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PSYX 536.01: Advanced Child and Adolescent Psychopathology

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Psyx 536 – Spring 2018

Advanced Child and Adolescent Psychopathology

Course Information

Location: Skaggs 336

Time: Wednesday 4:30-7:20

Instructor Information

Instructor: Camille Barraclough, Ph.D., NCSP

Email: camille.barraclough@gmail.com

Office: Skaggs Building, Room 310

Office hours: By Appointment

Course Description

Psyx 536 is a graduate-level overview of common child and adolescent psychopathologies, such as autism, ADHD, anxiety and depression, and eating disorders.

Course Objectives

Major learning components include the understanding of epidemiology, etiology, accompanying characteristics, and relevant diagnostic criteria for the various disorders. Thus, a primary goal of this course is to supply you with the necessary knowledge to distinguish among the major mental disorders commonly seen in children and adolescents. Additionally, we will survey some treatment components and assessment techniques, as these are intricately tied to our knowledge about the nature of any given disorder (however, this course does not presume to be a “treatment” or “assessment” course). In addition, for each disorder, we will discuss the relevant educational (IDEA) categories under which children with each disorder might be served in the school system.

APA Core Content Areas Covered

This course covers the following APA core content areas (APA accreditation domain B3):

- Biological aspects of behavior; Cognitive aspects of behavior; Affective aspects of behavior; Social aspects of behavior; Individual differences in behavior; Human Development; Dysfunctional behavior or psychopathology; Theories and methods of assessment and diagnosis; Theories and methods of effective intervention.

NASP Training Domains Covered

This course covers the following NASP training domains (objectives):

- Domain 1: Data-Based Decision Making and Accountability (provides knowledge on appropriate models and methods of assessment for certain disorders/symptoms)
- Domain 4: Interventions and Mental Health Services to Develop Social and Life Skills (Provides information on the biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social-emotional functioning and mental health)

- Domain 6: Preventive and Responsive Services (provides information on the principles and research related to resilience and risk factors in learning and mental health)
- Domain 8: Diversity in Development and Learning (provides knowledge regarding individual differences, abilities, disabilities, and other diverse child characteristics, including factors related to culture, context, and individual and role difference)

Course Format

As a survey course, lecture presentations will be a component. However, since your text and other assigned readings cover a vast amount of content, I obviously cannot (and do not intend to) repeat much of the material in the assigned readings. However, I would like informed discussions regarding the reading material to be a major component of the class. One of your jobs, then, is to read carefully and critically, identifying main points and bringing questions and/or comments about the readings to class **(Note: for each reading, identify 3 points of interest to you that could be discussed. We will not cover ALL of these for EVERY class, but it helps keep everyone engaged in the readings and cuts down on awkward silences. I “may” ask you to send in these questions and comments prior to each class if it appears that participants are not coming prepared)**. I would also like to encourage as much discussion as possible. Finally, there will be times for in-class group work and subsequent discussion, mainly revolving around case studies.

Required Texts

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

**Note: in this syllabus, when I simply say, “text,” I am referring to this book.*

*American Psychiatric Association. (2014) *Diagnostic and statistical manual of mental disorders* (5th ed.,). Washington, DC: Author.

*NOTE that this text is available online. Specifically, from the “Research Tools” section of the Mansfield Library website, go the “Databases” link. From there, find your way to the database titled, “Psychiatryonline,” which can easily be found under the ‘P’ section.

Additional Readings

Readings from relevant journals or other books are listed at the end of the syllabus and are available electronically. All readings will be posted in advance. I have posted not only your “required” readings, but *most* of the “recommended readings” are there as well.

Grading/Evaluation

Multiple processes of evaluation will occur for this course. I assume that adequate engagement in the text and DSM-V will lead to an in depth and lasting (long-term memory) understanding of basic diagnostic criteria and characteristics. Additionally, I assume that another essential measure of your having met the objectives of this course is your ability to synthesize the material you have learned and to present your ideas to others (orally and in writing). With this in mind, evaluation of your progress will be through the following components:

1. Course Participation (15 points)

Thoughtful questions and relevant comments on the topics at hand will be important for establishing that you have an understanding of the material in class and are being an active

participant in the learning process.

Of course, participation during in-class activities is also expected. These will vary, but could consist of activities such as informal case consultations in which you will receive a clinical case description and you will develop diagnostic hypotheses, or include in-class construction of basic treatment approaches.

2. Discussion Leader (30 points)

Once during the semester, you will be expected to lead the class in a discussion about the weekly readings. You must come prepared with points of interest, questions, and/or related materials that will help your peers contextualize the information read. This discussion should last approximately 30-40 minutes and no longer than one hour.

3. Quizzes (60 points)

There will be 3 “quizzes” during the course of the semester. They will likely be short answer and will assess your knowledge of diagnostic criteria, as well as other characteristics associated with the disorders we cover. Quiz dates are in large **bold** print in the “course schedule” below.

4. Final Paper (60 points)

You will be asked to write a research paper. The goal of this paper is to present a thorough review of one of the major topics in the field of psychopathology. Page length is largely up to you, though it should include AT LEAST 12 independent resources and be comprehensive in nature. In the past, the minimum page length was 12 pages (**not** including title page & references) and that length seemed to allow for a thorough review of the topic.

Papers need to be in APA style. If you do not have the latest manual (currently, the 6th Edition), you can get it from the library, and there is also one available in the CPC, as well as the School Psychology common room (rm. 365). I will note that this text should be part of your graduate school collection, particularly for doctoral students, so please consider purchasing it if you have not already. In addition to the “real” APA manual, brief overviews of APA style exist on the web, and some may be helpful in covering the basics; [here is a popular online writing lab \(https://owl.english.purdue.edu/owl/resource/560/01/\)](https://owl.english.purdue.edu/owl/resource/560/01/) that covers a lot of what you will need when writing your paper.

Again, however, this is likely not a reasonable substitute for actually possessing the actual manual.

Rather than meeting with each person individually, mini due dates are set to ensure you are making adequate progress on your paper throughout the semester.

1. **February 6th**: Email topic and broad outline of what you plan to cover in the paper
2. **March 7th**: Provide a written overview of your topic that does not exceed 2 pages in length. This could be a detailed outline (with some citations that show you have started the research process, or it could be an annotated bibliography, or it could be

a thorough overview that you will expand upon as you continue researching and writing).

3. **May 4th: Final Paper is due**, by midnight. All late assignments will be docked 10% for each day late, and this does include weekend days.

There are literally hundreds and hundreds of viable possibilities. I would be happy to discuss any with you, or help you gain some specificity on your topic if you talk to me about some of your general interests. Remember, research papers are pretty limited in scope and should be based almost exclusively on peer-reviewed articles in searchable databases, such as PsychInfo (i.e. do not rely on book chapters and internet only sources- certainly not things like Wikipedia, as good as it may be for general information). If you are not familiar with how to access the library databases, let me know! We can go over it as a class, or individually. Also, an excellent resource for looking at topics and pertinent references is your textbook. It is one of the most comprehensive and well-respected on the market: use it as a resource to track down articles related to your topic and to get a better understanding about how to organize your paper.

5. **Presentation of Final Paper (30 points)**

In the final weeks of class, you will make a 20-25 minute presentation on the topical area of your paper. A major consideration for your presentation will be to keep within the time limit; please prepare with the time constraint in mind. You are expected to use PowerPoint for this presentation or another type of visual scaffolding for your peers. I would also encourage you to bring handouts to your audience.

6. **Final Paper Summary Handout (15 points)**

You will provide your classmates with a one page summary of the research topic that you present.

Course Grading

The points and percentage of the final grade related to each course assignment is as follows:

Activity	Points
Class Discussion and Participation	15
Discussion Leader	30
Quizzes	60
Final Paper	60
Final Paper Presentation	30
Final Paper Handout	15
Total	210

Percentage	Grade
94 – 100	A
90 – 93	A-
87 – 89	B+
84 – 86	B
80 – 83	B-
77 – 79	C+
74 – 76	C

Course Guidelines

Disability modifications

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Disability Services for Students](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406.243.2243. I will work with you and Disability Services to provide an appropriate modification.

Academic Misconduct

You are expected to adhere to the university's [Student Conduct Code](#) with regard to academic integrity. Academic misconduct in this course will result in an academic penalty commensurate with the offense as well as possible disciplinary action by the university. You will certainly want to be familiar with what constitutes plagiarism so that you do not inadvertently (or otherwise!) make that violation.

Attendance and Active Engagement

Attendance is highly encouraged since student's course grades are partially determined by participation in class discussions and activities. Moreover, missing a class can substantially affect students' depth of understanding. Please inform the instructor prior to class if a late arrival or early departure from class is absolutely necessary.

Electronic Devices

Electronic devices (such as cell phones, I-pods, mp3s, etc.) must be turned off and put away before class. The use of computers during class to take notes or to use electronic articles and Power Points is encouraged. However, the use of computers for personal reasons during class is inappropriate and disrespectful to other students and to me. I will speak with you if I feel that your use of computers is detracting from your learning and use discretion in reducing grades for those students who are using computers in a disrespectful manner when class is in session.

Religious Observance

Please notify me in advance if you will be absent from class for religious observances.

Credit/No Credit

This course is not available to take as Credit/No Credit.

Drops

Instructor permission is required to drop this course once the 15th day of instruction has passed.

Incompletes

Incompletes will be given under limited circumstances (e.g., personal situations, illness). Departmental and university policies regarding incompletes do not allow changing "incomplete" grades after one year has passed since the "I" was granted.

Make-Up Procedures, & Late Assignments

Make-up procedures must be arranged immediately with me. Assignments should be submitted to me on the due date. Late assignments reflect poorly on you as a professional, and 10% of points will be deducted per day.

Commitment to Multiculturalism

I am committed to creating an environment in which individuals' diversity and opinions are respected. I strive to integrate multicultural and diversity issues in my courses in ways that is relevant to course content and process. I hope students will contribute their unique perspectives to this effort by considering and raising issues related to multiculturalism and diversity—and respecting others' outlooks throughout this course.

"People First" Language

Students are expected to use appropriate, "people first" language in class discussions and written work. People with disabilities are just that: people who happen to have physical, sensory, behavioral, or intellectual disabilities. Please avoid phrases like "the handicapped," "autistic kids," "severely retarded," or other statements that highlight the disability rather than the individual. Instead, speak and write in a way that puts "people first," for example, "the student with a severe disability," "the program for students with behavior disorders." This small change emphasizes the humanity and individuality of the person and clarifies that disability is only one of many characteristics (and not necessarily the most important!) that people can possess.

Course Schedule

The course schedule is subject to minor adjustments, as determined by the instructor.

Date	Topics	Required Readings	Assignment Due
Jan 24	Introductions & Course Syllabus Research Paper Topic Discussion Leader		
Jan 31	What is disorder/abnormal? Rates of psychopathology Resilience & Risk Etiology	Chapter 1 of text 1. Werner, E. (2000) Wakefield, J.C. (1997) 2. Kagan, J. (2014) Sroufe, L.A. (1997)	<i>Ryan, Jess Pa</i>
Feb 7	Diagnosis & Classification ADHD	DSM-V (pp. 5-25) Educational Criteria 3. Harris et al. (1992) Lilienfeld, S.O. (2003) Segal & Coolidge (2001) Chapter 2 of text DSM-V (pp. 59-66) 4. Molitor et al. (2016) Chen, Seipp, & Johnston (2008)	<i>Kyle, Sam</i> Email research paper topic and broad outline
Feb 14	ADHD cont. ODD/CD	5. Looby, A. (2008) Pelham, Fabiano, & Massetti (2005) Chapter 3 of text DSM-V (pp. 461-75) 6. Bushman, et al. (2016) Dodge, et al. (1997)	<i>Bri, Kristen</i>
Feb 21	NO CLASS- NWPBIS		
Feb 28	Anxiety	Chapter 10 of text 7. Vasey, El-Hag, & Daleiden (1996) Stark, et al. (1993)	<i>Jess Peatee</i> QUIZ #1
Mar 7	Mood	Chapter 5 of text DSM-V (pp. 155-171) 8. Friedberg & McClure Text, Ch 12 Yeo, Goh, & Liem (2016) 9. Abramson, Metalsky, & Alloy (1989) Block, Gierde, & Block (1991)	<i>Em, Bekah</i> Written overview of research paper
Mar 14	Mood MR/ID	Chapter 6 of text 10. Yen et al. (2015) Weisz, Francis, & Bearman (2010) Chapter 13 of text DSM-V (pp.33-41)	<i>Aly</i>

Mar 21	Substance Use Health Disorders	Chapter 4 of text DSM-V (pp. 483-589, mainly 483-497) 11. Ridenour et al. (2003) Winters, Martin, & Chung (2011) Chapter 19 of text DSM-V (pp. 355-360) 12. Friman & Jones (1998) Brown et al. (2007)	<i>Diana, Morgan</i> QUIZ #2
Mar 28	NO CLASS- SPRING BREAK		
Apr 4	ASD	Chapter 11 of text DSM-V (pp. 50-59) 13. Rogers & Ozonoff (2005) Lovaas, I. (1987) Ozonoff et al. (2010)	<i>Ariel</i>
Apr 11	Eating Disorders	Chapter 17 of text DSM-V (pp. 329-354) Presnell, K., Bearman, S.K., & Stice, E. (2003)	
Apr 18	Child Maltreatment Learning Disorders	Chapter 16 of text Chapter 14 of text Evans, Cinkinbeard, & Simi (2015)	QUIZ #3
Apr 25	Presentations		Presentation & Handout
May 2	Presentations		Presentation & Handout Final Paper due 5/4

Week 2 (1/31)

What is disorder/abnormal? What affects rates of Psychopathology? Resilience and Risk.

- ***Readings***

Chapter 1 of text

Werner, E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of Early Childhood Intervention*. Cambridge: Cambridge University Press.

Wakefield, J. C. (1997). When is development disordered? Developmental psychopathology and the harmful dysfunction analysis of mental disorder. *Development and Psychopathology*, 9, 269-290.

- **Recommended**

Lerner, R. M., Weiner, M. B., Arbeit, M. R., Chase, P. A., Agans, J. P., Schmid, K. L., & Warren, A. (2012). Resilience Across the Life Span (Chapter 12). *Annual Review of Gerontology and Geriatrics*, Volume 32, Number 1, pp. 275-299.

Bukowski, W.M., & Adams, R. (2005). Peer relationships and psychopathology: markers, moderators, mediators, mechanisms, and meanings. *Journal of Clinical Child and Adolescent Psychology*, 34, 3-10.

Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*, 126, 309-337.

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*, 102, 357-389.

Etiological Factors in Childhood Psychopathology & the Developmental Psychopathology Perspective

- **Readings**

Kagan, J. (2014). Temperamental contributions to inhibited and uninhibited profiles. *The Oxford Handbook of Developmental Psychology*, Vol. 2: Self and Others. P. D. Zelazo (Ed) 142-164. New York, NY, US: Oxford University Press

Sroufe, L.A. (1997). Psychopathology as an outcome of development. *Development and Psychopathology*, 9, 251-268.

Week 3 (2/7)

Diagnosis and Classification Issues, DSM-V, Educational (IDEA) Classification

- **Readings**

DSM V – Introduction & Use of the Manual, etc.: pp. 5-25

Harris, M.J., Milich, R., Corbitt, E.M., Hoover, D.W., & Brady, M. (1992). Self-fulfilling effects of stigmatizing information on children's social interactions. *Journal of Personality and Social Psychology*, 63, 41-50.

Lilienfeld, S.O. (2003). Comorbidity between and within childhood externalizing and internalizing disorders: Reflections and directions. *Journal of Abnormal Child Psychology*, 31, 285-291.

Segal, D. L., & Coolidge, F. L. (2001). Diagnosis and classification. In M. Hersen & V. B. Van Hasselt (Eds.), *Advanced abnormal psychology, second edition* (pp. 5-22). New York: Kluwer/Plenum.

Familiarize yourself with the disability categories that can be used in education.
(<http://www.parentcenterhub.org/repository/categories/>)

- **Recommended**

Achenbach, T. M., (2005). *Advancing Assessment of Children and Adolescents: Commentary on Evidence-Based Assessment of Child and Adolescent Disorders*. *Journal of clinical Child and Adolescent Psychology*, 34, p541-

Angold, A., Costello, E. J., Farmer, E. M. Z., Burns, B. J., & Erkanli, A. (1999). Impaired but undiagnosed. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 129-137.

Kagan, J. & Snidman, N. (1991). Temperamental factors in human development. *American Psychologist*, 46, 856-862.

Lahey, B.B., Van Hulle, C.A., Keenan, K., Rathouz, P.J., D'Onofrio, B.M., Rogers, J.L., & Waldman, I.D. (2008). Temperament and parenting during the first year of life predict future child conduct problems. *Journal of Abnormal Child Psychology*, 36, 1139-1158.

Reiss, D., & Neiderheiser, J. (2000). The interplay of genetic influences and social processes in developmental theory: Specific mechanisms are coming into view. *Development and Psychopathology*, 12, 357-374.

Rounsaville, B. J., Alarcón, R. D., Andrews, G., Jackson, J. S., Kendell, R. E., & Kendler, K. (2003). Basic nomenclature issues for DSM-V. In D. J. Kupfer, M. B. First, & D. A. Regier (Eds.), *A Research Agenda for DSM-V* (pp. 1-30). Washington, DC: American Psychiatric Association.

Rutter, M., Dunn, J., Plomin, R., Simonoff, E., Pickles, A., Maughan, B., Ormel, J., Meyer, J., & Eaves, L. (1997). Integrating nature and nurture: Implications of person-environment correlations and interactions for developmental psychopathology. *Development and Psychopathology*, 9, 335-364.

Rutter, M., Kim-Cohen, J., & Maughan, B. (2006). Continuities and discontinuities in psychopathology between childhood and adult life *Journal of Child Psychology and Psychiatry*, 47, 276-295.

ADHD

- **Readings**

Ch. 2 of text

DSM-V, pp. 59-66

Molitor, S. J., Langberg, J. M., Bouchtein, E., Eddy, L. D., Dvorsky, M. R., & Evans, S. W. (2016, January 18). Writing Abilities Longitudinally Predict Academic Outcomes of Adolescents With ADHD. *School Psychology Quarterly*. Advance online publication. <http://dx.doi.org/10.1037/spq0000143>

Chen, M., Seipp, C. & Johnston, C. (2008). Mothers' and Fathers' Attributions and Beliefs in Families of Girls and Boys with Attention-Deficit/Hyperactivity Disorder. *Child Psychiatry & Human Development*, 39, 85-99.

- **Recommended**

MTA Cooperative Group (2009). The MTA at 8 years: Prospective follow-up of children treated for combined-type ADHD in a multi-site study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 129-137

MTA Cooperative Group (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry*, 56, 1073-1086.

Conners, et al. (2001). Multimodal treatment of ADHD in the MTA: an alternative outcome analysis. *Journal of the American academy of child and adolescent psychiatry*, 40, 159-167.

Pelham, W. (1993). Pharmacotherapy for children with attention deficit hyperactivity disorder. *School Psychology Review*, 22, 199-227.

Snyder, J. Prichard, J., Schrepferman, L., Patrick, M.R., & Stoolmiller, M. (2004). Child impulsiveness-inattention, early peer experiences, and the development of early onset conduct problems. *Journal of Abnormal Psychology*, 32, 579-594.

Week 4 (2/14)

ADHD cont.

- **Readings**

Looby, A. (2008). Childhood attention deficit hyperactivity disorder and the development of substance use disorders: Valid concern or exaggeration? *Addictive Behaviors*, 33, 451-463

Pelham, W.E., Fabiano, G.A., & Massetti, G.M. (2005). Evidence-based assessment of attention deficit hyperactivity disorder in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, 34, 449-476.

Conduct and Oppositional Problems

- **Readings**

Ch. 3 of text

DSM-V, pp. 461-475

Bushman, B. et al., (2016). Youth violence: What we know and what we need to know. *American Psychologist*, Vol. 71, No. 1, 17-39.

Dodge, K. A., Lochman, J. E. Harnish, J. D. & Bates, J. E, (1997). Reactive and proactive aggression in school children and psychiatrically impaired chronically assaultive youth. *Journal of Abnormal Psychology*, 106, 37-51.

- **Recommended**

Byrd, A. L., Loeber, R., & Pardini, D. A. (2011). Understanding desisting and persisting forms of delinquency: the unique contributions of disruptive behavior disorders and interpersonal callousness. *Journal of Child Psychology and Psychiatry*, doi:10.1111/j.1469-7610.2011.02504.x

Compton, K., Snyder, J., Schrepferman, L., Bank, L., & Shortt, J. W. (2003). The contribution of parents and siblings to antisocial and depressive behavior in adolescents: A double jeopardy coercion model. *Development and Psychopathology*, 15, 163-182.

deWied, M., Goudena, P.P., Matthys, W. (2005). Empathy in boys with disruptive behavior disorders. *Journal of Child Psychology and Psychiatry*, 46, 867–880

Frick, P. J., & Morris, A. S. (2004). Temperament and developmental pathways to conduct problems. *Journal of Clinical Child and Adolescent Psychology*, 33, 54-68.

Galambos, N. L., Barker, E. T., & Almeida, D. M. (2003). Parents *do* matter: Trajectories of change in externalizing and internalizing problems in early adolescence. *Child Development*, 74, 578-594.

Loeber, R., & Stouthamer-Loeber, M. (1998). Development of juvenile aggression and violence: Some common misconceptions and controversies. *American Psychologist*, 53, 242-259.

Moffitt, T. E., Arseneault, L. J., Sara R., et al. (2008). Research Review: DSM-V conduct disorder: Research needs for an evidence base. *Journal of Child Psychology & Psychiatry*, 49, p.3-33.

Salmivalli, C., & Kaukiainen, A. (1999). Self-evaluated self-esteem, peer-evaluated self-esteem, and defensive egotism as predictors of adolescents' participation in bullying situations. *Personality & Social Psychology Bulletin*, 25(10)

Week 5 (2/21)—NO CLASS

Week 6 (2/28)

Anxiety

- **Readings**

Chapter 10 of text

Vasey, M. W., El-Hag, N. & Daleiden, E. L. (1996). Anxiety and the Processing of Emotionally Threatening Stimuli: Distinctive Patterns of Selective Attention among High- and Low-Test-Anxious Children. *Child Development*, 67, 1173-1185

Stark, K.D., Humphrey, J.L., Livingston, R., & Christopher, J. (1993). Cognitive, behavioral, and family factors in the differentiation of depressive and anxiety disorders during childhood. *Journal of Consulting and Clinical Psychology*, 61, 878-886.

- **Recommended**

Brady, E. U. & Kendall, P. C. (1992). Comorbidity of anxiety and depression in children and adolescents. *Psychological Bulletin*, 111, 244-255.

Yeganeh, R., Beidel, D.C., & Turner, S.M. (2006). Selective mutism: More than social anxiety? *Depression and anxiety*, 23, 117-123.

QUIZ #1

Week 7 (3/07)

Mood Disorders

- **Readings**

Ch. 5 of text

DSM-V, pp. 155-171

Friedberg, R. D. & McClure, J. M. Text, Ch. 12: Working With Anxious Children and Adolescents

Yeo, L. S., Goh, V. G., & Liem, G. A. (2016). School-based intervention for test anxiety. *Child Youth Care Forum*, 45:1, 1-17. DOI 10.1007/s10566-015-9314-1

Abramson, L, Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness Depression: a theory based subtype of depression. *Psychological Review*, 96, 358-372.

Block, J. H., Gjerde, P. F., & Block, J. H. (1991). Personality antecedents of depressive tendencies in 18-year-olds: A prospective study. *Journal of Personality and Social Psychology*, 60, 726-738

Week 8 (3/14)

Mood Disorders, cont.

- **Readings**

Ch. 6 of your text (Pediatric Bipolar)

Yen, S. et al., (2015). The influence of comorbid disorders on the episodicity of bipolar disorder in youth. *Acta Psychiatrica Scandinavica*, 1-11. DOI: 10.1111/acps.12514.

Weisz, Francis, & Bearman (2010). Assessing secondary control and its association with youth depression symptoms. *Journal of Abnormal Child Psychology*.

- **Recommended**

Youngstrom, E.A., Findling, R.L., Youngstrom, J.K., & Calabrese, J.R. (2005). Toward an evidence-based assessment of pediatric bipolar disorder. *Journal of Clinical Child and Adolescent Psychology*, 34, 433-448.

Klein, D.N., Dougherty, L.R., & Olino, T.M. (2005). Toward guidelines for evidence-based assessment of depression in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, 412-432.

Watson, T. S. & Robinson, S. L. (1998). A Behavior Analytic Approach for Treating Depression. In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy*. New York: Plenum Press

Intellectual Disability

- **Readings**

Ch. 13 of text

DSM-V, pp. 33-41

Week 9 (3/21)

Substance Use Disorders

- **Readings**

Ch. 4 of text

DSM-V, pp. 483-589, but mainly read 483-497.

Ridenour, T. A., Cottler, L. B., Compton, W. M., Spitznagel, E. L., & Cunningham-Williams, R. M. (2003). Is there a progression from abuse disorders to dependence disorders? *Addiction*, 98, 635-644

Winters, Martin, & Chung (2011). Substance use disorders in DSM-V when applied to adolescents. *Addiction*, 106, 882-884.

Health Related Disorders

- **Readings**

Ch. 19 of your text

DSM-V, pp. 355-360

Friman, P. & Jones, K. M. (1998). Elimination Disorders in Children. In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy*. New York: Plenum Press.

Brown et al. (2007). Elimination Disorders (Chapter 12). In *Childhood Mental Health Disorders: Evidence Base and Contextual Factors for Psychosocial, Psychopharmacological, and Combined Interventions*. Washington DC: APA.

QUIZ #2

Week 10 (3/28)—NO CLAS

Week 11 (4/4)

Autism Spectrum Disorder

- **Readings**

DSM-V, pp. 50-59

Ch. 11 of text

Rogers, S. J. & Ozonoff, S. (2005). Annotation: What do we know about sensory dysfunction in autism? A critical review of the empirical evidence. *Journal of Child Psychology and Psychiatry*, 46, 1255-1268.

Ozonoff, S., Iosif, A., Baguio, F., Cook, I., Moore Hill, M., Hutman, T., et al. (2010). A prospective study of the emergence of early behavioral signs of autism. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49, 256-266.

Lovaas, I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting & Clinical Psychology*, 55, 3-9.

Week 12 (4/11)

Eating Disorders

- **Readings**

Ch. 17 of text

DSM-V 329-354

Presnell, K., Bearman, S.K., & Stice, E. (2003). Risk factors for body dissatisfaction in adolescent boys and girls: A prospective study. *International Journal of Eating Disorders*, 389-401.

Week 13 (4/18)

Child Maltreatment

- **Readings**

Ch. 16 of text

Learning Disabilities

- **Readings**

Ch. 14 of text

Evans, M.K., Cinkinbeard, S.S., & Simi, P. (2015). Learning Disabilities and delinquent behaviors among adolescents: comparison of those with and without disability. *Deviant Behavior*, 36, 200-220. doi: 10.1080/01639625.2014.924361

QUIZ #3

Week 14 & 15 (4/25 & 5/2)

Presentations

Paper Due 5/4 (Friday)

Presentation Topics:

- Ariel: Role of Trauma in Mood Disorders
- Diana: PTSD in Refugees & Culturally Responsive Tx
- Jess Parker: Use of Amphetamines for ADHD
- Kyle: Over diagnosis for ADHD
- Aly: Resiliency & Early Aversive Childhood Experiences (ACE)
- Sam: Neuropsychology's Applications to ASD, DEP, ADHD
- Bekah: Suicide Pathology and Interventions
- Em: Antipsychotics for Depression & Other Mental Health Disorders
- Kristen: Native American Suicide & Depression
- Jess Peatee: Mental Health Disorders & Teen Dating Violence
- Ryan: ASD Misdiagnosis and Differential Diagnoses
- Bri: Seasonal Affective Disorder (SAD)
- Morgan: Epigenetics and Eating Disorders