

## Case Study:

### Continuity vs. Change across Development

Developmental psychopathology is a multidisciplinary approach to understanding normal and abnormal development over the lifespan. It conceptualizes development in terms of risk and protective factors that place individuals on developmental pathways toward adaptation or maladaptation.

Developmental psychopathologists are interested in stability versus change in development. Almost a century ago, Sigmund Freud described the difficulty in predicting children's development:

So long as we trace development from its final outcome backwards, the chain of events appears continuous. . . . But if we proceed the reverse way, if we start from the premises and try to follow these up to the final result, we notice at once that there might have been another result and we might have been just as well able to understand and explain the latter. Hence the chain of causation can always be recognized with certainty if we follow the line of analysis backwards, whereas to predict it is impossible (from Sroufe & Rutter, 1984).

Read the scenarios below and answer each question. What principle of developmental psychopathology does each scenario illustrate?

1. Sebastian is a 14-year-old boy with a longstanding history of attention-deficit/hyperactivity disorder (ADHD). He began to show problems with hyperactivity and impulsivity as a preschooler. In early elementary school, he also began exhibiting poor attention and concentration. Now in the 8<sup>th</sup> grade, Sebastian continues to show problems with restlessness, talkativeness, and impulse control as well as inattention, forgetfulness, and distractibility. He manages these symptoms with medication and behavioral interventions administered by his parents and teachers.

What principle of developmental psychopathology does Sebastian illustrate?

Sebastian illustrates **homotypic continuity**, the tendency of certain disorders to persist, relatively unchanged, from childhood through adolescence. Certain disorders such as ADHD, autism spectrum disorder, and intellectual disability often show homotypic continuity. To learn more, read the article by Reinke and Ostrander (2008). It examines stability and change from childhood through adolescence for most of the major childhood disorders.

Reinke, W. M., & Ostrander, R. (2008). Heterotypic and homotypic continuity: The moderating effects of age and gender. *Journal of Abnormal Child Psychology*, 36, 1109-1121.



2. Haley is a 17-year-old high school student with a history of separation anxiety disorder. In early childhood, she followed her parents around the house and cried when they left her with a babysitter. Haley refused to attend preschool and was resistant to begin Kindergarten when she turned 6-years-old. In early elementary school, Haley's separation anxiety decreased, but she continued to worry about "bad things" happening to her parents when she was separated from them.

Now in high school, Haley reports no significant problems with separation anxiety. However, in the past 6 months, she has experienced several panic attacks – intense episodes of fear characterized by rapid heart rate, shallow breathing, and intense distress. Her pediatrician confirmed that these attacks are not caused by a medical problem. Her mother has sought help from a psychologist who specializes in adolescent anxiety disorders.

What principle of developmental psychopathology does Haley illustrate?

Haley illustrates **heterotypic continuity**, the phenomenon in which children's symptoms change over time, but their underlying behavioral or social-emotional problems remain the same. Like many adolescents with recurrent panic attacks, Haley had a history of separation anxiety disorder in childhood. Both problems reflect underlying difficulty with anxiety. Indeed, Kossowsky and colleagues (2013) showed that children with separation anxiety disorder are three times more likely to develop panic disorder in adolescence or adulthood than children without separation anxiety disorder.

Kossowsky, J., Pfaltz, M. C., Schneider, S., Taeymans, J., Locher, C., & Gaab, J. (2013). The separation anxiety hypothesis of panic disorder revisited: A meta-analysis. *American Journal of Psychiatry*, 170, 768-781.

3. The Juvenile Court in one county hears cases for approximately 75 youths and families each month. Most cases involve older children and adolescents with conduct problems and substance use. Usually, there are multiple causes for these adolescents' problems. What principle of developmental psychopathology does this scenario illustrate?

It is not possible to point to a single cause of adolescent substance use problems and antisocial behavior. This scenario illustrates the principle of **equifinality**. Two youths who experience the same developmental outcomes (e.g., arrest because of substance use problems and antisocial behavior) can have different histories. For example, some youths develop substance use problems because they inherit a genetic susceptibility to such problems, others use alcohol and other drugs to alleviate anxiety or depression, and still others are introduced to alcohol and other drugs by deviant peers. These, and other, pathways to adolescent substance use problems are presented in Chapter 10 of the text.

4. You are a social worker for Children's Protective Services in your county. You are assigned a new case: an 11-year-old girl who experienced repeated sexual abuse by her

step-father. Her foster mother wants to know how the girl's history of abuse might affect her long-term social and emotional functioning. Unfortunately, it's very difficult for you to predict the girl's long-term outcome. What principle of developmental psychopathology does she illustrate?

Even if we had much more information, it would be challenging to provide an accurate prognosis. The scenario illustrates the developmental principle of **multifinality**. Two children exposed to the same psychosocial stressor (e.g., sexual abuse) can have different developmental outcomes.

It is likely that this girl's development outcome will depend on **risk and protective factors** through her life. Possible risk factors include the severity of the abuse, duration of the abuse, and other psychosocial stressors in her childhood (e.g., poverty, neighborhood disadvantage). Possible protective factors include a supportive non-offending parent, access to high-quality medical treatment and psychotherapy, and supportive relationships with other family members and peers. For example, Godbout and colleagues (2014) showed that the long-term outcomes of children exposed to sexual abuse depended on the level of support they received from a non-offending parent.

Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and subsequent relational and personal functioning: The role of parental support. *Child Abuse and Neglect*, 38, 317-325.

**Reference:**

Sroufe, L.A., & Rutter, M. (1984). The domain of developmental psychopathology. *Child Development*, 55, 17-29.

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