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PSY 342: Psychopathology (OA) - Spring 2023

Chapter Fourteen

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**1. List and describe five child and adolescent concerns and stressors.**

Traumas and stressor-related disorders are emotional clusters and behavioral problems that come with a background of a traumatic childhood or early traumatic experiences. These traumatic and stressful experiences can include exposure to physical or emotional violence or pain, including abuse, neglect, or family conflict. Such as parental separation, physical neglect, or a family member, can be a stressor for a child.

*Trauma and stressor-related disorders include:* Post-traumatic stress disorder (PTSD): In this case, children and adolescents with PTSD have persistent symptom thoughts, thoughts of battles, frightening thoughts and memory headaches, backs of a traumatic event or events. Other symptoms may include jumpiness, sleep problems, problems in school, avoidance of certain places or situations, depression, headaches or stomach pains.

*Acute stress disorder (ASD).* The symptoms of ASD are similar to those of PTSD, but in this case, they occur within the first month of being exposed to the trauma. Prompt treatment and appropriate social support can reduce the risk of ASD developing into PTSD.

*Adjustment disorders.* They are reactions that are not healthy and that are not necessary to stressful events or changes in a child's life. These reactions can be emotional, such as a depressed mood or nervousness, or behavioral, such as misconduct or violating the rights of others.

*Reactive attachment disorder (RAD).* Children with this RAP show emotional borderlines in situations that are truly expected. Perhaps a lack of remorse or a lack of response to positive or negative emotional triggers Children with RAD may not appear to want or need comfort from caregivers. They may not seem to care when toys are taken away from them.

*Disinhibited social engagement disorder (DSED):* Children with this disorder do not interact with unfamiliar people. They can be overly eager to form attachments with others, walking up to and even hugging strangers. They may wander off with strangers without checking with their parents or caregiver.

## **2. Discuss the DSM-5 criteria for separation anxiety disorder.**

Separate anxiety disorders may relate to panic attacks that can occur with a comorbid panic disorder. On the other hand, separation anxiety disorder involves constant persistence in helping the child in the same way to separate from the attachment figure, which can be the father or mother. primary caretaker, close family member) as evidenced by at least 3 of the following criteria from the DSM-5: Recurrent excessive distress occurs when anticipating or experiencing separation from home or from major attachment figures. Here when the child will state to assist at the daycare. Another example is persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death. Here what most of the caregivers do is do activities with the child to keep it for the. Father or mother when she comes to pick an accident, or all anxiety or sadness goes away and they have the expectation

that as time goes by mommy and daddy or whoever the person is, will come later. Another example would be; persistent and excessive worry about experiencing an untoward event (eg, getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure. And another serious; persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere, because of fear of separation.

### **3. Discuss the concerns and status regarding the diagnosis of bipolar disorder in children and adolescents.**

Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental illness that causes people to experience noticeable, sometimes extreme, changes in mood and behavior. Also, the study says that most people are diagnosed with bipolar disorder in adolescence or adulthood, and the symptoms can appear earlier in childhood. Bipolar disorder is not the same as the typical ups and downs every child goes through. The mood changes in bipolar disorder are more extreme. Based on experts, the reason for diagnosing bipolar disorder is that “bipolar disorder symptoms can make it hard to perform well in school or get along with friends and family members. Some children and teens with bipolar disorder may try to hurt themselves or attempt suicide. Early diagnosis and treatment can lead to better functioning and well-being over the long term.”

### **4. Discuss the DSM-5 criteria for disruptive mood dysregulation disorder.**

According to the *National Library of Medicine*, the diagnosis of disruptive mood dysregulation disorder requires frequent, persistent, severe temper outbursts out of proportion to the situation and developmental context in combination with a persistent, angry, or irritable mood between the temper outbursts. Also, children and adolescents with DMDD experience: severe temper outbursts (verbal or behavioral), on average, three or more times per week.

The different signs and symptoms in children and adolescents with DMDD experience: Severe temper outbursts (verbal or behavioral), on average, three or more times per week. Outbursts and tantrums that have been ongoing for at least 12 months. Chronically irritable or angry mood most of the day, nearly every day, and trouble functioning due to irritability in more than one setting, such as at home, at school, or with peers.

Resources:

<https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>

[https://emedicine.medscape.com/article/916737-overview#:~:text=According%20to%20the%20Diagnostic%20and%20disorder%20\(code%20309.21%2FF93.](https://emedicine.medscape.com/article/916737-overview#:~:text=According%20to%20the%20Diagnostic%20and%20disorder%20(code%20309.21%2FF93.)

<https://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-and-teens#:~:text=Bi-polar%20disorder%20symptoms%20can%20make%20being%20over%20the%20long%20term.>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4254488/#:~:text=The%20diagnosis%20of%20disruptive%20mood,mood%20between%20the%20temper%20outbursts.>

<https://www.nimh.nih.gov/health/topics/disruptive-mood-dysregulation-disorder-dmdd/disruptive-mood-dysregulation-disorder#:~:text=Children%20and%20adolescents%20with%20DMDD,the%20day%2C%20nearly%20every%20day>