

**George Mason University**  
**College of Education and Human Development**  
**School Psychology**  
**SPSY 617 Child Psychopathology**  
**3 credits, Spring 2020**  
**Wednesdays, 4:30-7:10, James Buchanan Hall D005 - Fairfax**

**Faculty**

Name: James Siddall, Ph.D., NCSP  
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**Prerequisites/Corequisites**

None

**University Catalog Course Description**

Surveys major types of psychopathological disturbances of infancy and childhood. Provides an overview of atypical development in children and adolescents focusing on cognitive, emotional, social, and adaptive domains. Examines etiologies, symptoms, effects, and treatments of major psychological disorders. Introduces students to major classification systems that are commonly applied to diagnose psychological disorders in children.

**Course Overview**

In addition to above, the course examines limitations of the major classification systems that are commonly applied to diagnose psychological disorders in children, application of the *DSM-5* in educational settings, and differentiation of *DSM-5* and educational diagnoses.

**Course Delivery Method**

This course will be delivered using a lecture format. This will include lecture, group discussion, activities, and presentations. Class participation is important and expected.

**Learner Outcomes or Objectives**

This course is designed to enable students to do the following:

1. Identify and understand basic concepts associated with major theories of pediatric psychopathology.
2. Identify primary symptoms, etiologies, effects, and treatments associated with major psychological disorders in children and adolescents.

3. Understand and apply the multi-axial diagnostic system of the *DSM-5* to pediatric mental disorders.
4. Understand and communicate applications and limitations of diagnostic systems for psychological disorders in educational settings.

The goal of this course is for the student to acquire foundational knowledge and skills pertaining to the development, expression, effects, and treatment of mental disorders

### **Professional Standards**

This course contributes to the development of knowledge and skills in the following National Association of School Psychologists (NASP) professional standards:

II. Consultation and Collaboration

VI. Preventive and Responsive Services

VIII. Diversity in Development and Learning

### **Required Texts**

Mash, E. J., & Barkley, R. A. (2014). *Child psychopathology* (3rd ed.). New York, NY: Guilford. (M&B)

### **Optional Resource**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. (APA)

Articles as assigned.

### **Course Performance Evaluation**

Students are expected to submit all assignments on time in the manner outlined by the instructor (e.g., Blackboard, Tk20, hard copy).

- **Assignments and/or Examinations**
  - Read and understand assigned materials.
  - **Discussion leader for 2 articles:** On designated class dates, lead a class discussion on one relevant article from a peer-reviewed journal. This is not a formal presentation, simply a discussion. You may want to briefly explain the method, but you should assume that your classmates have read the article. The goal of the additional readings is to “step back” and think about the implications of the findings in terms of how we conceptualize, research, diagnose, and/or treat “psychopathology” among children. Moreover, it will give all of us an opportunity to read the research on childhood conditions first hand. You may want to highlight aspects of the study you found interesting and/or surprising and you may wish to bring a few questions to prompt the discussion. Articles are listed on the syllabus, but if you have another choice, touch base with me. If the article is your choice, please disseminate the article (or e-mail the appropriate link) to classmates and the instructor at least one week prior to the designated discussion date. **If class**

**discussions suggest that students are not reading the articles, we will have random, brief, quizzes on the articles.** The mean grade from these quizzes will be added to the mid-term and/or final exam.

- **Mid-term and Final Exams:** Demonstrate knowledge of course content on cumulative mid-term and final exam.

- **Other Requirements**

- **Attendance & Class Participation:** Attendance at class is required; participate in discussions and activities, and complete written assignments.

- **Grading**

A final grade will be derived from cumulative assessments of performance on assignments during the semester. Assignments must be submitted on or before the designated dates. The earned grade will be reduced by 5% if the assignment is submitted after the due date but within one week. Thereafter, the assignment will not be accepted for credit, unless special arrangements have been approved by the instructor in advance.

- The final course grade is based on aggregation of weighted scores for the following measures of performance:

- Class Participation 15%
- Discussion Leader 25%
- Mid-term exam 30%
- Final exam 30%

- **Grading Scale** (Please note: A course grade less than B- requires that you retake the course. A grade of “F” does not meet requirements of the Graduate School of Education. Students must maintain a minimum GPA of 3.0 [B average] to remain in good academic standing.)
  - A+ = 99-100; A = 93-98; A- = 90-92
  - B+ = 87-89; B = 83-86; B- = 80-82
  - C = 70-79
  - F = below 70

## Professional Dispositions

See <https://cehd.gmu.edu/students/polices-procedures/>

## Class Schedule

<u>Date</u>	<u>Topic</u>	<u>Readings</u>
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1/22	<p><b>Welcome; overview of course; Syllabus assignments</b></p> <p>In class readings &amp; discussion: Why are we taking this class?</p> <p><a href="https://ct.counseling.org/2013/01/school-based-mental-health-services-what-can-the-partnership-look-like/">https://ct.counseling.org/2013/01/school-based-mental-health-services-what-can-the-partnership-look-like/</a></p> <p><a href="https://www.nasponline.org/resources-and-publications/resources/mental-health/school-psychology-and-mental-health/school-based-mental-health-services">https://www.nasponline.org/resources-and-publications/resources/mental-health/school-psychology-and-mental-health/school-based-mental-health-services</a></p> <p><a href="http://pediatrics.aappublications.org/content/113/6/1839">http://pediatrics.aappublications.org/content/113/6/1839</a></p>	M&B: ch.1; APA 19-25
1/29	<p><b>NEURODEVELOPMENTAL DISORDERS (ND): Intellectual Disability</b></p> <p>In class discussion: Emerson, E. (2012). Deprivation, ethnicity, and the prevalence of intellectual and developmental disabilities. <i>Journal of Epidemiology and Community Health, 66</i>, 218-224.</p> <p>Einfeld, S. L., Ellis, L. A., &amp; Emerson, E. (2011). Comorbidity of intellectual disability and mental disorder in children and adolescents: A systematic review. <i>Journal of Intellectual and Developmental Disabilities, 36</i>, 137-143,</p> <p>Fesko, S. L., Hall, A. C., Quinlan, J., &amp; Jockell, C. (2012). Active aging for individuals with intellectual disability; Meaningful community participation through employment, retirement, service, and volunteerism. <i>American Journal on Intellectual and Developmental Disabilities, 117</i>, 497-508.</p>	M&B: ch. 13 APA: 31-41;
2/5	<p><b>ND: Autism Spectrum Disorder</b></p> <p>In class discussion: Estes, A., Munson, J., Rogers, S. J., Greenon, J., Winter, J., &amp; Dawson, G. (2015). Long-term outcomes of early intervention in 6-year-old children with autism spectrum disorder. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry, 54</i>, 580-587.</p>	M&B: ch.11 APA: 50-59;

2/12	<p>Kasari, C., Gulsrud, A., Paparella, T., Helleman, G., &amp; Berry, K. (2015). Randomized comparative efficacy study of parent-mediated interventions for toddlers with autism. <i>Journal of Consulting and Clinical Psychology, 83</i>, 554-563.</p>	
	<b>ND: Learning Disorders; Communication Disorders</b>	<b>M&amp;B: ch. 14 APA: 41-49, 66-74;</b>
	<p>In class discussion: Scanlon, D. M., Gelzheiser, L. M., Vellutino, F. R., Schatschneider, C., &amp; Sweeney, J. M. (2008). Reducing the incidence of early reading difficulties: Professional development for classroom teachers versus direct interventions for children. <i>Learning and Individual Differences, 18</i>, 346-359.</p> <p>Horowitz-Kraus, T., Vannest, J. J., Kadis, D., Cicchino, N., Wang, Y. Y., &amp; Holland, S. K. (2014). Reading acceleration training changes brain circuitry in children with reading difficulties. <i>Brain and Behavior, 4</i>, 886-902.</p>	Discussants:
2/19	<b>No Class- NASP Convention</b>	
2/26	<b>ND: Attention-Deficit/Hyperactivity Disorder</b>	<b>M&amp;B: ch. 2 APA:59-66;</b>
	<p>In class discussion: Hinshaw, S. P., Arnold, L. E., &amp; MTA Cooperative Group (2015). Attention-deficit hyperactivity disorder, multimodal treatment, and longitudinal outcome: Evidence, paradox and challenge. <i>Wires Cognitive Science, 6</i>, 39-52.</p> <p>Sonuga-Barke, E. J., Brandeis, D., Cortese, S., Daley, D., Ferrin, M., Holtmann, M., ...&amp; Sergeant, J. (2013). Nonpharmacological interventions for ADHD: Systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. <i>American Journal of Psychiatry, 170</i>, 275-289.</p> <p>Rossignoli-Palomeque, T., Perez-Hernandez, E., &amp; González-Marqués, J. (2018). Brain Training in Children and Adolescents: Is It Scientifically Valid?. <i>Frontiers in psychology, 9</i>, 565. doi:10.3389/fpsyg.2018.00565</p> <p>Read in class together: Yagoda, M. (2013, April 3). ADHD is different for women. <i>The Atlantic</i>. Retrieved from <a href="http://www.theatlantic.com/health/archive/2013/04/adhd-is-different-for-women/381158/">http://www.theatlantic.com/health/archive/2013/04/adhd-is-different-for-women/381158/</a></p>	Discussants
3/4	<b>Disruptive, Impulse Control, and Conduct Disorders</b>	<b>M&amp;B: ch. 3 APA: 461-480</b>

	<p>In class discussion:  Pasalich, D. S., Witkiewitz, K., McMahon, R. J., &amp; Pinderhughes, E. E. (2015). Indirect effects of the fast track intervention on conduct disorder symptoms and callous-unemotional traits: Distinct pathways involving discipline and warmth. <i>Journal of Abnormal Child Psychology</i>,</p> <p><b>All Class: Look at WWClearing house reports for Fast Track and First Steps to Success (\$\$ vs effectiveness?)</b></p> <p>Gershenson, R., Lyon, A., &amp; Budd, K. S. (2010). Promoting positive interactions in the classroom: Adapting Parent-Child Interaction Therapy as a universal prevention program. <i>Education and Treatment of Children</i>, 33, 261-287.</p>	<p>Discussants:</p>
3/11	<b>Spring Break</b>	
3/18	<b>Depressive Disorders TAKE HOME MIDTERM DUE</b>	<b>M&amp;B: ch. 5 APA: 155-188;</b>
	<p>In class discussion:  Treatment for Adolescents With Depression Study (TADS) Team. (2004). Fluoxetine, Cognitive-Behavioral Therapy, and Their Combination for Adolescents With Depression: Treatment for Adolescents With Depression Study (TADS) Randomized Controlled Trial. <i>JAMA: Journal of the American Medical Association</i>, 292(7), 807-820.  <a href="http://dx.doi.org.mutex.gmu.edu/10.1001/jama.292.7.807">http://dx.doi.org.mutex.gmu.edu/10.1001/jama.292.7.807</a></p> <p>Young, J. F., Kranzler, A., Gallop, R., Mufson, L. (2012). Interpersonal Psychotherapy-Adolescent Skills Training: Effects on school and social functioning. <i>School Mental Health</i>, 4, 254-265.</p>	<p>Discussants:</p>
3/25	<b>Pediatric Bipolar Disorder</b>	<b>M&amp;B: ch. 6 APA: 123-154; 645-649</b>
	<p>In class discussion:  Renk, K., White, R., Lauer, B. A., McSwiggan, M., Puff, J., &amp; Lowell, A. (2014). Bipolar disorder in children. <i>Psychiatry journal</i>, 2014, 928685.</p> <p>Fristad, M. A., Wolfson, H., Algorta, G. P., Youngstrom, E. A., Arnold, L. E., Birmaher, B., Horwitz, S., Axelson, D., Kowatch, R. A., Findling, R. L., LAMS Group (2016). Disruptive Mood Dysregulation Disorder and Bipolar Disorder Not Otherwise Specified: Fraternal or Identical Twins?. <i>Journal of child and adolescent psychopharmacology</i>, 26(2), 138-46.</p>	<p>Discussants:</p>
4/1	<b>Suicidal and Nonsuicidal Self-Injurious Thoughts and Behaviors</b>	<b>M&amp;B: ch. 7</b>
	<p>In class discussion:</p>	<p>Discussants:</p>

Selby, E. A., Bender, T. W., Gordon, K. H., Nock, M. K., & Joiner, T. E., Jr. (2012). Non-suicidal self-injury (NSSI) disorder: A preliminary study. *Personality Disorders: Theory, Research, and Treatment*, 3(2), 167-175.

<http://dx.doi.org.mutex.gmu.edu/10.1037/a0024405>

**AND**

Brown, R. C., & Plener, P. L. (2017). Non-suicidal Self-Injury in Adolescence. *Current psychiatry reports*, 19(3), 20.

Turner, B. J., Austin, S. B., & Chapman, A. L. (2014). Treating nonsuicidal self-injury: a systematic review of psychological and pharmacological interventions. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 59(11), 576-85.

**4/8 Personality Disorders in Children and Adolescents M&B: ch.18**

Kaess, M., Brunner, R., & Chanen, A. (2014). Borderline personality disorder in adolescence. *Pediatrics*, 134(4), 782-793.  
<http://dx.doi.org.mutex.gmu.edu/10.1542/peds.2013-3677>

Lee-Rowland, L. M., Barry, C. T., Gillen, C. T. A., & Hansen, L. K. (2017). How do different dimensions of adolescent narcissism impact the relation between callous-unemotional traits and self-reported aggression? *Aggressive Behavior*, 43(1), 14-25

**4/15 Anxiety Disorders M&B: ch. 8  
 APA: 189-233**

In class discussion: Discussants:  
 Piacentini, J., Bennett, S., Compton, S. N., Kendall, P. C., Birmaher, B., Albano, A. M., et al. (2014). 24- and 36-week outcomes for the child/adolescent anxiety multimodal study (CAMS). *Journal of the American Academy of Child and Adolescent Psychiatry*, 53, 297 - 310.

Herzig-Anderson, K., Colognori, D., Fox, J. K., Stewart, C. E., & Masia Warner, C. (2012). School-based anxiety treatments for children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 21(3), 655-668.  
<http://dx.doi.org.mutex.gmu.edu/10.1016/j.chc.2012.05.006>

**4/22 Childhood Posttraumatic Stress Disorder M&B: 10  
 APA: 338-360**

In class discussion: Discussants:

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Recognizing and treating child trauma. Retrieved from:

<https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress>

Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 8(1), 163-176.

<http://dx.doi.org.mutex.gmu.edu/10.1007/s12310-016-9177-0>

Nadeem, E., & Ringle, V. A. (2016). De-adoption of an evidence-based trauma intervention in schools: A retrospective report from an urban school district. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 8(1), 132-143.

<http://dx.doi.org.mutex.gmu.edu/10.1007/s12310-016-9179-y>

4/29

Overflow

5/6

Take Home Final Exam due

Note: Faculty reserves the right to alter the schedule as necessary, with notification to students.

## Core Values Commitment

The College of Education and Human Development is committed to collaboration, ethical leadership, innovation, research-based practice, and social justice. Students are expected to adhere to these principles: <http://cehd.gmu.edu/values/>.

## GMU Policies and Resources for Students

### *Policies*

- Students must adhere to the guidelines of the Mason Honor Code (see <https://catalog.gmu.edu/policies/honor-code-system/>).
- Students must follow the university policy for Responsible Use of Computing (see <https://universitypolicy.gmu.edu/policies/responsible-use-of-computing/>).
- Students are responsible for the content of university communications sent to their Mason email account and are required to activate their account and check it regularly. All communication from the university, college, school, and program will be sent to students **solely** through their Mason email account.



- Students with disabilities who seek accommodations in a course must be registered with George Mason University Disability Services. Approved accommodations will begin at the time the written letter from Disability Services is received by the instructor (see <https://ds.gmu.edu/>).
- Students must silence all sound emitting devices during class unless otherwise authorized by the instructor.

### *Campus Resources*

- Support for submission of assignments to Tk20 should be directed to [tk20help@gmu.edu](mailto:tk20help@gmu.edu) or <https://cehd.gmu.edu/aero/tk20>. Questions or concerns regarding use of Blackboard should be directed to <https://its.gmu.edu/knowledge-base/blackboard-instructional-technology-support-for-students/>.
- For information on student support resources on campus, see <https://ctfe.gmu.edu/teaching/student-support-resources-on-campus>

### **Notice of mandatory reporting of sexual assault, interpersonal violence, and stalking:**

As a faculty member, I am designated as a “Responsible Employee,” and must report all disclosures of sexual assault, interpersonal violence, and stalking to Mason’s Title IX Coordinator per University Policy 1202. If you wish to speak with someone confidentially, please contact one of Mason’s confidential resources, such as Student Support and Advocacy Center (SSAC) at 703-380-1434 or Counseling and Psychological Services (CAPS) at 703-993-2380. You may also seek assistance from Mason’s Title IX Coordinator by calling 703-993-8730, or emailing [titleix@gmu.edu](mailto:titleix@gmu.edu).

**For additional information on the College of Education and Human Development, please visit our website <https://cehd.gmu.edu/students/> .**