# Measurement.ppt

## Measurement

## Measurement Theory

* Measurement theory is a branch of applied mathematics that is useful in measurement and data analysis. The fundamental idea of measurement theory is that measurements are not the same as the attribute being measured. Hence, if you want to draw conclusions about the attribute, you must take into account the nature of the correspondence between the attribute and the measurements.

## The map is not the territory

* How we measure something is not the same as the thing being measured.
* For some things the measure seems the same: weight=pounds.
* For others: not so much: Happiness= a high rating on the Happiness Scale.

## Classical Test Theory

* According to classical test theory, all measurement is imperfect.
* All measurement is comprised of a true score + error or Xij= + ij
* This means that any measure is comprised of the thing you are really trying to measure (theta) plus random garbage associated with that particular person at that particular time ( ij )

## So what is measurement?\*

* Measurement is the process of assigning numbers to represent some property, such as the quantity or quality of an object. Examples of measurement would include using inches to represent distance, IQ scores to represent intelligence, or integers to represent gender (e.g., 1 = male, 2 = female).

\* Aside from being imperfect.

## Why should I care about measurement?

* GIGO: Garbage in: Garbage out.
* The adequacy of measurement process, assessed in terms of the reliability and validity of the measure, ultimately impacts the conclusions that are drawn from the statistical analyses. The use of inadequate measures often leads to inappropriate or erroneous conclusions.

## Levels of Measurement

* Level of measurement provides information about the relationship between individual elements to which numbers are assigned.
* For example: Is element A greater than element B? Is the distance between element A and element B greater than the distance between elements B and elements C?
* Level of measurement frequently dictates the appropriate statistical methods for summarizing and/or analyzing the data.

## Level of Measurement:Nominal

* A nominal scale uses numbers to represent some qualitative class or category.
* Examples include using numbers to represent gender (e.g., 1 = male, 2 = female) or marital status (1 = never married, 2 = married, 3 = divorced, 4 = widowed, 5 = other).
* The numbers themselves have no inherent meaning; they connote no particular order or direction.

## Level of Measurement:Ordinal

* An ordinal scale uses numbers to reflect a rank ordering of elements.
* An ordinal scale reflects a relative ranking of elements on some property.
* The numbers in an ordinal scale do not express the true magnitude of the elements on this property.
* Ordinal numbers cannot be used to express the distance between elements, but merely their relative ranking.

## Level of Measurement:Ordinal

* House addresses are an example of an ordinal scale.
* Another common example of ordinal scales is the use of Likert-type items, such as the one below. While a -2 indicates stronger agreement than -1, the difference between -2 and -1 may not be the same as the distance between -1 and 0.
* Strongly Strongly
* Agree Agree Uncertain Disagree Disagree
* -2 -1 0 1 2

## Level of Measurement:Interval

* An interval scale uses numbers to reflect some quantity.
* As with the ordinal scale, the relative order of the numbers in an interval scale is important.
* In addition, however, the relative distance between elements in an interval scale is also important.
* Interval scales typically have a zero-point. The distinguishing feature of the interval scale is that the location of the zero-point is arbitrary and does not reflect the complete absence of some property.

## Level of Measurement:Interval

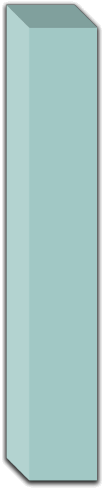
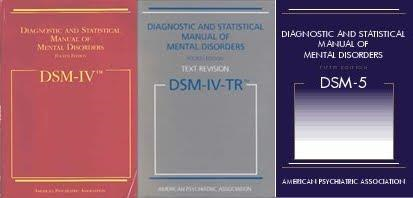
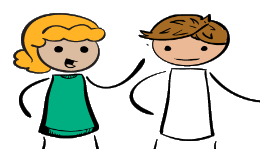
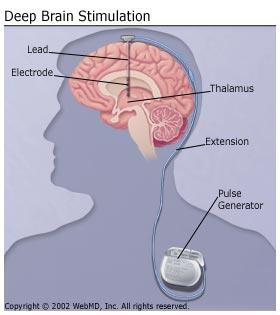
* Examples of interval scales include the Celsius and Fahrenheit temperature scales.
* Another example is an IQ score or scores on the MMPI.

## Level of Measurement:Ratio

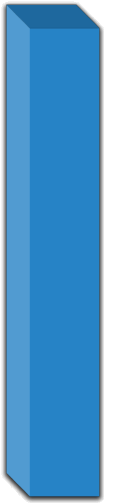
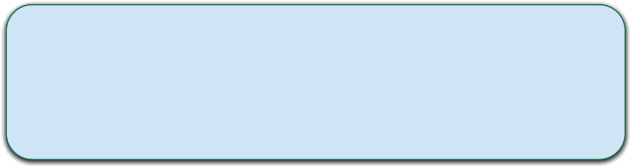
* A ratio scale has all the properties of an interval scale plus a fixed and non-arbitrary zero-point reflecting the complete absence of some property.
* Examples: height, weight, temperature in Kelvin, age in years.
* All of these have a true zero.

# Week 2 - Neurodevelopmental Disorders 2 per slide.pdf

## eurodevelopmental

Disorders
  
Attention-Deficit/Hyperactivity Disorder, Specific Learning Disorder,
  
Intellectual Disabilities, Autism Spectrum Disorders, Communication
  
Disorders, and Motor Disorders
  
Special Factors Associated with
  
Treatment of Children and Adolescents
  
Special factors associated with
  
treatment for children and
  
adolescents
  
Childs inability to seek assistance
  
Vulnerabilities that place children at risk
  
Need for treating parents as well as children
  
Using parents as change agents
  
Problems with placement outside family
  
Intervening before problems become acute
  
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## DHD

Prevalence 5% of children & 2.5 of adults
  
Two times as likely in males than females in children
  
Key Criteria
  
 6 (5 if 17 or older) symptoms from one of two
  
domains (inattentive or hyperactive) must be
  
present
  
 Duration 6 months, occurs before age 12
  
 Across settings (more than one symptom in at
  
least two settings)
  
 Clear evidence that it interferes with or reduces
  
quality of social, academic, or occupational
  
functioning
  
  
  
  
  
  
  


## DHD A rule out disorder?

Just because a child/ adult meets all the criteria does not mean he or she
  
should get the diagnosis
  
 The person meets the diagnosis after an entire series of other possible
  
explanations have been ruled out first
  
 A long list of medical and mental health possibilities can lead to
  
inattentive, impulsive, hyperactive presentations:
  
Psychotic disorders, mood disorders, anxiety disorders, dissociative disorders,
  
personality disorders, substance intoxication are those listed in the DSM 5.
  
Others that should be considered include trauma, food allergies, head injuries,
  
thyroid problems, and lead poisoning.
  
Improper diagnosis can lead to treatment with stimulants, which are
  
contraindicated for many of these disorders.
  
http://newideas.net/adhd/diagnosis/what-to-rule-out-first
  
Changes From DSM-IV-TR to DSM 5
  
 Examples are given to understand the
  
disorder developmentally
  
 The across settings requirement has
  
been strengthened to several
  
symptoms in each setting
  
 The onset criteria is changed from 7
  
to several symptoms before 12
  
 Subtypes have been replaced with
  
specifiers
  
 A symptom threshold has been made
  
for adults
  
 APA, 2013

## ttention-Deficit/

Hyperactivity Disorder
  
Treatment methods
  
Medications
  
Behavior therapy
  
Parent guidance/ Family therapy
  
Parent Training
  
 Parent psychoeducation CHADD parent fact sheets
  
 Give your child more immediate feedback and consequences
  
 Frequent positive feedback (5-1 ratio)
  
 Incentives more than punishment
  
 Time minding and bridging Time Tools
  
 Externalize problem solving
  
 Consistency
  
 Act, dont yak
  
 Plan ahead for problem settings
  
  
  
Barkley, R. (2013). Taking charge of ADHD:
  
The complete, authoritative guide for parents,
  
third edition (Rev. ed.). New York: Guilford
  
Press.

## ehavior Program (2 to 10)

1. Special play time (20 minutes)
  
2. Use attention strategy to gain compliance
  
3. Give effective commands
  
4. Teach child not to interrupt your activities
  
5. Set up home token systems (chips or points)
  
6. Constructive discipline
  
1. Fine in token system
  
2. Time out
  
  
  
Barkley, R. (2013). Taking charge of ADHD: The complete, authoritative guide for parents, third edition (Rev. ed.).
  
New York: Guilford Press.
  
ADHD
  
 Consumers are often oversold on claims that are not scientifically based
  
  
 Neurofeedback programs are particularly promising for ADHD in regards to
  
attentional and behavioral control
  
  
 Cogmed has been used to repeatedly demonstrate improvements in working
  
memory in both children and adults with ADHD (5 days a week, 5-6 weeks)
  
  
 Most outcomes for cognitive training programs are not as promising
  
  
  
(Rabipour & Raz, 2012; Rapport et al, 2013)

## eurofeedback

Neurofeedback
  
Cultural Considerations
  
 Clinical identification rates in the United States for African American and
  
Latino populations tend to be lower than Caucasian populations (APA, 2014)
  
 Latino populations tend be polychronic (doing many things in one unit of
  
time) there is concern that this may increase raters outside this culture to
  
see this behavior at inattention or inability to sustain attention
  
 One should be aware that Asian American may nod and smile as a sign of
  
respect. This may be misinterpreted as endorsing a symptom.
  
Starr, H. (2007). The impact of culture on ADHD. Contemporary Pediatrics, 24(12), 38-
  
38-40, 42, 45-6 passim.
  
  
  
  


## ttention-Deficit/

Hyperactivity Disorder
  
  
True or false?
  
  
Research suggests that some children with ADHD go on to have ADHD or
  
other psychological problems later in life.
  
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Video
  
 What symptoms/signs do you notice in this video?
  
 How do you think his symptoms may be impairing academically/socially?

## earning Disorders

Prevalence 5-15% of school-age children
  
Higher in males
  
Learning Disorders
  
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Clear impairment in school performance or
  
daily living activities
  
Impairment not due to intellectual
  
disability or pervasive developmental
  
disorder
  
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## ey Criteria

Problems with reading, writing, or math.
  
 Standardized tests reveal scores markedly less than expected for age (school
  
records can be used for someone older than 17).
  
 Starts in early school years, although full manifestation may come when
  
demands exceed abilities.
  
  
  
Clues to Dyslexia
  
Early
  
Preschool
  
 Trouble learning nursery rhymes
  
 Mispronounced words
  
 Persistent baby talk
  
 Difficulty learning/remembering names of letters
  
  
Kindergarten
  
 Failure to understand words come apart
  
 Inability to associate the letter symbols with
  
sounds
  
 Errors with no connection to the presented word
  
(the word small is read as boat)
  
 Strong avoidance of reading
  
  
  
Second grade on
  
  
 Mispronouncing long words or confusing the
  
order (aluminum becomes amulium)
  
 Speech is not fluent
  
 Imprecise langauge
  
 Confusing words that sound alike
  
 Difficulty remembering verbal information
  
 Lack of strategies to read new words
  
 Inability to read small functional words like a,
  
an or replacing them
  
 Omitting parts of words (pieces not decoded)
  
 Slow to complete academic work (homework is a
  
chore)
  
 Spelling difficulties
  
 Messy hand writing
  
  
Shaywitz, S. (2003). Overcoming dyslexia: A new and complete science-based program for
  
reading problems at any level. New York: A.A. Knopf :.

## Causal Factors in

Learning Disorders
  
C
  
a
  
u
  
se
  
s Possibly subtle
  
central nervous
  
system impairments
  
© 2014, 2013, 2010 by Pearson Education, Inc. All rights reserved.
  
Treatments and Outcomes
  
  
True or false?
  
  
Because we do not yet have a confident grasp of what is wrong with the
  
average LD child, we have limited success in treating these children.
  
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## Treatment

IEPs
  
 Accommodations
  
 Orton Gillingham
  
  
  
Intellectual Disability
  
(Intellectual Developmental Disorder)\
  
Prevalence 1%
  
  
  
  
  
  
  
  
  


## Intellectual Disability

Characterized by deficits in general
  
mental abilities, such as reasoning,
  
problem solving, planning, abstract
  
thinking, judgment, academic
  
learning, and learning from
  
experience (APA 2013, p. 31).
  
© 2014, 2013, 2010 by Pearson Education, Inc. All rights reserved.
  
Changes From DSM-IV-TR to DSM 5
  
 Term change from
  
mental retardation to
  
intellectual disability
  
 Severity is now
  
determined by
  
functioning rather than
  
IQ

## Key Criteria

During the developmental years
  
 Deficits general (broad) intellectual functioning
  
 IQ tests or similar assessments will still be used in the individuals assessment
  
 Approximately two standard deviation below the mean (IQ of about 70 or below)
  
 Deficits in adaptive functioning at least one domain
  
 Three domains considered (conceptual, social, and practical)
  
 This will also generally be assessed by standardized tests (Woodcock-Johnson Scales
  
of Independent Behavior, Vineland, The Diagnostic Adaptive Behavior Scale)
  
 If standardized testing is difficult or impossible, the individual may be
  
diagnosed with unspecified intellectual disability
  
  
APA, 2013
  
How Would you Determine Severity
  
  
  
  
  
  
MILD
  
MODERATE
  
SEVERE
  
PROFOUND

## Causal Factors in

Intellectual Disability
  
 Genetic-chromosomal factors
  
 Infections and toxic agents
  
 Trauma
  
 Ionizing radiation
  
 Malnutrition and other biological
  
factors
  
Some biological factors:
  
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Cultural Considerations
  
 Intellectual disability occurs across
  
cultures.
  
Cultural sensitivity and knowledge is
  
critical in assessment
  
IQ tests can not be applied universally
  
Adaption is defined differently within
  
each cultural context

## Autism Spectrum

Disorder
  
Prevalence
  
 5 times more common in boys than girls (CDC, 2012)
  
 1 in 88 children have been identified with an autism spectrum disorder (CDC, 2012)
  
 The rates of autism has increased 78% from 2002 (NIMH, 2012)
  
  
Autism Spectrum Disorder
  
Autism Spectrum Disorder
  
 Wide range of problematic behaviors
  
 Social deficit
  
 Absence of speech
  
 Self-stimulation
  
 Impaired intellectual ability
  
 Preoccupation with maintaining
  
sameness
  
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## Development

Typical
  
 Delayed
  
 Disordered
  
Walking Talking Socializing Playing Reading
  
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Typical
  
Delay
  
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ASD -
  
Disordered
  
Fraser presentation King, B. (2011)

## Key Criteria

Persistent deficits in social communication and social interaction across
  
multiple contexts, (3 out of 3)
  
 Restricted, repetitive patterns of behavior, interests, or activities (2 out of 4)
  
 Symptoms must be present in early childhood (but may not become fully
  
manifest until social demands exceed limited capacities, or may be masked
  
by learned strategies later in life)
  
 Symptoms cause clinically significant impairment in social, occupational, or
  
other important areas of current functioning
  
 Not better explained by intellectual disability or global developmental delay.
  
  
Two Cases
  
 First video-
  
Xavier demonstrates deficits in his social-emotional reciprocity as described
  
in the DSM-5. Even in this short clip, several examples of this are seen. What
  
is meant by this deficit?
  
 Second video
  
Note the social and communication difficulties that David discusses.

## Differentials

Social anxiety
  
 Fear vs. limited social skills or a lack of interest in social situations
  
 Usually has later onset
  
 Exposure treatment generally effective for social anxiety
  
 Selective mutism
  
 Typical speech and social skills in select environments
  
 Stereotypic movement disorder
  
 No impairment in social skills or language
  
 Language disorder
  
 No qualitative impairment in social interaction and range of interests not
  
restricted
  
 May actually have advanced nonverbal skills
  
 Schizoid Personality Disorder
  
 Later onset
  
 Doesn't have--stims, special interests, odd speech, atypical nonverbal
  
communication
  
 Takes pleasure in few, if any, activities
  
  
  
  
Changes From DSM IV TR to DSM 5
  
DSM IV TR - Pervasive
  
Developmental Disorders
  
 Autism
  
 Aspergers Disorder
  
 PDD-NOS
  
 Childhood Disintegrative Disorder
  
 Retts Disorder
  
  
  
  
  
DSM 5 Autism Spectrum Disorder
  
  
 Autism Spectrum Disorder
  
 Three domains to two, combining
  
social and communication
  
 Severity indicted by level of support

## Will People be Left Behind

with the New Criteria?
  
 Recent research is indicating that some people who would fall under
  
pervasive developmental disorders in the DSM IV will no longer fit under
  
Autism Spectrum Disorder (ASD)
  
 About 40-45 percent of folks in recent studies will not no longer meet ASD
  
criteria
  
 Most of these were previously diagnosed with Aspergers Syndrome or PDD-
  
NOS
  
 Implications: The composition of Autism Spectrum Disorder will likely
  
change & this will likely have significant public health ramifications.
  
  
  
  
  
McPartland, J.C., Reichow, B., & Volkmar, F.R. (2012). Sensitivity and Specificity of the proposed DSM-5
  
diagnostic criteria for autism spectrum disorder. Journal of the American Association of Child and
  
Adolescent Psychiatry, 51, 368383.
  
Autism Spectrum Disorder
  
Cause
  
Precise causes
  
unknown
  
Fundamental
  
disturbance of central
  
nervous system likely
  
involved
  
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## Autism Spectrum Disorder

Treatment
  
Medication
  
Therapies
  
Other
  
Interventions
  
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Medications (AAP, 2011)
  
  
 Little evidence of benefit for most
  
medications used to treat Autism
  
 Medication that focus on behavior have the
  
strongest support for use
  
 Risperidone and Aripiprazole have
  
randomized controlled studies to support
  
there use with challenging behavior and
  
repetitive behavior
  
  


## Therapies

Behavior therapy (ABA)
  
 Social Stories
  
 Social skills groups
  
 Individual therapy
  
  
ABA
  
 Well established treatment for autism
  
 Outcomes best when treatment started before age 5
  
 Often 25-40 hours a week
  
 Breaks down skills into manageable steps to be taught from simplest
  
(imitating a sound) to most complex (carrying on a conversation)
  
 Rewarded frequently
  
 ABA example

## Stoplight / Countdown Board/

Pulley/ Timer
  
HANDS in Autism. Toolkit for Medical Professionals: Tips and Supports for Working with Individuals with Autism Spectrum
  
Disorders, Indianapolis, IN: Christian Sarkine Autism Treatment Center, Riley Child & Adolescent Psychiatry Clinic, Indiana
  
University School of Medicine - Department of Psychiatry; 2008.
  
First-Then Board

## Social Skills Groups

Check-in, greet
  
 Review last meetings skill
  
 Introduce new skill
  
 Model and role play new skill
  
 Activity that allows real-life practice of new skill
  
 Summary
  
Social Story

## Video Monitoring

Video version of a social story
  
 The child watches a video of peer or self doing a desired behavior
  
 A variety of videos available at http://www.spectrumkeys.com/
  
 Sharing
  
Other interventions
  
 Speech therapy
  
 Occupational therapy
  
 Feeding therapy
  
 Physical therapy

## Strategies for Practice?

Use concrete or visual language and visual cues
  
 Manage environment for sensory sensitivities
  
 Limit transitions
  
 Create predictable appointments
  
 Limit idioms, abstract language, and slang
  
 If the child/adolescent is perseverating on a topic, use Ifthen
  
to redirect.
  
 De-escalation give time and space, if discussion necessary use a
  
low/slow voice
  
  
Cultural Considerations
  
  
 Marked impairment in his or her cultural context
  
 Higher proportions of males, similar in most neurodevelopmental
  
disorders
  
 In the United States late diagnosis and under-diagnosis occurs in
  
African American populations
  
 Recent concerns about high rates of Autism diagnoses in Somali
  
refugees in MN.
  
  
  
  
APA, 2013, "Minnesota studies surge in child autism rates in Somali refugees."
  
Mental Health Weekly 23 Mar. 2009: 8. Expanded Academic ASAP. Web. 11 May
  
2014.

## Case Study

Case Study
  
1. Read though once before you do anything.
  
2. Second time reading may want to underline or take notes of anything that
  
may be a symptom.
  
3. Open DSM5 and go to category or categories that seem(s) the most likely.
  
4. Put the criteria numbers/letters next to what you underlined or noted.
  
5. Go back and consider the other relevant (i.e. age, duration, functioning,
  
other disorders to consider, etc.).
  
6. Consider specifiers and severity
  
7. Verify that you have explained all the symptoms with the working
  
disorder(s)

## Communication

Disorders
  
Changes From DSM-IV-TR to DSM 5
  
 DSM IV TR
  
 Expressive and Mixed Receptive-
  
Expressive Language Disorders
  
 Phonological Disorder
  
 Stuttering
  
  
 Some PDD-NOS
  
 DSM 5
  
 Language Disorders
  
lllllllllllllllllllllllllll
  
 Speech Sound Disorder
  
 Childhood Onset Fluency Disorder
  
  
 Social (pragmatic) Communication
  
Disorder
  
  
  
  


## Social (pragmatic)

Communication Disorder
  
 New to the DSM
  
 May cover some of the people who no longer fit in Autism Spectrum Disorder
  
 Key Criteria
  
 Difficulty using language for social reasons, adapting communication to fit the
  
context (e.g. adults vs children), following the rules of conversation (e.g. taking
  
turns, using nonverbal, etc.), and understanding implied communication (e.g.
  
metaphors, idioms, & humor)
  
 Usually occurs before by age 4-5
  
 Must show impairment
  
Clinical Implications
  
 First described in 1983 as a constellation of symptoms: comprehension deficits for connected
  
speech, word finding difficulties, atypical word choices, unimpaired phonology and syntax,
  
inadequate conversation skills, speaking aloud to noone in particular, poor topic maintenance, and
  
answering without hitting the point of a question.
  
 Diagnosing is challenged by lack of well-validated and reliable assessment measures.
  
 Diagnosis is also challenging because of continuities between SPCD and other
  
neurodevelopmental disorders.
  
 Children receiving this diagnosis may not receive the services they need.
  
 The Childrens Communication Checklist is probably the most widely used instrument for
  
pragmatic communication, but it also includes to scales more specific to ASD (social impairment
  
and restricted interests)
  
 The Social Communication Intervention Project (http://www.psych-sci.manchester.ac.uk/scip/)
  
  
Norbury, C. F. (2014). Practitioner Review: Social (pragmatic) communication disorder conceptualization, evidence and clinical
  
implications. Journal of Child Psychology and Psychiatry 55(3), pp.204-216

## Motor Disorders

Developmental Coordination Disorder, Stereotypic Movement Disorder, & Tic
  
Disorders
  
Prevalence: Developmental Coordination Disorder about 6% of children 5-10,
  
Stereotypic Movement Disorder about 3% if considered complex, Tics 10% of
  
boys, 5% of girls, Tourettes about 1% of young people,
  
  
Developmental Coordination
  
Disorder & Stereotypic Movement
  
Developmental Coordination
  
Disorder
  
 Dyspraxia difficulty in performing
  
skilled movements
  
 Coordination below what is expected
  
 General awkwardness
  
 Problems with balance
  
 Delayed motor milestones
  
  
Stereotypic Movement
  
 You can not find another physical or
  
mental cause for the clients repeated
  
movements, such as head banging,
  
swaying, biting, or hand flapping

## Tics / Tourettes

Persistent, intermittent muscle twitches or spasms, usually limited to a localized
  
muscle group
  
 Motor tics: classical involve upper part of the face (grimaces and twitching around the
  
eyes), can include abdominal tensing, jerking of shoulders head, shoulders, and other
  
extremities
  
 Vocal Tics: barks, coughs, throat clearing, sniffs, and single syllables
  
 Only motor or vocal
  
 Tourettes disorder - Extreme tic disorder involving multiple motor and vocal
  
patterns
  
 Tourette Syndrome Awareness Month (May 15- June 15)
  
 To be diagnosed both vocal (1+) and motor (2+) must be present
  
 Coprolalia (10-30%): utter obscenities and other language
  
  
 Both must occur before the age of 18
  
 If the symptoms of either disorder are less than a year, it is a Provisional Tic
  
Disorder (keep in mind it still counts as a year even if the tics have waxed and
  
waned)
  
  
  
  
  
Treatments
  
 Medications
  
 Deep Brain Stimulation
  
  
  
  
  
  
 Comprehensive Behavioral Intervention for Tics (CBIT) Video

## CBIT Video

Analyzed tic and catching
  
 Competing response
  
Elimination
  
Disorders
  
Enuresis, Encopresis, & Other Elimination Disorders

## Enuresis

Without a known physiological/medical cause, repeatedly voiding of urine
  
into bed or clothing
  
 May be involuntary or voluntary
  
 At the age of 5 or later
  
 Primary never been dry, secondary after a period of established continence
  
 Strong genetic ties about 75% have a first degree relative with a history
  
 Most diurnal issues are resolved by age 9, children with diurnal enuresis
  
become continent by adolescence
  
 Treatment: fluid restriction, mid-sleep toilet use, bell and pad
  
Encopresis
  
 Repeated passing of feces in inappropriate places
  
 Not due to a medical condition
  
 Commonly associated to constipation with leaking of feces, may be related to
  
anxiety or attempt for power
  
 If the child is not constipated it may be related to stress, family
  
psychopathology, or abuse
  
 Usually the treatment involves fiber, dietary change, and treatment of any
  
comorbid concerns

# Week 4 Disruptive, Impulse Control, & Conduct Disorder 2 per page.pdf

## Disruptive, Impulse Control,

& Conduct Disorder
  
National Assembly on School Based Health Care
  
http://www.sbh4all.org/

## Developmental Considerations

Development
  
 Tantrums
  
 Disruptive behaviors
  
 Individual concern vs. system
  
Gender
  
 Males more disruptive before puberty,
  
levels off after
  
 Females show faster increase than
  
males during adolescence
  
 Females have lower prevalence, but
  
more severe
  
 Physical vs. relational
  
  
  
McKinney, C. & Morse, M. (2012). Assessment of disruptive behavior
  
disorders: Tools and recommendations. Professional Psychology: Research and
  
Practice, 43(6), 641-649.
  
Cultural Considerations
  
Singh, G.K. & Ghandour, R.M. (2012). Impact of Neighborhood Social Conditions and Household Socioeconomic Status on
  
Behavioral Problems Among US Children. Maternal and Child Health, 16 (1), pp 158-169
  
  
 When compared to their more advantaged counterparts:
  
 children in the most disadvantaged neighborhoods (those characterized by safety
  
concerns, poor housing, garbage/litter in streets, and vandalism) had 1.9 times higher
  
odds
  
 children in poverty had 3.7 times higher odds
  
 children of parents with less than high school education had 1.9 times higher odds of
  
having behavioral problems

## Oppositional Defiant Disorder

Prevalence range is 1-11%, with the average of 3.3%.
  
Appears to occur more often in males 1.4:1 prior to adolescence.
  
Oppositional Defiant
  
Disorder
  
Pattern of negative,
  
defiant, disobedient,
  
hostile behavior toward
  
authority figures for at
  
least 6 months.

## Key Criteria

At least four symptoms of angry/irritable mood, argumentative/defiant
  
behaviors, and/or vindictiveness over 6 months.
  
 Daily for those under the age of 5 and weekly for those 5 and up.
  
 Distress in self or others.
  
 Specifiers: mild (one setting), moderate (two settings),
  
 and severe (in three or more settings).
  
Conduct Disorder
  
Prevalence: one year population rates range from 2-10%, with a
  
median of 4%.

## Conduct Disorder

Ongoing violation of
  
rules without regard
  
for others rights.
  
Key Criteria
  
 Three of 15 behaviors under aggression, destruction, lying & theft, and rule violation.
  
 Symptoms occurring within 1 year, with 1+ symptoms in the past 6 months.
  
 Onset codes: Childhood onset type (at least one problem with conduct before 10 ),
  
Adolescent onset type (no problems before age 10 ), and Unspecified onset (insufficient
  
information ).
  
 Severity: Mild (sufficient, but not a lot of symptoms, harm to others minimal), Moderate
  
(symptoms and harm intermediate), Severe ( many symptoms and much harm)
  
 Specify: With limited prosocial emotions

## Oppositional Defiant Disorder

and Conduct Disorder
  
Possible causes
  
Biological factors
  
Personal pathology
  
Family patterns
  
Peer relationships
  
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Oppositional Defiant Disorder
  
and Conduct Disorder
  
Effective treatments =
  
cohesive family model
  
and behavioral
  
techniques
  
Ineffective treatment =
  
Punitive treatments
  
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## Treatment

No single treatment emerges as the best.
  
 Parent training as the first line approach
  
for young children
  
 The Incredible Years
  
 Early Risers
  
 ParentChild Interaction Therapy
  
 http://www.pcit.org/- manual
  
  
Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-Based Psychosocial Treatments for Children and Adolescents With
  
Disruptive Behavior. Journal Of Clinical Child & Adolescent Psychology, 37(1), 215-237. doi:10.1080/15374410701820117
  
Treatment
  
 Older children multicomponent
  
treatments - MST and MTFC
  
 Parent and child training components
  
 Multisystemic Therapy (MST)
  
 Multidimensional Treatment Foster
  
Care (MTFC)
  
  
  
Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-Based Psychosocial
  
Treatments for Children and Adolescents With Disruptive Behavior. Journal Of
  
Clinical Child & Adolescent Psychology, 37(1), 215-237.
  
doi:10.1080/15374410701820117

## Intermittent Explosive Disorder

7% of Americans lifetime
  
Key Criteria
  
 Recurrent behavioral outbursts manifested by either:
  
 Verbal aggression: 2xs weekly for three months
  
 Three behavioral outburst involving damage or destruction and/or physical assault to
  
animals or others occurring within 12 months
  
 Aggression expressed greatly out of proportion to the event
  
 Outbursts are impulsive and not committed to gain something tangible.
  
 Distress or impairment
  
 Must be at least 6 (or equivalent developmental age)

## Cultural Considerations

Lower prevalence rates in other areas (Asia, Middle
  
East) or countries (Romania, Nigeria) lend
  
evidence that recurrent, problematic, impulsive
  
aggressive behaviors are present due to cultural
  
factors.
  
  
Changes From DSM-IV-TR to DSM 5
  
 These disorders were listed under Disorders Usually First Diagnosed in Infancy,
  
Childhood, or Adolescence in the DSM 4, now they are under their own category.
  
 Oppositional Defiant Disorder Three subtypes, exclusion for conduct disorder has
  
been removed, frequency and severity indicator have been added
  
 Conduct Disorder - New specifier: With limited prosocial emotions
  
 Intermittent Explosive Disorder Verbal aggression and non-destructive/ non-
  
injurious physical aggression now meet the criteria, frequency of outbursts added, and
  
age of 6 requirement
  
 Antisocial Personality Disorder has a dual listing here and in personality disorders