# STUDY GUIDE

## CHAPTER 13

1. Distinguish externalizing and internalizing behaviors.
2. Define these *DSM* and *ICD* disorders that involve disruptive behavior: oppositional defiant disorder (ODD), conduct disorder (CD), intermittent explosive disorder, pyromania, kleptomania, and attention-deficit/hyperactivity disorder (ADHD).
3. Explain these *DSM-IV* diagnostic terms: autistic disorder, Asperger’s disorder, and pervasive developmental disorder-NOS. How do the *DSM-5* and *ICD-11* replace these diagnoses with autism spectrum disorder (ASD)? Describe ASD and how it is diagnosed.
4. What is reactive attachment disorder?
5. Outline criticisms that diagnoses like ODD, CD, and ADHD pathologize rebelliousness and social resistance.
6. Why do critics feel that the diagnostic threshold has been lowered for ADHD?
7. Summarize arguments about whether ADHD is a reliable and valid disorder.
8. Explain the problem of comorbidity among developmental diagnoses.
9. Describe the controversy over eliminating Asperger’s disorder from the *DSM-5*, including issues pertaining to false positives, loss of diagnoses, prevalence rates, and the “grandfather clause” for those with established diagnoses.
10. Outline the evolution of ideas/terms for what today is called ADHD from the 18th through 20th centuries.
11. Who were Leo Kanner and Hans Asperger? How did their work influence understandings of autism and Asperger’s disorder?
12. What was the refrigerator mother theory of autism and why is it now generally rejected?
13. What is the dopamine hypothesis of ADHD? How does it differ from the catecholamine hypothesis of ADHD? How do stimulant medications affect dopamine and norepinephrine? What do critics say about these hypotheses and stimulant treatment?
14. Besides stimulants, what other kinds of drugs are prescribed for ADHD?
15. Do ADHD drugs work?
16. What is the suspected role of serotonin in conduct problems? What drugs are used to address this?
17. What is the hypothesized role of GABA in autism?
18. Review the various drugs prescribed for autism, delineating what symptoms each attempts to target. How effective are these drugs considered to be?
19. Identify brain regions associated with attention issues.
20. What brain regions are implicated in conduct problems? How is the autonomic nervous system implicated?
21. Outline findings about brain volume and identify brain structures associated with autism.
22. Discuss research on the heritability of disruptive behavior. What is the status of genome-wide association (GWA) studies?
23. Describe concordance rates and heritability estimates for autism.
24. Explain these evolutionary explanations for ADHD: hunter-farmer theory, response-readiness theory, wader theory, and fighter theory.
25. What is the low-fitness extreme theory of autism?
26. How are mindblindness and theory of mind relevant to Baron-Cohen’s extreme male brain (EMB) theory of autism? What is the evidence for the EMB theory and what criticism has it received?
27. Describe the inflammatory hypothesis as it relates to ADHD and autism. How have studies of cytokine levels been used to support the hypothesis that autism, especially, is related to inflammation?
28. What is the viral hypothesis of autism? How is it like the viral hypothesis of schizophrenia?
29. Explain the suspected relationship between autism and autoimmune disorders.
30. Review the controversy over whether the measles-mumps-rubella (MMR) vaccine causes autism.
31. Outline limitations of biological perspectives on developmental issues, including the equal environments assumption and the correlational nature of much of the research.
32. Describe psychodynamic perspectives on disruptive behavior.
33. Why has there been a backlash against the continued influence of psychodynamic perspectives on autism in France? How have many modern psychodynamic perspectives adapted their approach to overcome criticisms of them blaming parents for causing autism?
34. Explain how contingency management is used as a behavioral therapy for ADHD. How well does it work?
35. Describe the use of social skills training, problem-solving skills training, psychoeducation, and cognitive restructuring for ADHD. How effective are these CBT interventions?
36. What is applied behavior analysis (ABA)? How it is used with children diagnosed with autism? Specifically, distinguish discrete trial training (DTT), early and intensive behavioral intervention (EIBI), and the Picture Exchange Communication System (PECS). What evidence is there that ABA approaches are effective?
37. Explain the weak central coherence theory of autism. How does this theory inform the way cognitive therapy is done with clients diagnosed with autism?
38. What is child-centered play therapy and how is it used with externalizing and internalizing problems?
39. Why do some humanistic therapists prefer to speak of “autistic process” rather than “autism?” How do such approaches work with “autistic process” clients with more severe communication problems? What is the evidence base for such approaches?
40. Describe how narrative therapy can be used to address disruptive behavior problems.
41. Compare the use of behavior therapy and psychiatric drugs for ADHD.
42. What is the research status of psychological interventions for autism?
43. Discuss the roles of culture bias, gender, and inequality on developmental issues. Give examples.
44. Why do some sociocultural theorists see their approach as supplementing biological and psychological perspectives? How do others reframe developmental issues as social constructions?
45. How do environmental toxin hypotheses explain developmental issues? What kinds of toxins are suspected of being important in various developmental problems? What are the weaknesses of environmental toxin research?
46. How might diet be important in ADHD? Describe and summarize research on the Feingold Diet, the excessive-sugar intake hypothesis, and the polyunsaturated fatty acids (PUFA) hypothesis.
47. What is the gluten/casein-free diet hypothesis of autism? What evidence is there for it?
48. How does stigma affect children and teens diagnosed with developmental issues?
49. How has the removal of Asperger’s from *DSM-5* and *ICD-11* impacted people who identify as “Aspies?”
50. What is multisystemic therapy (MST) and how is it used to address externalizing behavior problems? What kind of interventions does MST employ? What do researchers say about MST?
51. Review strengths and limitations of sociocultural perspectives.
52. What is neurodiversity and how can this concept inform our approach to developmental issues?