Risk Factors for Childhood Psychopathology

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Overview
- Biological factors
- Emotional Influences
- Behavioral and Cognitive Influences
- Family and Social Influences

Biological Influences
- Genetic Make-Up
  - Autism, ADHD, Schizophrenia, and Bipolar disorder have genetic factors
  - No single gene accounts for major psychological disorders covered in class
- Prenatal Care
- Birth Complications
- Early Infant Diseases
- Early Nutrition
- Accidental Poisoning

Biological Influences: Antenatal
- Maternal Nutrition: The baby depends entirely on the mother for its nutrition
  - Poor maternal nutrition influences:
    - Low birth weight
    - Miscarriages
    - Malformations in the baby
    - Underdeveloped brains
    - Aggressive and criminal behavior

These biological influences can disrupt the development of the brain.
Biological Influences: Antenatal

- **Maternal Stress:**
  - Depression in pregnant women can lead to:
    - Premature birth
    - Smaller babies
    - Delayed development of infants
- **Maternal diseases** can affect the baby in different ways
- **Mothers taking prescription drugs** can lead to malformations amongst babies

Biological Influences: Antenatal

- **Smoking** both by mothers and second-hand smoke can cause:
  - Poor baby growth and higher infant mortality
  - Babies who continually cry, have shorter attention spans, and other behavioral and intellectual difficulties
  - Nicotine in cigarettes makes blood vessels constrict, which reduces blood flow to the baby, which reduces the nutrients available to the baby.

Biological Influences: Antenatal

- **Alcohol** kills the brain cells of babies
  - **Fetal Alcohol Syndrome:** Abnormal facial features, poor growth, poor coordination, learning disabilities, low IQ, poor judgment, hyperactive behavior.
    - This is the main cause of mental retardation in the West.

Biological Influences: Birthing Complications

- **Anoxia:** Fetus does not get enough oxygen
  - Can be caused by the umbilical cord being compressed for too long
  - Can lead to **Cerebral palsy:** Damage to the brain just before, during, or after birth
    - Leads to the inability to control movement
- **Pre-Term Infant:** Born 3 or more weeks before the due date
- **Low-Birth Weight:** Birth weight below 2.5 kilograms
  - Low birth weight babies have more health problems at birth, such as more trouble breathing on their own and less developed immune systems
Emotional Influences

- **Emotion Reactivity:** Individual differences in the intensity of emotional experience
- **Emotion Regulation:** Enhancing, maintaining, or inhibiting emotional arousal
- **Self-Control**

Emotional Influences

- **Temperament:** Child’s organized style of behavior that appears early in development, which shapes the child’s approach to the environment, and the environment’s response to the child
- Three dimensions of temperament relevant to psychopathology:
  - **Positive affect and approach:** Generally approachable and adaptable to the environment
  - **Fearful or inhibited:** Cautious in approach to new or difficult situations
  - **Negative affect or irritability:** Negative or intense in mood, not adaptable

Erikson’s Stages of Psychosocial Development

- Maturation and culture’s expectations create eight crises that the individual must resolve for healthy development
  - Cultural demands change as a child ages
- Each stage is characterized by a crisis
  - **Crisis:** A psychosocial challenge that presents opportunities for development
  - Positive resolution of crisis leads to growth but negative resolution (or no resolution) leads to maladjustment
    - Positive resolution: Constructive orientation toward future events related to that conflict
    - Negative resolution: Problems resolving future crises

Erikson’s Stages of Psychosocial Development Table

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age (years)</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>0-1</td>
<td>Trust vs. Mistrust</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>2-3</td>
<td>Autonomy vs. Shame &amp; Doubt</td>
</tr>
<tr>
<td>Preschool</td>
<td>3-5</td>
<td>Initiative vs. Guilt</td>
</tr>
<tr>
<td>School Age</td>
<td>6-11</td>
<td>Industry vs. Inferiority</td>
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<tr>
<td>Adolescence</td>
<td>12-20</td>
<td>Identity vs. Role Confusion</td>
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<tr>
<td>Young Adults</td>
<td>Mid-20s</td>
<td>Intimacy vs. Isolation</td>
</tr>
<tr>
<td>Adulthood</td>
<td>25-60</td>
<td>Generativity vs. Stagnation</td>
</tr>
<tr>
<td>Old Age</td>
<td>60+</td>
<td>Ego Integrity vs. Despair</td>
</tr>
<tr>
<td>Stage 1: Trust vs. Mistrust</td>
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<tr>
<td>-----------------------------</td>
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<tr>
<td>• Newborns cannot meet their own needs</td>
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<td></td>
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<tr>
<td>- Have to trust that their mother meets their needs</td>
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<tr>
<td>• Positive Resolution: Trust in the world based on basic needs being met</td>
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</table>

**Age:** 0-1 years  
**Primary Event:** Feeding

<table>
<thead>
<tr>
<th>Stage 2: Autonomy vs. Shame and Doubt</th>
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<tbody>
<tr>
<td>• Failing at toilet training leads to shame and doubt in abilities</td>
</tr>
<tr>
<td>• Shame and doubt about one’s self-control and independence results if:</td>
</tr>
<tr>
<td>- Trust crisis was not resolved</td>
</tr>
<tr>
<td>- Toilet training was too harsh</td>
</tr>
<tr>
<td>- Child’s will is broken by over-controlling parents</td>
</tr>
<tr>
<td>• Positive Resolution: Development of self-confidence based on encouragement and limit setting</td>
</tr>
</tbody>
</table>

**Age:** 2-3 years  
**Primary Event:** Toilet Training

<table>
<thead>
<tr>
<th>Stage 3: Initiative vs. Guilt</th>
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</thead>
<tbody>
<tr>
<td>• Initiative: Actively seek to impose sense of will on surroundings</td>
</tr>
<tr>
<td>- Must learn balance between acting and controlling impulses</td>
</tr>
<tr>
<td>• Guilt results if initiative frequently leads to punishment or disapproval</td>
</tr>
<tr>
<td>• Positive Resolution: Explore the environment with a sense of purpose</td>
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</tbody>
</table>

**Age:** 3-5 years  
**Primary Event:** Independence

<table>
<thead>
<tr>
<th>Stage 4: Industry vs. Inferiority</th>
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<tbody>
<tr>
<td>• Industry: Doing things that others value</td>
</tr>
<tr>
<td>• Successful experiences give sense of industry, competence, and mastery</td>
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<tr>
<td>- Unsuccessful experiences leads to feelings of inadequacy, inferiority, and no self-worth</td>
</tr>
<tr>
<td>• Positive Resolution: Productive work, success experiences, and understanding of progress</td>
</tr>
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</table>

**Age:** 6-11 years  
**Primary Event:** School
Stage 5: Identity vs. Role Confusion

- **Identity:** Integrated sense of self
  - Answering: Who am I?
  - Integrate beliefs in politics, religion, career, life purpose, family, etc.
- **Role confusion:** Inability to integrate beliefs, leaving a fragmented personality
- **Positive Resolution:** Strong sense of identity and plans for the future
- **Parents’ Role:** Help the child learn about options for their identity

**Age:** 12-20 years
**Primary Event:** Peer Relationships

Behavioral and Cognitive Factors

- **Applied Behavioral Analysis (Operant Conditioning)**
  - *Law of effect:* Responses followed by positive outcomes are repeated while those followed by negative outcomes are not
  - *Reinforcement:* Increase behavioral responses
  - *Punishment:* Decreases behavioral Responses
- **Classical Conditioning**
  - *Law of Association:* After repeated associations, previously neutral stimuli develop unique associations
- **Social Learning Theory**
  - People learn by observing others’ behavior and the outcomes of their behavior

Family and Social Influences

- **Ecological Systems Theory:** Development is the result of the relationships between people and their environments
  - Cannot evaluate a child’s development only in the immediate environment
  - Must also examine the interactions among the larger environments that a child develops in

Family and Social Influences

- **Ecological Systems Theory**
  - **Key Question:** How does the world around the child help or hinder development?
  - Four layers of relationships that influence a child’s development
    - **Microsystem:** Relationships with direct contact to the child
    - **Mesosystem:** Connection between relationships of child’s microsystem
    - **Exosystem:** Structures in which child the child does not have direct contact
    - **Macrosystem:** Cultural context
Family and Social Influences

Ecological Systems Theory

- Properties of the four layers of relationships
  - Each layer of the environment is complex
  - Each layer has an effect on a child’s development
  - Conflict within any layer ripples throughout other layers
- As a child develops, interaction within environments becomes more complex
  - Complexity is the result of the maturation of a child’s physical and cognitive structures

Family and Social Influences

Experiencing serious life changes in a short period of time is related to a range of child adjustment problems.
- Anxiety
- Depression
- Increased Rates of Drug Use

Family and Social Influences

Stressful Life Events
- Divorce
- Marital Violence
- Changes in Residence
- Changes in School
- Loss of Friends
- Economic Hardship
- Loss of a loved one
- Communal violence
Family and Social Influences
Attachment Theory

- Infants need a “secure base” (i.e. are able to trust) their primary caregiver
  - A Secure Attachment leads to subsequent healthy development
  - An Insecure Attachment leads to unhealthy development
- Attachment style affects relationships throughout life

Family and Social Influences
Attachment Styles

- Securely Attached: Belief that the caregiver will protect and provide for them
  - Explores the environment with the parent
  - Might protest separation from parent but smiles more often when the parent is present
  - Shows pleasure at reunion with parent
  - 65% of middle-class American infants
- Insecure-Avoidant: Belief that the caregiver will not protect or provide. The caregiver is not a safe haven in stressful circumstances
  - Does not protest at parent’s departure
  - Responds the same to the stranger and the parent, or more positively to the stranger
  - Avoid parent upon return
  - 20% of middle-class American infants
- Insecure-Resistant: Uncertainty about whether the parent will protect or provide safety in stressful circumstances
  - Remain close to parent. Refuse to explore the new environment
  - Distressed at separation of parent
  - Mixture of approach and avoidance when reunited
  - 10% of middle-class American infants
- Disorganized or Disoriented: No consistent way of dealing with the stress
  - Exhibits contradictory behavior at the strange situation
  - Typical attachment style when the infant is abused or neglected
  - Less than 5% of middle-class American infants

Family and Social Influences
Attachment Styles

- Attachment depends on:
  - Caregiver’s sensitivity to the infant’s needs
    - Children are less likely to develop a secure attachment if they are raised in an orphanage
    - Parents living in poverty tend to provide less sensitive environments
    - Sensitivity to infants can be taught to mothers, that then leads to a higher probability of secure attachment (Van den Boom, 1994)
  - Family stress
    - Infants exposed to verbally aggressive fighting among their parents form more insecure attachments

Family and Social Influences
Attachment Styles

- Parents living in poverty tend to provide less sensitive environments
- Sensitivity to infants can be taught to mothers, that then leads to a higher probability of secure attachment (Van den Boom, 1994)
**Family and Social Influences**

**Attachment Styles**
- Attachment depends on:
  - Parental psychopathology
    - Depressed mothers tend to have lower quality interactions with their infants
  - Infant’s temperament
    - If an infant is irritable and the mother has no social support, then the child is more likely to develop an insecure attachment

**Family and Social Influences**

**Child Abuse**
- **Physical Abuse**: Hitting, slapping, shaking, kicking with the intent to harm
- **Emotional Abuse**: Demeaning, coercive, or overly distant behavior by a caregiver such as intimidation, humiliation, and social isolation
- **Sexual Abuse**: Inappropriate exposure to sexual acts or materials, sexual contact, and forced sexual behavior
- **Neglect**: Caregiver does not provide food, clothing, supervision, or medical care

**Family and Social Influences**

**Types of Child Abuse**

- **Neglect**: 64%
- **Physical**: 20%
- **Sexual**: 11%
- **Emotional**: 5%

**Family and Social Influences**

**Neglect**
- **Physical Neglect**: Failure to provide necessary food or shelter, or lack of appropriate supervision
- **Medical Neglect**: Failure to provide necessary medical or mental health treatment
- **Educational Neglect**: Failure to educate a child or attend to special educational needs
- **Emotional Neglect**: Inattention to a child's emotional needs or failure to provide psychological care
Family and Social Influences
Child Abuse

- Child abuse is higher among parents who:
  - Abuse substances (e.g., alcohol, drugs)
  - Have untreated mental illnesses
  - Have too high expectations for their children’s behavior
  - Have extreme stress in their lives
  - Had abusive parents themselves

Family and Social Influences
Child Abuse

- Child abuse is higher in families:
  - Low income
  - Disorganized households
  - Crowded living conditions
  - Infants who are disabled or have a difficult temperament are more likely to be abused

Conclusion

- While these risk factors can increase the chance of developing psychopathologies:
  - One factor by itself does not cause a pathology
  - The same event can influence individuals differently
- Factors that increase resiliency must be considered along with those that increase risk of negative outcomes in a clinical setting.