

SYLLABUS

EDP 383C: Child Psychopathology

SPRING SEMESTER 2016
University of Texas at Austin
Department of Educational Psychology

Mondays 4:00 to 7:00
Room: SZB 268

Co-Instructors:

Deborah Tharinger, Ph.D., (512-326-2251--cell), SZB 254; dtharinger@austin.utexas.edu
Office Hours: Mondays 10 to 11 am. I also can be reached easily by email and phone.

Erin Rodriguez, Ph.D., (512-471-2083). SZB 254E. erodriguez@austin.utexas.edu
Office Hours: Fridays 10:30 to 11:30.

Required Texts:

1. TEXT: Parritz, R.H. & Troy, M.F. (2014). *Disorders of Childhood: Development and Psychopathology* (2nd Ed.). Wadsworth, Cengage Learning.
2. DSM-5: American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th Ed)*. Washington, D.C.: Author.

Structure of the Course:

The course is designed to have four simultaneous and integrative parts:

- 1) background/overview of child psychopathology and disorders from the text;
- 2) background and current diagnostic criteria from DSM-5 (and Seriously Emotionally Disturbed –SED- as used in the public schools);
- 3) first hand accounts from the literature (widely interpreted) on children/adolescents who have struggled (ups and downs) with disorders of their own and/or parents-caregivers addressing their child's struggles (ups and downs);
- 4) research informed treatment case studies on a child or adolescent with disorder(s) to get a sampling of the efficacy, effectiveness, and flexibility of interventions.

The intent—bridge current sense of the science, diagnostics, personal experience of those diagnosed, and single-case interventions—with a critical *and* compassionate eye.

Overall Course Objectives--Students will obtain:

1. Knowledge and comprehension of a developmental psychopathology approach to understanding behavior, emotion and cognition in children and adolescents. Of central importance is the study of child psychopathology in relation to ongoing normal and pathological developmental processes; the need to consider the complex interplay of biology and environmental context in influencing the development, expression and maintenance of childhood disorders; as well as the role of multiple interacting events and processes in shaping both adaptive and maladaptive development.
2. Knowledge and understanding of the history, epidemiology, etiology, developmental course and outcomes, DSM-5 diagnostic criteria, SED criteria, assessment tools, and approaches for psychological intervention for the following disorders:
 - a. Disorders of Early Development and Attachment
 - b. Intellectual Disabilities and Learning Disabilities
 - c. Autism Spectrum Disorders
 - d. Attention Deficit Hyperactivity Disorders
 - e. Oppositional Defiant Disorder and Conduct Disorder
 - f. Anxiety Disorders and Obsessive Compulsive Disorder
 - g. Mood Disorders (Depression, Bipolar and Disruptive Mood Dysregulation)
 - h. Maltreatment as a risk factor and Trauma/stressor-related Disorders
 - i. Substance Use and Addictive Disorders
 - j. Eating Disorders
3. Appreciation for personal stories/first person accounts of children and adolescents experiencing the mental disorders in order to have a feeling for their *world* and not just the DSM symptoms and functional impairments (diagnosis).
4. Appreciation for learning from empirically-based or informed case studies that involve treating a child diagnosed with one or more of the disorders to understand treatment methods AND to come to embrace that one is assessing and treating the whole person as an individual and often his or her caregiving contexts, and not just the diagnosis (acknowledging that treatment is informed by the diagnosis).

General Format for Each Class Session:

After two introductory sessions, class sessions will begin with a lecture/discussion of the disorder(s) with a focus on history, epidemiology, etiology, developmental course and outcomes, assessment, and DSM 5 diagnostic criteria, lead by one of the professors. Guiding handouts will be provided from the Text and the DSM V will be “walked through” using the DSM V text itself.

Following, a pair of students will present a first person account or personal story from the literature about an individual who has been living with one of the disorders discussed or has been the parent or caretaker. I prefer “currently” living with the disorder although retrospective accounts are allowed. Following, a pair of students will present a case study that involves treatment of one of the disorders discussed that day.

Starting February 8th, please bring your DSM-5 to class each week.

Course Requirements and Grading:% of Grade

20% **First person account presentation (25-30 minutes).** In-class presentations/guided discussion on material you research and choose on the experience of a child or adolescent’s experience of a disorder and/or parents’ experience. The distribution of topics will be made the first class session based on student preference.

Each pair of students will identify a first person account by a child, adolescent or parent related to the child or adolescent having a specific disorder or co-occurrence of multiple disorders and present a summary of the findings in a 25 to 30 minute class presentation. The goal is to approximate the subjective experience that the client or caregiver is going through or, as may be the case, reflecting back on (historic perspective).

More specifically, each student will locate/choose a **recent** (last 5 years if possible) first person account that matches the or one of the disorder(s) covered for a given class session. First person account choices should be made based on what you think is a very good representation and will be a rich experience for you and your classmates. The goal is not to select an extreme case, but a more typical case. In my experience, material is obtained fairly easily from googling “first person account” or “personal story”; “child parent”; and the disorder of interest. You may also find information in book chapters and possibly articles.

I am open to some of the material coming from a media or social media source. If you have questions on your possible choice, please contact Dr. Tharinger for a consultation. You may find that reading passages from your source is an effective way to share the client's or parent's story or experience. You may also find that short You-Tube type videos would be an effective part of your presentation. The overall goal is to get in the shoes of the children and adolescents who experience the disorders we are studying and possibly their parents/caregivers.

20%

Case study presentation and handout (25-30 minutes). The distribution of topics will be made the first class session based on student preference. The assigned pair of students will identify a research or research informed clinical case study related to treatment of a child or adolescent having a specific disorder or co-occurrence of multiple disorders, distribute the article or chapter electronically a week in advance to Professor Tharinger who will distribute it to the class, summarize the case study on a handout brought to class with copies for your classmates, present the major treatment course and lead a class discussion. Each student will locate/choose a recent (**last 5 years if possible**) research or research informed clinical case study that matches one of the disorder(s) covered for a given class session. Cases with co-occurring disorders will be allowed. Case choices should be made based on what you think is a very good representation of current best practice treatment methods and/or the adaptation of evidenced informed treatment to a complex real world case. The journal *Clinical Case Studies* is a good source and it provides research informed case study articles that include:

- Theoretical and Research Basis for Treatment
- Case Introduction
- Presenting Complaints
- History
- Assessment
- Case Conceptualization
- Course of Treatment and Assessment of Progress
- Complicating Factors Access and Barriers to Care
- Follow-Up
- Treatment Implications of the Case
- Recommendations to Clinicians and Students

You can also use other sources, such as other journals or current casebooks—you may find these to be more clinical in nature. But your source needs to include a data based evaluation of the efficacy of the treatment. All sources should be drawn from articles or chapters and not a media report. If you have questions on your possible choice, please contact the Professor Tharinger for a consultation. For your handout and presentation, summarize the case with an emphasis on the

treatment/intervention component and your evaluation of how the treatment was adapted to the specifics of the child/adolescent, as well as how successful it was. Also integrate discussion questions for the class within your handout and presentation.

- 60% Two take home essay exams will be used to sample your knowledge of the material in the course and its application. The format for each exam will include four questions, with options, and you are asked to choose three questions and select your options. The first exam will cover the material up to and including ADHD. The second exam will address all material covered subsequently. The first exam will be distributed on March 7 and the exam is due, electronically by attachment, to dtharinger@austin.utexas.edu March 21 by 9am. The second exam will be distributed on April 18 and is due on May 9 by 9am electronically by attachment, to Professor's Tharinger's email account. I will confirm receipt. All exams will be graded and returned electronically.

Class Schedule and Required Readings:

January 25: Discussion of design of course and requirements, students' backgrounds and interests, central questions of interest for the course, and assignment of topics to research on first person experience of a disorder and treatment case studies. er

February 1: Overview--Discussion of major themes, definitions and prevalence, models of child development and psychopathology, and principles and practices of developmental psychopathology. er

Readings:

1. TEXT: Preface and Chapters 1, 2, and 3

February 8: Overview--Discussion of Classification, Assessment, Diagnosis and Intervention, and introduction to DSM-5 and Seriously Emotionally Disturbed (SED) Criteria (per Texas). er

Readings:

1. TEXT: Chapter 4
2. Seriously Emotionally Disturbed (SED) Definition for Educational Classification (class handout)
3. DSM-5: xiii-xl, xli-xliv, 5-25, 715-727, 749-759 and 809-816.

February 15: Disorders of Early Development and Attachment (DSM 5 Reactive Attachment Disorder and Disinhibited Social Engagement Disorders) er

Readings:

1. TEXT: Chapter 5 and 6
2. DSM-5: 265-270; 329-338.
3. CASE STUDY: _____
4. FIRST PERSON ACCOUNT: _____

February 22: Intellectual Disabilities and Learning Disabilities

Readings:

1. TEXT: CHAPTER 7
2. DSM-5: pp. 31-41; 66-74
3. CASE STUDY: _____
4. FIRST PERSON ACCOUNT: _____

February 29: Autism Spectrum Disorders erl

Readings:

1. TEXT: Chapter 8
2. DSM-5: pp. 50-59.
3. CASE STUDY: _____
4. FIRST PERSON ACCOUNT: _____

March 7: Attention Deficit Hyperactivity Disorders (First exam distributed) erl

Readings:

1. TEXT: Chapter 9
2. DSM-5: pp. 59-66
3. CASE STUDY: _____

4. FIRST PERSON ACCOUNT: _____

March 14: Spring Break

March 21: Oppositional Defiant Disorder and Conduct Disorder (First Exam Due 9am)

Readings:

1. TEXT Chapter 10

2. DSM-5: pp. 461-480

3. CASE STUDY: _____

4. FIRST PERSON ACCOUNT: _____

March 28: Anxiety Disorders and Obsessive Compulsive Disorders

Readings:

1. TEXT: Chapter 11

2. DSM-5: pp. 189-226; 235-257.

3. CASE STUDY: _____

4. FIRST PERSON ACCOUNT: _____

April 4: Mood Disorders

Readings:

1. TEXT: Chapter 12

2. DSM-5: pp. 123-141; 155-171.

3. CASE STUDY: _____

4. FIRST PERSON ACCOUNT: _____

April 11: Maltreatment and Trauma/stressor-related Disorders

Readings:

1. TEXT: Chapter 13

2. DSM-5: pp. 271-290.

3. CASE STUDY: _____

4. FIRST PERSON ACCOUNT: _____

April 18: Substance Use and Abuse Disorders (Second Exam Distributed)

Readings:

1. Text: Chapter 14

2. DSM-5: pp. 481-580 (SKIM).

3. CASE STUDY: _____

4. FIRST PERSON ACCOUNT: _____

April 25: Eating Disorders

Readings:

1. TEXT: 15

2. DSM-5: pp. 338-354.

3. CASE STUDY: _____

4 . FIRST PERSON ACCOUNT: _____

May 2: Integration—er

What have you learned? What stays with you? What remaining questions do you have? How are you encouraged? How are you discouraged? What did you think of the intent of the course—to bridge current sense of the science, diagnostics, personal experience of those diagnosed, and intervention—with a critical *and* compassionate eye? How can you use that integration in practice? Research?

Course Evaluation

Finals week: Second Exam Due; May 9, 9am

Professor Expectations and Policies:

1. **Students are expected to abide by the *Honor Code*** in practice at The University of Texas:

“The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.”

2. **Students are expected to arrive to class on time**, to avoid disrupting other students' learning experiences. There are no formal penalties; it is a request out of respect for the class in general.

3. **Assignments are to be submitted on time.** Late work will not be accepted.

4. **Academic dishonesty is a serious matter**, and steps will be taken in cases where students are suspected of engaging in any form of unauthorized collaboration, cheating, plagiarism, or misrepresentation of work. Students may visit the webpage of the Office of Dean of Students, Student Judicial Services, for more information <http://deanofstudents.utexas.edu/sjs>

5. **Respect of other students' views, experiences, and questions is expected.** This class will involve discussions that could be emotionally sensitive or even provocative for some students, depending on the topic. I expect everyone to contribute at least to some degree, and for everyone to be respectful of others' contributions, even if opinions and values widely differ.

6. **Students are expected to read material prior to attending class.** Many class activities will be based on the assumption that students did the reading for that day. Less than half of class time will involve presenting materials from the textbook in the form of lectures. Discussion, hands-on learning activities, and student interaction will be emphasized for the other half of class time. All learning activities will be more productive for learning if everyone has read the material to be discussed.

7. Upon request, according to standard policies at The University of Texas, **appropriate academic accommodations will be provided** for qualified students with disabilities. For more information, contact the Office of the Dean of Students at 471-6259 / 471-4641 TTY.

8. Make-up work is allowed for assignments and exams due **to absences or schedule conflicts for religious observances**. You must notify me by email 7 days prior to the holy day observance in order to make arrangements.

CASE STUDY AND FIRST PERSON ACCOUNTS
Child Psychopathology
Spring 2016
Evaluation Form

Student: _____

Date _____

Article/Materials

_____ 1 Choice of article or materials—relevant, current, of interest

_____ 2 Handout—provides an effective outline (applicable to case study only)

_____ 3 Presentation—Organization, ability to communicate well, flexibility, working with ease with partner and sharing equally in responsibilities, multiple mediums (applicable to first person accounts)

_____ 4 Involving classmates throughout and/or with questions at the end

_____ 5 Overall contribution—helps build an additional layer of knowledge about the “disorder” for classmates by focusing on the individual (first person account or recipient of treatment)

_____ Total Points (20 possible)

COMMENTS