Child Psychology: Summary Essay Questions (from Final Exam)

Q. (12 pts) Develop a thorough, well-reasoned, empirically supported response to the following challenge. Excellent essays will demonstrate your thorough grasp of course content. They will be well-written and answer the prompt with depth of insight (3 pts). Above all else, they need to support arguments with detailed information from the course: highly specific and accurately presented (3 pts). Supporting evidence should display breadth of knowledge (3 pts), so cast a wide net in thinking about which content could apply to each question (consider different weeks, readings, guest speakers, videos, activities, etc.), then determine the best selection of evidence to present. Be sure to clarify in your writing explicitly how each piece of evidence fits the challenge at hand (3 pts).

One prompt given (examples follow):

• Your neighbor mentions he heard a story on the news about anorexia. "That's so overblown!" he complains. "Anorexia's not a serious problem - they just stick that label on anyone who worries about her weight. They should focus on real diseases. In fact, with so many obese folks in our country, maybe more people should become anorexic!"

• Your neighbor says she heard a news story about the recent surge in autism diagnoses. "That's a lot of bunk!" she tells you. "My hairdresser says her boy has autism, but there's nothing really wrong with him. It's just an excuse she uses for his misbehaving. Nowadays people just want to turn everything into a 'disorder'!"

• A friend of yours is delighted to discover she's pregnant with her first child, but admits to you that she is also worried. "I'm feeling so stressed! I want to do the best for my baby, but there's so much conflicting advice out there: how will I know what to do? What if I make a mistake? Plus, I'm already getting mailings from a bunch of companies: how can I afford all the stuff the baby needs to develop properly?"

• A friend of yours is considering adoption, but is a bit unsure what to expect. "Some people say I should be careful whom I bring into my home - what if the child is a bad seed?" she confides. "But I feel that all these kids need is a stable, loving home. Isn't that enough?"

• You're in the supermarket when a young child has a complete meltdown in the cereal aisle. He's screaming his head off and flailing around on the floor, while his mother yells at him to be quiet - then the baby sister in the cart starts wailing. The woman next to you scoffs, "What a terrible mother! Seriously, I don't understand why Child Services doesn't just take those kids away. Some people are obviously not fit to be parents."

• You're visiting your cousin, whose three-year-old son keeps interrupting your conversations and throwing tantrums. Your cousin gushes about how creative he is, and explains she wants to raise him as a free spirit so he can reach his full potential. She doesn't want him to attend public school, and tells you, "All the alternative schools are so much better! They don't have all those foolish rules. Kids don't need adult interference."

• A friend of yours teaches middle school. Three years into this career, his initial enthusiasm has dimmed, and he confides in you about his frustration. "I'm not sure that what I do even matters to these kids," he tells you. "They've already got a whole family history and school background I can't fix, and they're not at an age where they're willing to listen, anyway. I don't think I'm making a difference."

• Your state legislature is considering budget cuts, and some have targeted early childhood care and education as a non-critical area -- a luxury we'd like to provide but might not be able to afford in tough times. At a town hall meeting, a resident in favor of the cuts claims parents just need to take responsibility. "The State can't help if parents don't do their job!" he argues. "It will be a waste of taxpayer money to try."

Q. *(12 points) Read the following excerpt on self-esteem (Berk, 2008, p.485) and respond below.*
First, identify the methodological challenges inherent in exploring the effects of self-esteem: give 1 well-explained example from each of the 3 major categories (3 pts). Next, evaluate the research cited: what are its methodological strengths (1 pt) and weaknesses (1 pt), and what additional research would you like to see (1 pt)? Finally, clearly articulate your position on the topic (1 pt): **should we invest in bolstering children's self-esteem in order to promote healthy development?** *Justify your position with specific evidence you have learned about child psychology (from this course and/or others, 2 pts), and explicitly address how this exercept fits into your justification (2 pts). (Last 1 pt granted for unusually insightful responses.)*

Should we invest in bolstering children's self-esteem in order to promote healthy development?
"From middle childhood on, positive relationships exist between self-esteem, valuing of various activities, and success at those activities – relationships that strengthen with age. For example, academic self-esteem predicts how important, useful, and enjoyable children judge school subjects to be, their willingness to try hard, and their achievement in those subjects (Jacobs et al., 2002; Valentine, DuBois, & Cooper, 2004). And children with high social self-esteem are better liked by their classmates (Harter, 1999; Jacobs et al., 2002). Furthermore, across age, sex, SES, and ethnic groups, individuals who are high in self-esteem tend to be well-adjusted, sociable, and conscientious. In contrast, a profile of low self-esteem in all areas is linked to anxiety, depression, and anti-social behavior (DuBois et al., 1999; Kim & Cichetti, 2006; Robins et al., 2001)." *[from a textbook: Berk, 2008, p.485]*
One excerpt given (examples follow):

Does authoritative parenting lead to better child outcomes?
"In pioneering research, Diana Baumrind (1971, 1996b; Baumrind & Black, 1967) studied 103 preschool children from 95 families. Through interviews, testing, and home studies, she measured how children were functioning, identified three parenting styles, and described typical behavior patterns of children raised according to each. *Authoritarian* parents, according to Baumrind, value control and unquestioning obedience. They try to make children conform to a set standard of conduct and punish them arbitrarily and forcefully for violating it… Their children tend to be more discontented, withdrawn, and distrustful. *Permissive* parents value self-expression and self-regulation… They consult with children about policy decisions and rarely punish. They are warm, noncontrolling, and undemanding. Their preschool children tend to be immature – the least self-controlled and the least exploratory. *Authoritative* parents value a child's individuality but also stress social constraints… They are loving and accepting, but also demand good behavior, are firm in maintaining standards, and are willing to impose limited, judicious punishment when necessary, within the context of a warm, supportive relationship… These preschoolers tend to be the most self-reliant, self-controlled, self-assertive, exploratory, and content…

"Authoritative parenting may bolster an adolescent's self-image. A questionnaire survey of 8,700 ninth- to twelfth-graders in Wisconsin and California high schools concluded that 'the more involvement, autonomy-granting, and structure that adolescents perceive from their parents, the more positively teens evaluate their own general conduct, psychosocial development, and mental health' (Gray & Steinberg, 1999, p.584)." *[from a textbook: Parke & Gauvain, 2009]*

Can video games reduce children's attention span?
"Children who spend many hours a day glued to the TV or playing computer video games may be harming their ability to concentrate and focus on tasks in school, researchers suggest. A longitudinal study by psychologists at Iowa State University followed more than 1,300 children starting in Grades 3, 4 and 5. The study assessed the children using reports from parents and kids about their video game and television habits, as well as teacher reports of attention problems. Researchers found that kids who exceeded the recommended two hours per day of screen time were 1.5 to 2 times more likely to have attention problems in the classroom. Time spent on video games was an even stronger predictor of attention problems than was time spent with TV. A study earlier this year by the Kaiser Family Foundation found kids aged eight to 18 devote almost eight hours on average per day to entertainment media, or about 53 hours per week. Of these, average time spent on video games is 1:13 hours per day, nearly triple the amount from ten years ago."
[modified from www.childup.com, reporting on a study by Swing, et. al. (2010)]

Is teenage employment helpful, harmful, or neutral?

"Research involving individuals who graduated from high school in the late 1980s and 1990s revealed that the more hours participants worked during high school, the more likely they were to use drugs (alcohol, cigarettes, marijuana, cocaine), to display aggression towards peers, to argue with parents, to get inadequate sleep, and to be dissatisfied with life (Bachman & Schulenberg, 1993; Bachman, Safron, Sy & Schulenberg, 2003). Moreover, as adults, individuals who worked while in high school were less likely than peers who did not work to go to college. Thus working may actually decrease teens' chances for successful careers during adulthood, precisely the opposite of what many adolescents and parents believe." *[from a textbook: Berk, 2008]*

Is home-schooling helpful, harmful, or neutral?

"Surveys show that the most frequent reason for homeschooling is parents' belief that they can do a better job of educating their children than public or private schools can (Basham, 2001). About 8% of homeschool parents have children with disabilities and prefer teaching them at home to having them receive special education services from local schools (Basham, 2001). The one-on-one teaching these children get at home often helps them achieve more than their disabled peers in public schools are able to (Duvall, Delquadri, & Ward, 2004; Ensign, 1998). In addition, children with disabilities who are home schooled don't have to deal with teasing from peers. In addition, many homeschool parents want to be sure their own religious and moral values are included in their children's education. Many also want to protect their children from negative peer-influence or school-based crime.

"Research on home-schooling is sparse. Advocates point to a small number of studies showing that homeschooled children are socially competent and emotionally well-adjusted and score above average on standardized achievement tests (Ray, 2000). They further argue that homeschooled children have the opportunity to become closer to their parents than children who attend school do (Jonsson, 2003). The growing prevalence of homeschooling, which includes about 2.4% of all the children in the United States, has led to the creation of a variety of extra-curricular organizations, such as musical groups and athletic leagues, that exclusively serve homeschoolers. Thus, today's homeschoolers have many opportunities for interacting with peers that are highly similar to those available to children who are enrolled in school." *[from a textbook: Boyd & Bee, 2008]*

Can exposure to violent media lead to aggression?

"Albert Bandura described the effects of televised violence on children's behavior in his classic 'Bobo doll' studies (Bandura, Ross, & Ross, 1961, 1963). In these experiments, children were found to imitate adults' violent treatment of an inflatable clown that was depicted on film. Recent research suggests that such effects persist into the adult years. Psychologist L. Rowell Huesmann and his colleagues (2003) found that individuals who watched the greatest number of violent television programs in childhood were the most likely to engage in actual acts of violence as young adults. Brain-imaging studies suggest that these long-term effects may be the result of patterns of neural activation that underlie emotionally laden behavioral scripts that children learn while watching violent programming (Murray et al., 2006). These patterns of activation may also explain the [correlational] finding that repeated viewing of TV violence leads to desensitization regarding violence and to the belief that aggression is a good way to solve problems (Donnerstein, Slaby, & Eron, 1994; Funk, Baldacci, Pasold, & Baumgardner, 2004; Van Mierlo & Van den Bulck, 2004)." *[from a textbook: Berk, 2008, p.485]*

Can pesticide exposure cause ADHD?

"A new analysis of U.S. health data links children's attention-deficit disorder with exposure to common pesticides used on fruits and vegetables. While the study couldn't prove that pesticides used in agriculture contribute to childhood learning problems, experts said the research is persuasive… Children may be especially prone to the health risks of pesticides because they're still growing and they may consume more pesticide residue than adults relative to their body weight… In the body, pesticides break down into compounds that can be measured in urine. Almost universally, the study found detectable levels: The compounds turned up in the urine of 94 percent of the children… The new findings are based on one-time urine samples in 1,139 children and interviews with their parents to determine which children had ADHD. The children, ages 8 to 15, took part in a government health survey in 2000-2004. As reported by their parents, about 150 children in the study either showed the severe inattention, hyperactivity and impulsivity characteristic of ADHD, or were taking drugs to treat it. The study dealt with one common type of pesticide called organophosphates. Levels of six pesticide compounds were measured. For the most frequent compound detected, 20 percent of the children with above-average levels had ADHD. In children with no detectable amount in their urine, 10 percent had ADHD." *[from the* Baltimore Sun*, in a 5/17/10 article by Carla Johnson]*

Can excessive TV viewing lead to depression?
        "Lengthy television viewing in adolescence may raise the risk for depression in young adulthood, according to a new report. The study, published in the February issue of The Archives of General Psychiatry, found a rising risk of depressive symptoms with increasing hours spent watching television. There was no association of depression with exposure to computer games, videocassettes or radio. Researchers used data from a larger analysis of 4,142 adolescents who were not depressed at the start of the study. After seven years of follow-up, more than 7 percent had symptoms of depression. But while about 6 percent of those who watched less than three hours a day were depressed, more than 17 percent of those who watched more than nine hours a day had depressive symptoms. The association was stronger in boys than in girls, and it held after adjusting for age, race, socioeconomic status and educational level."
[from the New York Times*, in a 2/10/09 article by Nicholas Bakalar]*

Does early sexual engagement have negative consequences?
        "...[E]xperiencing sexual debut earlier than one's peers is associated with higher risks of engaging in delinquency… Similarly, experiencing sexual debut later than one's peers offers a protective effect and reduces the risks of engaging in subsequent delinquency… [T]he timing and sequence of events such as sexual activity has profound consequences, particularly when they take place prematurely. Indeed, we find that experiencing early or late sexual debut continues to have consequences for delinquent behavior occurring in young adulthood… Our study demonstrates that the timing of sexual initiation matters and that many adolescents are at heightened risk of engaging in delinquent behavior if they experience sexual debut that occurs earlier than the timing experienced by their peers."
[From an article: Armour & Haynie (2007), p. 149-151]

Can bullying lead to depression?
        "[In this study,] the association between specific types of peer victimization [verbal, physical, relational] with depression, suicidal ideation, and suicide attempts among adolescents was examined. A self-report survey was completed by 2,342 high-school students. Regression analyses indicated that frequent exposure to all types of peer victimization was related to high risk of depression, ideation, and attempts compared to students not victimized. Infrequent victimization was also related to increased risk, particularly among females. The more types of victimization the higher the risk for depression and suicidality among both genders... Our findings support previous reports that both direct and indirect [relational] victimization have negative consequences for internalizing problems."

Is daycare helpful, harmful, or neutral?
        "The views of child-development experts on day care have also fluctuated, often reflecting the prevailing political winds. They have swung from very negative in the 1950s to positive in the late '70s back toward negative in recent years. At the moment the field is deeply divided, with opposing camps interpreting the same evidence in different ways. At the heart of the debate is a question that could affect the psychological well-being of a generation of children and of their guilt-ridden working mothers: What are the long-term risks of day care?" *[from Time magazine (1987)]*

Is heavy use of Facebook dangerous for teenagers?
        "[In Rosen's (2011) surveys of more than 1000 participants,] teens who use Facebook more often show more narcissistic tendencies while young adults who have a strong Facebook presence show more signs of other psychological disorders, including antisocial behaviors, mania and aggressive tendencies. Daily overuse of media and technology has a negative effect on the health of all children, preteens and teenagers by making them more prone to anxiety, depression, and other psychological disorders, as well as by making them more susceptible to future health problems. Facebook can be distracting and can negatively impact learning." *[press release, apa.org]* "When Rosen and his colleagues observed middle school, high school and college students for 15 minutes while they studied for an exam, they found that most students were only able to focus for two to three minutes before turning their attention to less scholarly matters, like text messages or mobile phone aps. Not surprisingly, the students who checked Facebook while studying did worse on their exams than those who didn't." *[latimes.com]* "[In previous research, Aryn Karpinski's (2009) college] study found that Facebook user GPAs were in the 3.0 to 3.5 range on average, compared to 3.5 to 4.0 for non-users. Facebook users also studied anywhere from one to five hours per week, compared to non-users who studied 11 to 15 or more hours per week." *[livescience.com]*

Case Studies

Q: Read the following excerpt from a case study. First, state whether you believe this child is most likely to be diagnosed with anorexia or bulimia (and justify; 2 pts). Next, suggest a research-supported intervention that might help with the anxiety symptoms (3 pts); be sure in detail how it is expected to help and why it would be appropriate. Finally, come up with an empirically supported response for the parents, who say "We don't know why she is so obsessed with food! We have never said she needed to be thin." Tell them what are possible roots of her eating disorder (3 pts), and the expected prognosis (2 pts).

"Sarah is 15 and under a lot of stress at school. In the last six months, she has lost a lot of weight, and her parents are getting desperate because they have found her using laxatives to keep her weight down. Sarah claims everything is fine with her weight, but both her own and her parents' reported Achenbach scores shows clinical anxiety."

Q. (10 points) Read the following excerpt from a case study. First, state whether you believe this child is most likely to be diagnosed with autism or Asperger's (and justify: 2 pts). Next, suggest two research-supported interventions that might help with social interactions (3 pts), and two more that might help with learning language (3 pts); explain in detail how these are expected to help and why they would be appropriate. Finally, come up with an empirically supported response for the child's grandmother, who has asked, "Shouldn't we just treat Susie like any other child? I don't want her to be stigmatized or held back" (2 pts).

"Susie is three years old and her family says she has never interacted with them the way her older siblings have. She still hasn't started speaking, and she avoids eye contact. She is easily upset by any changes to her environment or daily routine. Her parents have enrolled her in an inclusive preschool but she hasn't been able to interact positively with the other children: she avoids them and they reciprocate."

Q. (10 pts) Read the following hypothetical case study. First, state which DSM-IV diagnosis this child is most likely to receive (and justify your choice, 2 pts). Next, discuss possible roots of the disorder (2 pts), and suggest two empirically supported treatment/support options (explain each thoroughly, state why they are appropriate in this case, and how they are expected to help: 4 pts). Finally, come up with an empirically supported response for the child's mother (see excerpt below, 2 pts). Be sure to use explicit reference to course material to justify your responses!

"David is twelve years old and a bit of a loner. His mother is worried because he's been increasingly irritable lately, exploding at seemingly minor issues. For example, his grades in middle school have been low, but when she asks him about it, he yells that he just has trouble concentrating, and that her nagging is making it worse. It's been more than three months since she first noticed the irritability, with no signs of improvement, so David's mother arranged for him to meet with the school psychologist in their district. In that meeting, David admitted that he has been bullied by a few kids at his school. When his mother hears about the bullying, she is enraged. "How could a school allow this? My son was a happy child and now they have ruined his life!"

Q. (10 pts) Read the following excerpt from a case study (from Wilmhurst, 2011, modified). First, state which DSM-IV diagnosis the child is most likely to receive (and justify your choice with detailed reference to diagnostic criteria, 2 pts). Next, discuss possible roots of the disorder (2 pts), and suggest two empirically supported treatment options (explain each treatment thoroughly, why it is appropriate in this case, and how it is expected to help: 4 pts). Finally, come up with a empirically supported response to the child's uncle, who has declared, "All the boy needs is a good whipping. His mom is just too soft on him - I've been telling her that for years!" (2 pts).

"Jason is a 16-year-old with a troubled background. His parents died in an apparent murder-suicide when he was a preschooler, and he was taken in by an aunt, who was physically abusive. He then went through a long series of unsuccessful foster placements, though he has been in his current foster home for six years. Jason looked as if he was beginning to settle in the family, but his behaviors began to escalate about 18 months ago. He began sneaking out late, and had been truant from school. He also recently earned a 3-day suspension from school for being rude to one of his teachers. When confined to his bedroom, Jason sneaked out the window and was found wandering the streets with a friend. Recently, he stole his foster mother's ATM card and withdrew $500 from her account. The family agreed to take in another (younger) foster child, Walt, since they thought he might be a stabilizing influence on Jason, who could assume the role of the 'older brother'. However, Walt had limited intellectual ability, and Jason took advantage by manipulating him: convincing the boy to help him break into a neighbor's house on the pretense the neighbor had stolen his CD collection. His foster parents are not sure what to try next."