

Child and Adolescent Psychopathology (PSY 861)

Fall, 2009

Geoff Goodman, Ph.D.
7 Greenridge Ave., #6B
White Plains, NY 10605
(914) 681-9039 (H)
(516) 299-4277 (O)
gg94@columbia.edu

<http://myweb.cwpost.liu.edu/ggoodman/home.htm>

Catalogue Description: “This course will provide a historical perspective and conceptual models of child and adolescent psychopathology and will emphasize an integration of major developmental issues. The course will focus on specific diagnostic classifications pertinent to children and adolescents and will cover clinical symptomatology, epidemiology, etiologic considerations, course and prognosis, familial patterns and influences and differential diagnosis.”

Texts:

*American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

*American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

(Articles marked with “*” denote required reading.)

Readings are accessible at the link below:

<http://www.cwpost.liu.edu/cwis/cwp/library/reserve/index.html>

Course Outline

Class 1: Historical Overview

*Cicchetti, D. (1984). The emergence of developmental psychopathology. *Child Development*, 55, 1-7.

*Cicchetti, D. (1990). An historical perspective on the discipline of developmental psychopathology. In J. Rolf, A. Masten, D. Cicchetti, K. Neuchterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 2-28). New York: Cambridge University Press.

*Lewis, M. (1990). Models of developmental psychopathology. In M. Lewis & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (pp. 15-28). New York: Plenum.

*Sroufe, L. A., & Rutter, M. (1984). The domain of developmental psychopathology. *Child Development, 55*, 17-29.

Class 2: Pregnancy

*Fonagy, P., Steele, H., & Steele, M. (1991). Maternal representations of attachment during pregnancy predict organization of infant-mother attachment at one year of age. *Child Development, 62*, 891-905.

*Frank, M. A., Tuber, S. B., Slade, A., & Garrod, E. (1994). Mothers' fantasy representations and infant security of attachment: A Rorschach study of first pregnancy. *Psychoanalytic Psychology, 11*, 475-490.

*Goodman, G., Hans, S. L., & Cox, S. M. (1999). Attachment behavior and its antecedents in offspring born to methadone-maintained women. *Journal of Clinical Child Psychology, 28*, 58-69.

*Levine, L. V., Tuber, S. B., Slade, A., & Ward, M. J. (1991). Mothers' mental representations and their relationship to mother-infant attachment. *Bulletin of the Menninger Clinic, 55*, 454-469.

Class 3: Infancy I—Organismic/Psychoanalytic Models

*Freud, A. (1946). The psychoanalytic study of infantile feeding disturbances. *Psychoanalytic Study of the Child, 2*, 119-132.

*Freud, S. (1905). Three essays on the theory of sexuality. *Standard Edition, 7*, 173-206.

*Klein, M. (1975). The origins of transference. In R. E. Money-Kyrle (Ed.), *Envy and gratitude and other works 1946-1963* (Vol. 3, pp. 48-56). New York: Delta Press. (Original work published 1952)

**DSM-IV*. (2000). Skim pp. 103-108.

Class 4: Infancy II—Systems/Behavioral Models

*Ainsworth, M. D. S. (1979). Infant-Mother attachment. *American Psychologist, 34*, 932-937.

*Bowlby, J. (1989). The role of attachment in personality development and psychopathology. In S. I. Greenspan & G. H. Pollock (Eds.), *The course of life: Vol. 1. Infancy* (pp. 229-270). Madison, CT: International University Press.

*Cicchetti, D. (1991). Fractures in the crystal: Developmental psychopathology and the emergence of self. *Developmental Review, 11*, 271-287.

*Stern, D. (1977). *The first relationship*. Cambridge, MA: Harvard University Press. Read

Chapter 8, “Missteps in the Dance”, pp. 109-128.

**DSM-IV*. (2000). Skim pp. 39-84.

Class 5: Toddlerhood

*Bernstein, V. J., & Hans, S. L. (1994). Predicting the developmental outcome of two-year-old children born exposed to methadone: Impact of social-environmental risk factors. *Journal of Clinical Child Psychology*, 23, 349-359.

Lieberman, A. F., & Pawl, J. H. (1990). Disorders of attachment and secure base behavior in the second year of life. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 375-397). Chicago: University of Chicago Press.

*Lyons-Ruth, K. (1991). Rapprochement or approchement: Mahler’s theory reconsidered from the vantage point of recent research on early attachment relationships. *Psychoanalytic Psychology*, 8, 1-23.

*Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books. Read Chapter 7, “The Fourth Subphase: Consolidation of Individuality and the Beginnings of Emotional Object Constancy”, pp. 109-120.

**DSM-IV*. (2000). Skim pp. 108-134.

Class 6: Preschool

DeKlyen, M. (1996). Disruptive behavior disorder and intergenerational attachment patterns: A comparison of clinic-referred and normally functioning preschoolers and their mothers. *Journal of Consulting & Clinical Psychology*, 64, 357-365.

*Goodman, G., Aber, J. L., Berlin, L., & Brooks-Gunn, J. (1998). The relations between maternal behaviors and urban preschool children’s internal working models of attachment security. *Infant Mental Health Journal*, 19, 378-393.

*Greenberg, M. T., Speltz, M. L., DeKlyen, M., & Endriga, M. C. (1991). Attachment security in preschoolers with and without externalizing behavior problems: A replication. *Development & Psychopathology*, 3, 413-430.

*Lyons-Ruth, K., Alpern, L., & Repacholi, B. (1993). Disorganized infant attachment classification and maternal psychosocial problems as predictors of hostile-aggressive behavior in the preschool classroom. *Child Development*, 64, 572-585.

**DSM-IV*. (2000). Skim pp. 85-103.

Class 7: Oedipus Rex

*Benjamin, J. (1987). The decline of the oedipus complex. In J. M. Broughton (Ed.), *Critical theories of psychological development* (pp. 211-244). New York: Plenum Press.

Jones, E. (1949). *Papers on psychoanalysis*. Baltimore: Williams & Wilkinson. Read Chapter 26, "The Phallic Phase", pp. 452-484.

*Loewald, H. W. (1979). The waning of the oedipus complex. *Journal of the American Psychoanalytic Association*, 27, 751-775.

Class 8: Latency

*Easterbrooks, M. A., Davidson, C. E., & Chazan, R. (1993). Psychosocial risk, attachment, and behavior problems among school-aged children. *Development & Psychopathology*, 5, 389-402.

*Goodman, G., & Pfeffer, C. R. (1998). Attachment disorganization in prepubertal children with severe emotional disturbance. *Bulletin of the Menninger Clinic*, 62, 490-525.

*Pfeffer, C. R., Plutchik, R., Mizruchi, M. S., & Lipkins, R. (1986). Suicidal behavior in child psychiatric inpatients and outpatients and in nonpatients. *American Journal of Psychiatry*, 143, 733-738.

*Solomon, J., George, C., & De Jong, A. (1995). Children classified as controlling at age six: Evidence of disorganized representational strategies and aggression at home and at school. *Development & Psychopathology*, 7, 447-463.

Class 9: Preadolescence

*Harley, M. (1971). Some reflections on identity problems in prepuberty. In J. B. McDevitt & C. F. Settlege (Eds.), *Separation-Individuation* (pp. 385-403). New York: International Universities Press.

*Levy-Warren, M. H. (1996). *The adolescent journey: Development, identity formation and psychotherapy*. Northvale, NJ: Jason Aronson. Read Chapter 2, "Early Adolescent Genitality: Puberty, Masturbation, and the Oedipus Complex", pp. 35-65.

*Novick, K. K., & Novick, J. (1994). Postoedipal transformations: Latency, adolescence, and pathogenesis. *Journal of the American Psychoanalytic Association*, 42, 143-169.

Class 10: Adolescence

*Adam, K. S., Sheldon-Keller, A. E., & West, M. (1996). Attachment organization and history of suicidal behavior in clinical adolescents. *Journal of Consulting & Clinical Psychology*, 64, 264-272.

*Goodman, G., Hull, J. W., Clarkin, J. F., & Yeomans, F. E. (1999). Childhood antisocial behaviors as predictors of psychotic symptoms and DSM-III-R borderline criteria among inpatients with borderline personality disorder. *Journal of Personality Disorders, 13*, 35-46.

*Rosenstein, D. S., & Horowitz, H. A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting & Clinical Psychology, 64*, 244-253.

Class 11: Child Psychopathology in Context I—Parental Transmission Models

*Hubbs-Tait, L., Hughes, K. P., Culp, A. M., Osofsky, J. D., Hann, D. M., Eberhart-Wright, A., & Ware, L. M. (1996). Children of adolescent mothers: Attachment representation, maternal depression, and later behavior problems. *American Journal of Orthopsychiatry, 66*, 416-426.

*Ward, M. J., & Carlson, E. A. (1995). Associations among adult attachment representations, maternal sensitivity, and infant-mother attachment in a sample of adolescent mothers. *Child Development, 66*, 69-79.

*Zax, M., Sameroff, A. J., & Babigian, H. M. (1977). Birth outcomes in the offspring of mentally disordered women. *American Journal of Orthopsychiatry, 47*, 218-230.

Class 12: Child Psychopathology in Context II—Cultural Models

*Ambrose, W. (1985). My life story. In *Cross-cultural perspectives* (p. 148).

*Aziz, M. (1985). Childhood in Cyprus. In *Cross-cultural perspectives* (pp. 149-150).

*Dee, B. (1985). A working class childhood. In *Cross-cultural perspectives* (pp. 168-171).

*Oliver, T. (1985). West Indian childhood. In *Cross-cultural perspectives* (pp. 143-146).

*Benedict, R. (1976). Continuities and discontinuities in cultural conditioning. In A. Skolnick (Ed.), *Rethinking childhood: Perspectives on development and society* (pp. 19-28). Boston: Little & Brown.

*Ingram, B.L. (2006). *Clinical case formulations: Matching the integrative treatment plan to the client*. Hoboken, NJ: Wiley. Read Chapter 9, “Social, Cultural, and Environmental Factors,” pp. 340-392.

*Ladner, J. A. (1971). *Tomorrow's tomorrow*. New York: Doubleday. Read “Growing Up Black”, pp. 212-224.

Class 13: Public Policy

*Albee, G. W. (1986). Toward a just society: Lessons from observations on the primary prevention of psychopathology. *American Psychologist, 41*, 891-898.

*Hobbs, N., & Robinson, S. (1982). Adolescent development and public policy. *American Psychologist*, 37, 212-223.

*Zigler, E., & Berman, W. (1983). Discerning the future of early childhood intervention. *American Psychologist*, 38, 894-906.

Class 14: Alternative Points of View

*Ehrenreich, B., & English, D. (1978). *For her own good: 150 years of expert advice to women*. New York: Anchor Books. Read Chapter 6, "The Century of the Child", pp. 165-189.

*Harris, A. E. (1987). The rationalization of infancy. In J. M. Broughton (Ed.), *Critical theories of psychological development* (pp. 31-59). New York: Plenum Press.

*Ingleby, D. (1974). The psychology of child psychology. In M. P. M. Richards (Ed.), *The integration of a child into a social world* (pp. 295-308). Cambridge: Cambridge University Press.

*Keniston, K. (1971). Psychological development and historical change. *Journal of Interdisciplinary History*, 2, 329-345.

Course Requirements

- A. Using one particular theoretical or empirical perspective discussed in the readings, write a paper exploring a contemporary social issue that could affect the emotional well-being of children (e.g., gun violence, HIV, poverty, the expanding number of juvenile detention centers, the Internet, computer games, unlicensed childcare, gangs, hate crimes). What implications does the theoretical or empirical perspective have for both understanding and redressing this issue? Feel free to be imaginative. **Maximum number of double-spaced pages: 10. Please use APA Publication Manual format. The paper is due at the beginning of Class 9. Each person will make a 10-minute presentation of her or his paper during Class 9 or Class 10. Brief group discussion will follow each presentation. Order of presentation will be alphabetical. Fifty percent of final grade.**
- B. Develop a research proposal for a study on some aspect of child or adolescent psychopathology. The proposal needs to include a brief review of the relevant theoretical and empirical literature; a clear exposition of the hypotheses to be tested; descriptions of the subject population, measures, procedures, and data analytic strategies to be used; and the implications of the proposed study for that particular area of research, assuming first significant findings, then nonsignificant findings. **Maximum number of double-spaced pages: 10. Please use APA Publication Manual format. The research proposal is due at the beginning of Class 14. Fifty percent of final grade.**

Academic Competencies

- 1) Students will be able to explain what “developmental psychopathology” is and how it relates to symptom formation and the underlying psychic structures that contribute to it.
- 2) Students will be able to explain the conceptual differences between “patterns of maladaptation” and “patterns of symptomatology”.
- 3) Students will be able to provide examples of similar symptomatic patterns that reflect distinctly different patterns of maladaptation and provide reasons why a child might be manifesting a particular pattern of symptoms (e.g., current psychosocial stressor, historical precedents [e.g., chronic parental emotional unresponsiveness, chronic marital discord], neurodevelopmental complications).
- 4) Students will be able to discuss the manifestation of symptoms from a variety of theoretical perspectives (i.e., Dante Cicchetti, Sigmund Freud, Anna Freud, John Bowlby, Daniel Stern, Melanie Klein, Margaret Mahler, feminism, Marxism).
- 5) Students will be able to discuss the conceptual differences between an organismic/psychoanalytic model of child psychopathology and a systems/behavioral model of child psychopathology.
- 6) Students will become familiar with the child and adolescent psychiatric diagnoses listed in the *DSM-IV* (American Psychiatric Association, 2000) as well as the other diagnoses known to manifest in children and adolescents.
- 7) Students will become familiar with the limitations of categorical diagnostic classification systems such as the *DSM-IV* and their obscuring of conceptual ambiguity and deeper levels of psychic meaning.

Diversity

- 1) Students will be able to understand both traditional and feminist interpretations of the Oedipus complex and its wide-ranging clinical and social implications for gender roles, division of labor among families, dominance-submission paradigms and the impact on family violence, and sexual orientation.
- 2) Students will be able to discuss child and adolescent psychopathology from non-Western cultural perspectives.
- 3) Students will be able to discuss child and adolescent psychopathology from more explicitly sociological perspectives (i.e., feminism, Marxism).

Ethics

- 1) Students will explore child and adolescent psychopathology with an attitude of openness,

understanding, and nonjudgment.

- 2) Students will complete their course assignments honestly and independently of others.

Professional Development

- 1) Students will contact me prior to class if they cannot attend or will be late.
- 2) Students will make a good-faith effort to complete the assigned readings on time and participate in class discussions.
- 3) Students will prepare their writing assignments on time--applying both diligence and a viable conceptual organization--and follow the *Publication Manual of the American Psychological Association* for formatting.
- 4) Students will prepare creative and poignant class presentations.

From Clinical Psychology Doctoral Program Student Handbook 2007-2008

The grades and definitions listed below are used in doctoral courses:

A work is excellent; student not only demonstrates high achievement but also superior intellectual initiative beyond the objectives of the course; superior test performance; consistent superior performance across all work and tests.”

A- Work is excellent; student demonstrates either high achievement (by going beyond the requisites of the course) or surpasses expectations for a student at this level; clearly demonstrates knowledge and competence beyond course requirements.

B+ Work is very good; student demonstrates clear understanding of the material and work is generally proficient and relatively free of errors; very good test performance.

B Work is acceptable; student has applied requisite understanding of the material; acceptable test performance.

B- Work is acceptable but lacking precision or understanding of the material; below average test performance.

F Work is unacceptable for a graduate student; work errors greatly exceed those of the class, student has not effectively applied knowledge at this level from readings, class; poor performance on tests. Course must be repeated.

INC Work which, as far as it has progressed, is of B or higher quality, but is incomplete because of illness, accident, or other serious extenuating circumstances. All incompletes must be completed before the end of the next semester or the grade will automatically be changed to an **F**.

From the *Graduate Bulletin* (2003-2005, p. 15), “Academic Irregularities”: “In the case of a minor infraction that is the student’s first disciplinary offense, the Dean may authorize the faculty member to dispose of the charges, limiting the maximum penalty to failure in the course....In the case of a major infraction, or in the case of repeat academic offenses, the student may be subject to suspension or expulsion from the campus.”