Doubt, self-control is fostered. Conflict between Autonomy vs. Shame and Doubt may lead to hostile or benign expectations. This Erikson stage is equivalent to Freud's

- A. anal stage.
- B. phallic stage.
- C. oral stage.
- D. genital stage.

8. In its growth and development, a human organism

- A. is influenced primarily by heredity.
- B. is always influenced by both heredity and environment.
- C. is influenced primarily by environment.

D. is sometimes influenced by heredity and sometimes by environment.

9. In *The Seasons of a Man's Life*, Levinson identified three major developmental tasks which a man must cope. Which of the following is **NOT** one of these

A. Build, modify, and enhance his life structure.

B. Become more individuated.

C. Form and modify some components of his life structure including a dream, career, and personal relationships.

D. Develop "protective devices" to shield against disappointment.

10. Midlife stress

A. may be more common in those who had adjustment problems in adolescence.

B. is almost always the result of the empty-nest syndrome.

C. is experienced earlier by men than women.

D. is more a fiction than fact.

11. \_\_\_\_\_ occurs as the result of the development of multiple cognitive deficits that include memory impairment and one or more cognitive disturbances. Impairment in occupational or social functioning is present.

A. Post-traumatic stress disorder

B. Dementia

C. Hypochondriasis

D. Agoraphobia

12. A special education child has considerable difficulty writing words because of physical limitations. Periodically, the teacher reinforces the child with a smile and an encouraging word. This is an example of \_\_\_\_\_ reinforcement

A. variable interval

B. variable ratio

C. fixed interval

D. fixed ratio

13. Piaget contributed many concepts to the notion of cognitive development that occurs through childhood and the early teen years. One of his constructs addresses the mental structure that processes information and experiences. He called this

A. schema.

B. assimilation.

C. adaptation.

D. tabula rasa.

14. Research suggests that television may be an important socializing force on children. Which of the following statements is **NOT** true?

- A. Watching television violence has been shown to increase aggression in viewers.
- B. The most effective positive models on television are those who resemble parents and teachers.
- C. Television may affect children's world view in such a way that they see the world as mean and scary.
- D. Television has little potential to teach children positive, prosocial behaviors.

15. The DSM-5 introduced structural as well as philosophical changes vis-a-vis DSM-IV-TR. Which of the following statements is an accurate representation of DSM-5?

- A. The GAF Scale and axial classification continue in the DSM-5.
- B. Biological or pathopsychological origins of disorders are downplayed.
- C. Descriptions of disorders are less important than dimensional assessments.
- D. When labelling disorders, when in doubt, the use of Not Otherwise Specified (NOS) is an option.

16. Psychological disorders can be classified in several ways. Referring to the percent of the population that has any given disorder is called

- A. prognosis.
- B. prevalence.
- C. diagnosis.
- D. incidence

17. Which of the following statements is **accurate**?

- A. Gender dysphoria is a new disorder listed in DSM-5.
- B. Disorders classified under specific behavioral disruptions include autism and Asperger's.
- C. Neurodevelopmental disorders include feeding/eating and sleep/wake disorders.
- D. Cognitive behavior therapy and interpersonal counseling appear to be most effective with depressive disorders

**1. Human Growth and Development Question Answers on next page**

1. A
2. D
3. B
4. B
5. A
6. D
7. A
8. B
9. D
- 10.A
- 11.B
- 12.A
- 13.A
- 14.D
- 15.C
- 16.B
- 17.D