



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.

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## 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).

## Problems Categorized on a Continuum Using a Transactional View of the Primary Locus of Cause

Problems caused by factors in the environment (E)	Problems caused equally by environment and person	Problems caused by factors in the person (P)
E	(E<--->p)	E<--->P
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Type I problems	Type II problems	Type III problems
<ul style="list-style-type: none"> <li>•caused primarily by environments and systems that are deficient and/or hostile</li> </ul>	<ul style="list-style-type: none"> <li>•caused primarily by a significant <i>mismatch</i> between individual differences and vulnerabilities and the nature of that person's environment (not by a person's pathology)</li> </ul>	<ul style="list-style-type: none"> <li>•caused primarily by person factors of a pathological nature</li> </ul>
<ul style="list-style-type: none"> <li>•problems are mild to moderately severe and narrow to moderately pervasive</li> </ul>	<ul style="list-style-type: none"> <li>•problems are mild to moderately severe and pervasive</li> </ul>	<ul style="list-style-type: none"> <li>•problems are moderate to profoundly severe and moderate to broadly pervasive</li> </ul>

Clearly, a simple continuum cannot do justice to the complexities associated with labeling and differentiating psychopathology and psychosocial problems. However, the above conceptual scheme shows the value of starting with a broad model of cause. In particular, it helps counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual and thus can help combat the trend toward blaming the victim (Ryan, 1971). It also helps highlight the notion that improving the way the environment accommodates individual differences may be a sufficient intervention strategy.

*There is a substantial community-serving component in policies and procedures for classifying and labeling exceptional children and in the various kinds of institutional arrangements made to take care of them. "To take care of them" can and should be read with two meanings: to give children help and to exclude them from the community.*

*Nicholas Hobbs*

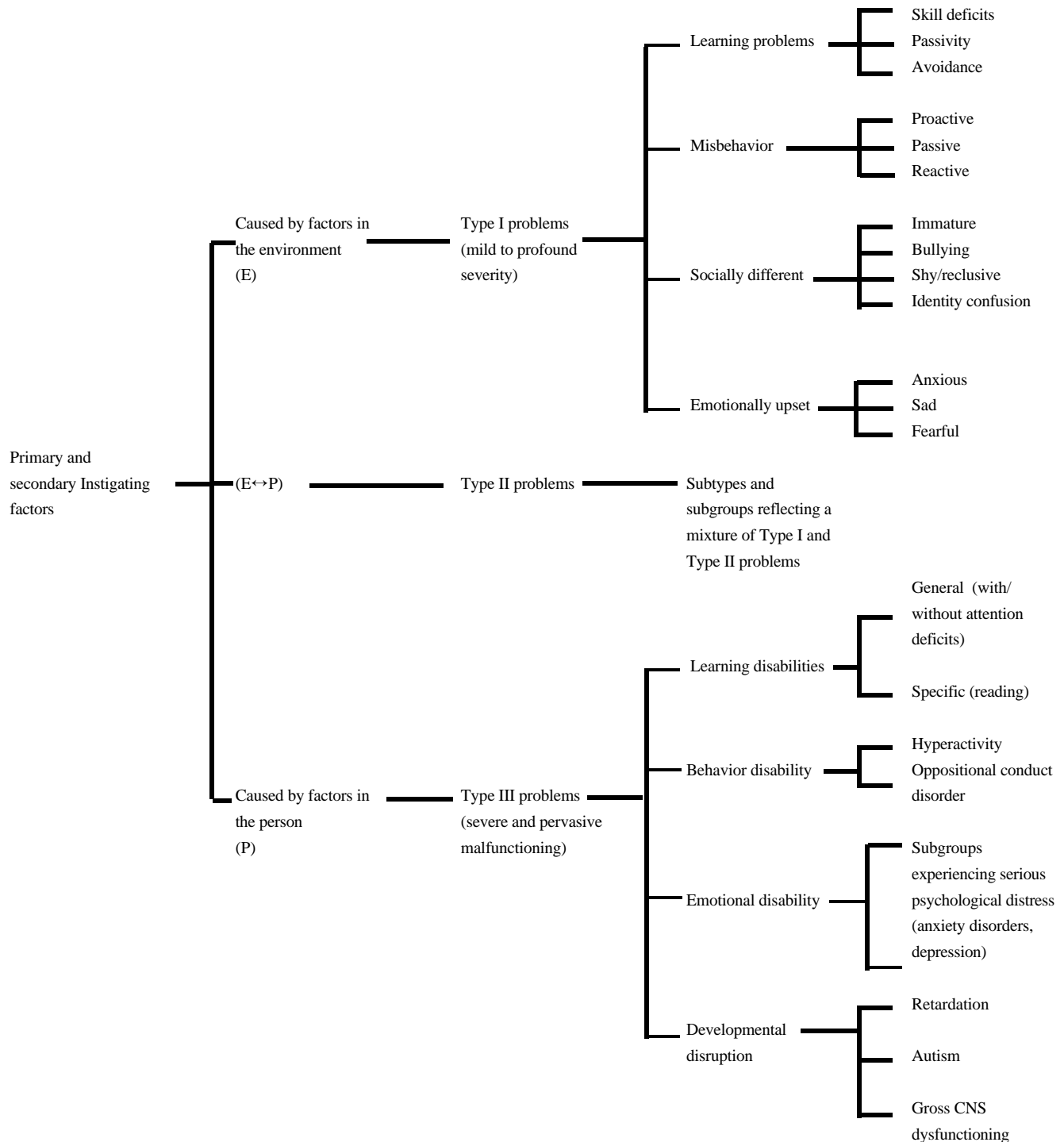
After the general groupings are identified, it

becomes relevant to consider the value of differentiating subgroups or subtypes within each major type of problem. For example, subtypes for the Type III category might first differentiate behavioral, emotional, or learning problems arising from serious internal pathology (e.g., structural and functional malfunctioning within the person that causes disorders and disabilities and disrupts development). Then subtypes might be differentiated within each of these categories. For illustrative purposes: Figure 2 presents some ideas for subgrouping Type I and III problems.

### References

- Bandura, A. (1978). The self system in reciprocal determination. *American Psychologist*, 33, 344-358.
- Ryan, W. (1971). *Blaming the victim*. New York: Random House.

**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