

Psychology 131, Fall 2015
Developmental Psychopathology
Lectures: Tuesday & Thursday 2-3pm, 145 Dwinelle

Instructor: Qing Zhou, Ph.D., Associate Professor of Psychology (email: qingzhou@berkeley.edu)

Instructor Office Hours: Tuesday & Thursday: 1:00-1:45pm, 3329 Tolman Hall

GSI: Monday Sections -- Aya Williams (aiwilliams@berkeley.edu, Office Hours: Mondays 4-5pm in Tolman 2115A)
 Friday Sections --- Benjamin Swerdlow (babravanel@berkeley.edu, Office Hours: Tuesdays 12-1pm in Tolman 3336)

Course Overview:

Developmental psychopathology is an interdisciplinary science integrating developmental psychology, clinical child psychology, and child/adolescent psychiatry. The predominant focus of this discipline is to elucidate the interplay among the biological, psychological, and social-contextual aspects of normal and abnormal development. Large-scale epidemiological studies have suggested that in English-speaking countries, approximately 15% of youths aged 6 to 16 have a diagnosable mental disorder at any given point in time. In the United States, as many as 21% of youth have *either* a diagnosable mental disorder *or* a sub-threshold behavioral or emotional problem that significantly interferes with their general functioning or quality of life. Consequently, one in five youths in the U.S. are in need of psychological treatment or support.

Effective treatment of mental illness needs to be built upon scientific knowledge on the etiology and development of mental disorders in childhood and adolescence. There are many important (and as yet unsolved) questions in the field of developmental psychopathology: *What biological, psychological, and contextual factors put children at risk for depression? What are the developmental processes/mechanisms underlying the link between these risk factors and depression? 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? What roles do developmental processes and constructs like 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 multiplied by environmental risk? What about the risk factors of poverty, family discord, and neglect or abuse: how do these influence developmental change? Why are affluent youth as well as those with low SES at such high risk for mental disorders? How do some children who are at risk overcome early adversity and attain healthy outcomes, thereby showing resilience? Finally, why are mental disorders, in children or in adults, still so stigmatized? Which strategies show the most promise in preventing or treating such problems?* We will begin to explore these fascinating questions in the course this fall.

This course will introduce the key concepts and principles of developmental psychopathology, including risk and protective factors (including genetic, neurobiological, temperament & personality, and contextual influences), resilience, multiple levels of analysis, developmental pathways, and the links between normative and abnormal development. Commonly-used methods in developmental psychopathology research will also be discussed. The discussion of concepts and methods will guide our discussions of major child and adolescent mental health problems including externalizing problems (e.g., attention and conduct problems), internalizing problems (e.g., depression and anxiety), developmental and learning disorders (e.g. mental retardation, autism, communication and language delays), and eating disorders. Recent advancements in prevention and treatment of childhood and adolescent disorders will also be discussed.

Course Objectives:

1. Students are expected to demonstrate knowledge of the basic terminology, principles, and research methods of developmental psychopathology;
2. Students are expected to demonstrate knowledge of the major disorders, dysfunctions, and conditions of child and adolescent psychopathology, possible etiologies and developmental courses, and research-based prevention and treatment approaches;
3. Students are expected to demonstrate awareness and knowledge of how social and cultural contexts, race and ethnicity, gender, and other diversity factors influence the development of child and adolescent psychopathology and its prevention and treatment;
4. Students are encouraged to apply knowledge gained from class to real-world needs and problems.

Required Reading:

Textbook: Beauchaine, T. P., & Hinshaw, S. P. (Eds.) (2013). *Child and adolescent psychopathology* (2nd ed.). Hoboken, NJ: Wiley. (Referred to in syllabus as “B&H”)

This is a graduate-level textbook! The chapters contain advanced materials that summarize the key concepts and highlight some of the cutting edge research in the field. It is highly recommended that you do a first reading of the designated chapter before lecture and a second reading after lecture. **Keep in mind that you are not required to understand all the materials covered in the chapters (especially some of the intensive biologically related materials).**

Additional **required** readings: selected primary-source readings (journal articles and reviews) will be posted on the course website at [bcourses](#) (under “Files/Additional Required Readings”). These readings supplement the textbook and give students some exposure to scientific empirical articles and reviews in developmental psychopathology. These readings are parallel readings for a graduate seminar. During the weekly sections led by the GSIs, students will participate in group discussions on these materials.

Course Requirements (% of contribution to the final grade):

1. **Exams:** There will be three exams (Midterm I, 15%; Midterm II, 15%; Final Exam: 20%), consisting of multiple choice questions, short answers, and essay questions. The exam questions will be drawn from the lectures and readings. Midterm II is *not* cumulative. The first portion of the Final Exam will be equivalent to “Midterm III” and is not cumulative, the remainder will be integrative, via synthetic essay questions.
2. **Participation in discussion sections (30%):** Students are **required** to attend and be actively involved in the discussion sections led by GSIs. It is also expected that the students complete the reading assignments before going to the discussion sections. A variety of activities will take place in these sections, including watching and discussing relevant videos/films, discussing readings and clinical case examples, and in-class exercises.
3. **Assignments and final project (20%):** Students will be required to write 2-3 short essays on specific topics during the semester. For the final project, students can choose to write *either* a literature review paper *or* a grant proposal on a topic of their choice (within the broad field of developmental psychopathology). The final project provides students an opportunity to integrate their knowledge learned from the course and develop **independent research ideas**. More details will be announced later.

Exams and Make-up Policy

There are *no* make-up exams in this course. If you fail to take an exam, you will receive a score of 0 for that exam. All exams will be taken in-class and will be closed book. There will be no make-up exams for any reason. Students who miss an exam will receive a grade of “0” on that exam.

Grading and Regrade Policy

Based on each student's grades on the individual course requirements (three exams, discussion section participation, assignments and final paper), a composite score will be calculated (ranging from 0 to 100) at the end of the semester. Students' final letter grades for the course will be assigned based on the composite score. **It is expected that a full range of grades (from F to A) will be assigned for this course.**

Regrade policy: if students would like part of their exams be regraded, they must submit a written explanation to Professor Zhou detailing why they think they deserve more credit on a particular question. Request for regrade must be submitted within **one week** after the exams are returned to students. Please note that if you submit your exam for a regrade, the entire exam will be regraded, and your grade may go up or down as a result.

Course Website

The PowerPoint slides that accompany the lectures will be posted on bcourses.berkeley.edu (under "Files/Lecture Slides") *after* each lecture. It is crucial that you log in at least once per week to check for announcements and the latest information about assignments etc.

Academic Honesty Policy

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 on the final exam results in an "F" for the course. Cheating includes, but is not limited, to bringing notes or written or electronic materials into an exam or quiz, using notes or written or electronic materials during an exam or quiz, copying off another person's exam or quiz, allowing someone to copy off of your exam or quiz, and having someone take an exam or quiz for you. Incidences of cheating will be reported to Student Judicial Affairs, which may administer additional punishment.

Disability Accommodation Policy

If you need accommodations for any physical, psychological, or learning disability, please first contact the Disability Students' Program (510-642-0518) regarding disability verification requirement.

University Statement on Prevention of Harassment and Discrimination

The University of California strives to prevent and respond to harassment and discrimination. Engaging in such behavior may result in removal from class or the University. If you are the subject of harassment or discrimination there are resources available to support you. Please contact the Confidential Care Advocate (sa.berkeley.edu/dean/confidential-care-advocate) for non-judgmental, caring assistance with options, rights and guidance through any process you may choose. Survivors of sexual violence may also want to view the following website: survivorsupport.berkeley.edu.

For more information about how the University responds to harassment and discrimination, please visit the Office for the Prevention of Harassment and Discrimination website: ophd.berkeley.edu.

Lecture Schedule (please note that the schedule is tentative and might change during the semester)

Week	Date	Topic	Required Readings
1	Th 8/27	L1. Introduction and overview	No readings!
2	T 9/1	L2. Principles of developmental psychopathology	B & H, Chapter 1; Sroufe & Rutter, 1984; Rutter & Sroufe, 2000; Masten, 2001
	Th 9/3	L2. Principles of developmental psychopathology (continued)	
3	T 9/8	L3. Assessment & diagnosis	B & H, Chapter 2;
	Th 9/10	L4. Risk and protective processes I: Genetic and neurobiological influences on psychopathology	B & H, Chapters 3, 4; Caspi et al. (2003)
4	T 9/15	L5. Risk and protective processes II: Temperament, emotion regulation, and psychopathology	B & H, Chapters 7, 11; Rothbart, 2007;
	Th 9/17	L6. Risk and protective processes III: Contextual influences on psychopathology	Boyce et al., 1998; Chen, Fu, & Leng, 2003
5	T 9/22	L7. ADHD	B & H, Chapter 6; B & H, Chapter 12;
	Th 9/24	L7. ADHD (continued)	
6	T 9/29	L7. ADHD (continued)	Molina et al., 2009;
	Th 10/1	Midterm #I	
7	T 10/6	L8. Conduct problems	B & H, Chapter 13; Lahey et al., 1999; B & H, Chapter 14;
	Th 10/8	L8. Conduct problems (continued)	
8	T 10/13	L9. Substance use problems	B & H, Chapter 15;
	Th 10/15	L9. Substance use problems (continued)	
9	T 10/20	L10. Anxiety disorders	B & H, Chapter 16 ; Zahn-Waxler et al., 2000;
	Th 10/22	L10. Anxiety disorders (continued)	
10	T 10/27	L11. Depression	B & H, Chapter 17;
	Th 10/29	L11. Depression (continued)	
11	Tu 11/3	Midterm #II	
	Th 11/5	L12. Bipolar disorder	B & H, Chapter 19; Carlson, 2005;
12	<i>Tu 11/10</i>	L13. Childhood schizophrenia	B & H, Chapter 21; Marenco & Weinberger, 2000
	Th 11/12	L14. Autism spectrum disorders	B & H, Chapter 20; Losh & Capps, 2006;
13	Tu 11/17	L14. Autism spectrum disorder (continued)	

	Th 11/19	Guest lecture: TBA	
14	Tu 11/24	L15. Eating disorders	B & H, Chapter 22
	Th 11/26	No class – Academic and administrative holiday	
15	Tu 12/1	L16. Communication and learning disorders	Vellutino et al., 2004
	Th 12/3	L17. Stigma and mental illness	Hinshaw, 2005
Final Exam	12/15	<i>Final exam: Tuesday, 12/15/15, 8:00-11:00am (Exam Group 5)</i>	

Additional required readings (posted on the course website at bcourses.berkeley.edu):

- Boyce, W. T., Frank, E., Jensen, P. S., Kessler, R. C., Nelson, C. A., Steinberg, L., et al. (1998). Social context in developmental psychopathology: Recommendations for future research from the MacArthur Network on Psychopathology and Development. *Development and Psychopathology, 10*, 143-164.
- Carlson, G. A. (2005). Early onset bipolar disorder: Clinical and research considerations. *Journal of Clinical Child and Adolescent Psychology, 34*, 333-343.
- Caspi, A. et al. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science, 301*, 386-389.
- Chen, X., Fu, R., & Leng, L. (2013). Culture and developmental psychopathology. In M. Lewis & K. D. Rudolph (eds.), *Handbook of Developmental Psychology* (p. 225- 241). New York, NY: Springer.
- Cole, P. M., Llera, S. J., & Pemberton, C. K. (2009). Emotional instability, poor emotional awareness, and the development of borderline personality. *Development and Psychopathology, 21*, 1293-1310.
- Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry, 46*, 714-734.
- Lahey, B. B., Waldman, I. D., & McBurnett, K. (1999). The development of antisocial behavior: An integrative causal model. *Journal of Child Psychology and Psychiatry, 40*, 669-682.
- Losh, M. & Capps, L. (2006). Understanding of emotional experience in autism: Insights from the personal accounts of high-functioning children with autism. *Developmental Psychology, 42*, 809-818.
- Marenco, S. & Weinberger, D. (2000). The neurodevelopmental hypothesis of schizophrenia: Following a trail of evidence from cradle to grave. *Development and Psychopathology, 12*, 501-527.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.
- Molina, B. S. G., Hinshaw, S. P., Swanson, J. M., Eugene, A. L., Vitiello, B., Jensen, P. S., Epstein, J. N. et al. (2009). The MT A at 8 years: Prospective follow-up of children treated for combined-type ADHD in a multisite study. *Journal of the American Academy of Child & Adolescent Psychiatry, 48*, 484-500.

- Rothbart, M. K. (2007). Temperament, development, and personality. *Current Directions in Psychological Science, 16*, 207-212.
- Rutter, M., & Sroufe, L. A. (2000). Developmental psychopathology: Concepts and challenges. *Development and Psychopathology, 12*, 265-296.
- Sroufe, L. A. & Rutter, M. (1984). The domain of developmental psychopathology. *Child Development, 55*, 17-29.
- Vellutino, F. R., Fletcher, J. M., Snowling, M. J., & Scanlon, D. M. (2004). Specific reading disability (dyslexia): what have we learned in the past four decades? *Journal of Child Psychology and Psychiatry, 45*, 2-40.
- 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.
- 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.