Psychosocial Problems

I. General Principles
1. occasional experimentation vs. enduring patterns of behavior
2. childhood onset vs. adolescent onset
3. transitory vs. persistent problems

II. Types of Psychosocial Problems
A. type classifications
   1. **internalizing disorders** – turned inward; emotional and cognitive symptoms
   2. i.e. depression, anxiety and psychosomatic disorders
   3. **externalizing disorders** – turned outward; behavioral problems or acting out i.e. delinquency, drug and alcohol abuse, truancy

B. Problem Behavior Syndrome
   1. **Problem Behavior Theory**
      a. underlying cause of externalizing problems due to unconventionality of both adolescent personality and social environment
      b. tolerance of deviant behavior
      c. not connected to schools or church
      d. liberal social views
      e. risk taking behavior
         1. experimentation with drugs
         2. sex without contraception
         3. delinquent activity
         4. risky driving
      f. possible origins
         1. biological and inherited
         2. arousal and sensation seeking needs
         3. family where such behavior id adaptive for the hostile environment
   2. interaction of 2 problems; i.e. drug use leads to premarital pregnancy
   3. **Social Control Theory**
      a. lack of strong bonds to societal institutions (church, school, work)
      b. membership with unconventional peer group
      c. more prevalent in poor, inner city and minority youth
   4. one shouldn’t generalize at all, however

C. Stress and Coping
   1. types of stressors
      a. major life changes (divorce, death, changing schools)
      b. chronic stressful conditions (poverty, family conflict)
      c. hassles (exams, teasing, sibling problems)
2. outcomes
   a. internalized disorders (anxiety, depression, headaches
   b. externalized disorders (behavior/conduct problems, drug use)
   c. no effect (some kids don’t suffer)
3. vulnerability
   a. multiple stressors (last straw)
   b. other resources – good identity development or competence, good social supports, etc. may inoculate
   c. coping strategies
      1. problem-focused coping
         a. taking steps to change source of stress - mastery of stress
         b. best strategy if possible
         c. better adjusted, less depressed, few behavior problems
      2. emotion-focused coping
         a. change one’s emotional response to stress
         b. avoidance or distraction
         c. works best if situation is uncontrollable

III. Drug and Alcohol Use
   A. prevalence
      1. almost all teens have used alcohol
      2. cigarettes next most used
      3. actually use has declined
      4. many who do drink do so to excess (abuse)
      5. most have used alcohol, cigarettes, and marijuana – gateway drugs, but nothing else
      6. experimental with drugs beginning at earlier ages
         a. ¼ of 8th graders use alcohol regularly
         b. 10% of 6th grader use alcohol
         c. 20% of 8th graders use inhalants
         d. 15% of 8th graders use marijuana
         e. smoking typically begins in 7th or 8th grade
         f. early use is problematic because too young for good decision making or to see consequences of their actions
   B. Causes and Consequences of Use
      1. experimenters (occasional use) and rational abstainers are best adjusted frequent users; irrational abstainers are the worst
      2. drug and alcohol use is normative in teen culture
      3. substance abuse
         a. maladjusted as children
         b. deviant
         c. emotionally labile
         d. stubborn
e. inattentive
f. substance abuse symptom of prior psychological disturbance

4. risk factors
   a. psychological
      1. anger
      2. impulsivity
      3. depression
      4. achievement problems
      5. tolerant attitude about drug use (and deviance in general)
   b. interpersonal
      1. distant, hostile, or conflicted family relationships
      2. excessively permissive parents; or uninvolved or rejecting
      3. one or more family members use drugs or are tolerant of their use
      4. have friends who use
         abstainers have abstaining friends
         users have friends who use and encourage increased use
   c. contextual
      1. availability of drugs
      2. community norms for drug use
      3. how well drug laws are enforced
      4. way drugs presented in mass media

5. Protective factors (decreased likelihood of use)
   a. positive mental health (high self-esteem, no depression)
   b. high academic achievement
   c. close family relationships
   d. involvement in religious activities

C. Prevention and treatment
   1. many tried – few have worked
   2. best success when individual and social environment (community wide) are targeted

IV. Antisocial Behavior
A. Prevalence
   1. steady increase in juvenile arrest 1950-1980
   2. violent crimes increased substantially
   3. teens also most likely victims (25%)
   4. aggression and violence linked to poverty
      a. families living in impoverished neighborhoods less effective at nurturing and monitoring their children – aggression and crime
b. concentrated poverty weakens community and social ties making hard for adults and social institutions to guide and supervise adolescents
c. poor makes use crime and aggressive behavior as means to status as opposed to middle class using job status
d. violence breeds more violence areas with high crime where it is seen frequently -> more violence

5. underreported or selectively reported crime
a. lower class and minority youth more likely to be arrested and treated harshly within juvenile justice system

6. research findings surveying youth
a. between 60-80% of teens report committing delinquent act (status or criminal offenses)
b. once social class taken into account, few ethnic or racial differences
   1. minority youth overrepresented among poor
   2. same group overreported for those committing crimes
   3. no difference in repeat offenses or seriousness of crime
c. minority youth more often arrested and treated more harshly
   1. minority more often sent to correctional facilities
   2. more often arrested for serious crimes

7. most teens only commit crime once
8. 10% of teens account for 66% of crime

B. Causes
1. the earlier a child commits delinquent acts, the more problematic
2. familial factors
   a. disorganized families
   b. hostile, inept, or neglectful
   c. mistreated children
   d. failure to instill proper standards of behavior or psychological foundations of self-control
   e. siblings also often delinquent
   f. parental ineffectiveness -> association with other antisocial peers -> aggressive behavior is cyclic
3. individual characteristics
   a. histories of violent and aggressive behavior early as age 8
   b. ADHD – impulsivity, inattentiveness, restlessness and high activity levels
   c. Score low on standardized tests and do poorly in school
   d. Prior history of poor peer relationships
4. hostile attribution bias
   a. interpret ambiguous situations with others as deliberately hostile
b. react aggressively to retaliate
  c. an innocent bump becomes a fight
5. antisocial tendency – stable traits over time; i.e. aggression, hyperactivity and intelligence
6. peer group
  a. most delinquent acts occur with others
  b. poorly monitored by parents

C. Runaways
1. most for only a day to a week
2. most stay in own communities – don’t all go to NYC or LA
3. manifestation of problem behavior
  a. delinquency
  b. drop out of school
  c. aggressive
  d. truant
  e. precocious sexual activity
  f. use drugs

D. Prevention and Treatment
1. best programs would involve early family intervention before family disruption – unlikely to happen
  a. early academic intervention
  b. combine effort of family and school
2. some successful programs
  a. attempts to change beliefs about the value of aggression to solve problems
  b. teach socially acceptable alternatives to aggression
  c. family based interventions i.e. parent training, or family therapy

V. Depression and Suicide
A. Depression: 4 sets of symptoms
1. emotional manifestations
  a. dejection
  b. decreased enjoyment of pleasurable activities
  c. low self-esteem
2. cognitive manifestations
  a. pessimism
  b. hopelessness
3. motivational symptoms
  a. apathy
  b. boredom
4. physical symptoms
  a. loss of appetite
  b. difficulties sleeping
  c. loss of energy
B. Adolescent Depression –
Depression may be masked by other problems, but is certainly not the underlying cause of all adolescent problems

C. Adolescent suicide
1. 1 in 3 contemplate
2. 1 in 6 attempt
3. 2% succeed

D. Causes and Treatment of Adolescents Depression
1. Individual predisposition – biological
2. Cognitive tendencies – hopelessness, pessimism, self-blame
3. Environmental conditions
   3 Factors
   1. families with higher conflict and lower cohesion – divorce
   2. unpopular kids with poor peer relationships
   3. report more stress – chronic and acute

VI. Eating Disorders
A. Anorexia and Bulimia
1. Prevalence
   a. fewer than ½ of 1% are anorexia
   b. 3% bulimia
   c. almost always girls after puberty
   d. North American, Western culture
   e. affluent and better educated
2. Disturbed body image
   a. feel overweight (33%)
   b. want to lose weight (70%)
   c. being thinner \(\rightarrow\) happier, successful, and popular (80%)
3. Theories
   a. Biological basis
      1. genetic and hormonal influences
   b. Psychological factors
      1. assertion of autonomy in overcontrolling families
      2. avoidance of adulthood
      3. related to depression
   c. Cultural condition
      1. if those around you are bulimic i.e. sorority sisters

B. Obesity – 20% over maximum weight for height
1. more common than anorexia or bulimia
2. 20% of adolescents overweight; 5% obese
3. leads to embarrassment and self-consciousness
4. higher risk for later health problems
5. 80% of obese adolescents become obese adults