Child Psychopathology
18:820:563:01, Fall 2024

Course Time, Location, & Instructors

Monday 2:00pm – 4:45pm
Room: Gordon Road Garage - 422

Instructor: Sheva Cohen-Weiss, Psy.D.
Office: GSAPP A343
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Office Hours: By appointment

Course Assistants:
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Julia Kenny: jk1987@gsapp.rutgers.edu

Course Description

This course will provide an overview of the most common expressions of child and adolescent psychopathology. The learning objectives include conceptual, research, and clinical issues related to the mental health of children and adolescents. The diverse factors that influence the etiology and expression of disorders will be considered, such as genetics, family influences, social systems, psychodynamics, and culture. Students will become familiar with the DSM-5 and how to conceptualize cases. Students will also be taught how to communicate professionally through written assignments and presentations. Students will acquire knowledge of basic mechanisms and processes that provide a foundation for advanced specialty courses. At times, interventions may be mentioned in presentations and course readings, but treatment will not be a primary emphasis in this course. This course is designed to advance students' understanding of the current state of knowledge with regard to etiological factors and the diagnostic issues related to the expression of various childhood disorders. The format of this course will be lecture and discussions.

Profession-Wide Competencies Addressed in this Course

1.3: Critically interprets and applies empirical findings to address problems, make decisions and enhance the social, behavioral and/or academic functioning of children and youth.
2.3: Conducts self in an ethical manner across professional activities.
3.1: Display an awareness of how personal bias and cultural history, attitudes, and biases affect understanding and interactions with people different from themselves.
4.1: Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
4.2: Exhibits behaviors that reflect an openness and responsiveness to feedback and supervision.
4.3: Engages in self-reflection and professional and personal growth activities to maintain and improve performance and professional effectiveness. [SP-PWC Element 4.3]
5.2: Demonstrates skills in producing, comprehending, and integrating oral, nonverbal, and written communications that are informative and well-integrated across a range of situations, populations, and systems.

6.3: Communicates orally and in writing assessment results in an accurate and effective manner sensitive to a range of audiences.
6.4: Demonstrates current knowledge of diagnostic classification systems, adaptive and maladaptive behaviors, and the impact of client behaviors on functioning.
7.2: Identifies and develops evidence-based interventions in classrooms, schools, and other service settings that are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
7.3: Applies relevant literature and empirically-based principles to clinical decision making.
9.1: Demonstrates knowledge and respect for the diverse roles, beliefs, and competencies of professionals and stakeholders working in schools, mental health organizations, and other relevant settings.
10.1: Demonstrates an understanding of the impact of multiple systems on student development and functioning.

Discipline-Specific Knowledge (DSK)

Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 2 (e.g., affective, biological, cognitive, social and developmental aspects of behavior).

- *Affective Aspects of Behaviors*, including affect, mood, and emotion.
- *Biological Aspects of Behaviors*, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior.
- *Cognitive Aspects of Behaviors,* including topics such as learning, memory, thought processes, and decision-making.
- *Developmental Aspects of Behavior*, including transitions, growth, and development across an individual's life.
- *Social Aspects of Behavior*, including group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

Course Texts and Materials

Required Texts:
The following required texts are available for free from the Rutgers Library:

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787;
RU library: https://bit.ly/3VPObjH

Beauchaine, T. P., & Hinshaw, S. P. (Eds.). (2017). *Child and adolescent psychopathology*. Wiley & Sons.
RU library: https://bit.ly/4dMbIry

Additional materials can be found on the Canvas site.

Course Requirements and Assignments

Attendance, Participation, & Professionalism (15 points): Students are expected to arrive on time to class and to *attend all classes in person*, unless there is a change made by the instructor or university. If you are not physically in class, you will be considered absent.

Students should plan to attend all classes. Absences will be excused for religious observance and for extraordinary and unavoidable circumstances (e.g., illness, hospitalization, family emergency). In these instances, please notify the instructor in writing/email as soon as possible. Conflicts of schedule with other meetings, practicum, workshops, and clinic cases are not excusable absences. It is the responsibility of the student to learn from a peer about what they missed while absent. *A maximum of two excused/unexcused absences are permitted.* Missing more than two classes will result in a 5-point deduction for each additional day of absence from your final grade point.

Active class participation is a key aspect of this course. Students should aim to contribute verbally to each class; I recognize that students may have different styles and comfort levels regarding sharing in class. Please speak with me if you find it challenging to participate fully and authentically in this class, so that I can try to address any concerns. You will be expected to be attentive and respectful when others speak.

Active participation also includes completion of readings. Please demonstrate your understanding of the reading and participate in discussion during every class. *I will expect mindful attention during classes and will often limit or entirely restrict use of electronic devices (e.g., laptops).* Please bring a notebook and writing utensils.

Case Formulation Group Assignment (6 points): Students (in groups of 2-3) will read a case vignette and will write a brief case conceptualization that includes the primary diagnoses and hypotheses regarding origins and mechanisms of the challenges. **Due 10/14**

Case Formulation Paper (23 points): Students will read a case vignette and write a short paper including presenting problem(s), proposed diagnosis(es), case conceptualization (which should include cultural considerations), and research on the etiology of the primary diagnosis (based on assigned readings and course material). Additional details will be provided. **Due 11/4**

Article Summary (3 points): Students will write a 1-3 page summary about an assigned article/chapter once during the semester. Articles listed below with an asterisk may be selected. Summaries should be user-friendly (e.g., incorporate color, charts, bullets to simplify information). Please send to the instructor and CA and upload to the discussion board on Canvas. Due 9am the Friday before class.

Reflection Questions/Notes (9 points)**:** For 3 designated weeks, notes (3 points each) are due that integrate the readings for the week. These notes can also include reflection questions on the readings. Turn in notes on Canvas by 12am, the night before class. Notes should not be no longer than 1 page (flexible formatting). Full 3 points = numerous concepts from multiple readings.

Presentation (12 points): Students can either pre-record a 15 minute presentation or present in class with at least one fellow classmate on a topic of interest related to child psychopathology. Presentations should incorporate PPT slides.

Final Paper (32 points): If there are sufficient cases and supervisors in GSAPP's Center for Psychological Services, the final assignment will be based on a clinic intake. This intake will also count toward the School Psychology clinic requirements. Students will complete an intake and will write a case conceptualization, provide a DSM-5 diagnosis, and develop a treatment plan. Students will be expected to continue to work with the client to provide therapy services after this course ends (which will also count toward the School Psychology clinic requirements).

If there are insufficient cases or supervisors at the GSAPP clinic, the final assignment will be based on a videotaped intake session. Students will view a videotaped intake session with a child and parent. Students will write a case conceptualization, provide a DSM-5 diagnosis, and develop a treatment plan. Additional details will be provided. **Due 12/9**

Determination of Grades: Grades will be assigned based on the above competencies/assignments. Letter grades for this course will follow Rutgers' criteria: 100-90 A; 89-85 B+; 84-80 B; 79-75 C+; 74-70 C; 69-60 D; 59-0 F.

Classroom Culture and Policies

Statement on Diversity & Identities: It is my intent that students from diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. I will aim to present materials and activities that are respectful of diversity, including diversity of gender identity, sexuality, socioeconomic status, ethnicity, race, nationality, religion, culture, disability, size, and age. Your suggestions are encouraged and appreciated. It is my hope that we will cultivate an environment where all students feel valued and where divergent views can be expressed, given we come to these course topics with diverse viewpoints and lived experiences. I deeply value your feedback. Please reach out if you feel uncomfortable or unincluded at any point, so that I can foster a more inclusive learning environment.

I will gladly honor your request to address you by an alternate name or gender pronoun. Please note that class rosters are provided to the instructor with students' legal names. Please advise me at any time if your name and/or preferred pronouns differ from what is on the roster so that I can make necessary adjustments.

Classroom Atmosphere: This course may require students to provide clinical services to clients through GSAPP's Center for Psychological Services. Students should strive to think, speak, and act as psychologists during class meetings. Thus, it is imperative that class start on time and that students listen to each other respectfully and contribute to the classroom discussion in a professional and constructive manner. Case material, to the extent that it involves actual clients, is kept strictly confidential. Only clients' pseudonyms are used in class.

Student Success: The faculty and staff at Rutgers are committed to your success. Students who are successful tend to seek out resources that enable them to excel academically, maintain their health and wellness, prepare for future careers, navigate college life and finances, and connect with the RU community. Resources that can help you succeed and connect with the Rutgers community can be found at https://success.rutgers.edu. (**CAPS:** http://health.rutgers.edu/medical-counseling-services/counseling/, self-identify as a GSAPP student to ensure your clinician is not affiliated with GSAPP); **Learning Center**: https://rlc.rutgers.edu/node/83)

Statement on Disabilities: Rutgers University welcomes students with disabilities into all of the University's educational programs. To receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation: https://ods.rutgers.edu/students/documentation-guidelines. If the documentation supports your request for reasonable accommodations, your campus's disability services office will provide you with a Letter of Accommodations. Please share this letter with me and discuss the accommodations with me as early in the courses as possible. To begin this process, please complete the Registration form on the ODS website (https://webapps.rutgers.edu/student-ods/forms/registration).

Electronic Policy: I reserve the right to limit or prohibit use of all electronics. Laptops are prohibited during discussions. This is critical to create an environment where students feel comfortable to discuss complex cases and reactions to course material. Texting and phone use is strictly prohibited unless you tell me you are awaiting a call due to an emergency.

Student Feedback: I will provide a mid-term opportunity for students to share feedback about how to improve the course. Please engage respectfully with me throughout the semester with any helpful suggestions or concerns.

Statement on Academic Integrity: The University's academic integrity policy, to which this class will adhere, can be reviewed at: https://academicintegrity.rutgers.edu. In concert with Rutgers' code of conduct, which mandates "that all work submitted in a course, academic research, or other activity is the student's own and created without the aid of impermissible technologies, materials, or collaborations," this course has been designed to promote your learning, critical thinking, skills, and intellectual development *without reliance* on unauthorized technology including chatbots and other forms of "artificial intelligence" (AI).

No materials used in this class, including but not limited to lecture handouts, videos, papers, in class materials, and review sheets, may be shared online or with anyone outside of the class unless you have the instructor's explicit, written permission. Rutgers is aware of the sites used for sharing materials, and any materials found online that are associated with you, or any suspected unauthorized sharing of materials, will be reported.

Writing: Formal writing assignments will be rigorously graded. Students will be expected to write using formal/ professional language and tone. Papers should adhere to the page maximums. It is fine if papers are shorter, but if a paper does not meet the formatting and maximum length requirements, I will return it to you to reformat without grading it. Concise writing is an essential skill, especially for the purpose of conveying clinical material. Unless otherwise noted, *please adhere to APA Style (7th Edition)* and use 12-point font, 1-inch margins, and double-spaced formatting. Please be particularly attentive to APA style guidelines related to point of view, word choice, bias, citations, quotations, and editorializing. For guides, see: http://apastyle.apa.org/ and https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

Deadlines: Assignment due dates are specified on the syllabus and will be confirmed in class. If you require an extension due to an extenuating circumstance, please reach out to discuss with the instructor in advance; deadlines may be adjusted at the discretion of the instructor. *Unless granted an extension in advance of the deadline, late assignments are subject to a 10% reduction per day*.

Schedule of Topics, Readings, and Assignments

Week 1: 9/9
Course Overview, Introduction to Diagnosis, & Developmental Psychopathology

1. Introduction to DSM-5 (focus on pages 5-24)
2. B & H Text, Ch. 1: Developmental Psychopathology as a Scientific Discipline (FOCUS on: *Principles of DP* and onward)

Supplemental:

1. B & H Text, Ch. 2: Classifying Psychopathology
2. Tobin, A. & House, A. (2016). *DSM-5 diagnosis in the schools.* Guilford Press: Chapter 20 (on Canvas)
3. Joint APA & NIMH Statement: DSM-5 and RDoC: Shared Interests (on Canvas)
4. Clarke, D. E., Narrow, W. E., Regier, D. A., Kuramoto, S., Kupfer, D. J., Kuhl, E. A., & ... Kraemer, H. C. (2013). DSM-5 field trials in the United States and Canada, part I: Study design, sampling strategy, implementation, and analytic approaches. *The American Journal Of Psychiatry*, *170*(1), 43-58. doi:10.1176/appi.ajp.2012.12070998
5. Fischer, B. A. (2012). A review of American psychiatry through its diagnoses: The history and development of the Diagnostic and Statistical Manual of Mental Disorders. *Journal of Nervous and Mental Disease, 200*(12), 1022-1030.
6. RDoC: https://www.nimh.nih.gov/research/research-funded-by-nimh/rdoc/about-rdoc
7. Rounsaville, B. J., Alarcon, R. D., Andrews, G., Jackson, J. S., Kendell, R. E., Kendler, K., ... & Regier, D. E. (2002). A research agenda for DSM-V. (READ pp.16-21: *Cross Cultural Use of DSM-V*)
8. Cuthbert, B. N. (2014). The RDoC framework: Facilitating transition from ICD/DSM to dimensional approaches that integrate neuroscience and psychopathology. *World Psychiatry*, *13*(1), 28-35.

Week 2: 9/16
Underlying Processes: Developmental Trajectories, Emotional Regulation, & Attachment
Case Conceptualization – Overview & Psychodynamic perspective, Guest Lecture – Aliza Naiman

1. B & H Text, Ch. 11: Emotion Dysregulation as a Vulnerability to Psychopathology
2. *Sroufe, L., Carlson, E., Levy, A., & Egeland, B. (1999). Implications of attachment theory for developmental psychopathology. *Development and Psychopathology, 11*(1), 1-13.
3. *Padesky, C. A. (2020). Collaborative case conceptualization: Client knows best. Cognitive and Behavioral Practice, 27(4), 392-404.

Supplemental:

1. *Wilmshurst, L. (2018). *Child and adolescent psychopathology: A casebook* (pp. 1- 42). Newbury Park, CA: Sage Publications. (Chapter 1: Understanding the Complexities of Child and Adolescent Psychopathology)
2. Calkins, S. D., & Hill, A. (2007). Caregiver influences on emerging emotion regulation. In J. Gross (Ed.), *Handbook of emotion regulation.* (pp. 229-248). Guilford Press.
3. *Bozicevic, L.,DePascalis, L., Schultmaker, N., Tomlinson, M., Cooper, P. & Murray, L. (2016). Longitudinal association between child emotion regulation and aggression, and the role of parenting: A comparison of three cultures. *Psychopathology*, *49,* 228-235.
4. *Patterson, G. R. (2002). The early development of coercive family process. In J.B. Reid, G.R. Patterson, & J.E. Snyder. *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention*. (pp. 25044). American Psychological Association.

Week 3: 9/23
Cultural Formulation, Vulnerability, Risk & Resilience

1. DSM-5: Cultural Formulation pp. 749-760
2. *Canino, G., & Alegría, M. (2008). Psychiatric diagnosis - is it universal or relative to culture?. *Journal of child psychology and psychiatry, and allied disciplines*, *49*(3), 237–250. https://doi.org/10.1111/j.1469-7610.2007.01854.x
3. *B & H Text, Ch. 4: Risk and Resilience in Child and Adolescent Psychopathology

Supplemental:

1. Cuthbert, B. N. (2014). The RDoC framework: Facilitating transition from ICD/DSM to dimensional approaches that integrate neuroscience and psychopathology. *World Psychiatry*, *13*(1), 28-35.
2. Liang, J., Matheson, B. & Douglas, J. (2016). Mental health diagnostic considerations in racial/ethnic minority youth. *Journal of Child and Family Studies*, *25*, 1926-1940.
3. *Price, J. M., & Zwolinski, J. (2010). The nature of child and adolescent vulnerability: History and definitions. In R. E. Ingram & J. M. Price (Eds.), *Vulnerability to psychopathology: Risk across the lifespan* (pp. 18–38). The Guilford Press.
4. GSAPP panel discussion: https://www.youtube.com/watch?v=E5NOmqkF2fY

Week 4: 9/30
Maltreatment, Abuse/Neglect, Trauma, Guest Lecture – Dr. Jeff Segal
DSM-5 section: Trauma and Stressor Related Disorders

1. Cicchetti, D. (2016). Socioemotional, Personality, and Biological Development: Illustrations from a Multilevel Developmental Psychopathology Perspective on Child Maltreatment. *Annual Review of Psychology*, *67*(1), 187–211. (FOCUS on: pp. 191-205)
2. *Russotti, J., Warmingham, J. M., Handley, E. D., Rogosch, F. A., & Cicchetti, D. (2021). Child maltreatment: An intergenerational cascades model of risk processes potentiating child psychopathology. *Child abuse & neglect*, *112*, 104829.
3. *B & H Text, Ch. 20: Trauma and Stressor-Related Disorders in Infants, Children, and Adolescents (FOCUS on section*: Clinical and Research Challenges of DSM Model*)
4. Abrams, Z. (2021, July). Improved treatment for developmental trauma. *Monitor on Psychology*. Retrieved from https://www.apa.org/monitor/2021/07/ce-corner-developmental-trauma

Supplemental:

1. *Huang, N., Yang, F., Liu, X., Bai, Y., Guo, J., & Riem, M. M. E. (2023). The prevalences, changes, and related factors of child maltreatment during the COVID-19 pandemic: A systematic review. *Child abuse & neglect*, *135*, 105992. https://doi.org/10.1016/j.chiabu.2022.105992
2. *Handley, E. D., Russotti, J., Warmingham, J. M., Rogosch, F. A., Todd Manly, J., & Cicchetti, D. (2021). Patterns of child maltreatment and the development of conflictual emerging adult romantic relationships: An examination of mechanisms and gender moderation. *Child maltreatment*, *26*(4), 387-397.
3. Hayes, A. M., Yasinski, C., Grasso, D., Ready, C. B., Alpert, E., McCauley, T., Webb, C., & Deblinger, E. (2017). Constructive and Unproductive Processing of Traumatic Experiences in Trauma-Focused Cognitive-Behavioral Therapy for Youth. *Behavior therapy*, *48*(2), 166–181. https://doi.org/10.1016/j.beth.2016.06.004
4. Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing interpersonal and racial trauma: Integrating racial socialization into Trauma-Focused Cognitive Behavioral

Therapy for African American youth. *Child Maltreatment, 26*(1), 17–27. https://doi.org/10.1177/1077559520921457

5. Toth, S. L., Harris, L. S., Goodman, G. S. & Cicchetti, D. (2011). Influence of violence and aggression on children's psychological development: Trauma, attachment and memory. In P.R. Shaver & M. Mikulincer (Eds.), *Human Aggression and Violence*. American Psychological Association. doi:10.2307/j.ctv1chrzs7.24
6. Van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York. (Chapter 8, Chapter 10 is recommended)

Week 5: 10/07
Disruptive Behavior Disorders, Guest Lecture – Dr. Andrew Cosgrove
DSM-5 section: Disruptive, Impulse-Control and Conduct Disorders

1. *Burke, J.D., Rowe, R., & Boylan, K. (2014). Functional outcomes of child and adolescent oppositional defiant disorder symptoms in young adult men. *Journal of Child Psychology and Psychiatry, 55,* 264-272.
2. *Frick, P.J. (2016). Current research on conduct disorder in children and adolescents. *South African Journal of Psychology, 46,* 160-174.
3. Kahn, J. (2012, May 11). Can you call a 9-year-old a psychopath? *The New York Times Magazine*.

Supplemental:

1. Cairns, R. B. & Cairns, B. D. (2008). The natural history and developmental functions of aggression. In A. J. Sameroff, M. Lewis, & S. M. Milles (Eds.) *Handbook of Developmental Psychopathology*, Second Edition. pp. 403-429. Kluwer/Plenum.
2. Beaver, K. M., DeLisi, M., Wright, J. P., & Vaughn, M. G. (2009). Gene-environment interplay and delinquent involvement: Evidence of direct, indirect, and interactive effects. *Journal of Adolescent Research, 24*, 147-168.
3. *Fadus, M. C., Ginsburg, K. R., Sobowale, K., Halliday-Boykins, C. A., Bryant, B. E., Gray, K. M., & Squeglia, L. M. (2020). Unconscious bias and the diagnosis of disruptive behavior disorders and ADHD in African American and Hispanic youth. *Academic Psychiatry*, *44*, 95-102.
4. Mizock, L., & Harkins, D. (2011). Diagnostic bias and conduct disorder: Improving culturally sensitive diagnosis. *Child & Youth Services*, *32*(3), 243-253.
5. *Le, T. N., & Stockdale, G. D. (2005). Individualism, collectivism, and delinquency in Asian American adolescents. *Journal of Clinical Child and Adolescent Psychology*, *34*(4), 681-691.
6. Lansford, J. E, Deater-Deckard, K., Dodge, K. A, Bates, J. E. & Pettit, G. S. (2004). Ethnic differences in the link between physical discipline and later adolescent externalizing behaviors. *Journal of Child Psychology & Psychiatry, 45*(4), 806-812.
7. *Bushman, B. J., Gollwitzer, M. & Cruz, C. (2015). There is a broad consensus: Media researchers agree that violent media increase aggression in children, and pediatrician and parents concur. *Psychology of Popular Media Culture, 4*(3), 200-214.

Week 6: 10/14
Depressive Disorders, In-Class Group Case Formulation Exercise
DSM-5 section: Depressive Disorders

1. B & H Text, Ch. 18: Depressive Disorders
2. *Price, J. H., & Khubchandani, J. (2019). The Changing Characteristics of African-American Adolescent Suicides, 2001-2017. *Journal of community health*, *44*(4), 756–763. https://doi.org/10.1007/s10900-019-00678-x
3. Moyer (2021). Suicide rates rise in a generation of Black youth. *Scientific American.* *https://www.scientificamerican.com/article/suicide-rates-rise-in-a-generation-of-black-youth/*

4. Read case before class, so you are prepared to work in groups.

Supplemental:

1. *David-Ferdon, C., & Kaslow, N.J. (2008). Evidence-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child and Adolescent Psychology, 37,* 62-105.
2. *McLeod, B.D., Weisz, J.R., & Wood, J.J. (2007). Examining the association between parenting and childhood depression: A meta-analysis. *Clinical Psychology Review, 27,* 986-1003.
3. *Sander, J.B., & McCarty, C.A. (2005). Youth depression in the family context: Familial risk factors and models of treatment. *Clinical Child and Family Psychology Review, 8*(3). DOI: 10.1007/s10567-005-6666-3
4. Thapar, A., Eyre, O., Patel, V., & Brent, D. (2022). Depression in young people. *The Lancet, 400*(10352), 617-631.

Week 7: 10/21, Possibly on Zoom
Attention-Deficit/Hyperactivity Disorder, Guest Lecture: Drs. Melissa Farsang & Josh Langberg
DSM-5 section: Attention-Deficit/Hyperactivity Disorder

1. *B & H Text, Ch. 13: Attention-Deficit/Hyperactivity Disorder (FOCUS ON "Mechanism II: Performance Studies of Neuropsychological and Cognitive Abilities" and onward)
2. Evans, S.W., Owens, J.S., Wymbs, B.T., & Ray, R. (2018). Evidence-based psychosocial treatments for children and adolescents with Attention Deficit/Hyperactivity Disorder. *Journal of Clinical Child & Adolescent Psychology, 47,* 157-198. (FOCUS ON: main points/ takeaways
3. Moody, M. (2016). From Under-Diagnoses to Over-Representation: Black Children, ADHD, and the School-To-Prison Pipeline. *Journal of African American Studies (New Brunswick, N.J.)*, *20*(2), 152–163. https://doi.org/10.1007/s12111-016-9325-5

Supplemental:

1. Novotney, A. (2015, July/August). Are preschoolers being overmedicated? *Monitor on Psychology, 46(7),* 65-67.
2. Kamenetz, A. (2016, Jan 4). We're thinking about ADHD all wrong, says a top pediatrician. *NPREd: How Learning Happens.* Retrieved from https://www.npr.org/sections/ed/2016/01/04/459990844/were-thinking-about-adhd-all-wrong-says-a-top-pediatrician
3. *Morgan, P., Li, H., Cook, M., Farkas, G., Hillemeier, M. & Lin, Y. (2016). Which kindergarten children are at greatest risk for attention-deficit/hyperactivity and conduct disorder symptomatology as adolescents? *School Psychology Quarterly*, *31*(1), 58-75.
4. *Sibley, M.H., *et al.* (2021) Variable patterns of remission from ADHD in the multimodal treatment study of ADHD. *American Journal of Psychiatry.* doi.org/10.1176/appi.ajp.2021.21010032
5. Breaux, R. P., & Harvey, E. A. (2019). A longitudinal study of the relation between family functioning and preschool ADHD symptoms. *Journal of Clinical Child & Adolescent Psychology*, *48*(5), 749-764.
6. *Conway, F. (2017). Cultivating compassion: A psychodynamic understanding of attention deficit hyperactivity disorder (pp. xv-xxix). Rowman & Littlefield.

Week 8: 10/28
Anxiety Disorders
DSM-5 section: Anxiety Disorders

1. *Esbjørn, B. H., Bender, P. K., Reinholdt-Dunne, M. L., Munck, L. A., & Ollendick, T. H. (2012). The Development of Anxiety Disorders: Considering the Contributions of Attachment and Emotion Regulation. *Clinical Child and Family Psychology Review*, *15*(2), 129–143. https://doi.org/10.1007/s10567-011-0105-4
2. *Chu, B. C., Merson, R. A., Zandberg, L. J., & Areizaga, M. (2012). Calibrating for comorbidity: Clinical decision-making in youth depression and anxiety. *Cognitive and Behavioral Practice*, *19*(1), 5-16.
3. *Chu, B. C., Skriner, L. C., & Staples, A. M. (2013). Behavioral avoidance across anxiety, depression, impulse, and conduct problems. In J. Ehrenreich-May, & B. Chu, (Eds.), *Transdiagnostic treatments for children and adolescents: Principles and practice* (pp. 84 – 110). Guilford Press. (FOCUS ON sections: *Avoidance in Youth Anxiety Disorders, Avoidance Across the Disorders- An Integration, & Conclusion*)

Supplemental:

1. Fox, N. A., Henderson, H. A., Marshall, P. J., Nichols, K. E., & Ghera, M. M. (2005). Behavioral inhibition: Linking biology and behavior within a developmental framework. *Annual Review of Psychology*, *56*(1), 235–262. https://doi.org/10.1146/annurev.psych.55.090902.141532
2. *Wang, Z., Whiteside, S. P. H., Sim, L., Farah, W., Morrow, A. S., Alsawas, M., Barrionuevo, P., Tello, M., Asi, N., Beuschel, B., Daraz, L., Almasri, J., Zaiem, F., Larrea-Mantilla, L., Ponce, O. J., LeBlanc, A., Prokop, L. J., & Murad, M. H. (2017). Comparative effectiveness and safety of cognitive behavioral therapy and pharmacotherapy for childhood anxiety disorders: A systematic review and meta-analysis. *JAMA Pediatrics*, *171*(11), 1049–1056. https://doi.org/10.1001/jamapediatrics.2017.3036
3. Hofmann, S. G., & Hinton, D. E. (2014). Cross-Cultural Aspects of Anxiety Disorders. *Current Psychiatry Reports*, *16*(6), 450–450. https://doi.org/10.1007/s11920-014-0450-3
4. *McLeod, B. D., Wood, J. J., & Weisz, J. R. (2007). Examining the association between parenting and childhood anxiety: A meta-analysis. *Clinical Psychology Review*, *27*(2), 155–172. https://doi.org/10.1016/j.cpr.2006.09.002
5. *Kalin, N. H. (2017). Mechanisms underlying the early risk to develop anxiety and depression: A translational approach. *European Neuropsychopharmacology*, *27*(6), 543-553.
6. *Zinbarg, R. E., Williams, A. L., & Mineka, S. (2022). A current learning theory approach to the etiology and course of anxiety and related disorders. *Annual Review of Clinical Psychology*, *18*, 233-258.

Week 9: 11/4
Autism Spectrum Disorder, Case Formulation Paper Due
DSM-5 section: Autism Spectrum Disorder

1. *Cook, A., Ogden, J., & Winstone, N. (2018). Friendship motivations, challenges and the role of masking for girls with autism in contrasting school settings. *European Journal of Special Needs Education*, *33*(3), 302-315.
2. Leadbitter, K., Buckle, K. L., Ellis, C., & Dekker, M. (2021). Autistic self-advocacy and the neurodiversity movement: Implications for autism early intervention research and practice. *Frontiers in Psychology*, 782.
3. Podcast: 91| Neuropsych Bite: Clinical Case 7 (Pediatric, Autism) – With Dr. Kira Armstrong: https://www.navneuro.com/91/
4. Dwyer, P. (2022). Stigma, incommensurability, or both? Pathology-first, person-first, and identity-first language and the challenges of discourse in divided autism communities. *Journal of Developmental & Behavioral Pediatrics*, *43*(2), 111-113.

Supplemental:

1. B & H Text, Ch. 22: Autism Spectrum Disorder
2. Padawer, R. (2014). The kids who beat Autism. *The New York Times*. Retrieved from http://nyti.ms/1zypbdQ
3. Podcast: The Testing Psychologist, 268: Masterclass: Autistic Adolescent Girl with Dr. Donna Henderson: https://www.thetestingpsychologist.com/268-masterclass-autistic-adolescent-girl-w-dr-donna-henderson/
4. *Aylward, B. S., Gal-Szabo, D. E., & Taraman, S. (2021). Racial, Ethnic, and Sociodemographic Disparities in Diagnosis of Children with Autism Spectrum Disorder. *Journal of Developmental and Behavioral Pediatrics*, *42*(8), 682–689.

Week 10: 11/11
OCD & Tic Disorders, Guest Lecture – Dr. Amanda Ferriola
DSM sections: Obsessive-Compulsive and Related Disorders & Tic Disorders

1. *McGuire, J.F., Piacentini, J., Brennan, E. A., Lewin, A.B., Murphy, T.K., Small, B.J., & Storch, E.A. (2014). A meta-analysis of behavior therapy for Tourette Syndrome. *Journal of Psychiatric Research, 50,* 106-112.
2. *Huppert, J. D., Siev, J., & Kushner, E. S. (2007). When religion and obsessive-compulsive disorder collide: Treating scrupulosity in ultra-orthodox Jews. *Journal of Clinical Psychology*, *63*(10), 925–941. https://doi.org/10.1002/jclp.20404

Supplemental:

1. Coyle, C. (2019). Scientists uncover possible new causes of Tourette Syndrome. *Rutgers Today*. https://www.rutgers.edu/news/scientists-uncover-possible-new-causes-tourette-syndrome#.XixLNFNKhPW
2. *Pirutinsky S, Rosmarin DH, Pargament KI. Community attitudes towards culture-influenced mental illness: scrupulosity vs. nonreligious OCD among orthodox jews. *Journal of community psychology*. 2009;37(8):949-958. doi:10.1002/jcop.20341
3. *Ching, T. H. W., & Williams, M. T. (2019). The role of ethnic identity in OC symptom dimensions among Asian Americans. *Journal of obsessive-compulsive and related disorders*, *21*, 112–120. https://doi.org/10.1016/j.jocrd.2019.03.005
4. Gabbard, G. O. (2001). Psychoanalytically informed approaches to the treatment of obsessive-compulsive disorder. *Psychoanalytic Inquiry*, *21*(2), 208-221.
5. *Pittenger, Christopher, Monnica T. Williams, and Terence Ching (ed.), 'OCD in Ethnoracial Minorities: Symptoms, Barriers to Care, and Cultural Considerations for Treatment', in Christopher Pittenger (ed.), *Obsessive-compulsive Disorder: Phenomenology, Pathophysiology, and Treatment* (New York, 2017; online edn, Oxford Academic, 1 Oct. 2017), https://doi.org/10.1093/med/9780190228163.003.0063, accessed 30 Mar. 2023.

Week 11: 11/18
Eating Disorders
DSM-5 Section: Feeding and Eating Disorders

1. Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk Factors for Eating Disorders. *The American Psychologist*, *62*(3), 181–198. https://doi.org/10.1037/0003-066X.62.3.181
2. Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology, 44,* 707-721.
3. *Burke, N. L., Schaefer, L. M., Hazzard, V. M., & Rodgers, R. F. (2020). Where identities converge: The importance of intersectionality in eating disorders research. *The International Journal of Eating Disorders*, *53*(10), 1605–1609. https://doi.org/10.1002/eat.23371

4. Brewster, K. (2011). Body dysmorphic disorder in adolescence: Understanding imagined ugliness. The School Psychologist, 65, 13-16

Supplemental:

1. Wilson, G. T., & Sysko, R. (2006). Cognitive-behavioural therapy for adolescents with bulimia nervosa. *European Eating Disorders Review*, *14*(1), 8–16. https://doi.org/10.1002/erv.668
2. B & H Text, Ch 24: Eating Disorders
3. *Bodell, L. P., Wildes, J. E., Cheng, Y., Goldschmidt, A. B., Keenan, K., Hipwell, A. E., & Stepp, S. D. (2018). Associations between Race and Eating Disorder Symptom Trajectories in Black and White Girls. *Journal of Abnormal Child Psychology, 46*(3), 625-638. https://doi.org/10.1007/s10802-017-0322-5

Week 12: 11/25 Bipolar Disorder

DSM-5 section: Bipolar and Related Disorders

1. B & H Text, Ch. 21: Bipolar Disorder- FOCUS ON "Problems with Dx of BD Among Youth" and onward
2. *Goldstein et al. (2017). The International Society for Bipolar Disorders Task Force report on pediatric bipolar disorder: Knowledge to date and directions for future research. *Bipolar Disorders,* 1-20. DOI: 10.1111/bdi.12556

Week 13: 12/2

Review of Topics, Video for Final, Intellectual Disability

DSM-5 section: Intellectual Disabilities

1. Witwer, A.N., Lawton, K., & Aman, M.G. (2014). Intellectual Disability. In Mash, E., J. & Barkley, R. A. (Eds.) *Child psychopathology, 3rd edition* (pp. 593 - 624). Guilford Press. (FOCUS on: pp. 593-599, 603-608)
2. *Totsika, V., Liew, A., Absoud, M., Adnams, C., & Emerson, E. (2022). Mental health problems in children with intellectual disability. *The Lancet. Child & adolescent health*, *6*(6), 432–444. https://doi.org/10.1016/S2352-4642(22)00067-0

Supplemental:

1. *Rose, C. A., Stormont, M., Wang, Z., Simpson, C. G., Preast, J. L., & Green, A. L. (2015). Bullying and Students With Disabilities: Examination of Disability Status and Educational Placement. *School Psychology Review, 44*(4), 425-444.

Week 14: 12/9

Substance-Related Disorders, Final Paper Due

DSM-5 section: Substance Related and Addictive Disorders (focus on 483-503; further details are provided about other substances 504-590, but essential symptoms are similar across disorders)

1. Harrop, E. & Catalano, R.F. (2016). Evidence-based prevention for adolescent substance use. *Child and Adolescent Psychiatric Clinics of North America, 25,* 387-410.

Supplemental:

1. Passetti, L. L. Godley, M. D. & Kaminer, Y. (2016). Continuing care for adolescents in treatment for substance use disorders. *Child and Adolescent Psychiatric Clinics of North America, 25,* 669-684
2. Iacono, W.G., Malone, S.M. & McGue, M. (2008). Behavioral disinhibition and the development of early-onset addiction: Common and specific influences. *Annual Review of Clinical Psychology, 4*(1), 325-348.

3. Wang, M., Kviz, F. J., & Miller, A. M. (2012). The mediating role of parent–child bonding to prevent adolescent alcohol abuse among Asian American families. *Journal of immigrant and minority health*, *14*, 831-840.
4. Sharma, A., & Morrow, J. D. (2016). Neurobiology of Adolescent Substance Use Disorders. *Child and Adolescent Psychiatric Clinics of North America*, *25*(3), 367–375. https://doi.org/10.1016/j.chc.2016.02.001
5. Felner, J. K., Wisdom, J. P., Williams, T., Katuska, L., Haley, S. J., Jun, H. J., & Corliss, H. L. (2020). Stress, coping, and context: Examining substance use among LGBTQ young adults with probable substance use disorders. *Psychiatric Services*, *71*(2), 112-120.
6. Szalavitz, M. (2016). The four traits that put kids at risk for addiction. The New York Times.

Week 15: 12/16
TBD, based on student interest

This syllabus is subject to change throughout the semester based on pertinent public health topics and student feedback.

I look forward a rich learning experience this semester!