CHILD PSYCHOPATHOLOGY

Spring 2019
Tuesdays 1:45 pm – 4:30pm
GSAPP, A317
Unit: 18 Subject: 820 Course: 563 Section: 01
18:820:563:01

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Course Learning Objectives

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. In particular, the contributions of factors such as genetics, family influences, social systems, learned patterns of behavior, and psychodynamics will be explored. Students will become familiar with the DSM-5 and how to conceptualize cases. You will also be taught how to communicate as a professional through your writing so that you will be able to convey complexity of the cases in a clear and understandable manner.

At times, interventions may be mentioned in presentations and course readings. However, the issue of treatment will not be a significant focus. 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 disorders.

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 & ICD 10 diagnostic criteria, which will build upon knowledge acquired in the adult psychopathology class. You will acquire knowledge of basic mechanisms and processes that provide a foundation for some advanced specialty courses.

The format of this seminar class will be lecture and discussions. Open discussion is an integral part of this seminar.

Methods to assess whether you have met the learning objectives of the course:

You will write a series of essays throughout the course. They will be graded using a rubric that is guided by the learning objectives for the course. Questions guiding the rubric are: Do you accurately summarize empirically-based findings related to the etiology and expression of the childhood disorder? Do you consider the range of etiological influences? Do you provide a coherent case conceptualization which reflects the complexity of the case? Do you demonstrate familiarity with the DSM-5? Do you write in a professional manner that could be understood by a layperson? Can the case conceptualization stand on its' own? If a treating psychologist picked up the document, could he/she understand the disorder that the child or adolescent is manifesting and start treatment?

Learning Objectives

Students who complete Child Psychopathology will be able to:

1. Critically evaluate and synthesize the research literature to formulate research questions and hypotheses. [SP Element 1.1]

2. Display an awareness of how personal bias and cultural history, attitudes, and biases affect understanding and interactions with people different from themselves. [SP Element 3.1]

3. Demonstrate 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. [SP Element 5.2]

4. Demonstrate current knowledge of diagnostic classification systems, adaptive and maladaptive behaviors, and the impact of client behaviors on functioning. [SP Element 6.4]

5. Identify and develop 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. [SP Elements 7.2]

Required Text

DSM-5 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders,* (5th Ed.). Washington DC: Author.
http://dsm.psychiatryonline.org.proxy.libraries.rutgers.edu/doi/book/10.1176/appi.books.9780890425596

Recommended Text

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.

Readings available on Sakai

Each week there will be additional readings by topic on the Sakai course site: https://sakai.rutgers.edu/. The PDFs of the readings are typically saved as the author's last name. In addition, supplemental recommended readings may also be within each folder. Depending on your interest, you may decide to read the supplemental readings.

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. There will be an approximately 10 minute break during the middle of the class. Please do your best to not leave during other times since the continual opening and closing of the door disrupts the rest of your cohort.

2. ***Participation:*** You 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 a class. Toward the end of the course, I may open the class with "free writes" where you will need to draw on your knowledge of the reading in a short answer response. You will turn them in (pass/fail) which will factor into your participation grade. **10% of course grade**

3. ***Forum Post:*** On Sakai, under Forum, you are asked to read a short NY Times article about the question of whether diagnosing children with ADHD helps or hurts them. The link is in the blog post so you will need to copy and paste the link into your browser to access the article. There are five opinions about this question from various writers. Read the five opinions and then write a post about your opinion on this topic. **5% of course grade**

4. ***Short papers:*** Instead of a mid-term, there are a total of ***two*** short papers which are due throughout the semester. They should be a maximum of 5 pages, double spaced, 12-pt font, 1 inch margins. Please do not turn in a paper over 5 pages; concise writing is an essential skill. Brevity is a challenge, but the aim is to reflect the length of real world professional products.

   For one of the papers, you will be asked to read a case vignette and write up a short paper including proposed diagnosis(es), presenting problem, case conceptualization, and research on the etiology of the primary diagnosis (based on the assigned readings). In each of these essays in the final section on research, please reference the readings (APA style). Please use references ONLY in that section of the paper.

   For the second short term paper, you will do an intake from the GSAPP clinic and do a write up as one would do for the clinic. Since this paper will become part of the child's clinic paperwork, the DSM 5 and etiology sections will be written as an addendum to your paper since these sections will not become part of the clinic record. This will be further explained in class when the formulations are discussed.

   You will be provided with details about the assignments before the first one is due. **30% of course grade.**

5. ***In class presentations.*** You will present on a panel with your fellow students. More detail is provided at the end of this syllabus. **15% of course grade.**

6. ***Final exam:*** You will view a videotaped intake session with a parent and a child interview. You will write up a case conceptualization and you will provide a DSM-5 diagnosis. The paper format will be the same as the first two papers above. This final paper can be a maximum of 8 pages (double spaced, 12-pt font, 1 inch margins). You are expected to integrate course material, but not outside readings. **40% of course grade.**

Individual appointments. If you wish to speak with me in private, please set up an individual appointment through email or see me before or after class.

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

COURSE OUTLINE

Date	**Topic/Readings** ******some readings are subject to change******
January 22	**Overview of Course**

Please read through the introduction to DSM-5 (focus on pages 5-24)

Abeles, V. (2016, Jan 2). Is the drive for success making our kids sick? *The New York Times.*
http://www.nytimes.com/2016/01/03/opinion/sunday/is-the-drive-for-success-making-our-children-sick.html?_r=0

Ingram R.E., & Price, J.M. (2010). Understanding psychopathology: The Role of Vulnerability. In R. E. Ingram & J. M. Price (Eds.) *Vulnerability to Psychopathology: Risk across the Lifespan, 2nd edition,* pp. 3-17. New York: Guilford Press.
On Sakai: Ingram – Understanding Psychopathology

ICD 10 & ICD 11

"Are You Ready for ICD-10-CM? (Spring/Summer 2015)." *Good Practice.* (p.2)
On Sakai: see "ICD 10.pdf"

ICD 11
On Sakai: see "ICD 11 has arrived.

Mental Status Examination
On Sakai: see "MSE.pdf"

Select panel topics.

Recommended:
Chapter 1 in Mash & Barkley (pp. 3-72)

January 29 **Models of Developmental Psychopathology and Case Conceptualization**

Part 1: Models of Psychopathology

Bazelton, E. (2005, Jan 2). Sentencing by numbers. *New York Times Magazine*. See
http://www.nytimes.com/2005/01/02/magazine/02IDEA.html?_r=1&scp=1&sq=&st=nyt

Luhrmann, T. M. (2015). Redefining mental illness. *New York Times.* See
http://www.nytimes.com/2015/01/18/opinion/sunday/t-m-luhrmann-redefining-mental-illness.html?_r=0

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.
On Sakai: see: "Vulnerability Chapter 2.pdf"

Schaffer, A. (2013, October 2). The no-label movement. *New Yorker*.
On Sakai: see: "No-Label Movement.pdf"

Part 2: Case Conceptualization

Wilmshurst, L. (2018). *Child and adolescent psychopathology: A casebook* (pp. 1- 42). Newbury Park, CA: Sage Publications.
On Sakai: see "Wilmshurst – Child and Adolescent Psychopathology.pdf"

Recommended:
Friedberg, R. D. & McClure, J. M. (2002). Case Conceptualization. In R. D. Friedberg, & J. M. McClure, *Clinical practice of cognitive therapy with children and adolescents pp. 11-33.* New York: Guilford Press.

Panel composition finalized.

February 5 **Conduct & Oppositional Defiant Disorders**

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*, pp. 200-214.

Cairns, R. B. & Cairns, B. D. 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.* Hingham, MA: Kluwer/Plenum.

Lahey, B. B. (2008). Oppositional defiant disorder, conduct disorder, and juvenile delinquency. In T. P. Beauchaine & S. P. Hinshaw (Eds.) *Child and Adolescent Psychopathology,(pp. 335-369).* Hoboken, NJ: Wiley and Sons.

Kahn, J. (2012, May 11). Can you call a 9-year old a psychopath? *The New York Times Magazine.*
http://www.nytimes.com/2012/05/13/magazine/can-you-call-a-9-year-old-a-psychopath.html?_r=0

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,* 806-812.

Appropriate sections of the DSM-5 **– Disruptive, Impulse-Control, and Conduct Disorders**

Recommended:
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.

Chapter 3 in Mash & Barkley (pp. 145-179)

Panel members have their first meeting (15 minutes)

February 12 **Child and Adolescent Depression & Pediatric Bipolar Disorder**

Cyranowski, J. M.; Frank, E., Young, E. & Shear, M. K. (2000). Adolescent Onset of the Gender Difference in Lifetime Rates of Major Depression: A Theoretical Model. *Archives of general psychiatry, 54*, 21-27.

DeAngelis, T. (2015). A new look at self-injury. *Monitor on Psychology, 46*, 58-62.

Kaplan, S. L., (2011, June). U.S. children misdiagnosed with bipolar disorder. *Newsweek*, 51-57

McDougall, P.; & Vaillancourt, T. (2015). Long-term adult outcomes of peer victimization in childhood and adolescence: pathways to adjustment and maladjustment. *American Psychologist, 70*, 300-310.

McLaughlin, T. (2017). More effective treatment strategies possible for black adolescents dealing with depression says Rutgers-Camden research. *Rutgers-Camden News Now.*

Weir, K. (2016). Research on suicide overlooks young children: psychologists are working to change that. *Monitor on Psychology*, 47, 29-31.

Appropriate sections of the DSM-5 – **Depressive Disorders & Bipolar and Related Disorders**

Recommended:

Chapter 5 in Mash & Barkley (pp. 225-252)
Chapter 6 in Mash & Barkley (pp. 264-316)

Forum Post Due by 2/12/19 at 11:59

February 19 **Culture and Psychopathology**

Bozicevic, L. et al. (2016). Longitudinal association between child emotion regulation and aggression, and the role of parenting: A comparison of three cultures. *Psychopathology*, 49, 228-235.

Clay, R. (2017). Did you really just say that? *Monitor on Psychology*, 48, 46-49.

Liang, J. et al. (2016). Mental health diagnostic considerations in racial/ethnic minority youth. *Journal of Child and Family Studies*, 25, 1926-1940.

Okonofua, J.A. et al. (2016). A vicious cycle: A social-psychological account of extreme racial disparities in school discipline. *Perspectives on Psychological Science*, 11, 381-398.

Smith, G. T., Spillane, N. S., & Annus, A. M. (2006). Implications of an emerging integration of universal and culturally specific psychologies. *Perspectives on Psychological Science, 1,* 211- 232.

Weir, K. (2017). How does culture sway teens' well being? *Monitor on Psychology, 48, 96-99.*

Cultural Formulation Interview (CFI)

http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural

Appropriate sections of the DSM-5 – **Cultural Formulation pp. 749-760**

Paper #1 due

February 26 **Tourette Syndrome**

Guest Speaker: Rob Zambrano, Psy,D. – Clinical Psychologist (2:00-3:30)

Coyle, C. (2019). Scientists uncover possible new causes of Tourette Syndrome. *Rutgers Today.*

Fistell, S. (2016). My life with Tourette's Syndrome. *New York Times.* http://www.nytimes.com/2016/11/23/opinion/my-life-with-tourettes-syndrome.html?action=click&pgtype=Homepage&clickSource=story-heading&module=opinion-c-col-right-region&region=opinion-c-col-right-region&WT.nav=opinion-c-col-right-region

Serajee, F. J. & Huq, M. (2015). Advances in tourette syndrome. *Pediatric Clinics of North America, 62, 687-701.*

Appropriate sections of the DSM-5 – **Motor Disorders pp. 74-86**

Recommended:

Chapter 9 in Mash & Barkley (pp. 440-461)

Panel members have their second meeting (15 minutes)

March 5 **Anxiety Disorders**

Guest Speaker: David – Living with Anxiety

Ali, W. (2018). O.C.D., My exhausting best friend. *The New York Times.*

Chen, A. (2017). For children with severe anxiety, drugs plus therapy help best. *NPR Health News.*

Dennis-Tiwary, T. (2018). Taking away the phones won't solve our teenagers problems. *The New York Times.*

Denizet-Lewis, B. (2017). Why are more American teenagers than ever suffering from severe anxiety? *The New York Times Magazine.*

Eisenberg, N. & Silver, R. C. (2011). Growing up in the shadow of terrorism: youth in America after 9/11. *American Psychologist, 66,* 468-481. https://webfiles.uci.edu/rsilver/Eisenberg%20&%20Silver,%20AP%202011.pdf

Hurley, K. (2018). What does childhood anxiety look like? Probably not what you think. *The Washington Post.*

Kant, J, (2008). *The Thought that Counts: A Firsthand Account of One Teenager's*

Experience with Obsessive-Compulsive Disorder (Adolescent Mental Health Initiative).

Klass, P. (2017). Treating anxiety in children. *New York Times.*

Appropriate sections of the DSM-5 – **Anxiety Disorders & Obsessive-Compulsive Related Disorders**

Recommended:
Chapter 8 in Mash & Barkley (pp. 345-428)

Chapter 9 in Mash & Barkley (pp. 429-440 only)

Kagan, J. (1997). Temperament and the reactions to unfamiliarity. *Child Development, 68,* 139-143.

Rapoport, J.L. (1989). *The boy who couldn't stop washing: the experience and treatment of obsessive-compulsive disorder, pp. 65-78*. New York: Penguin Books

Student panel presentation #1 Disruptive Behavior Disorders (CD, ODD, ADHD)

March 12 **ADHD - Attention-Deficit Hyperactivity Disorder**

Guest Speaker: Ruby – Living with Anxiety & ADHD

Jena, A. et al. (2018). The link between August birthdays and A.D.H.D. *The New York Times.*

Kamenetz, A. (2016, Jan 4). We're Thinking About ADHD All Wrong, Says a Top Pediatrician. *NPREd: How Learning Happens.* http://www.npr.org/sections/ed/2016/01/04/459990844/were-thinking-about-adhd-all-wrong-says-a-top-pediatrician?utm_source=npr_newsletter&utm_medium=email&utm_content=20160110&utm_campaign=bestofnpr&utm_term=nprnews

Molina, B.S.G. et al. (2009). The MTA at eight years: Prospective follow up of children treated for combine type ADHD in a multisite study. *Journal of American Academy of Child and Adolescent Psychiatry*, 48, 484-500.

Morgan, P.L. et al. (2016). Which kindergarten children are at greatest risk for attention-deficit/hyperactivity and conduct disorder symptomatology as adolescents? *School Psychology Quarterly*, 31, 58-75.

Nigg, J. & Nikolas, M. (2008). Attention-Deficit/Hyperactivity Disorder. In T. P. Beauchaine & S. P. Hinshaw (Eds.) *Child and Adolescent Psychopathology, pp. 335-369.* Hoboken, NJ: Wiley and Sons.

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

Stormont, M. (2001). Social outcomes of children with AD/HD: Contributing factors and implications for practice. *Psychology in the Schools, 38*, 521-531.

Appropriate sections of the DSM-5 – **Attention-Deficit/Hyperactivity Disorder pp.59-66.**

Recommended:

Chapter 2 in Mash & Barkley (pp. 75-121)

Panelist present to one another (30 minutes of presentation and 30 minutes of identifying similarities and differences across interventions)

March 19 **Spring Break – No Class**

March 26 **Eating disorders**

Guest Speaker: Miriam Wolosh, Ph,D. – Clinical Psychologist (1:45-3:15)
Family Based Eating Disorders

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

Striegel-Moore, R.H. & Bulik, C.M. (2007). Risk factors for eating disorders. *American American Psychologist, 62,* 181-198.

Wilson, G. T. & Sysko, R. (2006). Cognitive-behavioural therapy for adolescents with bulimia nervosa. *European Eating Disorders Review, 14,* 8–16.

Appropriate sections of the DSM-5 – **Feeding and Eating Disorders pp. 329-354**

Recommended:
Chapter 17 in Mash & Barkley (pp. 801-834)

Paper #2 Due today

April 2 **Childhood Posttraumatic Stress Disorder & Child Maltreatment**

Guest Speaker: Elizabeth Smith, Psy.D. - Forensic Psychologist

Comer, J.S. et al. (2016). Caregiver-reports of internet exposure and posttraumatic stress among Boston-Area youth following the 2013 Marathon Bombing. *Evidence-based practice in child and adolescent mental health*, 1, 86-102.

Digitale, N. (2016). Traumatic stress brains of boys, girls differently. *Stanford Medicine News Center.*
http://med.stanford.edu/news/all-news/2016/11/traumatic-stress-changes-brains-of-boys-girls-differently.html

Greenberg, S. A. & Shuman, D. W. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*. 28, 50-57.

Gurnon, E. (2016). Childhood trauma effects often persist into the 50's and beyond. *Next Avenue Blogger.*

http://www.nextavenue.org/effects-childhood-trauma/

Metzler, M. et al. (2016) Adverse childhood experiences and life opportunities: shifting the narrative. *Children and Youth Services Review. 72, 141-149.*

Narvaez, D. (2017). Be worried about boys, especially baby boys. *Adverse Childhood Experiences, Child Trauma, Epigenetics, Neurobiology, Trauma.*

Appropriate sections of the DSM-5 – **Trauma and Stressor-Related Disorders**

Recommended:

Hoven, C.W., Mandell, D.J. & Duarte, C.S. (2003). *Mental Health of New York City Public School Children After 9/11: An Epidemiologic Investigation.* In S.W. Coates, J.L. Rosenthal & D.S. Schechter (Eds.) *September 11: Trauma and Human Bonds,* (pp. 51-74). New Jersey: Analytic Press.

Chapter 10 in Mash & Barkley (pp. 476-528)
Chapter 16 in Mash & Barkley (pp. 737-798)

Student panel presentation #1: Disruptive Disorders (CD, ODD, ADHD, could also include anger management.

April 9 **Autism Spectrum Disorder**

Guest Speaker: Sid – Living with Autism Spectrum Disorder (ASD)

Dawson, G. & Faja, S. (2008). Autism spectrum disorders: A developmental perspective. In T. P. Beauchaine & S. P. Hinshaw (Eds.) *Child and Adolescent Psychopathology, (pp. 575-613).* Hoboken, NJ: Wiley and Sons.

Padawer, R. (2014, July 31). The Kids Who Beat Autism. *New York Times Magazine*. On Sakai: see "Beat Autism, pdf."

Sheehan, S.A. (2003, December 1). Reporter at Large, "The Autism Fight." *The New Yorker, p.76.*

Steinberg, P. (2012, January 31). Asperger's History of Overdiagnosis. *New York Times*. On Sakai: see "Overdiagnosis, pdf."

Movie: *How to Dance in Ohio*

Appropriate sections of the DSM-5 – **Autism Spectrum Disorder pp. 50-59**

Recommended:

Chapter 11 in Mash & Barkley (pp. 531-559)

Student panel presentation #2: Autism Spectrum Disorder, Tourette Syndrome, OCD OR other childhood diagnoses not in other groups.

April 16 **<u>Underlying processes</u> – Emotion regulation, Learned behavior, Attachment, Rumination**

Cole, P. M., & Hall, S. E. (2008). Emotion dysregulation as a risk factor for psychopathology. In T. P. Beauchaine & S. P. Hinshaw (Eds.) *Child and Adolescent Psychopathology, (pp. 265-298).* Hoboken, NJ: Wiley and Sons.

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

Murphy, K. (2017). Yes, it's your parents' fault. *New York Times.*

Patterson, G. R. (2002). The Early Development of Coercive Family Process. In J. B. Reid, G. R. Patterson, J. Snyder (Eds.) *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention.* (pp. 25-44). Washington DC: American Psychological Association.

Sroufe, L. A., Carlson, E. A., Levy, A. K., & Egeland, B. (1999). Implications of attachment theory for developmental psychopathology. *Development and Psychopathology, 11*, 1-13.

Recommended:

Calkins, S. D., & Hill, A. (2007). Caregiver influences on emerging emotion regulation. In J. Gross (Ed.), *Handbook of emotion regulation.* (pp. 229-248). New York, NY: Guilford Press.

Solomon, A. (2014, March 17). Annals of Psychology, "The Reckoning: the father of the Sandy Hook killer searches for answers," *The New Yorker*.
On Sakai: see "The Reckoning.pdf"

<u>Substance-related disorders</u>

Kher, S. (2019). E-cigarettes such as Juul are popular among teenagers – are they harmful? *Tufts Now Magazine.*

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

Weir, K. (2015). Marijuana and the developing brain. *Monitor on Psychology, 46*, 10, 49-52.
http://www.apa.org/monitor/2015/11/marijuana-brain.aspx

Appropriate sections of the DSM-5 – **Substance-Related & Addictive Disorders**

Recommended:
Chapter 4 in Mash & Barkley (pp. 180-221)

Student panel presentation #3 (Substance Abuse, Eating Disorders, Gender Dysphoria

April 23 **<u>Gender and Sexual Identity</u>**

American Psychological Association (2012). Guidelines for Psychological Practices with

Lesbian, Gay, & Bisexual Clients. *American Psychologist, 67,* 10-42.

Chipman, I. (2016). Fighting transphobia in 10 minutes. *Insights by Stanford Business.*

Ehli, N. (2017). Accepting Sam – in the aftermath of tragedy, what can we learn from a Bozeman teen, his struggles with identity and the family he left behind?. *Bozeman Daily Chronicle*.

Meier, C. et al. (2015). Gender diversity and transgender identity in children. *Fact Sheet*. American Psychological Association.

Savin-Williams, R. C & Diamond, L. M. (2000). Sexual identity trajectories among sexual-minority youths: Gender comparisons. *Archives of Sexual Behavior, 29*, 607-627.

Talbot, M. (2013, March 18). Reporter at Large, "About a Boy: Transgender Surgery at 15," *The New Yorker*.
On Sakai: see "About a Boy.pdf"

Appropriate sections of the DSM-5 -**Gender Dysphoria, p. 451-460).**

Recommended Reading:

National School Climate Survey, (2005) *The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools.* Gay, Lesbian, and Straight Education Network. Executive Summary.

Student panel presentation #4: Mood disorders (Anxiety, Depression, Bipolar)

April 30 Material for FINAL presented in class: Together we will view a child and parent interview. We will view the tape once together. Please NO discussion of the case until after you turn in your final. You will have one week to synthesize what you learned from the video in your final essay.

May 7 FINAL case write up DUE at the start of class.
Come to class to discuss case.

Summary of the Course

McLaughlin, K. A. (2016). Future directions in childhood adversity and youth psychopathology. *Journal of Clinical Child & Adolescent Psychology*. 45, 361-382

Price, J. M., & Ingram R. E. (2010). *Future directions in the study of vulnerability to psychopathology*. In R. E. Ingram & J. M. Price (Eds.) *Vulnerability to Psychopathology: Risk across the Lifespan, 2nd edition*, (pp. 497-509). New York: Guilford Press.

Further detail on the assignments:

A) Essays 1 &2 and the Final (Case conceptualization of case vignettes)

Throughout the semester, you will be asked to read case vignettes and develop case conceptualizations. You will turn in two essays and complete a final exam in a similar format. More detail will be provided in class.

Please follow the following guidelines when writing reports:

1. Each of the first two essays should be no more than 5 pages, 1 inch margins, 12 point font and the final should be no more than 8 pages. It is fine if the papers are shorter – as long as they contain all of then necessary information. 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
2. Organize your paper carefully so that each topic is only discussed in one place, each paragraph makes only one point, and each semester is clear and concise.
3. You must use headings to separate the sections listed below.

Your essays will have the following sections:

1) **Identifying Information**: Include demographics (age, race, SES), appearance, who is in the home, jobs, etc. **Please use initials or a pseudonym to keep the information confidential.**
2) **Presenting Problem (and history of the problem)**: In one to two paragraphs, please describe the presenting problem/symptoms of the child/adolescent as the referral sources sees it. Why are the child/adolescent and family seeking support? What is the concern? What are some of the symptoms? Identify any *historical factors*, i.e. medical history, developmental history, history of trauma, family psychiatric history, etc.
3) **Mental Status**: Include appearance, mood, affect and cognitive functioning during the interview.
4) **Behavioral Observations:** Include significant or atypical behaviors expressed and notable responses to the interviewer and the tasks.
5) **Diagnosis:** Assign a diagnosis using the 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 why you ruled in (or out) a diagnosis.
6) **Case Conceptualization/Formulation** - 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 read in the case vignette and based on what you know about the etiology of the illness. **Discuss any known risk/resilience factors.**
7) **Etiology** - Please provide two paragraphs about what we know related to the etiology of the **primary** diagnosis. Please cite readings and lectures. DO NOT MENTION THE CASE in this section. No need to provide a reference list but use APA style when citing in the text.
8) **Summary & Recommendations**: Include any identification of any additional information that is needed, what specific treatment interventions are needed and the prognosis(guarded, fair, poor, good, excellent).

Case conceptualization #1 will be on a clinical vignette that I will provide. Case conceptualization #2 will be on an intake that you will do at the Rutgers Center for Psychological Services (GSAPP Clinic). In your case write up on the clinic intake, you will include all of the above sections on Therasoft with the **exception of the DSM 5 diagnosis and etiology**. These last two sections will be turned in as an addendum to your case conceptualization. More information about this will be provided in class.

After you do your case conceptualization for the clinic intake, you will submit your intake to the clinic peer supervisors and clinic coordinators for feedback and attend the clinic case conference meetings.

After you receive your feedback on your intake, you will submit your case conceptualization to me, along with the addendum.

B) Student Presentations on Panels
Please rank order your interest in the following four panel topics:

Empirically-based treatments/guidelines for practice for:
Panel 1: Disruptive Behavior Disorders (CD, ODD, ADHD, could also include anger management)
Panel 2: Autism Spectrum Disorder, Tourette Syndrome, OCD or other childhood diagnoses not in other groups.
Panel 3: Substance Abuse, Eating Disorders, Gender Dysphoria
Panel 4: Mood disorders (Anxiety, Depression, Bipolar)

All attempts will be made to place you on a panel concerning your first and second topical choices. You will be placed with 3-4 fellow students. You will select a treatment for your diagnosis of choice, you will read literature on its effectiveness or efficacy, and you will try to understand the mediating mechanisms of the treatment. Make sure to **coordinate** with members of your panel so that you select **distinct** treatment programs or approaches.

In preparing for your presentation, choose an audience that you'd like your cohort to be. You can have the class be a group of parents, teachers, mental health professionals, students, etc. but make sure that you take the evidenced based information on the different diagnoses and translate it to the audience to which you will be presenting. As psychologists, doing presentations, trainings and workshops is an important part of what we do to disseminate information about mental health issues. This activity will allow you to practice ways of taking scholarly and evidenced based information on different diagnoses and targeting the material to a specific audience.

1) You present to one another for **10 minutes**. In your presentation, you MUST cover a-c below in a clear way (please practice the timing of your presentation):

a) Teach your colleague(s) about the content/approach of your selected treatment,
b) Offer your colleague(s) a brief review of the empirical research or guidelines for treatment on your chosen treatment in relation to specific diagnoses or health outcomes. Be critical of the evaluation studies. Are they rigorous, credible, and convincing? How diverse are the samples? What are the limits of the studies?
c) Speculate on the <u>mechanisms of action</u> of the treatment. Why is the treatment theorized to be effective? What are the <u>active ingredients</u> that might affect change?

2) After you present to one another, you will meet for a group discussion. You will identify common principles/approaches/content across the interventions (and point out dissimilarities as well). In other words, you will look across the selected interventions and determine core components they hold in common and identify fundamental ways they differ. You will prepare a <u>joint</u> 25 minute presentation, in which you will inform the whole class about all of the selected intervention programs <u>with a focus on their similarities and differences.</u>

Tips for Your In-Class Panel Presentations

1. Attempt a somewhat *dynamic* delivery of your presentation.

2. The most common error students have made in the past was to have too much material. When they have a lot of material, they feel duty bound to present it all, and that is often dry. Be modest in your goals. Practice the timing of your presentation. You will not be able to go over time.

3. Make the powerpoints readable with big font and minimal writing per slide. No need to spend tons of time on clip art or other graphics.

4. You will be assessed on the content of the material in the slides, the clarity (readability) of your slides, and your presentation style.

5. Remember, it will be up to you as a panel to make sure that you don't select the same program or intervention.

Sample selected programs from previous years:

Anxiety disorders
- "Cool Kids" Program- Teaches how to better manage any type of anxiety disorder

Externalizing disorders
- Multisystemic Therapy-
- The Incredible Years Training Series

Depression
- Interpersonal Psychotherapy for depressed adolescents

Eating disorders
- Exposure Plus Response Prevention With CBT

Autism Spectrum Disorders
- Social Stories
- Peer-Mediated Instruction and Intervention

Prevention and social skills development:
- Video Modeling
- Promoting Alternative Thinking Strategies (PATHS)

Online resources and searchable databases:

The What Works Clearinghouse collects information on evidence-based educational programs and practices, including evaluation reports: http://ies.ed.gov/ncee/wwc/

NREPP is a searchable online registry of more than 340 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.
http://www.samhsa.gov/nrepp

Infoaboutkids.org is an ongoing collaboration of the ***Consortium for Science-Based Information on Children, Youth and Families***. Our goal is to promote healthy child and family development by highlighting science-based information for those who care for, or work with, children. Our site, updated quarterly, links to other well-established, trustworthy websites for parents, other caregivers, and professionals. Our monthly blogs will summarize science-based information on timely topics.
http://infoaboutkids.org/

Blueprints for Healthy Youth Development is a research project within the Center for the Study and Prevention of Violence, at the University of Colorado Boulder. The Blueprints mission is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development. This website provides information on the Blueprints project (such as background and a dissemination project related to the model program LifeSkills Training).
http://www.blueprintsprograms.com/

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG) contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
http://www.ojjdp.gov/mpg/Program

The Campbell Library of Systematic Reviews provides free online access to systematic reviews in the areas of education, criminal justice and social welfare. The library is a peer-reviewed source of reliable evidence of the effects of interventions.
http://www.campbellcollaboration.org/lib/?go=browse

http://www.socialworkpolicy.org/research/evidence-based-practice-2.html#resources

I look forward to a wonderful semester with you.