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1. Children's problems must be conside a. individual nature	red in the context of their	
b. family dynamics		
c. community/culture		
d. all of these		
ANSWER: d		
2. Victor is fearful of approaching new struggles with similar difficulties and he		
a. emotional influences		
b. biological influences		
c. cognitive influences		
d. behavioral influences		
ANSWER: b		
3. Etiology refers to the of childho	ood disorders.	
a. possible root causes		
b. possible treatments		
c. various correlations		
d. various preventions		
ANSWER: a		
4. What is an underlying assumption wi	_	
_	determined by the child's genetic ma	=
•	determined by the child's environme	nt.
c. Abnormal development involves		
d. Abnormal development focuses of	on extreme or bizarre behavior.	
ANSWER: c		
5. Isabella is 3 years old, and frequently behaviors are considered	demands attention, overreacts, and re	efuses to go to bed. These
a. typical because of her age		
b. diagnosable as a clinical disorder		
c. signs of an overly sensitive child		
d. early warning signs of future diff	iculties	
ANSWER: a		

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6. Brett is an aggressive preschooler, which is a grade, he was asked to fin kicked the principal. Brett's behavior as a abnormal behavior that follows be abnormal behavior that follows conformal age appropriate developed. Sociopathic behavior that is rare and ANSWER: b	nd another school to attend since he had patterns are an example of a discontinuities pattern. a continuity pattern. ment.	•
 7. When developmental psychopathologinteractions and experiences spread oval. a. typical development. b. environmental determinants. c. developmental cascades. d. developmental theoretics. ANSWER: c		-
8. An integrative approach to the psyca. maladaptive behaviors are acceb. all development takes place on c. more than one therapist has to standard theories and concepts care ANSWER: d	ptable. a continuum. see the child.	
9. Most often, adaptational failure is da. single, definable cause b. longstanding biological malada c. ongoing interaction between the d. sudden onset of an environmen ANSWER: c	ptation e individual and environment	
10. A toddler learning to make sounds intelligible language indicates a struct a. organization of development.b. hierarchy of development.	5 5	•

c. biological perspective.d. integrative perspective.

ANSWER: c

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11. The windows of time during which envir	onmental influences on devel	lopment are enhanced are called
a. sensitive periods		
b. critical periods		
c. crucial periods		
d. necessary periods		
ANSWER: a		
12, The brain develops and grows over		•
occur. Problems or disruptions that occur wh	en a child is young can lead t	to
a. disorganized development.		
b. organic disorders.		
c. hierarchical development.		
d. broken synapses.		
ANSWER: b		
13. Children's development occurs in a(n)	manner.	
a. mostly random		
b. strictly organized		
c. strictly hierarchical		
d. organized and hierarchical		
ANSWER: d		
14. The developmental psychopathology app of developmental	roach to studying childhood	disorders emphasizes the importance
a. disruptions		
b. processes and tasks		
c. regressions		
d. obstacles		
ANSWER: b		
15. The two terms that are used to explain ho development of maladaptive behaviors are	ow a child's interaction with h	nis/her environment can lead to the
a. organized and interactive		
b. interactive and proactive		
c. transaction and interdependent		
d. transaction and transition		
ANSWER: d		

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- 16. The role that a child's primary caretaker has in terms of that child's brain development is crucial, since those early experiences form the part of the brain that is responsible for their.
 - a. planning and complex processes
 - b. Problem-solving skills
 - c. emotion, personality, and behavior
 - d. Fine and gross motor skills

ANSWER: c

- 17. Brain maturity occurs in a(n) ____ fashion.
 - a. mostly random
 - b. strictly organized
 - c. strictly hierarchical
 - d. organized and hierarchical

ANSWER: d

- 18. Which statement about neural development is false?
 - a. Most developing axons reach their destination even before a baby is born.
 - b. Synapses both proliferate and disappear in early childhood.
 - c. Brain connections are relatively predetermined and cannot be changed by the environment.
 - d. Primitive areas of the brain develop first.

ANSWER: c

- 19. Which statement about neural development is true?
 - a. Major restructuring of the brain in relation to puberty occurs between 6 and 9 years of age.
 - b. The brain stops developing after 3 years of age.
 - c. Primitive areas of the brain mature last.
 - d. The prefrontal cortex and the cerebellum are not wired until a person is 5 to 7 years old.

ANSWER: d

- 20. Which statement about our genetic makeup is false?
 - a. Genes determine behavior.
 - b. Genes are composed of DNA.
 - c. Genes produce proteins.
 - d. The expression of genes is influenced by the environment.

ANSWER: a

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21. The problem with family aggra. are difficult to carry out		
b. do not control for environn		
c. only tell us about the influe		
d. only tell us about chromoson ANSWER: b	omai aonormanties	
22. Molecular geneticists focus or	n finding a specific gene for childhood dis	order, while behavioral geneticists
a. study the possible connecti	on between genetic predisposition and bel	havior
b. study the possible connecti	on between genes and education	
c. focus on brain developmen	t between 3 and 5 years	
d. focus on neural synapsis de	eveloping until age 11	
ANSWER: c		
23. Which part of the brain is mos mpulses?	st responsible for regulating our emotional	l experiences, expressions, and
a. Hypothalamus		
b. Hindbrain		
c. Basal ganglia		
d. Limbic system		
ANSWER: d		
24. Epinephrine is also known as		
a. dopamine		
b. serotonin		
c. cortisol		
d. adrenaline		
ANSWER: d		
25. Which part of the brain is impa. Hypothalamusb. Hindbrainc. Basal ganglia	licated in disorders affecting motor behav	vior?
d. Limbic system		
ANSWER: c		
III.		

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playful, and to be		to think about the future, to be
a. cerebral co	rtex	
b. limbic syste	em	
c. brainstem		
d. hippocamp	us	
ANSWER: a		
27. The	_ lobes contain the functions underlying much of our thinkin	ng and reasoning abilities.
a. temporal		
b. frontal		
c. parietal		
d. occipital		
ANSWER: b		
28. The glan	nd produces epinephrine in response to stress.	
a. hypothalam	nus	
b. thyroid		
c. adrenal		
d. pituitary		
ANSWER: c		
29. Mike is having stress he is experio a. Hypothalan		epinephrine in response to the
b. Cortisol		
c. Adrenal		
d. Tegmentum	n	
ANSWER: b		
30. Cindy has receplays a role in eati	ently been diagnosed with anorexia. From a biological perspeing disorders?	ective, which neurotransmitter
b. Serotonin		
c. Dopamine		
d. Pituitary		
ANSWER: b		

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31. The gland oversees the body and testosterone.	's regulatory functions by producing s	everal hormones, including estrogen
a. pineal		
b. pituitary		
c. thyroid		
d. adrenal		
ANSWER: b		
32 has been implicated in severaresponse to stress and ability to regula a. The HPA axis	al psychological disorders, especially te emotions.	those connected to a person's
b. BZ-GABA		
c. Norepinephrine		
d. Dopamine		
ANSWER: a		
33. What is an inhibitory neurotransmaggression?	itter that reduces overall arousal and le	evels of anger, hostility, and
a. Serotonin		
b. Benzodiazepine-GABA		
c. Norepinephrine		
d. Dopamine		
ANSWER: b		
	ain, turning on various circuits associa	ted with certain types of behavior.
a. Serotonin		
b. Benzodiazepine-GABA		
c. Norepinephrine		
d. Dopamine		
ANSWER: d		
35. The neurotransmitter implicated in	regulatory problems, such as eating a	and sleep disorders, is
a. norepinephrine		
b. serotonin		
c. benzodiazepine-GABA		
d. dopamine		
ANSWER: h		

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36. The child-caregiver role helps children explehealthiest development of the child? a. Restrictive b. Demanding c. Emotional d. Authoritative ANSWER: d	ore their own emotions. \	Which style of parenting allows for the
37. ACTH causes the adrenal glands to release _ a. benzodiazepine-GABA	·	
b. cortisol		
c. serotonin		
d. dopamine		
ANSWER: b		
38. James often appears to be in a bad mood and temperament would be described as a. angry and intense b. negative affect or irritability c. fearful or inhibited	d he is easily frustrated w	hen given challenging tasks. His
d. positive affect and approach		
ANSWER: b		
39. Kim had been physically abused when she which is an emotional dysregulation. In Kim's sa. completely maladaptive and in need of changed b. adaptive and protective? c. maladaptive and will lead to a personality d. adaptive and should not be changed? ANSWER: b	situation, is her behavior nange?	ear-old showing signs of "numbing,"
40. A shill sales soon of southerly to soon above		
40. A child who cannot control his temper has p a. sensitivity	problems in emotion	_•
b. reactivity		
c. regulation		
d. deregulation		
ANSWER: c		

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41 relates to how children think at themselves, relationships, and their social was a Social cognition		llting in mental representations of
a. Social cognition		
b. Observational learning		
c. Cognitive mediation		
d. Cognitive development		
ANSWER: a		
42. Individual differences in emotion	account for differing responses t	o a stressful environment.
a. affectivity		
b. sensitivity		
c. reactivity		
d. regulation		
ANSWER: c		
43 problems refer to weak or absent control structures operative in a maladaptive a. Regulation; dysregulation		problems indicate that existing
b. Dysregulation; regulation		
c. Reactivity; regulation		
d. Regulation; reactivity		
ANSWER: a		
ANSWER. a		
44. Temperament		
a. refers to a child's unpredictable beha	vior	
b. shapes a child's approach to the envir	ronment and vice versa	
c. is not related to personality		
d. forms very late in development		
ANSWER: b		
45. Brendan is considered by his caregivers or challenging situations. Which of the followa. Positive affect and approach		
b. Fearful or inhibited		
c. Negative affect or irritability		
d. Adaptive with negative mood		
ANSWER: b		

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46. Sharon is a psychologist who is using tABA therapist, Sharon would focus on	the ABA method with her client I	Katie, a difficult 6-year-old. As an
a. behavior only.		
b. antecedents and consequences only		
c. behavior and consequences only.		
d. behavior, antecedents, and conseque	ences.	
ANSWER: d		
47 explain the acquisition of probler neutral stimuli (e.g., homework), and uncoa. Operant models	<u> </u>	
b. Classical conditioning models		
c. Social learning models		
d. Social cognition models		
ANSWER: b		
48 theorists emphasize attributional behavior. a. Behavior	biases, modeling, and cognitions	in their explanation of abnormal
b. Psychodynamic		
c. Social learning		
d. Biological		
ANSWER: c		
49 models portray the child's environa. Environmental	nment as a series of nested and in	nterconnected structures.
b. Ecological		
c. Societal		
d. Macroparadigm		
ANSWER: b		
50. John Bowlby's research on attachment generally leads to	showed that a child who has a se	ecure attachment with a caregiver
a. atypical development.		
b. extra neurotransmitters being releas	ed.	
c. the development of a child's positiv	e internal working model.	
d. an unknown outcome, since that atta	achment is broken after 12 month	s of age.
ANSWER: c		

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51. Attachment theory considers crying a. serves to keep predators away	g (in an infant) to be a behavior that	
b. stimulates the immune system		
c. irritates others		
	aaraaivar	
d. enhances relationships with the canal ANSWER: d	caregiver	
WSWER. u		
52. According to Bronfenberger's ecolorhe child's life?	ogical model of environmental influe	ences, which influence plays a role in
a. Church or synagogue		
b. Neighborhood play areas		
c. Mass media		
d. All of the above		
ANSWER: d		
53. The process of attachment typically	begins between of age.	
a. 0 to 2 months	01 u go.	
b. 6 to 12 months		
c. 12 to 18 months		
d. 18 to 24 months		
ANSWER: b		
54. Infants that explore the environmen attachment pattern.	nt with little affective interaction with	h the caregiver are likely to have a(n)
a. secure		
b. anxious-avoidant		
c. anxious-resistant		
d. disorganized		
ANSWER: b		
55. Jace is a baby that often seems nerv by his mother in these situations. Jace r		
a. Secure		
b. Anxious-avoidant		
c. Anxious-resistant		
d. Disorganized		
ANSWER: c		

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56. Luca has been showing aggressive fashion, and is constantly getting in tro attachment pattern did Luca most likely a. Secure b. Anxious-avoidant c. Anxious-resistant	buble at school. According to attachr	
d. Disorganized ANSWER: b		
57. Which attachment pattern has been a. Secure b. Anxious-avoidant c. Anxious-resistant d. Disorganized	linked to phobias and anxiety probl	lems?
ANSWER: c		
58. Which term describes a child's more how the child relates to others? a. Internal working model b. External working model c. Internal attachment model d. External attachment model	del of relationships in terms of what	the child expects from others and
59 theorists argue that a child's a. Cognitive b. Behavioral c. Family systems d. Genetic ANSWER: c	behavior can only be understood in	terms of relationships with others.
60. The view of child developm with the challenges and risks of their ear. health promotion b. family systems c. attachment d. psychopathological ANSWER: a		lancing the abilities of individuals

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61. Discuss the three major underlying assumptions regarding abnormal child behavior.

AN The first underlying assumption is that abnormal child behavior is multiply determined. Thus, we have to look beyond SW the child's current symptoms and consider developmental pathways and interacting events that, over time, contribute ER to the expression of a particular disorder. The second assumption extends the influence of multiple causes by stressing

- how the child and environment are interdependent—how they influence each other. This concept departs from the tradition of viewing the environment as acting on the child to cause changes in development, and instead argues that children also influence their own environment. In simple terms, the concept of interdependence appreciates how nature and nurture work together and are, in fact, interconnected. Few psychological disorders or impairments suddenly emerge without at least some warning signs or connections to earlier developmental issues. This connection is apparent, for example, in early-onset and persistent conduct disorders, with which parents and other adults often see troublesome behaviors at a young age that continue in some form into adolescence and adulthood.
- 62. Distinguish between continuous and discontinuous patterns of behavior development. Which category would an eating disorder fall? Which category would persistent conduct disorders fall?

AN Continuity implies that developmental changes are gradual and quantitative (i.e., expressed as amounts that can be SW measured numerically, such as weight and height changes) and that future behavior patterns can be predicted from ER earlier patterns. Discontinuity, in contrast, implies that developmental changes are abrupt and qualitative (i.e.,

- expressed as qualities that cannot be measured numerically, such as changes in mood or expression) and that future behavior is poorly predicted by earlier patterns. An eating disorder is discontinuous. Persistent conduct disorder is continuous
- 63. What is meant by using an integrative approach to understanding factors that influence a child's behavior? *ANS* Because no single theoretical orientation can explain various behaviors or disorders, we must be familiar with many *WER*: theories and conceptual models—each contributes important insights into normal and abnormal development.
- 64. Most children follow a predictable pattern of development in terms of walking, talking, learning, and so on. Additionally most clinical disorders commonly appear at predictable points in development. For the following ages, list two common clinical disorders: 0–2, 2–5, and 6–11.

ANSW 0–2: mental retardation and autism; 2–5: speech and language disorders, anxiety, and problems stemming from *ER*: child abuse and neglect; 6–11: ADHD and learning disorders.

65. How can a baby with a difficult temperament influence and be influenced by the environment?

AN This dimension describes the "difficult child," who is predominantly negative or intense in mood, not very adaptable, SW and arrhythmic. Some children with this temperament show distress when faced with novel or challenging situations, FR and others are prone to general distress or irritability, including when limitations are placed on them.

66. Discuss how children learn from their emotions and the emotional expression of others.

ANS Children have a natural tendency to attend to emotional cues from others, which helps them learn to interpret and WER: regulate their own emotions. They learn, from a very young age, through the emotional expressions of others.

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67. How permanent are early neuronal connections?

AN This question has provoked different theories and agonized many parents who are concerned about their children's SW early development. For instance, if early brain functions are unlikely to change, this implies that early experiences set ER the course for lifetime development. Freud's similar contention implied that an individual's core personality is formed . from an early age, which sets the pace and boundaries for further personality formation.

- 68. Discuss the major functions of four major neurotransmitters in the brain and their implicated role in psychopathology. *AN* Benzodiazepine-GABA reduces arousal and moderates emotional responses, such as anger and hostility; it is *SW* implicated in anxiety disorder. Dopamine may act as a switch that turns on various brain circuits, allowing other *ER* neurotransmitters to inhibit or facilitate emotions or behavior and is implicated in schizophrenia, mood disorders, and
- . attention-deficit/hyperactivity disorder. Norepinephrine facilitates or controls emergency reactions and alarm responses; it plays a role in emotional and behavioral regulation, but is not directly implicated with any specific disorder. Serotonin plays a role in information and motor coordination, and is implicated in regulatory problems, obsessive-compulsive disorder, schizophrenia, and mood disorders.
- 69. Caspi (2003) conducted a study that connected early temperament style in children, and their personality traits as adults. Is this study practically helpful in terms of what we can do, if anything, to prevent a difficult child with self-control issues from being a difficult adult with self-control issues?

ANSWER: Yes.

70. Distinguish between emotion reactivity and emotion regulation.

AN Emotion reactivity refers to individual differences in the threshold and intensity of emotional experience, which SW provide clues to an individual's level of distress and sensitivity to the environment. Emotion regulation, on the other ER: hand, involves enhancing, maintaining, or inhibiting emotional arousal, which is usually done for a specific purpose or goal.

- 71. Briefly describe the three primary dimensions of temperament.
- AN Positive affect and approach. This dimension describes the "easy child," who is generally approachable and adaptive SW to his or her environment and possesses the ability to regulate basic functions of eating, sleeping, and elimination FR relatively smoothly.
- Fearful or inhibited. This dimension describes the "slow-to-warm-up child," who is cautious in his or her approach to novel or challenging situations. Such children are more variable in self-regulation and adaptability and may show distress or negativity toward some situations.
 - Negative affect or irritability. This dimension describes the "difficult child," who is predominantly negative or intense in mood, not very adaptable, and arrhythmic. Some children with this temperament show distress when faced with novel or challenging situations, and others are prone to general distress or irritability, including when limitations are placed on them.
- 72. Provide everyday examples of positive and negative reinforcement, extinction, and punishment.
- AN An example of positive reinforcement would be a mother giving a child a special treat if the child behaved in the SW store. Negative reinforcement would occur when you get in your car and buckle your seatbelt in order to stop the ER beeping noise. If I got sick on a certain food and was then conditioned to avoid it because it caused nausea, extinction
- would occur when I no longer pair the sickness with the food and can eat it again. Positive punishment is an active process—doing something to someone like assigning extra chores.

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73. Explain why an integrative approach is important in abnormal psychology.

AN Each model is restricted in its ability to explain abnormal behavior to the extent that it fails to incorporate important SW components of other models. Fortunately, such disciplinary boundaries are gradually diminishing as different ER perspectives take into account important variables derived from other models. Over time, major theories of abnormal child psychology have become compatible with one another. Rather than offering contradictory views, each theory contributes one or more pieces of the puzzle of atypical development. As all the available pieces are assembled, the picture of a particular child or adolescent disorder becomes more and more distinct.

74. Discuss the main principles of a developmental psychopathology perspective.

AN Developmental psychopathology is an approach to describing and studying disorders of childhood, adolescence, and SW beyond in a manner that emphasizes the importance of developmental processes and tasks. This approach provides a ER useful framework for organizing the study of abnormal child psychology around milestones and sequences in

- . physical, cognitive, social—emotional, and educational development. It also uses abnormal development to inform normal development, and vice versa (Cicchetti, 2006; Hinshaw, 2013). Simply stated, developmental psychopathology emphasizes the role of developmental processes, the importance of context, and the influence of multiple and interacting events in shaping adaptive and maladaptive development. We adopt this perspective as an organizing framework to describe the dynamic, multidimensional process leading to normal or abnormal outcomes in development.
- 75. Why do family systems theorists stress the importance of looking at the whole family as opposed to one individual's difficulties?

ANSW This view is in line with our earlier discussion of underlying assumptions about children's abnormal *ER*: development—relationships, not individual children or teens, are often the crucial focus.