Overview

This course will provide an introduction to the field of psychopathology during childhood and adolescence. Topics will include systems of classification and taxonomy in psychopathology, research methods in developmental psychopathology, epidemiology, etiology, course, risk and protective factors, and specific problems and disorders of childhood and adolescence. Throughout the course a developmental perspective will be emphasized by examining psychological problems and disorders within the context of biological, psychological, and social developmental processes. The importance of empirical research in studying psychopathology will also be emphasized. You should leave this course with (a) a solid foundation in research in child and adolescent psychopathology, and (b) the ability to apply research in this field to understanding individual cases and to your own research.

Books and Readings:

The text for the course will be:

3. DSM-IV-TR

Class Structure

Most (but not all) classes will be structured as follows:

1. Description of Disorder
2. Causal Factors
3. If time allows, Overview of Empirically Based Treatments

Course Evaluation and Grades

Course grades will be based on the following:

1. Class participation (students are expected to attend all classes, to complete all assigned readings before the class, and to participate in class).

2. Class presentations: Each student will make 2 kinds of presentations.

   (A) A brief presentation on the percent variance accounted for by each of four categories of correlates/risk/marker/causal risk factors (See Table 1 in Kazdin et al. distributed article) for each of 8 disorders (Adolescent Alcohol Abuse, ADHD, Anxiety, Depression, Anorexia, Enuresis, Mental Retardation, Autism) and distribute to all class members and me a ½ to one page paper which includes: (a) a summary of the percent variance accounted for by each of the 4 categories; and (b) a brief justification of why you
assigned the percent variance to each category. The justification for the largest variance assigned should include at least one reference from a 2006, 2007, or 2008 journal article (see attached list of sample journals), as well as supporting evidence from your textbook, outside readings, and any other resources to build your case. Develop your case carefully (see last page for example). Please bring a copy of your paper for each class member (including me) and bring a copy of the article(s) you used from 2006-2008 for me.

(B) A 20 minute presentation in one of the last two classes on an assigned topic. Your presentation should consist of: definition of disorder or topic area, causes, and most effective treatments. Distribute your slides to all class members. Reference at least 3 articles from different journals from 2005 through 2008. Your presentation should be a “formal” one (e.g., power point, overheads).

3. Exams: There will be two exams involving the application of course material. Each exam will consist of one or, more likely, two vignettes and you will answer them in 5 typed pages (and double spaced) in a take home exam.

4. Course Grade: Number 1 above: 10%
   Number 2 above: 2 A 15%
   2 B 15%
   Number 3 above: 60% (30% per exam)
<table>
<thead>
<tr>
<th>Date</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2</td>
<td>Overview, Introduction</td>
</tr>
<tr>
<td>9/9</td>
<td>No Class (But a lot of readings!)</td>
</tr>
<tr>
<td>9/16</td>
<td>Developmental Psychopathology: Overview of Causes, Assessment, Classification, and Treatment</td>
</tr>
<tr>
<td>9/23</td>
<td>Oppositional Defiant Disorder/ Conduct Disorder</td>
</tr>
<tr>
<td>9/30</td>
<td>Development &amp; Psychopathology in Adolescence (Substance Abuse &amp; Sexual Behavior)</td>
</tr>
<tr>
<td>10/7</td>
<td>Attention Deficit Hyperactivity Disorder (Take Home Exam)</td>
</tr>
<tr>
<td>10/14</td>
<td>Anxiety Disorders (Turn in Exam Before Class)</td>
</tr>
<tr>
<td>10/21</td>
<td>Depression Disorders</td>
</tr>
<tr>
<td>10/28</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>11/4</td>
<td>Enuresis &amp; Encopresis</td>
</tr>
<tr>
<td>11/11</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>11/18</td>
<td>Autism &amp; Asperger’s</td>
</tr>
<tr>
<td>11/25</td>
<td>Thanksgiving</td>
</tr>
<tr>
<td>12/2</td>
<td>Presentations</td>
</tr>
<tr>
<td>12/9</td>
<td>Guest Presentations or use as Make-up Date (Take Home Exam: Due Monday, 12/15, by noon)</td>
</tr>
</tbody>
</table>
Examples of Journals By Area: Child Psychopathology

Developmental Psychology
Child Development
Developmental Psychology

Child Psychopathology
Development and Psychopathology
Journal of Clinical Child and Adolescent Psychology
Journal of Abnormal Child Psychology
Journal of Child Psychology and Psychiatry and Allied Disciplines
Journal of the American Academy of Child and Adolescent Psychiatry

More General Journals
Journal of Consulting and Clinical Psychology
Journal of Abnormal Psychology
Behavior Therapy

Specialty Journals – Other Areas
Journal of Family Psychology
Journal of Marriage and Family
Journal of Community Psychology

Review Journals
Psychological Bulletin
Clinical Psychology Review
Categories of Correlates/Risk/Marker/Causal Risk Factors and Examples of Each

1. Temperament/Genetics: Biological and genetic factors – includes child characteristics such as gender and race.

2. Family Characteristics
   (a) Parenting
      (1) warmth/positive dimension
      (2) consistent discipline
      (3) structure (rules, supervision, monitoring)
      (4) psychological control (guilt induction, verbal manipulation)
   (b) SES
   (c) # siblings
   (d) 2 parents vs 1 parent (divorce)
   (e) family stress
      1. conflict (between parents, between siblings, between parent & child)
      2. parent depressive symptoms
      3. parent antisocial personality
      4. parent physical illness

3. Extrafamilial (peers, school, immediate neighborhood)
   (a) peers
   (b) school
      1. general environment
      2. teacher variables
   (c) neighborhood
      1. risks
      2. resources
      3. population density (rural/urban)

4. Culture/Society
   (a) differences by “cultural” groups
   (b) differences
      1. across regions of country
      2. across countries
1. Temperament/Genetics
2. Family Characteristics
3. Extrafamilial
   (peers, school, community)
4. Culture/Society

*a* Alcohol       *d* Anorexia       *g* Autism
*b* Anxiety      *e* Enuresis         *h* Mental Retardation
*c* Depression    *f* Mental Retardation

**Presentations On November 18th**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>5</td>
<td>Learning Disability</td>
</tr>
<tr>
<td>2.</td>
<td>16</td>
<td>Asthma</td>
</tr>
<tr>
<td>3.</td>
<td>18</td>
<td>Cancer</td>
</tr>
<tr>
<td>4.</td>
<td>17</td>
<td>Diabetes</td>
</tr>
<tr>
<td>5.</td>
<td>21</td>
<td>Stress</td>
</tr>
<tr>
<td>Disorders</td>
<td>(1) Temperament/Genetics/Child</td>
<td>(2) Family Characteristics</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>ODD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enuresis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Retardation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nocturnal enuresis is defined as involuntary night-time wetting in a child age 5 years or older after having ruled out organic causes. It is one of the most common disorders of childhood, affecting 10% of 7-year-olds and 1 to 2% of adolescents (Gontard et al., 2006). In addition, 44% of children with one enuretic parent and 77% of children with two enuretic parents develop enuresis. Furthermore, identical twins show 68% concordance rates while fraternal twins show 36% concordance rates (Ollendick, chapter 14). All of this research supports my view that enuresis is a disorder that is primarily accounted for by genetic variables. Also, considering the single best predictor of developing this disorder is family predisposition, I feel comfortable giving genetics 50% of the variability.

The second main contributor is child characteristics. The male to female ratio is about 3:2 (Ollendick, chapter 14) which indicates that gender definitely plays an important role. Additionally, a child’s psychological characteristics, factors such as self regulation and factors related to delayed development may have an impact. Some research suggests that children with elimination disorders have difficulty interpreting the “urge” to urinate and in fact sleep so soundly that this urge does not wake them up (Ollendick, chapter 14) resulting in bed wetting. Therefore, I attribute 30% of the variance in enuresis to child characteristics.

The final four factors are likely related to maintenance and development of enuresis; however, I was not able to find current research showing a significant link. However, I am sure that they have some type of impact, as most things are interrelated. Therefore, I attribute based on my personal opinion, 5% to parenting (how a parent deals with bed-wetting accident – do they punish/blame), 5% to family characteristics (is the family under so much stress that the child is not given appropriate toilet training), 5% to peers (have accidents resulted in teasing from peers), and 5% to culture (some cultures have more lenient views on bed-wetting).

Reference: