

Psychology 131--Developmental Psychopathology.

Lectures: TBD

Instructor TBD
Office Hours: TBD

GSI's and Sections

TBD
 Section TBD
 Section TBD
 Section TBD

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GSI Office Hours: Will be announced during the first week of class.

NOTE: No sections during Week 1. Sections start Week 2

Course Overview

Mental disorders are among the most debilitating forms of illness in the world, on par with cancer, HIV, and other chronic disease states, with respect to life impairments and family/personal suffering. Genetic vulnerability interacts with life stress to produce most forms of mental illness. Importantly, most “adult” forms of mental disorder originate well before adulthood, and mental disorders beginning in childhood typically persist well beyond the child years.

A continuing puzzle is that during the first ten years of life, boys have higher rates of developmental problems than girls, but the teen years are times of particular vulnerability for girls. Another core issue is that rates of prevalence, identification, and treatment vary greatly around the nation and the world, across socioeconomic strata and across racial/ethnic groups. Yet universally, mental illness is associated with tremendous pain. To enhance our understanding, developmental psychopathology (DP)—which entails the joint study of normal development and atypical development—is a crucial area of investigation.

Specifically, how can we better understand the isolation of children with autism...the whirlwind nature and impulsive tendencies of youth with ADHD...the self-defeating and self-destructive thoughts and actions that often underlie depression and bipolar disorder in children and adolescents...or the propensities to inflict harm on others in youngsters with conduct problems? What about the puzzling presence of learning disorders...or the retreat into disordered thinking in youngsters with early signs of thought disorder? How do these conditions begin, and how do they develop across time? Have their prevalence rates been truly increasing in recent decades, or are we just recognizing them more, perhaps because of political processes—or societal tendencies to “medicalize” deviance?

Many important and unsolved questions underlie the course material: Do actual categories of child and adolescent mental disorder really exist, or are these problems just the “high end” of a normal curve of problem behavior and related behavioral and emotional dimensions of interest? What roles do processes of temperament and attachment play in the origins and development of mental illness? Is it really the case that mental disorders are the products of “bad genes”—and how does genetic risk get exacerbated by environmental risk? Indeed, what about processes linked to adversity, including poverty, family discord, and neglect or abuse, and their influence on developmental change? Why are affluent youth as well as those with low SES at such high risk for mental disorders? How do some high-risk children overcome early adversity and attain healthy outcomes, thereby showing resilience? Crucially, why are mental disorders, in children or in adults, still so stigmatized? Which strategies can best prevent or treat such problems and reduce stigma?

These questions are informed by DP, which came into existence 40+ years ago, integrating developmental psychology, clinical child psychology, and child psychiatry, as well as other disciplines and perspectives. This synthesis occurs via several principles. First, the study of normal development informs the study of abnormal development, and vice versa. Second, psychopathology encompasses deviations from pathways of normal development, but how and why such deviations occur is a major question. Third, the study of behavioral and emotional disorders reveals both continuities with and discontinuities from normal developmental pathways. Fourth, despite the strong biological and genetic underpinnings of many forms of mental disorder, the contexts (family, school, community) within which children interact play an essential role in pathology—and resilience. Fifth, multiple levels of analysis are needed to understand the development of psychopathology: from genes and brains all the way to families, schools, neighborhoods, and cultures. Finally, these various levels influence one another reciprocally, across time, in a process called *transaction*.

Given such a perspective, it is difficult to imagine that mental disorders are fixed categories that stay stable across development. The diagnostic descriptions in DSM-5 do not adequately reflect the dynamic, interactive processes that occur when behavioral or emotional disorders emerge. As a result, during the first few weeks of the class we attempt to understand relevant concepts and processes, setting the stage for subsequent discussion of key disorders (e.g., ADHD, conduct problems, mood disorders, autism, learning disorders, bipolar disorder, eating disorders). Thus, you will need to be patient, as we won’t initially dive in to clinical conditions and disorders but instead begin with these basic principles and concepts. If you stay with them, the subsequent discussion of actual disorders will be far more informative than will memorizing lists of symptoms. Although we touch on prevention and treatment, the course is mainly concerned with causation, mechanisms, and personal experience. Keep up with the readings, participate in sections, and attend lectures to get a handle on the material, much of which is graduate level. We will grade fairly, curving as needed, but be aware that the course is challenging.

Psychology Major Program: Learning Goals

Through a mixture of course lectures, readings, section exercises and discussions, and exams, this course aims to address facets of each of the seven program learning goals of the Psychology Major at UC Berkeley, with particular emphasis on Program Learning Goals #1-4 and #7.

1. Understand basic concepts that characterize psychology as a field of scientific inquiry, and appreciate the various subfields that form the discipline as well as things that differentiate it from other related disciplines. **This course begins with a number of essential developmental, cognitive, biological, social, and cultural principles, before applying them to child and adolescent psychopathology during the last two-thirds of the course.**
2. Develop an understanding of the central questions/issues in contemporary psychology as well as a historical perspective of psychological theories and key empirical data. **Both historical and highly**

contemporary issues related to mental disorders are emphasized in the course's lectures, readings, and discussion sections.

3. Develop a thorough understanding of one of the major content areas of psychology. **In fact, this course embraces a deep blend of perspectives: clinical, developmental, biological, cognitive, social/personality/cultural.**
4. Develop skills to critically evaluate the presentation of scientific ideas and research in original scientific papers as well as in the popular media. **Readings focus on primary-source scientific articles, recent chapters, and first-person accounts.**
5. Become familiar with research methods used in psychological research, and become proficient in basic concepts of statistical analyses and familiar with more advanced methods in data analyses and modeling. **Although this course does not feature statistical analysis per se, students will have an assignment related to critiquing a scientific article.**
6. Learn to develop, articulate, and communicate, both orally and in written form, a testable hypothesis, or an argument drawing from an existing body of literature. **Each section gives the opportunity for oral discussion; the article critique presents practice in writing.**
7. Apply a psychological principle to an everyday problem, or take an everyday problem and identify the relevant psychological mechanisms/issues. **The entire course is devoted to the application of scientific principles to the everyday issues of mental health and mental illness.**

Requirements and Grading:

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|--------------------|--|
| <i>Midterm 1:</i> | 25% |
| <i>Midterm 2:</i> | 25% |
| <i>Final Exam:</i> | 30% |
| <i>Sections:</i> | 20% (NOTE: Section attendance is <i>required</i>) |

Exams will blend multiple choice, short answer, and essay questions. They are in-class and closed-book in nature. The final exam is essentially "Midterm 3." Specifically, over 85% of the final is a third, non-cumulative midterm covering the last third of the course, but an additional integrative essay question will include material on conceptual issues and disorders from the initial portions of the course.

****IMPORTANT NOTE:** There are *no* make-up exams in this course.

Course Objectives

****Students are expected to...**

- *demonstrate knowledge of the terminology, principles, and research methods of DP
- *demonstrate knowledge of the major dimensions and syndromes of psychopathology, along with risk factors, developmental course, and initial issues linked to prevention and treatment
- *demonstrate awareness and knowledge of how social and cultural contexts, race and ethnicity, gender, and other diversity-related factors influence the development of child and adolescent psychopathology and its prevention and treatment

****Students are encouraged to apply knowledge gained from class to real-world needs and problems**

Required Reading

Hinshaw, S. P. (2017). *Another kind of madness: A journey through the stigma and hope of mental illness*. New York: St. Martin's Press.

Other required readings: Chapters and primary-source research articles comprise the other aspects of the required reading list (see syllabus and bibliography below). Some of these are descriptive and some technical; some are more psychosocial and others more psychobiological. These will be posted on bCourses.

**Although this is a large course, we want to give a feel for the exciting and complex science in DP. The weekly, required sections will promote discussion and different perspectives on the course material, including the “feel” of mental disorders. Be prepared to grapple with challenging material!

Website/bCourses

The PowerPoint slides for each lecture will be posted on bCourses before lecture. Log in to bCourses regularly to check for announcements and the late-breaking information. NOTE: EVANS HALL DOES NOT HAVE COURSE CAPTURE, so make every effort to attend lecture in person!

Disability Accommodation Policy

If you require accommodations for any physical, psychological, or learning disability, contact the Disability Students' Program (DSP: 510-642-0518) for verification requirements. We are glad to discuss DSP-arranged accommodations for our course, but we can do so *only* if you have an official DSP accommodation letter.

Academic Honesty Policy

Any test, paper or report submitted by you and that bears your name is presumed to be your own original work that has not previously been submitted for credit in another course unless you obtain prior written approval to do so from your instructor. In any papers, you may use words or ideas written by other individuals in publications, web sites, or other sources, but only with proper attribution. "Proper attribution" means that you have fully identified the original source and extent of your use of the words or ideas of others that you reproduce in your work for this course, usually in the form of a footnote or parenthesis. As a general rule, if you are citing from a published source or a web site and the quote is short (up to a sentence or two) place it in quotation marks; if you employ a longer passage from a publication or web site, indent it and use single spacing. In either case, be sure to cite the original source in a footnote or in parentheses (for details, see APA Publication Manual, 6th edition).

As a member of the campus community, you are expected to demonstrate integrity in all of your academic endeavors. The consequences of cheating and academic dishonesty—including a formal discipline file, possible loss of future internship, scholarship, or employment opportunities, and denial of admission to graduate school—are simply not worth it. For more information on the conduct expected of Berkeley students, here's the link to the Student Conduct code: <http://students.berkeley.edu/uga/conduct.pdf>. In fairness to students who put in an honest effort, cheaters will be harshly treated. Any evidence of cheating will result in a score of zero (0) on that assignment or examination. Cheating includes but is not limited to bringing notes or written or electronic materials into an exam, using notes or written or electronic materials during an exam, copying off another person's exam, allowing someone to copy off of your exam, or having someone take an exam or quiz for you. Incidences of cheating will be reported to Student Judicial Affairs, which may administer additional punishment.

Syllabus (note: schedule may change slightly during the term)

| Week | Date | Topic | Required Readings |
|-------------|--|--|---|
| 1 | L #1 TBD | Introduction and overview; principles of DP | Hinshaw (2017): Reading #1 |
| 2 | L #2 TBD | Underlying models of mental illness; categorical and continuous conceptions, internalizing/externalizing dimensions | Hinshaw (2007): Reading #2 |
| | L #3 TBD | Conceptual Issues #1: Risk/protective factors, resilience, stability/continuity, multifinality/equifinality, transaction | Beauchaine & Klein (2017): Reading #3 |
| 3 | L #4 TBD | Conceptual Issues #2: Heritability, gene- environment correlation, gene-environment interaction | Caspi et al. (2003): Reading #4 |
| | L #5 TBD | Conceptual Issues #3: Temperament, Attachment | Fraley (2010): Reading #5 Rothbart (2007): Reading #6 |
| 4 | L #6 TBD | Context: Parenting influences | Maccoby (1992): Reading #7 |
| | L #7 TBD | Context: Peer interactions, neighborhoods, culture | Hay et al. (2004): Reading #8 Jennings & Perez (2017): Reading #9 |
| 5 | Holiday TBD | PRESIDENT'S DAY—No class | |
| | L #8 TBD | ODD/CD | Riley et al. (2016): Reading #10 |
| 6 | <i>Mid 1</i> TBD | <i>MIDTERM #1</i> | |
| | L #9 TBD | Substance use and abuse | Brown et al. (2017): Reading #11 Volkow et al. (2016): Reading #12 |
| 7 | L #10 M ³ / ₄ | ADHD #1 | Hinshaw (2018): Reading #13 |
| | L #11 TBD | ADHD #2 | |
| 8 | L #12 TBD | Abuse/neglect/deprivation | Jaffee (2017): Reading #14 |
| | L #13 TBD | Internalizing disorders I: Anxiety disorders; | Weems & Silverman (2017): Reading #15 Zahn-Waxler et al. (2000): Reading #16 |
| 9 | L #14 TBD | Internalizing disorders II: Child/adolescent depression | Klein et al. (2017): Reading #17 |

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| | L #15 TBD NOTE: | Bipolar disorder <i>Spring Break, 3/25-3/29</i> | Liebenluft et al. (2003): Reading #18 |
| 10 | L #16 TBD | Teenage girls and risk: the “triple bind” | Hinshaw (2009): Three chapters: Reading #19 |
| | Mid 2 TBD | MIDTERM 2 | |
| 11 | L #17 TBD | Autism spectrum disorders | Park et al. (2016) Reading #20 |
| | L #18 TBD | Self-harm, suicide, borderline | Kaufman et al. (2017): Reading #21 Caine (2017): Reading #22 Brent et al. (2017): Reading #23 |
| 12 | L #19 TBD | Stigma and mental illness | Required book: Introduction through Chapter 7 |
| | L#20 TBD | Families, mental illness, silence, and hope | Required book: Chapter 8 through Conclusion |
| 13 | L #21 TBD | Learning disorders | Fletcher et al. (2016)—pp.1-6 and pp. 12-22 Reading #24 |
| | L#22 TBD | Intellectual disability | NASET Overview and NDD—Views and experiences Reading #25 |
| 14 | L#23 TBD | Eating disorders | Berkman et al. (2007): Reading #26 |
| | L #24 TBD | Prevention and intervention | Weisz et al. (2005): Reading #27 Luthar & Brown (2007): Reading #28 |
| 15 | TBD | <i>RRR week</i> | |
| FINAL EXAM | TBD | <i>FINAL EXAM: TBD (Exam Group 4) NOTE: The final will take at most 1.5 hours to complete!</i> | |

Required readings (posted on the course website at Bspace.berkeley.edu):

WEEK 1:

Hinshaw, S. P. (2017). Developmental psychopathology as a scientific discipline: A twenty-first century perspective. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 3-32). Hoboken, NJ: Wiley. **(READING #1)**

WEEK 2:

Hinshaw, S. P. (2007). *The mark of shame: Stigma of mental illness and an agenda for change*. New York: Oxford University Press. (Chapter 1). **(READING #2)**

Beauchaine, T. P., & Klein, D. N. (2017). Classifying psychopathology. In T.P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 33-67). Hoboken, NJ: Wiley. **(READING #3)**

WEEK 3:

Caspi, A. et al. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science*, 301, 386-389. **(READING #4)**

Fraley, C. (2010). A brief overview of adult attachment research. University of Illinois. **(READING #5)**

Rothbart, M. K. (2007). Temperament, development, and personality. *Current Directions in Psychological Science*, 16, 207-212. **(READING #6)**

WEEK 4:

Maccoby, E. (1992). The role of parents in the socialization of children: An historical overview. *Developmental Psychology*, 28, 1006-1017. **(READING #7)**

Hay, D. F., Payne, A., & Chadwick, A. (2004). Peer relations in childhood. *Journal of Child Psychology and Psychiatry*, 45, 84-108. **(READING #8)**

Jennings, W., & Perez, N. M. (2017). Neighborhood effects on the development of delinquency. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 387-403). Hoboken, NJ: Wiley. **(READING #9)**

WEEK 5:

Riley, M., Ahmed, S., & Locke, A. (2016). Common questions about oppositional defiant disorder. *American Family Physician*, 93, 586-591. **(READING #10)**

WEEK 6:

Brown, A. A., Tomlinson, K. L., & Winward, J. (2017). Substance use disorders. In T.P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 497-528). Hoboken, NJ: Wiley. **(READING #11)**

Volkow, N.D., Swanson, J. M., Evins, A. E., et al. (2016). Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: A review. *JAMA Psychiatry*, E1-E6. **(READING #12)**

WEEK 7:

Hinshaw, S. P. (2018). Attention deficit-hyperactivity disorder (ADHD): Controversy, developmental mechanisms, and multiple levels of analysis. *Annual Review of Clinical Psychology*, online. **(READING #13)**

WEEK 8:

Jaffee, S. (2017). Child maltreatment and risk for psychopathology. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 144-177). Hoboken, NJ: Wiley. **(READING #14)**

Weems, C. F., & Silverman, W. K. (2017). Anxiety disorders. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 531-559). Hoboken, NJ: Wiley. **(READING #15)**

Zahn-Waxler, C., Klimes-Dougan, B. & Slattery, M. (2000). Internalizing problems of childhood and adolescence: Prospects, pitfalls, and progress in understanding the development of anxiety and depression. *Development and Psychopathology*, 12, 443-466. **(READING #16)**

WEEK 9:

Klein, D. F., Goldstein, B. L., & Finsaas, M. (2017). Depressive disorders. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 610-641). Hoboken, NJ: Wiley. **(READING #17)**

Liebenluft, E., Charney, D. S., Towbin, K. E. et al. (2003). Defining clinical phenotypes of juvenile mania. *American Journal of Psychiatry*, 160, 430-437. **(READING #18)**

WEEK 10:

Hinshaw, S. P. (2009). *The triple bind: Saving our teenage girls from today's pressures*. New York: Ballantine. (Introduction plus Chapters 1 & 5.) **(READING #19)**

WEEK 11:

Park, H. R., Lee, J. M., Moon, H. E. et al. (2016). A short review on the current understanding of autism spectrum disorders. *Experimental Neurobiology, online*. **(READING #20)**

Kaufman, E. A., Crowell, S. E., & Lenzenweger, M. F. (2017). The development of borderline personality disorder and self-inflicted injury. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (3rd ed., pp. 642-679). Hoboken, NJ: Wiley. **(READING #21)**

Caine, E. D. (2017). Suicide and attempted suicide in the United States during the 21st century. *JAMA Psychiatry*, 74, 1087-1088. **(READING #22)**

Brent, D. A., Melham, N. M., Oquendo, M., et al. (2015). Familial pathways to early-onset suicide attempt: A 5.6-year prospective study. *JAMA Psychiatry*, 72, 160-168. **(READING #23)**

WEEK 12:

Hinshaw, S. P. (2017). *Another kind of madness: A journey through the stigma and hope of mental illness*. New York: St. Martin's Press. **(REQUIRED BOOK)**

WEEK 13:

Fletcher et al. (2016). Classification and definition of learning disabilities: The problem of identification. In J. M. Fletcher, G. R. Lyon, G.R., L. S. Fuchs, & M. A. Barnes, M.A. *Learning disabilities: From identification to intervention* (2nd ed.). New York: Guilford Press. **(READING #24)**

NASET Overview (see link in bCourses): Comprehensive overview of intellectual disabilities AND NDA (National Disability Authority): Chapter 2, The views and experiences of people with intellectual disabilities. (See link in bCourses) **(READING #25)**

WEEK 14:

Berkman, N. D., Lohr, K. N., & Bulik, C. N. (2007). Outcomes of eating disorders: A systematic review of the literature. *International Journal of Eating Disorders*, 40, 293-309. **(READING #26)**

Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60, 628-648. **(READING #27)**

Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing, paradigms, possibilities, and priorities for the future. *Development and Psychopathology*, 19, 931-955. **(READING #28)**