

# **PSYC\*6000, Course Outline: Winter 2016**

## **General Information**

**Course Title: Developmental Psychopathology**

### **Course Description:**

This graduate level core course in clinical/applied developmental psychology covers research on child psychopathology. This course will emphasize an empirically-based developmental psychopathology approach to understand the impact of and transaction between vulnerability and environmental factors on child development and to examine the continuity of normal and abnormal behavior. We will examine the dominant theoretical frameworks that have been applied to understanding the etiology of child and adolescent mental health disorders. We will also review selected childhood and adolescent disorders from the perspective of diagnosis, etiology and developmental trajectories. Case studies will be presented to develop skills in clinical-developmental formulation and treatment planning. Issues of gender, racial/ethnic, and cultural factors will be discussed.

**Credit Weight:** .50

**Academic Department (or campus):** Psychology

**Semester Offering:** Winter, 2016

**Class Schedule and Location:** Tuesday 2:30 – 5:20 a.m. MCKN 119A

## **Instructor Information**

Instructor Name: Karl Hennig

Instructor Email: khennig@uoguelph.ca

Office location and office hours: MACK 4016, 11:00-12:30 or by appointment

## **Course Content**

### **Specific Learning Outcomes:**

1. Develop a knowledge base and critical thinking skills pertaining to developmental psychopathology including etiology, treatment and prevention of child mental health disorders.
2. Develop skill at synthesizing and critically evaluating class readings in preparation for discussion.
3. Develop skills in developmental formulation, conceptualization, and treatment planning in regard to a clinical case analysis.

4. Enhance critical and creative thinking regarding the integration of research and clinical approaches to understanding childhood mental health disorders.
5. Learn how to identify, critically evaluate and communicate about controversial issues in developmental psychopathology.
6. Enhance the understanding of ethical and professional behavior in relation to child clinical practice.

**Lecture Content:**

See Reading List by date and topic.

**Course Assignments and Tests:**

Assignment or Test	Due Date	Contribution to Final Mark (%)	Learning Outcomes Assessed
Weekly Reflections	Weekly, day prior to class @6pm	25%	1, 2,
Discussion Co-Facilitation	Students will sign up for a particular topic/date	5%	1, 2, 4
Paper: Clinical Case Analysis	Due: Feb.9 prior to class	25%	3, 6
Seminar Presentation	Students will sign up for a particular topic/date	15%	1, 2, 4
Final Exam	April 5 in class	30%	1, 2, 5, 6

**Additional Notes on assignments and evaluation:**

Weekly Reflections

Each week students will post on Courselink/Discussions a reflection composed of 3 sections, based on ONE of the readings of their choice. Each week a Focus Question will be created to form a list of questions from which the Final Exam will be based (see below). The three sections are:

Section 1. Briefly outline the structure and content of the arguments, sequence of ideas, and where relevant the central results of the paper.

Section 2. Select one “conceptual unit” of greatest interest to you on which to reflect more “deeply.”

Section 3. In the final section consider what further questions arise for you? Feel free to muse here.

Evaluation will be based on the format of an in-class Reading for Depth Exercise to be used as a subsequent template.

Additionally, students are to read broadly (“shallowly”) the other required reading(s), sufficient to engage in general class discussion. “Practice Parameter” readings require only a very quick skim read.

### Discussion Facilitation

Students will sign up for a week in which to co-facilitate a class discussion. Evaluation will be based on a Group Facilitation Handout reviewed in class.

### Paper: Clinical Case Analysis

Students are to write a 10-12 page paper, APA style, double spaced (not counting the title page or references). Pages beyond this length will not be read. The format of the paper will be structured using the following headings (somewhat corresponding to your PhD Qualifying Exam - written portion) :

1. Title page. Provide name, course, and date information.
2. Opening (1-3) brief paragraph(s) concluding with a general purpose statement (“The purpose of this article is to...”).
3. Case Description (1/2 page). You may use the journal entitled Clinical Case Studies available at the University library or make up a case based on personal experience, a movie character, etc. Provide sufficient details on developmental history and symptom presentation. The material you present should be sufficient to complete a clinical analysis including developmental history, diagnostic workup and treatment plan. Note that symptoms (“data”) often reflect criteria of more than one diagnosis.
4. Differential Diagnosis. Identifying the top (most likely) 3-4 possible diagnoses with which the symptom presentation is consistent. That is, generate a “query list.” Include what information would be needed to either rule in or rule out the hypothesized diagnoses. Conclude with a designated primary diagnosis that will become the focus on your paper.
5. Case Formulation. Describe relevant research pertaining to some FOCAL aspect of the diagnosis (e.g., catastrophizing within a CBT model of cognitive distortions). In order to explore in depth the paper will require a good deal of focus. Be careful to sequence your arguments from broad to focused. The use of 2-3 Level 2 headings may be helpful.
6. Alternative Case Formulation. Briefly (1/2 page) provide an alternative possible conceptual framework for viewing the case (e.g., neuropsychological perspective, interpersonal perspective). Clinicians should be capable of viewing the “data” from alternative points of view, reflecting cognitive flexibility. Indicate some recognition of an alternative point of view and provide ONE piece of evidence that might support an alternative point of view (e.g., cognitive distortions often don’t precede depressive symptomology, remission of symptoms is not always accompanied by a remission of cognitive distortions in studies).
7. Final 1/2 page should briefly discuss a treatment plan. Also be sure to briefly identify any potential ethical concerns (i.e., potential harm to self or other) that may arise in the case.
8. Reference section. The paper should have at least 3 references listed.

Papers are to be formally written (i.e., no colloquial statements, no slang, no contractions, etc.) and use proper grammar, letter sized paper, 12-point font (Times New Roman/Arial), black ink,

and 1" (2.54 cm) margins. Use a Use pages numbers in the upper right hand corner. Include a proper APA title page with a title, your name, student number, and course number. Submit a printed hardcopy by the due date as well as upload an electronic version to DropBox. Your papers should be "personal", not in the sense of mere opinionation ("I think/feel that..."), but rather a "position" is to be argued marshaling evidence in favour of the position ("The current paper contends that.."). The Alternative Case Formulation section provides recognition of the limitations of any position. Good writing skills should exercised. Consider assessing writing Wechsler Individual Achievement Test-Third Edition (WIAT-III) - Essay Composition subtest which is assessed for theme development and text organization (introduction, enumeration, summary statement).

### Seminar Presentation

Students are to sign up for a 20-25 minute PowerPoint presentation to the class reflecting a conference presentation. Select a published research study to be presented as if it were one's own. A PowerPoint template (Introduction, Methods, etc.) will be reviewed in class. Assume that your audience is somewhat familiar with the relevant DSM criteria and has a broad understanding of the topic. You will nonetheless likely have a slide in which you very briefly present the criteria for the relevant diagnostic DSM category. Typically such a presentation would not include more than 12 slides.

### Final Exam

A final exam will be written on the last day of classes, in class., and will be TWO hours in duration. The exam will be based on a subset of "conceptual units" discussed in class from the readings. Each week a list of potential Focus Questions for the final exam will be created based on weekly reflections. The exam will be composed of an undisclosed subset of the Focus Questions.

### Course Resources

Readings are available online through the UoG library or using Google Scholar. The following link will give you access to readings using Google Scholar from at home, without having to go through the library website to search the article.

<https://scholar-google-ca.subzero.lib.uoguelph.ca/>

If you are off campus, you will be asked to log in.

### **Required Texts:**

NOTE: For all disorders cover in this course, review DSM-V sections:

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Online access through the University subscription for Psychiatry Online. To access go to the UoG library main page/ hover your cursor over 'Find'/ click on Database List/ +Social & Behavioural Sciences/ Psychology/ scroll down to & click on 'PsychiatryOnline'

## Recommended Texts:

The following materials may be found to be helpful to students:

DSM-5 Resource Guide: Highlights changes in the new version of the DSM  
<http://psychcentral.com/dsm-5/>

American Psychiatric Association. (2000). Quick Reference to the Diagnostic Criteria From DSM-IV-TR. Washington, DC: Author. Available on-line:  
<http://www.behavenet.com/apa-diagnostic-classification-dsm-iv-tr>

Journal: Clinical Case Studies (SAGE), via UoG library

Kearney (2012). Casebook in Childhood Behavior Disorders (5<sup>th</sup> Ed.)

## Course Policies

### Grading Policies

In keeping with the Grade interpretation policies outlined in the 2015-16 Graduate Calendar, grade interpretation in this course is as follows:

Percentage Grade	Letter Grade	Description
90-100	A+	<b>Outstanding.</b> The student demonstrated a mastery of the course material at a level of performance exceeding that of most scholarship students and warranting consideration for a graduation award.
80-89	A- to A	<b>Very Good to Excellent.</b> The student demonstrated a very good understanding of the material at a level of performance warranting scholarship consideration.
70-79	B	<b>Acceptable to Good.</b> The student demonstrated an adequate to good understanding of the course material at a level of performance sufficient to complete the program of study.
65-69	C	<b>Minimally Acceptable.</b> The student demonstrated an understanding of the material sufficient to pass the course but at a level of performance lower than expected from continuing graduate students.
0-64	F	An inadequate performance.

Note: overdue assignments will be deducted 10% per day.

## University Policies

## **Academic Consideration**

When you find yourself unable to meet an in-course requirement because of illness or compassionate reasons, please advise the course instructor in writing, with your name, id#, and e-mail contact. See the academic calendar for information on regulations and procedures for

Academic Consideration:

[Grounds for Academic Consideration](#)

## **Academic Misconduct**

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community, faculty, staff, and students to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring.

University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection. Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

The Academic Misconduct Policy is detailed in the [Graduate Calendar](#).

## **Accessibility**

The University of Guelph is committed to creating a barrier-free environment. Providing services for students is a shared responsibility among students, faculty and administrators. This relationship is based on respect of individual rights, the dignity of the individual and the University community's shared commitment to an open and supportive learning environment. Students requiring service or accommodation, whether due to an identified, ongoing disability or a short-term disability should contact the Centre for Students with Disabilities as soon as possible.

For more information, contact CSD at 519-824-4120 ext. 56208 or email [csd@uoguelph.ca](mailto:csd@uoguelph.ca) or see the website: [Student Accessibility Services Website](#)

**Drop date**

The last date to drop one-semester courses, without academic penalty, is March 11. For regulations and procedures for Dropping Courses, see the Academic Graduate Calendar: [Current Graduate Calendar](#)

**PSYC\*6000\_W16: Developmental Psychopathology  
WEEKLY TOPICS AND READINGS**

*Instructions.* Post your Weekly Reflection to Courselink/Discussion/ based on ONE of the articles for the relevant week indicated with an '\*'. The remaining readings are intended for a lighter read, sufficient to engage in some dialogue.

**Week 1 Jan.12      INTRODUCTIONS: TOWARDS A DIMENSIONAL MODEL**

\*Sonuga-Barke, (2014). Editorial: "What's up, @DoC? – can identifying core dimensions of early functioning help us understand, and then reduce, developmental risk for mental disorders? *Journal of Child Psychology and Psychiatry*, 55(8), 849-851.

**SUPPLEMENTARY READINGS:**

Lewis, M. (2014). Toward the development of the science of developmental psychopathology. In M. Lewis & K. D. Rudolph (eds) *Handbook of Developmental Psychopathology*, Springer Science, New York, pp. 3-23. [excellent article though not an easy read]

Costello, J. E., Foley, D. L., & Angold, A. (2006). 10-year research update review: The epidemiology of child and adolescent psychiatric disorders: II. developmental epidemiology. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45, 8-25.

Rutter, M., Kim-Cohen, J. & Maughan, B. (2006). Continuities and discontinuities in psychopathology between childhood and adult life. *Journal of Child Psychology and Psychiatry*, 47, 276-295.

Wakefield, J.C. (1997). When is development disordered? Developmental psychopathology and the harmful dysfunction analysis of mental disorder. *Development and Psychopathology*, 9, 269-290

**Week 2 Jan.19      DEVELOPMENTAL PSYCHOPATHOLOGY**

\*Bates, Schermerhorn, & Petersen. (2014). Temperament concepts in developmental psychopathology. In M. Lewis & K. D. Rudolph (eds.) *Handbook of Developmental Psychopathology*, Springer Science, New York: NY. pp. 311-329.

\*Rutter, M., & Sroufe, A. L. (2000). Developmental psychopathology: Concepts and challenges. *Development and Psychopathology*, 12, 265-296.

**SUPPLEMENTARY READINGS:**

- Chen, X., Fu, R., & Leng, (2014). Culture and Developmental Psychopathology. In M. Lewis & K. D. Rudolph (eds.) Handbook of Developmental Psychopathology, Springer Science, New York: NY. pp. 225-241.
- Belsky, J., & de Haan, M. (2011). Annual Research Review: Parenting and Children's Brain Development--The End of the Beginning. *Journal of Child Psychology and Psychiatry*, 52(4), 409-428.
- Belsky, J., & Pluess, M. (2009). Beyond Diathesis Stress: Differential Susceptibility to Environmental Influences. *Psychological Bulletin*, 135(6), 885-908.
- Kobak, R., Cassidy, J., Lyons-Ruth, K., & Ziv, Y. (2006). Attachment, stress, and psychopathology: A developmental pathways model. In D. Cicchetti, D. J. Cohen (Eds.), *Developmental psychopathology, Vol 1: Theory and method (2nd ed.)* (pp. 333-369). Hoboken, NJ US: John Wiley & Sons Inc.
- Yasui, M., & Dishion, T. (2007). The Ethnic Context of Child and Adolescent Problem Behavior: Implications for Child and Family Interventions. *Clinical Child & Family Psychology Review*, 10(2), 137-179.

### **Week 3 Jan.25      AUTISM SPECTRUM DISORDERS**

- \*Hughes, C. (2011). Changes and challenges in 20 years of research into the development of executive functions. *Infant & Child Development*, 20(3), 251-271.
- Charman, T. (2005). Outcome at 7 years of children diagnosed with autism at age 2: Predictive validity of assessments conducted at 2 and 3 years of age and pattern of symptom change over time. *Journal of Child Psychology and Psychiatry*, 46, 500-513.
- Volkmar, F., Siegel, M., Woodbury-Smith, M., King, B., McCracken, J., State, M. (2014). Practice parameters for the assessment and treatment of children and adolescents with autism spectrum disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(2), 237-257. [Link below: only a quick review is needed]  
[http://www.aacap.org/App\\_Themes/AACAP/Docs/practice\\_parameters/autism.pdf](http://www.aacap.org/App_Themes/AACAP/Docs/practice_parameters/autism.pdf)

### **SUPPLEMENTARY READINGS:**

- Matson, J., Hattier, M., & Williams, L. (2012). How Does Relaxing the Algorithm for Autism Affect DSM-V Prevalence Rates?. *Journal of Autism & Developmental Disorders*, 42(8), 1549-1556.

### **Week 4 Feb.1      SCHIZOPHRENIA SPECTRUM DISORDERS**

- \*Reichenberg, A., Caspi, A., Harrington, H., Houts, R., Keefe, R., Murray, R., & ... Moffitt, T. (2010). Static and dynamic cognitive deficits in childhood preceding adult schizophrenia: a 30-year study. *American Journal of Psychiatry*, 167(2), 160-169.



\*Van Os, J., Kenis, G., & Rutten, B. F. (2010). The environment and schizophrenia. *Nature*, 468(7321), 203-212.

McClellan, J., & Stock, S. (2013). Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(9), 976-990.

#### **SUPPLEMENTARY READINGS:**

Kasai, K. (2013). Toward an interdisciplinary science of adolescence: Insights from schizophrenia research. *Neuroscience Research*, 75(2), 89-93.

Bossong, M. G., & Niesink, R. M. (2010). Adolescent brain maturation, the endogenous cannabinoid system and the neurobiology of cannabis-induced schizophrenia. *Progress in Neurobiology*, 92(3), 370-385.

Piper, M., Beneyto, M., Burne, T., Eyles, D., Lewis, D., & McGrath, J. (2012). The neurodevelopmental hypothesis of schizophrenia: convergent clues from epidemiology and neuropathology. *The Psychiatric Clinics of North America*, 35(3), 571-584.

Wan, M., Abel, K. M., & Green, J. (2008). The transmission of risk to children from mothers with schizophrenia: A developmental psychopathology model. *Clinical Psychology Review*, 28(4), 613-637.

#### **Week 5 Feb.8      ADHD; OCD**

Thapar, A., Cooper, M., Eyre, O., & Langley, K. (2013). Practitioner review: What have we learnt about the causes of ADHD? *Journal of Child Psychology and Psychiatry*, 54(1), 3-16.

\*Martel, M. M. (2009). Research Review: A New Perspective on Attention-Deficit/Hyperactivity Disorder--Emotion Dysregulation and Trait Models. *Journal of Child Psychology and Psychiatry*, 50(9), 1042-1051.

Langberg, J. M., & Becker, S. P. (2012). Does Long-Term Medication Use Improve the Academic Outcomes of Youth with Attention-Deficit/Hyperactivity Disorder? *Clinical Child And Family Psychology Review*, 15(3), 215-233. [results are a bit messy, but highlights real world problems in assessing the results of medication use]

(2012) AACAP PRACTICE PARAMETER FOR THE ASSESSMENT AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER. *Journal Articles*.

#### **SUPPLEMENTARY READINGS:**

Jarrett, M. A., & Ollendick, T. H. (2012). Treatment of comorbid attention-deficit/hyperactivity disorder and anxiety in children: A multiple baseline design analysis. *Journal Of Consulting And Clinical Psychology*, 80(2), 239-244.

Ronsley, R., Scott, D., Warburton, W., Hamdi, R., Louie, D., Davidson, J., & Panagiotopoulos, C. (2013). A population-based study of antipsychotic prescription trends in children and adolescents in British Columbia, from 1996 to 2011. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 58(6), 361-369.

Golden, S. M. (2009). Does Childhood Use of Stimulant Medication as a Treatment for ADHD Affect the Likelihood of Future Drug Abuse and Dependence? A Literature Review. *Journal of Child & Adolescent Substance Abuse*, 18(4), 343-358.

\*\*\*\*\* **Feb.15 WEEK WINTER BREAK** \*\*\*\*\*

**Week 6 Feb.22 PERSONALITY DISORDERS**

\*De Clercq, B., De Fruyt, F., & Widiger, T.A. (2009). Integrating a developmental perspective in dimensional models of personality disorders. *Clinical Psychology Review*, 29(2), 154–162.

\*TACKETT, J. ET AL. (2009). A UNIFYING PERSPECTIVE ON PERSONALITY PATHOLOGY ACROSS THE LIFE SPAN: DEVELOPMENTAL CONSIDERATIONS FOR THE FIFTH EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS. *DEVELOPMENT AND PSYCHOPATHOLOGY*, 21, 687-713. [this article presents the Five Factor Model (FFM) as a basis, consistent with DeClercq et al.(2009), however believes that further “layers” need to be added to the FFM. That is, the FFM doesn’t fully capture the complexity of the person.]

Hughes, A., Crowell, S., Uyeji, L., & Coan, J. (2012). A Developmental Neuroscience of Borderline Pathology: Emotion Dysregulation and Social Baseline Theory. *Journal of Abnormal Child Psychology*, 40(1), 21-33.

## **SUPPLEMENTARY READINGS:**

Shiner, R. L. (2009). The development of personality disorders: Perspectives from normal personality development in childhood and adolescence. *Development & Psychopathology*, 21(3), 715-734.

ROGOSCH, F. A., & CICHETTI, D. (2005). CHILD MALTREATMENT, ATTENTION NETWORKS, AND POTENTIAL PRECURSORS TO BORDERLINE PERSONALITY DISORDER. *Development and Psychopathology*, 17, 1071-1089

KOBAK, R., ZAJAC, K., AND SMITH, C. (2009). ADOLESCENT ATTACHMENT AND TRAJECTORIES OF HOSTILE-IMPULSIVE BEHAVIOR: IMPLICATIONS FOR THE DEVELOPMENT OF PERSONALITY DISORDERS. *DEVELOPMENT AND PSYCHOPATHOLOGY*, 21, 839-851.

### **Week 7 Mar.1      OPPOSITIONAL DEFIANT DISORDER AND CONDUCT DISORDER**

\*Lahey, B., & Waldman, I. (2012). Annual research review: phenotypic and causal structure of conduct disorder in the broader context of prevalent forms of psychopathology. *Journal of Child Psychology And Psychiatry, And Allied Disciplines*, 53(5), 536-557.

\*Moffit, T.E. (1993) Adolescent limited and life-course persistent antisocial behavior: A developmental perspective. *Psychological Review*, 100(4), 674-701. [an older reading, however a classic]

Crick & Zahn-Waxler (2003). The development of psychopathology in females and males: Current progress and future challenges, *Developmental Psychopathology*, 15(3), 719-742. [focus on segments in the article pertaining to externalizing problems]

## **SUPPLEMENTARY READINGS:**

Rutter, M. (2011). Research review: Child psychiatric diagnosis and classification: concepts, findings, challenges and potential. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 52(6), 647-660.

Collishaw, S., Gardner, F., Maughan, B., Scott, J., & Pickles, A. (2012). Do Historical Changes in Parent-Child Relationships Explain Increases in Youth Conduct Problems? *Journal Of Abnormal Child Psychology*, 40(1), 119-132.

Barry, C. T., Golmaryami, F. N., Rivera-Hudson, N., & Frick, P. J. (2013). Evidence-based assessment of conduct disorder: Current considerations and preparation for DSM-5. *Professional Psychology: Research And Practice*, 44(1), 56-63.

### **Week 8 Mar.8      ANXIETY & PHOBIAS**

\*Nolte, T., Guiney, J., Fonagy, P., Mayes, L. C., & Luyten, P. (2011). Interpersonal stress regulation and the development of anxiety disorders: An attachment-based developmental framework. *Frontiers in Behavioral Neuroscience*, 5, 1-21.

\*Ollendic et al. (2002). Fears and phobias in children. *CAMH*, 7, 98-106

Alfano, C. A., Beidel, D. C., & Turner, S. M. (2002). Cognition in childhood anxiety: Conceptual, methodological, and developmental issues. *Clinical Psychology Review*, 22, 1209-1238. [results from this study may challenge the CBT adult models that have been extended downwards to children]

Fox, N., Henderson, H., & Marshall, P. J. (2005). Behavioral Inhibition: Linking Biology and Behavior within a Developmental Framework. *Annual Review of Psychology*, 56, 235-262. [skim read]

#### **SUPPLEMENTARY READINGS:**

Fisak, B. J., Richard, D. D., & Mann, A. A. (2011). The prevention of child and adolescent anxiety: a meta-analytic review. *Prevention Science*, 12(3), 255-268.

Bosquet, M., & Egeland, B. (2006). The development and maintenance of anxiety symptoms from infancy through adolescence in a longitudinal sample. *Development and Psychopathology*, 18, 517-550.

#### **WEEK 9 Mar.15                      POST-TRAUMATIC STRESS DISORDER**

\*Carrion, V., Wong, S., & Kletter, H. (2013). Update on Neuroimaging and Cognitive Functioning in Maltreatment-Related Pediatric PTSD: Treatment Implications. *Journal of Family Violence*, 28(1), 53-61. [a fairly dense read]

\*Leskela, H., Dieperink, M., & Thuras, P. (2002). Shame and posttraumatic stress disorder. *Journal of Traumatic Stress*, 15, 223-226.

Blom, M., & Oberink, R. (2012). The validity of the DSM-IV PTSD criteria in children and adolescents: A review. *Clinical Child Psychology & Psychiatry*, 17(4), 571-601.

#### **SUPPLEMENTARY READINGS:**

Bessel A. van der Kolk (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, pp. 401-408.

Leenarts, L., Diehle, J., Doreleijers, T., Jansma, E., & Lindauer, R. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: a systematic review. *European Child & Adolescent Psychiatry*, 22(5), 269-283.

#### **Week 10 Mar.22                      DEPRESSION & SUICIDALITY**

\*Maughan, B., Collishaw, S., & Stringaris, A. (2013). Depression in Childhood and Adolescence. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*, 22(1), 35-40. [this reading is more a quick overview and would require supplementation from outside sources to explore any 'conceptual unit' in it in greater depth]

\*Weiss, B., & Garber, J. (2003). Developmental differences in the phenomenology of depression. *Development and Psychopathology*, 15, 403-430.

Shpigel, M., Diamond, G., & Diamond, G. (2012). Changes in Parenting Behaviors, Attachment, Depressive Symptoms, and Suicidal Ideation in Attachment-Based Family Therapy for Depressive and Suicidal Adolescents. *Journal of Marital & Family Therapy*, 38(Supp S1), 271-283.

Garber, J. (2004). Facing the evidence: Antidepressant treatment in children and adolescents. *Canadian Medical Association Journal*, 170, 489-491.

#### **SUPPLEMENTARY READINGS:**

Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., & Brent, D. A. (2011). Suicidality and Depression Disparities between Sexual Minority and Heterosexual Youth: A Meta-Analytic Review. *Journal of Adolescent Health*, 49(2), 115-123.

Spence, S. H., & Shortt, A. L. (2007). Research Review: Can we justify the widespread dissemination of universal, school-based interventions for the prevention of depression among children and adolescents? *Journal of Child Psychology & Psychiatry*, 48(6), 526-542.

#### **WEEK 11 Mar.29 EATING DISORDER**

\*Darcy, A. M., & Lin, I. (2012). Are We Asking the Right Questions? A Review of Assessment of Males with Eating Disorders. *Eating Disorders*, 20(5), 416-426. [only skim read the various measures and focus on the central issues]

Stice, E., Marti, C., & Rohde, P. (2013). Prevalence, incidence, impairment, and course of the proposed DSM-5 eating disorder diagnoses in an 8-year prospective community study of young women. *Journal of Abnormal Psychology*, 122(2), 445-457.

#### **SUPPLEMENTARY READINGS:**

Couturier, J. J., Kimber, M. M., & Szatmari, P. P. (2013). Efficacy of family-based treatment for adolescents with eating disorders: a systematic review and meta-analysis. *International Journal of Eating Disorders*, 46(1), 3-11.

Matusek, J., & Wright, M. (2010). Ethical dilemmas in treating clients with eating disorders: A review and application of an integrative ethical decision-making model. *European Eating Disorders Review*, 18(6), 434-452.

#### **Week 12 Apr.12 FINAL EXAM (2 hours duration)**

**Additional readings TBA**