

## Psychology 131: Developmental Psychopathology: Spring, 2017

**Lectures: M-W 10-11, 105 Stanley Hall**

**Instructor** Stephen Hinshaw, Professor of Psychology <hinshaw@berkeley.edu>  
Office Hours: Tues 2:30-3:30, 3409 Tolman Hall—or by arrangement

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\*\*GSI office hours to be announced during the first week of class.

**NOTE:** *No sections during Week 1.* Sections start Week 2 (that is, the week of Monday, 1/23)

### **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, regarding life impairments and family/personal suffering. Most “adult” forms of mental disorder originate well before adulthood, and mental disorders beginning in childhood often persist.

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 puzzle 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 mental disorders—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 the processes

linked to 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 risk 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. The 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) through which behavioral patterns emerge play an essential role in pathology. 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 this perspective, it is difficult to imagine that mental disorders are fixed entities or 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 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, but be aware that the course is challenging.

### **Requirements and Grading:**

<i>Midterm 1:</i>	25% (Weds Feb 15)
<i>Midterm 2:</i>	25% (Weds March 22)
<i>Final Exam:</i>	30% (Exam Group 7, Tues May 9, 3-6 p.m.)
<i>Sections:</i>	20% (NOTE: Sections are <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." That is, over 80% of the final is simply a third, non-cumulative midterm covering the last third of the course, but an additional integrative essay question will include material on conceptual issues, linked to 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 basic terminology, principles, and research methods of developmental psychopathology
- \*\*Students are expected to demonstrate knowledge of the major dimensions and syndromes of psychopathology along with risk factors, developmental course, and initial issues linked to prevention and treatment
- \*\*Students are expected to 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**

Textbook:

Beauchaine, T. P., & Hinshaw, S. P. (Eds.) (2017). *Child and adolescent psychopathology (3<sup>rd</sup> ed.)*. Hoboken, NJ: Wiley. (Referred to in syllabus as “B & H”)

\*\*This book was just published, in January of 2017, and will be at the bookstore right before classes begin.

\*\*The e-version should be available as well. Details will follow, listed in the bCourses site for this class.

*Note:* The first two editions (2008 and 2013) have somewhat different chapter coverage and are already out of date, so you need to get this edition (3e).

This is a graduate-level text! Chapters are not overly long but they contain advanced material. (The few “regular” DP textbooks in existence are far less than ideal; students have complained about them when I’ve used them in the past.) Keep up with readings: a first reading before lecture and a second afterwards will help considerably. Remember that we want you to end up on the cutting edge of the field. You will not be responsible for some of the intensive biologically related material in many of the chapters.

Additional required readings include primary-source journal articles/chapters. All these will be posted on bCourses ([bcourses.berkeley.edu](http://bcourses.berkeley.edu)). These supplement the textbook and give you exposure to key science. Some are short but dense; others are somewhat longer overviews.

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. 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 latest information about assignments, etc. I have signed up to present the course on Course Capture—via podcast of the audio lectures, plus images of the slides. But attending in person will immeasurably add to your learning experience.

### **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, 6<sup>th</sup> 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 somewhat during the term)**

<b>Week</b>	<b>Date</b>	<b>Topic</b>	<b>Required Readings</b>
<b>1</b>	W 1/18	Introduction and overview; principles of DP	B & H, Chapter 1
<b>2</b>	M 1/23	Underlying models of mental illness; categorical and continuous conceptions, internalizing/externalizing dimensions	B & H, Chapter 2 Hinshaw (2007): Chapter 1
	W 1/25	Conceptual Issues #1: Risk/protective factors, resilience, stability/continuity, multifinality/equifinality, transaction	B & H, Chapter 4
<b>3</b>	M 1/30	Conceptual Issues #2: Heritability, gene-environment correlation, gene-environment interaction	B & H, Chapter 3 Caspi et al. (2003)
	W 2/1	Conceptual Issues #3: Temperament, Attachment	B & H, Chapter 7 Rothbart (2007)
<b>4</b>	M 2/6	Context: Parenting influences	Maccoby (1992)
	W 2/8	Context: Peer interactions, neighborhoods, culture	B & H, Chapter 12

<b>5</b>	M 2/13	ODD/CD	B & H, Chapter 14
	W 2/15	<i>MIDTERM #1</i>	
<b>6</b>	M 2/20	PRESIDENT'S DAY HOLIDAY	
	W 2/22	Substance use and abuse	B & H, Chapter 15
<b>7</b>	M 2/27	ADHD #1	B & H, Chapter 13
	W 3/1	ADHD #2	
<b>8</b>	M 3/6	Abuse/neglect/deprivation	B & H, Chapter 5
	W 3/8	Internalizing disorders I: Anxiety disorders;	B & H, Chapter 16 Zahn-Waxler et al. (2000)
<b>9</b>	M 3/13	Internalizing disorders II: Child/adolescent depression	B & H, Chapter 18
	W 3/15	Bipolar disorder	B & H, Chapter 21
<b>10</b>	M 3/20	Teenage girls and risk: the "triple bind"	Hinshaw (2009): Introduction, Chapter 1, Chapter 5
	W 3/22	<i>MIDTERM 2</i> **NOTE: SPRING BREAK 3/27-3/31	
<b>11</b>	M 4/3	Self-harm, suicide, borderline	B & H, Chapter 19
	W 4/5	Families, mental illness, and silence	Hinshaw (2010)
<b>12</b>	M 4/10	Stigma and mental illness	Hinshaw & Stier (2008)
	W 4/12	Learning disorders	Fletcher et al. (2016)—pp. 1-6 and pp. 12-22.
<b>13</b>	M 4/17	Intellectual disability	NASET Overview NDA—Views and experiences
	W 4/19	Autism spectrum disorders	B & H, Chapter 22
<b>14</b>	M 4/24	Eating disorders	B & H, Chapter 24
	W 4/26	Prevention and intervention	Weisz et al. (2005) Luthar et al. (2013)
<b>15</b>	5/1-5/5	RRR week	
<b>FINAL EXAM</b>	Tues 5/9	<i>FINAL EXAM: 3:00 – 6:00 p.m.</i> (Exam Group 7 )	

**Other required readings (posted on the course website at bCourses.berkeley.edu):**

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

- 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 (2<sup>nd</sup> ed.)*. New York: Guilford Press.
- Hinshaw, S. P. (2007). *The mark of shame: Stigma of mental illness and an agenda for change*. New York: Oxford University Press. (Selected chapters)
- Hinshaw, S. P., & Stier, A. (2008). Stigma as related to mental disorder. *Annual Review of Clinical Psychology, 4*, 367-393.
- Hinshaw, S. P. (2009). *The triple bind: Saving our teenage girls from today's pressures*. New York: Ballantine. (Introduction plus Chapters 1 and 5.)
- Hinshaw, S. P. (2010). Growing up in a family with bipolar disorder: Personal experience, developmental lessons, and overcoming stigma. In D. J. Miklowitz & D. Cicchetti (Eds.), *Bipolar disorder: A developmental psychopathology approach* (pp. 525-556). New York: Guilford Press.
- Luthar, S. S., Barkin, S. H., & Crossman, E. J. (2013). "I can, therefore I must": Fragility in the upper-middle classes. *Development and Psychopathology, 25*, 1529-1549.
- Maccoby, E. (1992). The role of parents in the socialization of children: An historical overview. *Developmental Psychology, 28*, 1006-1017.
- NASET Overview (see link in bCourses): Comprehensive overview of intellectual disabilities
- NDA (National Disability Authority): Chapter 2, The views and experiences of people with intellectual disabilities. (See link in bCourses)
- Rothbart, M. K. (2007). Temperament, development, and personality. *Current Directions in Psychological Science, 16*, 207-212.
- 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.