

# Child Psychopathology

This textbook covers the classification, causes, treatment and prevention of psychological disorders in the infant through the adolescent years. Chapters balance the social and historical context of psychopathology with the physiological roots of abnormal behavior, leading students to a comprehensive understanding of child psychopathology. The book is totally up-to-date, including coverage of DSM-5 and criticisms of it. In four parts, this textbook describes the empirical bases of child psychopathology as well as the practice of child psychologists, outlining the classification and causes of disorders in addition to methods of assessment, intervention and treatment. Students will be able to evaluate the treatments used by professionals and debunk popular myths about atypical behavior and its treatment. Complementing the lively writing style, text boxes, clinical case studies and numerous examples from international cultures and countries add context to chapter material. Study questions, diagrams and glossaries offer further learning support.

**Barry H. Schneider** is Professor Emeritus of Psychology at the University of Ottawa, now teaching at Boston College.

# Child Psychopathology

## From Infancy to Adolescence

BARRY H. SCHNEIDER

with Paul Hastings, Amanda Guyer,  
Mara Brendgen and Eli Cwinn





Shaftesbury Road, Cambridge CB2 8EA, United Kingdom  
One Liberty Plaza, 20th Floor, New York, NY 10006, USA  
477 Williamstown Road, Port Melbourne, VIC 3207, Australia  
314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India  
103 Penang Road, #05–06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press is part of Cambridge University Press & Assessment,  
a department of the University of Cambridge.

We share the University's mission to contribute to society through the pursuit of  
education, learning and research at the highest international levels of excellence.

[www.cambridge.org](http://www.cambridge.org)  
Information on this title: [www.cambridge.org/9780521193771](http://www.cambridge.org/9780521193771)

© Barry H. Schneider 2014

This publication is in copyright. Subject to statutory exception and to the provisions  
of relevant collective licensing agreements, no reproduction of any part may take  
place without the written permission of Cambridge University Press & Assessment.

First published 2014

*A catalogue record for this publication is available from the British Library*

ISBN 978-0-521-19377-1 Hardback  
ISBN 978-0-521-15211-2 Paperback

Additional resources for this publication at [www.cambridge.org/barryhschneider](http://www.cambridge.org/barryhschneider)

Cambridge University Press & Assessment has no responsibility for the persistence  
or accuracy of URLs for external or third-party internet websites referred to in this  
publication and does not guarantee that any content on such websites is, or will  
remain, accurate or appropriate.

This book is dedicated to Dr. Sonja Poizner, the supervisor of my first clinical internship. Sonja could not complete her formal education during World War II because she had to flee her native country to escape persecution. She completed her doctorate many years later and then went on to inspire me and many other future psychologists to make judicious use of their knowledge of child psychopathology in the ethical and responsible practice of psychological assessment. She continues to inspire me long after her retirement.

CONTENTS

<i>Figures</i>	<i>page</i> ix	<b>Part II High-incidence disorders</b>	235
<i>Tables</i>	xiii	<b>12</b> Disruptive, impulse control and conduct disorders	237
<i>Boxes</i>	xv	<b>13</b> Depression	266
<i>Preface</i>	xvii	<b>14</b> Attention deficit/hyperactivity disorder	295
<b>Part I Basic concepts and processes</b>	1	<b>15</b> Anxiety disorders	324
<b>1</b> Normality and abnormality in the context of human development: basic definitions	3	<b>Part III Developmental disorders</b>	351
<b>2</b> History: from ancient wisdom to the behavioral and cognitive revolutions	14	<b>16</b> Intellectual disability	353
<b>3</b> Classification of children’s psychological problems: pseudoscience or fundamental part of the helping process?	41	<b>17</b> Autism spectrum disorders	372
<b>4</b> Genetics and psychopathology MARA BRENDGEN	63	<b>18</b> Learning problems as child psychopathology	394
<b>5</b> The physiological underpinnings of child psychopathology PAUL HASTINGS AND AMANDA GUYER	84	<b>Part IV Less frequent and less clearly defined forms of child psychopathology</b>	413
<b>6</b> Family influences, family consequences and family interventions	110	<b>19</b> Eating disorders	415
<b>7</b> The helpful and harmful influences of peers, friends and siblings	135	<b>20</b> Bipolar disorder in childhood and adolescence: a modern-day epidemic?	436
<b>8</b> Cultural dimensions of child psychopathology	154	<b>21</b> Substance use disorders	447
<b>9</b> Psychological assessment as part of the caring process	174	<b>22</b> School refusal	463
<b>10</b> Prevention and mental health promotion WITH ELI CWINN	195	<b>23</b> Post-traumatic stress disorder	470
<b>11</b> Psychological interventions with children and adolescents	219	<b>24</b> Gender dysphoria in children: or, what is psychopathology? WITH ELI CWINN	483
		<i>Glossary</i>	496
		<i>Bibliography</i>	527
		<i>Index</i>	627

FIGURES

1.1	Homosexuality is no longer regarded as a mental disorder © iStockphoto (graafisk)	page 6	5.2	Anatomy and functional areas of the brain. Adapted from <a href="http://www.dana.org/media/detail.aspx?id=33690">www.dana.org/media/detail.aspx?id=33690</a>	87
1.2	“Symptoms” must be understood against the backdrop of normal human development © Andrew Exton/aexn139 <a href="http://www.CartoonStock.com">www.CartoonStock.com</a>	6	5.3	A magnetic resonance imaging scanner is used to create detailed pictures of the brain © iStockphoto (Snowleopard1)	91
2.1	Early history of child psychopathology	15	5.4	The hypothalamic-pituitary-adrenal (HPA) axis system is important for regulating response to stress. Adapted from Roberto Osti/ <i>The Scientific American</i>	94
2.2	St. Vincent de Paul promoted a compassionate approach to children’s problems within the Catholic church © Shutterstock (Bocman1973)	17	5.5	The diurnal cycle of HPA axis activity produces the most cortisol at waking and the least cortisol in the early hours of sleeping. Lovallo, W. R., and Thomas, T. L. (2000). Stress hormones in psychophysiological research: Emotional, behavioral, and cognitive implications. In J. T. Cacioppo, L. G. Tassinary and G. G. Berntson (Eds.), <i>Handbook of psychophysiology</i> (2 edn, pp. 342–67). Cambridge, UK: Cambridge University Press	95
2.3	Important events since 1900	18	5.6	The sympathetic and parasympathetic branches of the autonomic nervous system control the activity of organs and systems throughout the body. Adapted from Carlson, Neil R., <i>Physiology of Behavior</i> , with Neuroscience Animations and Student Study Guide CD-ROM, 8th (c) 2004. Reproduced by permission of Pearson Education, Inc. Upper Saddle River, New Jersey	98
2.4	The couch in Sigmund Freud’s consulting room © NYPL/SCIENCE SOURCE/SCIENCE PHOTO LIBRARY	27	5.7	Young boys’ levels of cortisol reactivity affect how strongly punishment by mothers predicts boys’ externalizing behavior problems. Copyright (c) 2011 Wiley Periodicals, Inc.	103
4.1	All four of the genetically identical Genain quadruplets developed schizophrenia, suggesting genetic basis of the disorder. From <i>The Genain Quadruplets: A Case Study and Theoretical Analysis of Heredity and Environment in Schizophrenia</i> by David Rosenthal, copyright (c) 1963. Reprinted by permission of Basic Books, a member of The Perseus Books Group	75			
4.2	The two main components of the epigenetic code. Adapted by permission from Macmillan Publishers Ltd. NATURE, Qiu, Epigenetics: Unfinished Symphony Copyright 2006.	77			
5.1	In a neuron, information travels from the dendrites to the cell body and along the axon, leaving through the axon terminals. Adapted from BSCS. (2005). <i>The Brain: Our Sense of Self</i> . NIH publication No. 05–5171. Copyright (c) 2005 BSCS. All rights reserved. Used with permission.	86			

6.1	Bronfenbrenner's ecological model of human development. Bronfenbrenner, U. (1979). <i>The ecology of human development: Experiments by nature and design</i> . Cambridge, MA: Harvard University Press	112	9.1	Vociferous objections have been raised about the misclassification of members of minority groups using IQ tests © Shutterstock / (beboy)	186
Box 6.1	Secure attachment predicts the quality of close relationships later in life © iStockphoto (Rubberball)	117	10.1	Major milestones leading to contemporary prevention	199
6.2	Circle of security model Marvin, R., Cooper, G., Hoffman, K. and Powell, B. (2002). The circle of security project: Attachment-based intervention with caregiver–pre-school child dyads. <i>Attachment and Human Development</i> , 4, 107–24	122	10.2	New York City policemen enforcing alcohol prohibition laws, which were enacted in part to prevent mental illness © John Binder Collection	199
6.3	Individual symptoms seen in the context of the family system Adapted from Alan Rowan, <a href="http://www.svhf.ie/systemic-family-therapy.html">www.svhf.ie/systemic-family-therapy.html</a>	128	10.3	Victorian drinking fountain to encourage abstinence. Alcohol prohibition was intended as a primary prevention initiative © iStockphoto (Linda Steward)	200
7.1	Parents may indirectly affect their children's peer relations in several ways McDowell, D. J. and Parke, R. D. (2009). Parental correlates of children's peer relations: An empirical test of a tripartite model. <i>Developmental Psychology</i> , 45, 224–35	136	10.4	The steps involved in conducting a randomized clinical trial Reprinted from <i>The Lancet</i> , 357, David Moher, Kenneth F. Schultz and Douglas G. Altman, The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials, pp. 1191–1194. Copyright 2001, with kind permission from Elsevier	208
7.2	Causal and incidental models explaining how peer relations are linked to psychopathology Parker, J. G. and Asher, S. R. (1987). Peer relations and later personal, <i>Psychological Bulletin</i> , 102, 357–89	143	11.1	Play therapy © iStockphoto (ktaylorg)	221
7.3	Siblings may indirectly influence adjustment outcomes in different ways With kind permission from Springer Science and Business Media: Journal of Youth and Adolescence, Perceived sibling relationships and adolescent development, vol. 33, 2004, p. 136, Yeh, H.-C., and Lempers, J. D., figure 1	150	12.1	Adolescents with conduct disorder fail to show the normal HPA stress response of elevated cortisol levels in saliva after experiencing a stressful event Reprinted from <i>Biological Psychiatry</i> , 64, Fairchild, Van Goozen, Stollery, Brown, Gardiner, Herbert, and Goodyer, 'Cortisol diurnal rhythm and stress reactivity in male adolescents with early-onset or adolescence-onset conduct disorder', 599–606, (c) 2008, with permission from Elsevier	247
8.1	Acculturation and Mental Health Copyright (c) 2008, John Wiley and Sons	156	Box 13.1	Stills from <i>Ordinary People</i> © Paramount Pictures / RGA	267
			13.1	Adolescents with a stronger cortisol awakening response were more likely to be diagnosed with depression over	



the subsequent year Reprinted from <i>Psychoneuroendocrinology</i> , 35, Adam, Doane, Zinbarg, Mineka, Craske, and Griffith, 'Prospective prediction of major depressive disorder from cortisol awakening response in adolescence', 921–931 © 2010, with permission from Elsevier	274	15.5a Images used in the treatment of social and generalized anxiety at the Virtual Reality Laboratory at the Université du Québec en Outaouis Courtesy of Professor Stéphane Bouchard	345
13.2 The use of medication to treat adolescent depression is controversial <a href="http://www.naturalnews.com/021553_psychiatry_modern.html">www.naturalnews.com/021553_ psychiatry_modern.html</a>	290	15.5b Images used in the treatment of social and generalized anxiety at the Virtual Reality Laboratory at the Université du Québec en Outaouis Courtesy of Professor Stéphane Bouchard	345
15.1 The brain pathways for processing potential danger Adapted from LeDoux, J. (1994). Emotion, memory and the brain. <i>Scientific American</i> , 270, 50–7	333	17.1 Drawing by Nadia, a talented artist, displays the savant features often associated with higher-functioning autism spectrum disorder. Selfe, Lorna (1977) <i>Nadia: A case of extraordinary drawing ability in an autistic child</i> . New York: Academic Press Image reproduced with kind permission of the Bethlem Art and History Collections Trust	381
15.2 Socially anxious children show a heightened amygdala response to peer evaluation Reprinted with permission from Guyer et al., <i>Archives of General Psychiatry</i> , 65, 1303–12. Copyright © 2008 American Medical Association. All rights reserved	334	18.1 Disruption of posterior brain systems for reading in children with developmental dyslexia Shaywitz, B. A., Shaywitz, S. E., Pugh, K. R., Mencl, W. E., Fulbright, R. K., Skudlarski, P., Gore, J. C. (2002). Disruption of posterior brain systems for reading in children with developmental dyslexia. <i>Biological Psychiatry</i> , 52, 101–10 with permission from Elsevier	404
15.3 Children with anxiety disorders react to a picture of a snake with increasing skin conductance levels From Turner, Beidel, and Epstein (1991). Vulnerability and risk for anxiety disorders. <i>Journal of Anxiety Disorders</i> , 5, 151–66, with permission from Elsevier	337	18.2 The gap between children with learning disorders and their peers increases with age Shaywitz, S. E. (2003). <i>Overcoming dyslexia: A new and complete science-based program for reading problems at any level</i> . New York: Knopf. p. 34 figure 2. Titled 'Dyslexia is Persistent' Used by permission of Alfred A. Knopf, an imprint of the Knopf Doubleday Publishing Group, a division of Random House LLC.	406
15.4 Children with high salivary alpha- amylase or skin conductance levels (both are sympathetic indices) and high cortisol levels (HPA axis) have the most internalizing problems From El-Sheikh, M., Erath, S. A., Buckhalt, J. A., Granger, D. A. and Mize, J. (2008). Cortisol and children's adjustment: the moderating role of sympathetic nervous system activity. <i>Journal of Abnormal Child Psychology</i> , 36, 601–11 with kind permission from Springer Science and Business Media	338	19.1 Distorted body image is a common cognitive feature of both bulimia and anorexia nervosa © iStockphoto (artbyjulie)	428



20.1 Similarities and differences: childhood bipolar disorder and ADHD	438	A. (2003). School refusal and psychiatric disorders: A community study. <i>American Academy of Child and Adolescent Psychiatry</i> , 42, 797–807	464
20.2 Similarities and differences between childhood bipolar disorder and anxiety disorders	438	22.2 Mental health conditions associated with youth truancy from school. Data from Egger, H. L., Costello, E. J. and Angold, A. (2003). School refusal and psychiatric disorders: A community study. <i>American Academy of Child and Adolescent Psychiatry</i> , 42, 797–807	464
20.3 Similarities and differences between childhood bipolar disorder and autism spectrum disorder	439	22.3 Many psychological problems may underlie non-attendance at school © iStockphoto (JeffHillman)	465
21.1 Marijuana use among 12th graders vs. perceived risk © National Institute on Drug Abuse	450	23.1 Traumatic experiences are sometimes depicted in children’s artwork © Rafael Ben-Ari/Alamy	472
21.2 Prescription/over-the-counter vs. illicit drugs © National Institute on Drug Abuse	455	23.2 Natural disasters such as earthquakes are an unpredictable traumatic experience to which some children are particularly vulnerable © iStockphoto (tunart)	477
21.3 Last two decades of alcohol, cigarette, and illicit drug use © National Institute on Drug Abuse	459		
22.1 Disorders among youth in treatment for anxiety-based school refusal Data from Egger, H. L., Costello, E. J. and Angold,			

TABLES

4.1	Main features of quantitative and molecular genetics research compared Adapted by permission from Macmillan Publishers Ltd: NATURE, Qiu, Epigenetics: Unfinished symphony, copyright 2006	page 68
5.1	The interactive effects of sympathetic and parasympathetic activation on states of autonomic arousal Berntson, G. G., Cacioppo, J. T. and Quigley, K. S. (1991). Autonomic determinism: The modes of autonomic control, the doctrine of autonomic space, and the laws of autonomic constraint, <i>Psychological Review</i> , 98, 459–87	99
6.1	Dimensions of parenting in Maccoby and Martin’s model <i>Handbook of Child Psychology</i> (Vol. IV, pp. 39), by E. M. Hetherington (Ed.), 1983, New York: Wiley. Adapted with permission	113
6.2	The categories of child–parent attachment From Owens <i>Child and Adolescent Development: An Integrated Approach</i> w/InfoTrac, 1E. © 2002 Wadsworth, a part of Cengage Learning, Inc. Reproduced by permission. <a href="http://www.cengage.com/permissions">www.cengage.com/permissions</a>	119
8.1	Selected definitions of culture	155
8.2	Possible sources of bias in cross-cultural assessment Reprinted by permission from <i>European Journal of Psychological Assessment</i> , Fons J. R. van de Vijver and Ype H. Poortinga, Towards an Integrated Analysis of Bias in Cross-Cultural Assessment, pp. 29–37, Copyright (c) 1997 Hogrefe & Huber Publishers (now Hogrefe Publishing)	167
9.1	Temperament types as delineated by Chess, Thomas and Colleagues. Thomas, A., Chess, S. and Birch, H. G. (1970). The origin of personality. <i>Scientific American</i> , 111, 102–9. <a href="http://www.acamedia.info/sciences/sciliterature/origin_of_personality.htm">www.acamedia.info/sciences/sciliterature/origin_of_personality.htm</a> © Scientific American. With permission	180
10.1	Models of prevention initiatives	197
11.1	Categories of empirical support for therapeutic interventions Reprinted from The Second Special Issue on Evidence-Based Psychosocial Treatments for Children and Adolescents: A 10-year Update, Wendy K. Silverman and Stephen P. Hinshaw, <i>Journal of Clinical Child and Adolescent Psychology</i> , March 3, 2008, with kind permission of Taylor & Francis	224
11.2	Comparison of major theories of psychotherapy	226
14.1	Nigg’s model of temperament, development and clinical presentation of ADHD Nigg, J. T., Goldsmith, H. H. and Sachek, J. (2004). Temperament and attention deficit hyperactivity disorder: The development of a multiple pathway model. <i>Journal of Clinical Child and Adolescent Psychology</i> , 33, 49. Reprinted by permission of the publisher (Taylor & Francis Group, <a href="http://www.informaworld.com">www.informaworld.com</a> )	308
14.2	Major behavioral consequences of impaired executive functioning in children with ADHD. Reprinted from <i>Clinical Psychology Review</i> , 27, Brassett-Harknett, A. and Butler, N., Attention-deficit/hyperactivity disorder: An overview of the etiology and a review of	

the literature relating to the correlates and lifecourse outcomes for men and women, pp. 188–210, 2007, with permission from Elsevier	310	for Mental Retardation, World Health Organization, Geneva, 1996	355
16.1 Typical features of different levels of intellectual disability ICD-10 Guide		24.1 Theories about the origin of homosexuality, compared	484

BOXES

6.1	Ainsworth’s Strange Situation procedure	page 117	Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Copyright 2013). American Psychiatric Association	242
7.1	How peer relationships may be linked to psychopathology. Based on Bukowski, W. M. and Adams, R. (2005). Peer relations and psychopathology: Markers, mechanisms, mediators, moderators and meanings. <i>Journal of Clinical Child and Adolescent Psychology</i> , 34, 3–10	143	13.1 Differences between DSM-IV and DSM-5 criteria for major depressive episode	267
9.1	Example of a stem question from DISC-IV (major depression). Reprinted from <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , vol. 39, Shaffer, D., Fisher, P., Lucas, C. P., Dulcan, M. K., and Schwab-Stone, M. E., NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, Differences from Previous Versions, and Reliability of Some Common Diagnoses, pp. 28–38, Copyright 2000, with permission from Elsevier	177	13.2 Differences between DSM-IV and DSM-5 criteria for persistent depressive disorder	269
9.2	The Wechsler Intelligence Scale for Children – IV	187	13.3 ICD-10 diagnostic criteria for depressive disorder. World Health Organization (1993). The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research. Geneva, WHO	269
11.1	Checklist for evaluating literature reviews. R. J. Light and D. P. Pillemer (1984). <i>Summing up: The science of reviewing research</i> . Cambridge, MA: Harvard University Press. By permission	228	13.4 ICD-10 diagnostic criteria for dysthymia. World Health Organization (1993). The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research. Geneva, WHO	270
12.1	Differences between DSM-IV and DSM-5 criteria for oppositional defiant disorder	238	14.1 Differences between DSM-IV and DSM-5 criteria for attention deficit/hyperactivity disorder	297
12.2	Differences between DSM-IV and DSM-5 criteria for conduct disorder	239	14.2 ICD-10 diagnostic criteria for hyperkinetic disorders. World Health Organization (1993). The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research. Geneva, WHO	298
12.3	ICD-10 diagnostic criteria for conduct disorders	239	15.1 Differences between DSM-IV and DSM-5 criteria for social anxiety disorder (social phobia)	326
12.4	DSM-5 criteria for the diagnosis of intermittent explosive disorder		15.2 Differences between DSM-IV and DSM-5 criteria for generalized anxiety disorder	327

15.3 Differences between DSM-IV and DSM-5 criteria for separation anxiety disorder	327	Mental and Behavioural Disorders: Diagnostic Criteria for Research. Geneva, WHO	375
16.1 Differences between DSM-IV and DSM-5 criteria for intellectual disability (intellectual developmental disorder)	355	17.3 A social story used by Attwood to help young high-functioning children with autism. Attwood, T. (2000). Strategies for improving the social integration of children with Asperger's syndrome. <i>Autism</i> , 4, 85–100 Reprinted by permission of Sage	389
16.2 Nirje's eight planks of normalization. Based on Nirje, B. (1969). The normalization principle and its human management implications. In R. Kugel and W. Wolfensberger (Eds.), <i>Changing patterns in residential services for the mentally retarded</i> (pp. 181–95). Washington, DC: President's Committee on Mental Retardation and Perske, R. (2004), Nirje's eight planks. <i>Mental Retardation</i> , 42, 147–50	366	18.1 Major changes in the diagnostic criteria for learning disorders from DSM-IV to DSM-5	397
17.1 Differences between DSM-IV and DSM-5 criteria for autism spectrum disorder	375	19.1 Differences between DSM-IV and DSM-5 criteria for anorexia nervosa	417
17.2 ICD-10 diagnostic criteria for childhood autism. World Health Organization (1993). The ICD-10 Classification of		19.2 Differences between DSM-IV and DSM-5 criteria for bulimia nervosa	417
		21.1 Differences between DSM-IV and DSM-5 criteria for substance use disorders	448
		24.1 Differences between DSM-IV and DSM-5 criteria for gender dysphoria in children	490

## PREFACE

In the psychology department where I have taught for the past 32 years, I am regarded as one of the more research-oriented of the clinical-psychology professors and one of the most clinically oriented of the researchers. Although the commitment to bridge research and practice is strong in North America, tension between the two pillars of clinical psychology emerges all too often. Such tension is often much greater in the countries where I have collaborated and worked around the world. My need to resolve as much of this tension as possible for the students I teach and for my overseas colleagues was the primary impetus for this book. My course on child psychopathology has always been among my favorites. However, I have never found a textbook that bridges research and practice very well or one that my students enjoy reading. I have endeavored to provide such a resource by writing this volume. Let me mention some of its distinctive features.

*Consistency of writing style.* I want to tell the story from the beginning to the end in a coherent way. Therefore, I have been actively involved in writing all the chapters. Except for a few for which I needed the expertise of co-authors in areas that are outside my main fields of competence, I have written them all.

*Just the right amount of information.* Other books in this field provide either an entertaining but sketchy overview or too much encyclopedic detail.

*Empirical basis.* It is important to me to teach not only what is known but also how it is known and how well it is known. I have attempted to do this without excessive detail about individual studies or picky methodological objections.

*A balanced perspective on the medical model.* It is important for students to become familiar with the

DSM and ICD schemes, which are essential tools of the field, without accepting them uncritically.

*Social and historical context.* Theories and beliefs about child and adolescent psychopathology do not emerge entirely from advances in science. Students should be aware of the roots of new ideas and methods.

*Physiology and genetics.* Although many psychology students bring little background in these areas to their study of child and adolescent psychology, it is imperative that they familiarize themselves with the physiological bases as well as the social and familial bases of abnormal behavior. Together with colleagues, Paul Hastings, Mara Brendgen and Amanda Guyer, I have presented this material in language that should be accessible even to science-phobes.

*A truly multicultural, international perspective.* Most previous textbooks in this area mention culture only in passing. It is an undeniable fact that researchers in the United States have been the most active contributors to knowledge in this area. Without minimizing the importance of work done in the United States, this book is suitable for readers around the world. It is my firm belief that students in the United States benefit from an appreciation of the multicultural nature of that country and of the psychological functioning of people in other countries.

*Readability.* One of my foremost objectives has been to provide a book that is authoritative but also a volume that students will enjoy reading.

*Critical but constructive stance.* I believe it important for psychology students to neither accept blindly everything they read nor engage in picky, trivial criticism to the point of not appreciating the value of a very useful theory or research study.



## Aids to learning

Although I have used non-technical language to the fullest extent possible, glossaries are provided with concise definitions of the terms that the student most needs to know.

*Diagrams* are provided to illustrate the more complex processes involved in child psychopathology, especially its physiological aspects.

*Boxes* present interesting material that is sometimes tangential to the main presentation of material but enriching.

*Case studies* of different lengths are included, first of all, as examples of the disorders and their treatment. Another purpose of these case studies is to portray the children and adolescents affected in a way that increases empathy and reduces stigma. Most of the case studies enable the reader to follow the child through a course of psychological treatment.

*Chapter summaries and glossaries* are provided to assist students in remembering the material and preparing for examinations.

*Study questions* are useful to the students in gauging their mastery of the content.

## Structure of this book

The book is divided into four parts:

1. Basic concepts and processes. The first part begins with definitional issues pertaining to the delineation of normal and abnormal behavior within the context of normal child and adolescent development. This part includes chapters devoted to the possible causes, processes and correlates of psychological distress, including genetics, physiological roots, family factors, culture and peer relations. A capsule history of the field is included as well. The part concludes with an overview of the work of the psychologist in terms of prevention, assessment and intervention.
2. High-incidence disorders. This part is devoted to the psychological problems that are the most frequently referred to psychologists and about which there has been the most research.
3. Developmental disorders. This part presents a psychological perspective on these disorders, which typically originate during the childhood and adolescent years and that often (but not always) persist throughout the lifespan.
4. Less frequent and less clearly defined forms of psychopathology. This part is devoted to disorders that emerge less frequently than those in the previous parts and/or that are less clearly characterized as separate, well-defined mental health conditions. Some of these conditions are infrequent in childhood and more common in adolescence. These conditions are omitted in some textbooks, which is unfortunate. Less research has been devoted to these disorders than to those discussed in the earlier parts; consequently, these conditions are introduced only briefly. In the last chapter, on gender variance, the issue of what constitutes psychopathology is reprised together with information about the disorder.

## Acknowledgements

I would like to thank, first of all, my colleagues and friends, Paul Hastings, Mara Brendgen, and Amanda Guyer, who agreed to collaborate with me on the chapters on genetics and psychophysiology, making those chapters much better than if I had written them myself. I would also like to acknowledge the dedicated assistance of the following gifted psychology students: Julian Caza, Eli Cwinn, Laura Galliana, Tanner McInnis, Kojo Mintah and Jesse Roberts.

## Concluding note

The final thing that I would like readers to know is that writing this book has been an immense pleasure.