



Excerpt From

GUIDEBOOK:



***Common Psychosocial Problems of
School Aged Youth:***

**Developmental Variations, Problems, Disorders
and Perspectives for Prevention and Treatment**

This document is a hardcopy version of a resource that can be downloaded at no cost from the Center's website (<http://smhp.psych.ucla.edu>).

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I. Keeping The Environment in Perspective as a Cause of Commonly Identified Psychosocial Problems.

A large number of students are unhappy and emotionally upset; only a small percent are clinically depressed. A large number of youngsters have trouble behaving in classrooms; only a small percent have attention deficit or a conduct disorder. In some schools, large numbers of students have problems learning; only a few have learning disabilities. Individuals suffering from true internal pathology represent a relatively small segment of the population. A caring society tries to provide the best services for such individuals; doing so includes taking great care not to misdiagnose others whose "symptoms" may be similar, but are caused by factors other than internal pathology. Such misdiagnoses lead to policies and practices that exhaust available resources in ineffective ways. A better understanding of how the environment might cause problems and how focusing on changing the environment might prevent problems is essential.

A. Labeling Troubled and Troubling Youth: The Name Game

She's depressed.

*That kid's got an attention deficit
hyperactivity disorder.*

He's learning disabled.

What's in a name? Strong images are associated with diagnostic labels, and people act upon these images. Sometimes the images are useful generalizations; sometimes they are harmful stereotypes. Sometimes they guide practitioners toward good ways to help; sometimes they contribute to "blaming the victim" -- making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem in the first place. In all cases, diagnostic labels can profoundly shape a person's future.

Youngsters manifesting emotional upset, misbehavior, and learning problems commonly are assigned psychiatric labels that were created to categorize internal disorders. Thus, there is increasing use of terms such as ADHD, depression, and LD. This happens despite the fact that the problems of most

youngsters are not rooted in internal pathology. Indeed, many of their troubling symptoms would not have developed if their environmental circumstances had been appropriately different.

Diagnosing Behavioral, Emotional, and Learning Problems

The thinking of those who study behavioral, emotional, and learning problems has long been dominated by models stressing *person* pathology. This is evident in discussions of cause, diagnosis, and intervention strategies. Because so much discussion focuses on person pathology, diagnostic systems have not been developed in ways that adequately account for psychosocial problems.

Many practitioners who use prevailing diagnostic labels understand that most problems in human functioning result from the interplay of person and environment. To counter nature *versus* nurture biases in thinking about problems, it helps to approach all diagnosis guided by a broad perspective of what determines human behavior.

A Broad View of Human Functioning

Before the 1920's, dominant thinking saw human behavior as determined primarily by person variables, especially inborn characteristics. As behaviorism gained in influence, a strong competing view arose. Behavior was seen as shaped by environmental influences, particularly the stimuli and reinforcers one encounters.

Today, human functioning is viewed in *transactional* terms -- as the product of a reciprocal interplay between person and environment (Bandura, 1978). However, prevailing approaches to labeling and addressing human problems still create the impression that problems are determined by *either* person or environment variables. This is both unfortunate and unnecessary -- unfortunate because such a view limits progress with respect to research and practice, unnecessary because a transactional view encompasses the position that problems may be caused by person, environment, or both. This broad paradigm encourages a comprehensive perspective of cause and correction.

Toward a Broad Framework

A broad framework offers a useful *starting* place for classifying behavioral, emotional, and learning problems in ways that avoid over-diagnosing internal pathology. Such problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both.

Problems caused by the environment are placed at one end of the continuum (referred to as Type I problems). At the other end are problems caused primarily by pathology

within the person (Type III problems). In the middle are problems stemming from a relatively equal contribution of environmental and person sources (Type II problems).

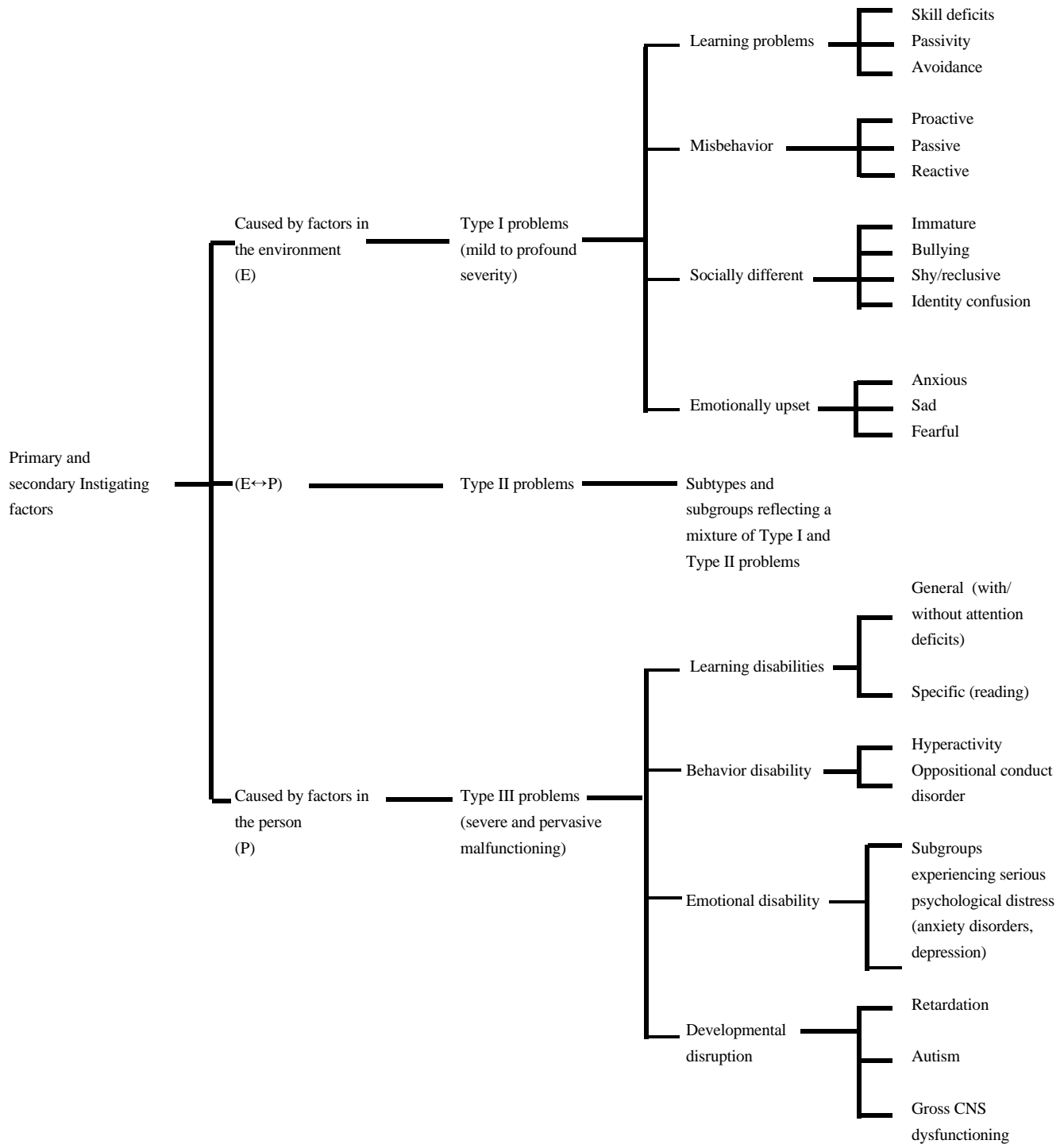
Diagnostic labels meant to identify *extremely* dysfunctional problems *caused by pathological conditions within a person* are reserved for individuals who fit the Type III category.

At the other end of the continuum are individuals with problems arising from factors outside the person (i.e., Type I problems). Many people grow up in impoverished and hostile environmental circumstances. Such conditions should be considered first in hypothesizing what *initially* caused the individual's behavioral, emotional, and learning problems. (After environmental causes are ruled out, hypotheses about internal pathology become more viable.)

To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. The problems of an individual in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies. Toward the environment end of the continuum, environmental factors play a bigger role (represented as E<--->P). Toward the other end, person variables account for more of the problem (thus e<--->P).

Figure 2: Categorization of Type I, II, and III Problems



Source: H. S. Adelman and L. Taylor (1993). Learning problems and learning disabilities. Pacific Grove. Brooks/Cole. Reprinted with permission.

B. Environmental Situations and Potentially Stressful Events

The American Academy of Pediatrics has prepared a guide on mental health for primary care providers. The guide suggests that commonly occurring stressful events in a youngsters life can lead to common behavioral responses. Below are portions of Tables that give an overview of such events and responses.

Environmental Situations and Potentially Stressful Events Checklist

Challenges to Primary Support Group

- Challenges to Attachment Relationship
- Death of a Parent or Other Family Member
- Marital Discord
- Divorce
- Domestic Violence
- Other Family Relationship Problems
- Parent-Child Separation

Changes in Caregiving

- Foster Care/Adoption/Institutional Care
- Substance-Abusing Parents
- Physical Abuse
- Sexual Abuse
- Quality of Nurture Problem
- Neglect
- Mental Disorder of Parent
- Physical Illness of Parent
- Physical Illness of Sibling
- Mental or Behavioral disorder of Sibling

Other Functional Change in Family

- Addition of Sibling
- Change in Parental Caregiver

Community of Social Challenges

- Acculturation
- Social Discrimination and/or Family Isolation

Educational Challenges

- Illiteracy of Parent
- Inadequate School Facilities
- Discord with Peers/Teachers

Parent or Adolescent Occupational Challenges

- Unemployment
- Loss of Job
- Adverse Effect of Work Environment

Housing Challenges

- Homelessness
- Inadequate Housing
- Unsafe Neighborhood
- Dislocation

Economic Challenges

- Poverty
- Inadequate Financial Status

Legal System or Crime Problems

Other Environmental Situations

- Natural Disaster
- Witness of Violence

Health-Related Situations

- Chronic Health Conditions
- Acute Health Conditions

Common Behavioral Responses to Environmental Situations and Potentially Stressful Events

INFANCY-TODDLERHOOD (0-2Y)
BEHAVIORAL MANIFESTATIONS

- Illness-Related Behaviors**
N/A
- Emotions and Moods**
Change in crying
Change in mood
Sullen, withdrawn
- Impulsive/Hyperactive or Inattentive Behaviors**
Increased activity
- Negative/Antisocial Behaviors**
Aversive behaviors, i.e., temper tantrum, angry outburst
- Feeding, Eating, Elimination Behaviors**
Change in eating
Self-induced vomiting
Nonspecific diarrhea, vomiting
- Somatic and Sleep Behaviors**
Change in sleep
- Developmental Competency**
Regression or delay in developmental attainments
Inability to engage in or sustain play
- Sexual Behaviors**
Arousal behaviors
- Relationship Behaviors**
Extreme distress with separation
Absence of distress with separation
Indiscriminate social interactions
Excessive clinging
Gaze avoidance, hypervigilant gaze...

MIDDLE CHILDHOOD (6-12Y)
BEHAVIORAL MANIFESTATIONS

- Illness-Related Behaviors**
Transient physical complaints
- Emotions and Moods**
Sadness
Anxiety
Changes in mood
Preoccupation with stressful situations
Self -destructive
Fear of specific situations
Decreased self-esteem
- Impulsive/Hyperactive or Inattentive Behaviors**
Inattention
High activity level
Impulsivity
- Negative/Antisocial Behaviors**
Aggression
Noncompliant
Negativistic
- Feeding, Eating, Elimination Behaviors**
Change in eating
Transient enuresis, encopresis
- Somatic and Sleep Behaviors**
Change in sleep
- Developmental Competency**
Decrease in academic performance
- Sexual Behaviors**
Preoccupation with sexual issues
- Relationship Behaviors**
Change in school activities
Change in social interaction such as withdrawal
Separation fear
Fear of being alone
- Substance Use/Abuse...**

EARLY CHILDHOOD (3-5Y)
BEHAVIORAL MANIFESTATIONS

- Illness-Related Behaviors**
N/A
- Emotions and Moods**
Generally sad
Self-destructive behaviors
- Impulsive/Hyperactive or Inattentive Behaviors**
Inattention
High activity level
- Negative/Antisocial Behaviors**
Tantrums
Negativism
Aggression
Uncontrolled, noncompliant
- Feeding, Eating, Elimination Behaviors**
Change in eating
Fecal soiling
Bedwetting
- Somatic and Sleep Behaviors**
Change in sleep
- Developmental Competency**
Regression or delay in developmental attainments
- Sexual Behaviors**
Preoccupation with sexual issues
- Relationship Behaviors**
Ambivalence toward independence
Socially withdrawn, isolated
Excessive clinging
Separation fears
Fear of being alone

ADOLESCENCE (13-21Y)
BEHAVIORAL MANIFESTATIONS

- Illness-Related Behaviors**
Transient physical complaints
- Emotions and Moods**
Sadness
Self-destructive
Anxiety
Preoccupation with stress
Decreased self-esteem
Change in mood
- Impulsive/Hyperactive or Inattentive Behaviors**
Inattention
Impulsivity
High activity level
- Negative/Antisocial Behaviors**
Aggression
Antisocial behavior
- Feeding, Eating, Elimination Behaviors**
Change in appetite
Inadequate eating habits
- Somatic and Sleep Behaviors**
Inadequate sleeping habits
Oversleeping
- Developmental Competency**
Decrease in academic achievement
- Sexual Behaviors**
Preoccupation with sexual issues
- Relationship Behaviors**
Change in school activities
School absences
Change in social interaction such as withdrawal
- Substance Use/Abuse...**

* Adapted from The Classification of Child and Adolescent Mental Diagnoses in Primary Care (1996). American Academy of Pediatrics