CHILD PSYCHOPATHOLOGY  
18:820:563:01  
Spring 2011  

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PURPOSE: This course will present to the student a balanced overview of topics concerned with problem behavior of children and adolescents of diverse cultures and in diverse contexts. There is no single ideological view espoused, but an emphasis is placed upon descriptive and data based knowledge. Students are encouraged to be especially alert to those procedures that are based upon empirical knowledge. This course is one of two concerned with psychopathology. Although interventions will be discussed, the primary emphases throughout the course are on conceptual issues, etiology, systemic contributors, and maintenance variables.

OBJECTIVES: The student will know about:
1. A decision system for assessing problem behavior
2. Methods for collecting information about children and families
3. Evaluative criteria for assessing normal child behavior
4. The infant, child, and adolescent sections of the DSM-IV
5. Diagnostic and treatment issues including but not limited to the following:
   A. Affective disorders
   B. Anxiety disorders
   C. ADHD
   D. Children coping with familial disruption, violence and trauma, health and illness, and gender and sexuality
   E. Disruptive behavior disorders
   F. Learning disabilities
   G. Pervasive developmental disorders
   H. Tourette’s syndrome
6. Political, cultural, ethnic and other contextual issues that influence decisions about assessing and treating children and adolescents.
7. Distinguishing typical development from psychopathology in children

Grading:
Your grade will be based on the following elements:
1. 45% Homework Assignments
2. 20% In-class Presentation
3. 30% Take Home Final: Due by noon on Tuesday, 5/10 (uploaded on Sakai).
4. 5% Attendance and class participation.

ATTENDANCE, TARDINESS, & PARTICIPATION
Attendance and participation are essential parts of class. Excused absences include religious and recognized cultural holidays that fall on the day of class. Because conferences are an important part of professional development, these may also be excused, but please limit how many days of class you miss.
If you will be absent for an excused reason, please let the instructor know ahead of time with your reason.

**If you miss 3 classes for any reason, you will automatically receive one full grade reduction.**

Exceptions (e.g., chronic illnesses, medical emergencies, a number of religious holidays) can be made at the discretion of the instructor, but please discuss these issues as soon as possible. Because tardiness disrupts class and is inconsiderate to your fellow classmates, each day a student is tardy \( \text{(i.e., more than 5 minutes late)} \), s/he will receive a \( 1\% \) **grade deduction**. Total deductions for tardiness shall not exceed 10% of your total grade. Active participation can earn students credit (up to 5% of grade), and this evaluation is entirely up to the instructor’s discretion.

**Sakai site:**

We will use Sakai to post the syllabus, readings and class materials and to distribute information. To access the site:

1. Login with your NetID at: [http://sakai.rutgers.edu/](http://sakai.rutgers.edu/)
2. Click tab for 18:821:563:01 (Child Psychopathology)
3. If you do not see the tab, follow the directions for “Join a Class Worksite” posted on Sakai.
4. Post any general questions (e.g., about assignments; content-related) to the “Questions” or “Discussions” links on the “Discussions” tab.
5. You can email Private Messages here too by clicking the little icon for “Private Messages.”
6. To upload **assignments**, go to the **ASSIGNMENTS** link and upload on the same page where the assignment is assigned.

**Required Texts/Readings:**


Additional readings are assigned during selected weeks (see below). All readings that can be uploaded to Sakai will be uploaded and will be available to you there.

**Course Outline**

1. **January 18**
   **Introduction & Core Framework**
   
   A. Overview of course, assignments & text
   B. Developmental psychopathology framework
   C. Select panels for topics

   **D. Required Readings:**

   **E. Recommended Readings:**
2. January 25  Data Gathering and DSM
   A. Concepts of Development & Abnormality (continued on the following page)
   B. DSM-IV-TR and child/adolescent problems
   C. Data Gathering

   D. Required Readings:

   E. Required (but recommended for this week):
      1. Note: Each student is expected to read the infancy, childhood and adolescent disorders sections of the DSM-IV-TR. We assign it here because we recommend reading all of these sections at the start of the term, yet it is also appropriate to read the sections covered in class as the topics occur in the syllabus.

3. February 1  Social & Cultural Contributors
   A. Cross-cultural considerations of normality and abnormality
   B. Group differences and identities
   C. Culture and the problem identification/treatment process

   D. Recommended Readings:

   E. Assignment 1: 1 page paper due next week
      2. Critique of an article published in Child Development in the last five years. Due Feb 8.

4. *February 8  Anxiety Disorders
   A. Required Readings:
      1. W&M Ch 7: Kendall, Hedtke, & Aschenbrand, pp. 259-299.

   B. Recommended Readings:


5. February 15  

**Mood Disorders**

A. **Required Readings:**
   1. W&M Ch 8: Rudolph, Hammen, & Daley, pp. 300-342.

B. **Recommended Readings:**

6. February 22  

**Demonstration Interview**

A. Observe live parent interview  

B. Discuss interview

C. **Required Readings:**

7. March 1  

**Demonstration Interview**

A. Observe child assessment  

B. Case discussion

8. March 8  

**Disruptive Behavior Disorders**

A. **Required Readings:**

**March 15: Spring Break – NO CLASS - Reminder: Case Formulation Due March 29**
9. March 22  Panel 1: Section 1 – 1st half of class  
*Family Disruption (e.g. impact of divorce/various separations, substances)*  
Panel 1: Section 2 – second half of class  
*Health and illness (e.g. eating, self harm, suicide, medical problems)*  
10. *March 29  Panel 2: Section 1 – 1st half of class  
*Violence, abuse & Trauma (e.g. war, domestic violence, neglect)*  
Panel 2: Section 2 – second half of class  
*Gender and Sexuality (both normative and pathological)*

A. **Required Readings during Panel Presentations: (determined by the panelists)**
   OR  
   2. Health and Illness: W&M Ch 9, 13, 14, OR 15  
   3. Violence, Abuse & Trauma: W&M Ch 19 OR W&M Ch 20  
   4. Gender and Sexuality: W&M Chapters 16, 17, OR 18

B. **Recommended Readings:**
   1. Additional readings as assigned by presenting groups, or the alternate chapters offered as required readings above.

C. **Assignment 3: Case Formulation**
   1. Case Formulation Due March 29

11. April 5  **Autism/PDD** (Dr. Michael Powers, or Dr. Sandra Harris)
A. **Required Readings:**

12. April 12  **ADHD**
A. **Required Readings:**
   1. W&M Ch 4: Barkley, pp. 91-152.

B. **Recommended Readings:**
   1. TBD

13. *April 19  **Tourette’s Syndrome** (Abba Cargan, Faith Rice, Lori Rockmore)
C. **Required Readings:**
   1. TBD

D. **Assignment 3: Critique of ethnic minority article in any journal** (for those with any grade less than an “A-”)

14. April 26  **TBA**

15. May 3  **Learning Disabilities and MR** (Ken Schneider)
A. **Required Readings:**

*May 10  **NO CLASS** - Final exams due at noon on Sakai

* = assignment due this week
**Homework Assignments (One Page Papers on articles published within the last five years)**

Assignment 1: Critique of an article published in *Child Development*
Assignment 2: Case formulation (see the later section for guidelines on this observation paper)
Assignment 3: Critique of any article focusing on an ethnic minority group in child psychopathology from any journal

These are one-page assignments. The one-page research critiques do not have to be detailed methodological critiques. Write one paragraph summarizing the article. Select some aspect(s) of the article for your critique and then write your critique. For example, your critique could focus on your thoughts on the main conceptual issue, your thoughts on validity and appropriateness of the methods by which they test their hypotheses, and/or the overall significance of this paper for the field. We are interested in your views, but the critique is intended to be a sample of your scientific writing. For further information about writing style as a psychologist refer to the *Publication Manual* of the American Psychological Association. Be sure to read the section on bias in language (pp. 46-53).

The 3rd critique is intended to increase your awareness of how cultural and ethnic factors influence the study of child psychopathology. The 4th paper is aimed at exposing you to the variety of journals addressing children and adolescents. Select an article on child psychopathology that is of interest to you, or that is relevant to your panel topic.

**Most often asked questions:**

1. Do you really mean 1 page? Yes. Actually, it should be up to 1 page long, single spaced. But do **not** feel obligated to fill the entire page. Concise writing is an essential skill. Write to cover the topic completely, accurately, and concisely.
2. Do the references count in the one page limit? No, they can go on another page.
3. How wide are the margins? 1”
4. How small is the print allowed? No less than 11 point.
5. You will upload these to Sakai, so ideally, do these in Microsoft Word – this will ensure we can open the documents and make comments directly on your assignment.

**Important Points for the Article reviews**

1. Write a brief summary of the article (not more than 1/3 of a page) and then follow it with your critique. The paper should show evidence of your own thought, and you should clearly distinguish between your points and those of the author(s).
2. Re-read your paper critically to ensure it is concise and free of grammatical errors.
3. If you write 2 "A" or “A-” quality papers you will be exempted from the 3rd paper.
Tips for summarizing a study

A good summary can, within a single paragraph, provide all the information a reader needs to know to evaluate the quality of the study and whether it adds to one’s understanding of the topic. Important pieces to include are:

1. **Citation of study**
2. **Overall purpose:** This study aimed to… [describe basic constructs and variables under study].
3. **Overall design:** was it cross-sectional, longitudinal, open-trial treatment study, randomized controlled trial, experimental comparison, multiple baseline, etc?
4. **Sample characteristics:** sample size, age range, sexes, racial/ethnic breakdown if interesting, SES if interesting.
5. **Basic procedures:** What was the overall set-up? Who were the participants, how did they get recruited, what were the steps of the study?
6. **Important measures:** What did they collect – only include the important ones you will be discussing.
7. **Results:** What were the constructs being studied? What was found? Only highlight the findings that are pertinent to the point you are trying to make, but be clear about what the independent and dependent variables are (or the predictor and criterion variables for regression models) and what the authors concluded.
8. **Commentary:** Any limitations to this?

**Example of the summary (#1-7 above; I’ve embellished some details for the example):**

Allen, Porter, McFarland, McElhaney, and Marsh (2007) attempted to extend current knowledge about the relationship of attachment security to several different domains of adolescent psychosocial functioning. Participants were 167 seventh and eighth graders (80 male and 87 females) from suburban and urban populations in the Southeastern United States. The sample was racially diverse with 52% of adolescents identifying as Caucasian, 27% as African American, and 21% from other groups. Participants were assessed annually in three Waves. In Wave 1, adolescents came in for interviews first with their parents, and then with their nominated closest peer. Parent-teen interactional and observational data were obtained. During Wave 2 and 3, adolescents came in separate sessions, first alone, and then with their nominated closest peer (who may not have been the same peer as in Wave 1). Between Wave 2 and 3, attachment was assessed using the Adult Attachment Interview. During Wave 2, researchers assessed autonomy and relatedness with a parent, and autonomy and relatedness with a peer. At all three Waves, depressive symptoms (Child Depressive Inventory) and externalizing behavior (Externalizing subscale, CBCL) were assessed. Hierarchical regression analysis suggested that adolescent attachment security (Wave 1) was linked to success in establishing autonomy with both fathers and peers but not mothers (Waves 2, 3). Early insecurity was also linked to patterns of externalizing behavior and higher levels of depressive symptoms at later waves even after controlling for earlier symptoms.

Add a paragraph containing your critique (e.g. positives, negatives, implications, etc.), which must be distinguished from the authors’ acknowledgment of their study’s limitations!
Guidelines for the Case Formulation/Observation Paper (and psychological reports in general)

This paper is based on the case that will be presented in class. You will have observed the parent and the child interviews. We will discuss the case in class. Your task in the observation paper is to formulate the case as it was presented.

Use the third person in writing reports.

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.

Please use initials or a fake name to keep the information in your reports confidential.

You must include headings to separate important areas of information (common examples are below).

You do not have to limit this paper to one page, but it cannot be more than three pages, and it need not be that long.

INITIAL ASSESSMENT

Identifying Information – Includes demographics (age, race, SES), appearance, who’s in the home, jobs

Presenting Problem (and history of the problem) – Includes the problem as the referral source sees it, and as the family members see it, and relevant information pertaining to the child’s history and development, as they provide a context for your assessment.

Mental status – Includes mood, affect, and cognitive functioning (see example in Sakai resources)

Behavioral Observations – Include the child’s appearance, significant or atypical behaviors, and notable responses to the interviewer and the tasks/tests administered, such as primary strengths and weaknesses.

Case Formulation – Includes an analysis of the presenting problem (current versus desired stated of affairs, or problems identified according to your theoretical orientation), and discussion of the potential etiology or origin of the problem (why it exists, how it began) and maintenance factors (what keeps the problem going or exacerbates it) FROM YOUR INFORMED PERSPECTIVE. Your answer has to be framed according to psychological principles of behavior, which is what distinguishes it from the presenting problem. Avoid tautological, reductionistic, or illogical explanations. It is key to focus on conveying what is the behavior, when it happens (situations and contexts, why it happens, and how bad does it get (as evidenced by interference, functional impairment, etc.)

Diagnosis – Although it may be early to consider a firm diagnostic conceptualization of the case, offer a tentative diagnosis using all five axes of the DSM. Explain your choice based on the available data (i.e. the diagnoses should fit with the symptoms that you have listed in the report). You can identify alternative diagnostic possibilities. Do not avoid this issue by writing that you want to defer the diagnosis, or that you do not subscribe to any system of diagnosis. You may argue for another diagnostic system or no diagnostic system, but if you do so, you need to defend your position with scholarship.

Summary and Recommendations – Includes identification of any additional information that is needed and from whom it would be gathered, what interventions are needed, and the prognosis

Examples of APA style articles:


Professional School Counseling, 4, 60-69.
In-Class Panel Presentations

1. Your primary objective should be to identify some aspects of the assigned topic that are of special interest or value to your classmates. Ideally, this should be a topic of some controversy, or where there are diagnostic, research, or clinical issues. FOR EXAMPLE: the ethics of a particular procedure, the impact of a diagnostic label on certain social groups, or an area where new data challenge old assumptions are appropriate topics. In other words, present something that turned you on when you read about it. A recitation of all of the studies in a given area will only bore everyone to tears.

2. The primary purpose is not to impress us and/or your classmates with how much information you collected. If your group does nothing but talk for 70 minutes, you have failed in your mission. You want to stir discussion.

3. Try not to read your presentation. It discourages discussion and usually makes the talk go too fast.

4. Talking usually requires more redundancy than writing. Give people enough of an opportunity to digest what you are saying. This is not a good forum for presenting complex theories.

5. The most common error students have made in the past is to have too much material. When they have a lot of material they feel duty bound to present it all, and that is often boring. Be modest in your goals. We have never heard a presenter run out of material. We have known many who talked too much.

6. Plan to meet with your section leader (Shalonda or Brian) at least one time before you present to be sure you are on the right track.

7. Be sure to coordinate your talk with the other group members and make sure each person gets his or her share of the air time.

8. If you invite a guest speaker, show a videotape, or use other material, remember that you also have an obligation to speak. Do not allow videos or speakers to fill the entire period.