

CHILD PSYCHOPATHOLOGY

Spring 2019

Wednesdays, 1:45pm-4:30pm

Location: Room 307

Instructor: Jessica Benas, Ph.D.

18:820:563:02

Course Learning Objectives

This course will provide an overview of the most common expressions of child and adolescent psychopathology. The learning objectives include conceptual, empirical, 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, and culture. Students will become familiar with the DSM-5 and how to conceptualize cases. Students will also be taught how to communicate as a professional through writing and presentations, in order to convey information in a clear and understandable manner. Although interventions will be discussed, it will not be a primary emphasis in this course. This course is designed to advance the student's 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 class will be lecture and discussions.

Recommended Texts

DSM-5 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, (5th Ed.). Washington DC: Author.

Mash, E., J. & Barkley, R. A. (2014). *Child Psychopathology* (3rd ed.). New York: Guilford Press.

This textbook will give you additional information on the background of child psychopathology and is a great reference, especially for comps.

Readings available on Sakai

I will use Sakai to post the syllabus and some class readings, and to distribute information. To access the site, login with your NetID at: <http://sakai.rutgers.edu/> and then click the tab for Child Psychopathology Spring 2019.

For some weeks, you will find the articles in a folder for that week. The PDFs of the readings are typically saved as the authors' last names.

Relation to other GSAPP Courses

This course will introduce you to the steps of case conceptualization and provide multiple opportunities for mastering this skill, such as in-class conceptualizations and written assignments. Relatedly, you will learn DSM-5 diagnostic criteria, which will build upon knowledge acquired in your adult psychopathology class. Lastly, you will acquire knowledge of basic mechanisms and processes that provide a foundation for some advanced specialty courses.

Class Requirements

1. Attendance: Each student is required to attend all classes and be on time. If you must miss a class due to illness or an emergency, please notify me in advance. *5% of course grade*
2. Participation: Students are expected to come prepared for class and participate actively in class discussion. Students should come prepared to weave ideas from the assigned readings into the discussion. Computers can only be used for class-related work. Please be prepared to share your thoughts at least once per class. *10% of course grade*
3. Short papers: In lieu of a mid-term, there will be a total of two short papers due throughout the semester. For the papers, students will be asked to read a case vignette and write a short paper including presenting problem(s), proposed diagnosis, and a case conceptualization. Further details are included at the end of the syllabus. *30% of course grade*
4. In-Class Presentations: Students will present with a fellow classmate. More detail is provided at the end of this syllabus. *15% of course grade.*
5. Final Exam: Students will view a recorded intake session with a child during the final class meeting. Students will write a case conceptualization and provide a DSM-5 diagnosis. *40% of course grade.*

Individual appointments

If you wish to speak with me in private, please set up an individual appointment through email and I will be happy to meet with you.

Rutgers Mandated Statement on Academic Integrity:

<http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/>

Rutgers Statement on Accommodation

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order 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 your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at: <https://ods.rutgers.edu/students/registration-form>

some readings are subject to change

January 23 **Overview of Course/Models of Developmental Psychopathology/Case Conceptualization**

Part 1: Models of Psychopathology

Recommended reading: 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, 2nd edition* (pp. 18-38). New York: Guilford Press.

Part 2: Introduction to Diagnosis

Recommended reading: Introduction section of the DSM-5 (pages 5-24)

Part 3: Case Conceptualization

Recommended reading: Christon, L.M., McLeod, B.D., & Jensen-Doss, A. (2015). Evidence-based assessment meets evidence-based treatment: An approach to science-informed case conceptualization. *Cognitive and Behavioral Practice, 22*, 36-48.

Recommended reading: "Case Formulation from Five Different Perspectives". Excerpt from Wilmshurst, L.A. (2018). *Child and adolescent psychopathology: A casebook*. Los Angeles: Sage.

January 30 **ADHD - Attention-Deficit/Hyperactivity Disorder**

Evans, S.W., Owens, J.S., Wymbs, B.T., & Ray, R. (2018). Evidence-based psychosocial treatments for children and adolescent with Attention Deficit/Hyperactivity Disorder. *Journal of Clinical Child & Adolescent Psychology, 47*, 157-198.

Nigg, J.T., & Barkley, R. A. (2014). Attention-deficit/hyperactivity disorder. In Mash, E., J. & Barkley, R. A. (Eds.) *Child psychopathology, 3rd edition* (pp. 75-89). New York: Guilford Press.

Recommended reading: Appropriate section of the DSM-5

Recommended reading: Novotney, A. (2015, July/August). Are preschoolers being overmedicated? *Monitor on Psychology, 46(7)*, 65-67.

February 6 **Disruptive Behavior Disorders**

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.

Frick, P.J. (2016). Current research on conduct disorder in children and adolescents. *South African Journal of Psychology*, 46, 160-174.

Kahn, J. (2012, May 11). Can you call a 9-year-old a psychopath? *The New York Times Magazine*.

Recommended reading: Appropriate sections of the DSM-5

February 13 **Underlying Processes – Developmental Trajectories, Emotion Regulation, and Attachment**

Cole, P.M., Hall, S.E. & Hajal, N.J. (2013). Emotion dysregulation as a risk factor for psychopathology. In T. P. Beauchaine & S. P. Hinshaw (Eds.) *Child and adolescent psychopathology, 2nd edition* (pp. 341-373). Hoboken, NJ: Wiley and Sons.

Lehrer, J. (2009, May). Don't!: The secret of self-control. *The New Yorker*, 26-32.

Student Presentations #1 & 2

February 20 **Child and Adolescent Maltreatment, Abuse, and Trauma**

Guest lecture: Lindsay Liotta Anderson, Psy.D., Assistant Clinic Director at Center for Psychological Services, Director of the Foster Care Counseling Project

Burch, A.D. (2017). A gun to his head as a child. In prison as an adult. *The New York Times*.

<https://www.nytimes.com/2017/10/15/us/childhood-trauma-prison-addiction.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=photo-spot-region®ion=top-news&WT.nav=top-news&r=0>

Ruiz, R. (2014, July). How childhood trauma could be mistaken for ADHD. *The Atlantic*. Retrieved from <http://www.theatlantic.com/health/archive/2014/07/how-childhood-trauma-could-be-mistaken-for-adhd/373328/>

Recommended reading: Appropriate sections of the DSM-5

Student Presentation #3

February 27 **Mood Disorders***Paper #1 Due*

Garber, J. (2010). Vulnerability to depression in childhood and adolescence. In R.E. Ingram & J.M. Price (Eds.) *Vulnerability to psychopathology* (pp.189 - 247). New York: The Guilford Press.

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

Recommended readings:

Appropriate sections of the DSM-5 (Depressive Disorders and Bipolar Disorders)

Carey, B. (2015, September). Antidepressant Paxil is unsafe for teenagers, new analysis says. *The New York Times*, A20.

Kaplan, S. L., (2011, June). Mommy am I really Bipolar? *Newsweek*, 51-57.

March 6 **Anxiety Disorders**

Esbjörn, 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 & Family Psychology Review*, 15, 129-143.

Muris, P. (2006). The pathogenesis of childhood anxiety disorders: Considerations from a developmental psychopathology perspective. *International Journal of Behavioral Development*, 30, 5-11.

Recommended reading: Appropriate sections of the DSM-5

March 13 **Autism Spectrum Disorder**

Guest lecture: Kate Fiske, Ph.D., BCBA-D, Clinical Assistant Professor & Associate Director of Behavioral and Research Services, Douglass Developmental Disabilities Center

Padawer, R. (2014). The kids who beat Autism. *The New York Times*. Retrieved from <http://nyti.ms/1zyxbdQ>

Klinger, L.G., Dawson, G., Barnes, K., & Crisler, M. (2014). Autism Spectrum Disorder. In Mash, E., J. & Barkley, R. A. (Eds.) *Child psychopathology, 3rd edition* (pp. 531 - 572). New York: Guilford Press.

Recommended reading: Appropriate sections of the DSM-5

Student Presentation #4

March 20 *No class; Spring Break*

March 27 **Intellectual Disabilities and Learning Disabilities**

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). New York: Guilford Press.

Student Presentations # 5 & 6

April 3 **Eating Disorders**

Guest lecture: Miriam Wolosh, Ph.D., Private Practitioner and Eating Disorder Specialist

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.

Recommended reading: Appropriate sections of the DSM-5

Student Presentation # 7

April 10 **Culture and Psychopathology**

Paper #2 due

Chen, X., Fu, R., & Leng, L. (2014). Culture and developmental psychopathology. In M. Lewis & K. D. Rudolph (Eds.) *Handbook of developmental psychopathology* (pp. 225 – 241). New York: Springer Science & Business Media.

Clay, R. (2017). Did you really just say that? *Monitor on Psychology, 48*, 46-49. <https://www.apa.org/monitor/2017/01/microaggressions.aspx>

Recommended reading: Appropriate sections of the DSM-5 (pp. 749-759)

Student Presentations # 8 & 9

April 17 **Tourette Syndrome**

Guest lecture: Dr. Jeremy Lichtman, Psy.D.

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.

April 24 **Substance-Related Disorders**

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

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.

Recommended readings: Appropriate sections of the DSM-5

Szalavitz, M. (2016). The four traits that put kids at risk for addiction. The New York Times.

<https://www.nytimes.com/2016/10/04/well/family/the-4-traits-that-put-kids-at-risk-for-addiction.html?smprod=nytcore-ipad&smid=nytcore-ipad-share&r=0>

Gender and Sexual Identity

Diamond, L.M. (2013). Sexual-minority, gender-nonconforming, and transgendered youths. In Bromberg, D.S., & O'Donohue, W.T. (Eds.) *Handbook of child and adolescent sexuality: Developmental and forensic psychology* (pp. 275-300). Oxford: Academic Press.

Recommended reading: Appropriate sections of the DSM-5 (Gender dysphoria, pp. 451-460).

Student Presentation #10

May 1 **VIDEO FOR FINAL**

View child interview during class time

You will be provided with a transcript of the video, as well as a written summary of the phone intake and a written summary of the parent intake interview. This case was an ACTUAL intake interview in the clinic; all identifying information have been removed, but please treat the materials as confidential. You will have the option of taking the paperwork home with you so you can reference it while writing up your final. Please keep the materials secure. You must hand the materials back in along with your final paper.

May 8 **Summary of the Course**

FINAL PAPER DUE at the beginning of class

Further details on the assignments:

A) Essays 1-2 and the final (case conceptualization of case vignettes).

Please follow the following guidelines when writing reports:

- a. The short papers should each be a maximum of 5 pages (double spaced, 12-pt font, 1-inch margins). The final paper should be a maximum of 8 pages (double spaced, 12-pt font, 1-inch margins). It is fine if the papers are shorter, but please do not turn in a paper over the maximum; concise writing is an essential skill. If any paper does not meet the formatting and maximum length requirements, I will return it to you without grading it.
- b. Use the third person in writing reports.
- c. Organize your paper carefully, so that each topic is only discussed in one place, each paragraph makes only one point, and each sentence is clear and concise.
- d. You must include headings to separate the sections listed below.
- e. Include information to the best of your knowledge, based on the information that is presented in the case. If there is no information about a specific area, it is all right to leave that information out; there is no need to make up any information.

Your essays will have the following sections:

Identifying Information: Include demographics (age, race, SES), who is in the home (note if any primary caregivers live elsewhere), jobs, etc. *Please use initials to keep information confidential.*

Presenting Problem (and history of the problem): Who is the referral source? Include the problem as the referral source sees it, and as the family members see it. Why are the child and family seeking support; what is the concern? Identify any *historical factors* (e.g., medical history, developmental history, history of trauma, family psychiatric history, etc.)

Mental Status: Include appearance, mood, affect, and cognitive functioning during the interview.

Behavioral Observations: Include significant or atypical behaviors expressed, and notable responses to the interviewer and the tasks.

Diagnosis: Assign a diagnosis using ICD-10 codes. When listing diagnoses, please specify the *diagnostic code* first, and then write the *diagnosis*. Also please list your diagnoses in order of primary, secondary, etc., followed by any rule-out diagnoses. Please *defend* your diagnoses by including a brief narrative description of the symptoms that fit with the diagnoses given and explain any diagnoses that you still need to rule out.

Case Formulation: Include an *analysis of the problem* and discussion of the potential *origin of the problem*. In this section, please hypothesize why this client is struggling from the symptoms and what might be exacerbating, mitigating, and/or maintaining the symptoms. Provide a tentative causal model explaining the illness based on what you know from the case vignette and based on what you know about the etiology of the illness. Discuss any *functional impairment* that the issue is causing. Relatedly, discuss any known *risk and resilience* factors.

Summary and Recommendations: Include identification of any *additional information* that needs to be obtained, what *interventions* are needed, and the *prognosis* (guarded, poor, fair, good, excellent). State if there are any *treatment barriers* and discuss them, if applicable.

B) Student Presentations

All attempts will be made to assign you your first or second choice topic. The topic list will be handed out during the first class session. Tips for Your In-Class Presentations:

- a. Presentations will be 30 minutes long in total; please make sure both you and your partner are given equal presentation time. The style and content of the presentation are largely up to you; some general guidelines are to present an overview of the topic and any relevant or related research pertaining to it.
- b. The most common error is to have too much material. Be modest in your goals and practice the timing of your presentation. You will not be able to go over time.
- c. Please use Powerpoint, make the slides legible with large font and minimal writing per slide. Do not use clip art or other graphics excessively.
- d. You will be assessed on the content of the material and your presentation style.
- e. Please include a list of the resources you used on your final slide.
- f. If you would like any additional in-depth guidance pertaining to your particular topic, I will be happy to meet with you; please contact me to set up a meeting.