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, 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 for the following:
   A. Affective disorders
   B. Anxiety disorders, including OCD
   C. ADHD
   D. Children coping with familial disruption and medical problems
   E. Children coping with violence
   F. Disruptive behavior disorders
   G. Learning disabilities
   H. Mental retardation
   I. Pervasive developmental disorders
   J. Tourette’s syndrome

6. Political, cultural, and ethnic issues that influence decisions about assessing and treating children and adolescents.

7. Distinguishing typical development from psychopathology in children.
Course Outline

January 22

Introduction
A. Overview of course, assignments & text
B. Developmental History Prenatal & Birth (LR)
C. Select panels for topics (LR)

January 29

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

February 5

Data Gathering and DSM
A. Concepts of Development & Abnormality (SK)
B. DSM-IV (SK)
C. Data Gathering (LR)
D. Use of Semi-Structured Interview (LR)

February 12

Parent Live Interview Demonstration (LR)
Class Case discussion

February 19

Child Live Interview Demonstration (LR)
Class Case discussion

February 26

Childhood Depressive Disorders (LR)
Anxiety Disorders (SK)

March 4

Section I (SK) Room A317
Disruptive Behavior Disorders

Section II (LR) Room A341
ADHD and Related Disorders

March 11

Section I (LR) Room A317
ADHD and Related Disorders

Section II (SK) Room A341
Disruptive Behavior Disorders

March 25

Tourette Syndrome (Abba Cargan, Faith Rice)

*April 1

Child Sexual Abuse (Jamila Irons-Johnson, Rachel Modiano)

April 8

Autism/PDD (Sandra Harris)

*April 15

Section I (SK) Section II (LR)
Family Disruption Medical problems in the family
Impact of Violence Children’s medical problems

April 22

Section II (SK) Section I (LR)
Family Disruption Medical problems in the family
Impact of Violence Children’s medical problems

April 29

Learning Disabilities (Ken Schneider)
May 6 Final exam due
(* = Paper due date)

TEXTS:


Recommended Sequence of Readings:


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.

January 29 Chapter 1
February 5 Chapter 16


February 12 Chapters 5 and 6


February 19 SK Chapters 3 and 4 LR Chapter 2
February 26 Same as Feb 19
March 4 Chapter 15
March 11 Chapter 1


* additional readings as assigned by presenting groups
Due Dates for One Page Papers

February 12  Critique of an article published in *Child Development* in the last five years
February 26  Critique of article (must focus on an ethnic or minority cultural group)
April 1  Case formulation
April 15  Critique of any article 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. 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 2nd 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. Concise writing is an essential skill.

2. Do the references count in the one page limit? No, they can go on another page.

3. How wide are the margins? Wide enough so we can write comments.

4. Double spaced? Yes, if you wish.

5. How small is the print allowed? No less than 11 point.

**Important Points**

1. Write a brief summary of the article (not more than 1/3 of a page) followed by a critique. The paper should show evidence of your own thought.

2. Re-read your paper critically to ensure it is concise.

3. If you write 3 "A" or “A-” quality papers you will be exempted from the 4th paper.
Guidelines for Observation Paper

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.

You should address the following:

1. Briefly describe the child's appearance and behavior during the session.

2. What is the problem? Distinguish between the "presenting problem" as stated, and your analysis of the problem. A problem exists when there is a discrepancy between a current and desired state of affairs. What is the current and desired state of affairs in this case?

3. How do you understand the origin of this problem? Why does the problem exist? This question cannot be answered definitively based on the information available, but you formulate a hypothesis. Your answer has to be framed according to psychological principles of behavior. Avoid tautological, reductionistic, or illogical explanations.

4. What additional information, if any, would you obtain? From whom would you gather this information? How would you obtain the information?

5. Although it is too early to consider a firm diagnostic conceptualization of the case, offer a tentative diagnosis using DSM. Explain your choice based on the available data. 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.

6. 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.
On Class 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 Linda) at least once 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.
HELPFUL HINTS FOR REPORTS

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 discuss relevant information pertaining to the child’s history and development, as they provide a context for your assessment.

If you are assessing a child, make sure to discuss how the child performed on all tests that were administered, even if this includes merely the child’s primary strengths and weaknesses.

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

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

**Mental status** – Includes mood, affect, and cognitive functioning

**Behavioral Observations** – Includes significant or atypical behaviors expressed, and notable responses to the interviewer and the tasks

**Case Formulation** – Includes an analysis of the problem (current versus desired stated of affairs, or problems identified according to your theoretical orientation), and discussion of the potential origin of the problem (how it began and is maintained) FROM YOUR INFORMED PERSPECTIVE (the use of a case formulation based upon what you are learning differentiates it from the presenting problem)

**Diagnosis** – Includes brief narrative description of the symptoms that fit with the diagnoses given, and a listing of the diagnoses for each of the five axes.

**Summary and Recommendations** – Includes identification of any additional information that is needed, what interventions are needed, and the prognosis

Examples of APA style articles:
