

PSYC W3620x
Developmental Psychopathology
Fall 2006
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I. Bulletin description

PSYC W3620. Developmental Psychopathology (seminar)
4 points. C. Monk. Monday 10:10 - 12:00, 405 Schermerhorn Hall

Prerequisite: at least two of the following courses: (1001, 1010, 2280, 2620, 2680 3280) and the instructor's permission.

Developmental psychopathology posits that it is development itself that has gone awry when there is psychopathology. As such, it seeks to understand the early and multiple factors contributing to psychopathology emerging in childhood and later in life. We will use several models (e.g., ones dominated by biological, genetic, and psychological foci) to understand the roots of mental illness.

II. A full description of the content of the course

Developmental psychopathology posits that it is aspects of development itself that have gone awry when there is psychopathology. As such, it seeks to understand the early and multiple factors contributing to psychopathology emerging in childhood and later in life, views development as an ongoing dynamic process, and is committed to the possibility of intervention to bring about better adaptation. This course will begin with an overview of the field and foundational concepts, and then move to various models for understanding maladaptive development (e.g, the role of genes, psychological influences). It then will examine key domains that serve as risk factors (e.g. temperament) and current research in specific diagnostic areas (e.g., Attention Deficit Hyperactivity Disorder). The course will conclude with a critical examination of the growing influence of the psychiatric perspective which threatens to replace the developmental approach to psychopathology with a diagnostic one emphasizing the labeling (and medicating) of (static) conditions. Throughout the course, students will be encouraged to relate empirical findings to the field's theoretical models as well as to examine the prevailing scientific ideology guiding research programs.

Prior to each meeting, students will prepare a one–two page outline that critically analyzes and integrates course readings as well as lists three–five questions. These papers will be used to launch discussions, which will be supplemented by occasional faculty lectures on specific topics. Final papers will be literature reviews or experiment proposals written in the form of a journal article.

III. The rational for giving the course

In psychology the idea that development is the key to understanding psychopathology increasingly is taking hold. This course therefore may provide students with a timely introduction to the relevance of development for future functioning, both normal and abnormal. The course will aim to strengthen students' conceptual and analytic thinking through critical evaluation of both the field's theoretical models as well as many of its empirical reports.

PSYC W3620 is an advanced seminar, designed particularly for undergraduates who are majoring in Psychology or in Neuroscience and Behavior, and for students participating in the Postbac Psychology Program. It fulfills the following degree requirements:

- For the Psychology major or concentration in the College and in G. S., for the Psychology minor in Engineering, and for the Psychology Post-bac, W3620 meets the Group III (Social, Personality, and Abnormal) distribution requirement.
- For the Neuroscience and Behavior joint major, W3620 will fulfill the 5th Psychology requirement: "one advanced psychology seminar from a list approved by the Psychology Department advisor to the program."
- W3620 will meet the social science requirement of GS, provided that students obtain the necessary permissions and have taken the prerequisite psychology course.
- For the Barnard Psychology major, PSYC W3620 will fulfill the senior seminar requirement.

IV. The readings and weekly syllabus (subject to revision)

(Please note: the reading list is still under development. Not all readings listed here will be selected; on average, 3 – 4 papers will be assigned each week.)

Session 1: Developmental perspectives on psychopathology

1. Achenbach, T. (1990). What is "developmental" about developmental psychopathology? In J. Rolf, A. Masten, D. Cicchetti, K. Nuechterlein, and S. Weintraub (Eds.), *Risk and Protective Factors in the Development of Psychopathology* (pp. 29-48). New York: Cambridge University Press.

2. Cicchetti, D. (1984). The emergence of developmental psychopathology. *Child Development*, 55: 1-7.
3. Sroufe, L.A.. (1997). Psychopathology as an outcome of development. *Development and Psychopathology*, 9: 251–268.
4. Eisenberg, L. (1977). Development as a unifying concept in psychiatry. *British Journal of Psychiatry*, 131: 225-237.
5. Cicchetti, D. & Cohen, D. J. (1995). Perspectives on developmental psychopathology. In D. Cicchetti D. J. Cohen, Eds. *Developmental Psychopathology* (pp. 3-20). New York: Wiley & Sons.
6. Rutter, M, Sroufe, L.A. (2000) Developmental psychopathology: concepts and challenges. *Dev Psychopathol*; 12(3):265-96.

Session 2: Models of development — nature versus nurture

1. McGue, M & Thomas, J. B. (1998). Genetic and environmental influences on human behavioral differences *Annual Review of Neuroscience*, 21: 1–24.
2. McClearn, G. E. (2004). Nature and Nurture: Interaction and Coactivation *American Journal of Medical Genetics Part B (Neuropsychiatric Genetics)* 124B: 124–130.
3. Gottesman, I.I & Hanson, D.R. (2005). Human development: Biological and genetic processes. *Annual Review of Psychology* 56: 263–286.
4. Kendler, K.S. (2005) "A gene for...": the nature of gene action in psychiatric disorders. *Am J Psychiatry*; 162(7):1243-52.
5. State, M.W., Lombroso, P.J., Pauls, D.L., Leckman, J.F. (2000). The genetics of childhood psychiatric disorders: a decade of progress. *J Am Acad Child Adolesc Psychiatry*; 39(8):946-62.

Session 3: Models of development — Experience and brain effects

1. Greenough, W. T., Black, J. E., and Wallace, C. S. (1987). Experience and brain development. *Child Development*, 58, 539-559.
2. Marler, P. (1991). The instinct to learn. In S. Carey and R. Gelman (Eds.), *The Epigenesis of mind: Essays on biology and cognition* (pp. 37-66). Hillsdale, NJ: Erlbaum.
3. Grossman, A. W., Churchill, J.D., McKinney, B.C., Kodish, I.M., Otte, S.L., Greenough, W.T. (2003). Experience effects on brain development: possible contributions to psychopathology. *J Child Psychol Psychiatry*. Jan;44(1):33-63.

4. Gutman, D.A. & Nemeroff, C.B.. (2003). Persistent central nervous system effects of an adverse early environment: clinical and preclinical studies. *Physiol Behav.* Aug;79(3):471-8.
5. Dawson, G., Ashman, S.B., & Carver, L.J. (2003) The role of early experience in shaping behavioral and brain development and its implications for social policy. *Dev Psychopathol.* Autumn;12(4):695-712.

Session 4: Models of development — Psychological transmission

1. Main M. (1996) Introduction to the special section on attachment and psychopathology: 2. Overview of the field of attachment. *J Consult Clin Psychol.* Apr;64(2):237-43.
2. Sroufe L.A. (2005). Attachment and development: a prospective, longitudinal study from birth to adulthood. *Attach Hum Dev.* Dec;7(4):349-67.
3. van Ijzendoorn, M.H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychol Bull.* May;117(3):387-403.
4. Fonagy, Peter; Target, Mary. Attachment and reflective function: Their role in self-organization. *Development and Psychopathology.*
5. Brune M, Brune-Cohrs U (2005) Theory of mind-evolution, ontogeny, brain mechanisms and psychopathology *Neurosci Biobehav Rev.* Oct 17
6. Joffe, W.G., & Sandler, J.(1968) Comments on the psychoanalytic psychology of adaptation, with special reference to the role of affects and the representational world. *Int J Psychoanal.* ;49(2):445-56.
7. Mayes, L & Cohen, D. J. (1996). Anna Freud and developmental psychoanalytic psychology. *Psychoanalytic Study of the Child*, 51, 117–141.

Session 5: Early foundations:

1. Beebe, Beatrice. (2000). Constructing mother-infant distress: The microsynchrony of maternal impingement and infant avoidance in the face-to-face encounter. *Psychoanalytic Inquiry.* Vol 20(3) 2000, 421-440.

2. Feldman R. (2006) From biological rhythms to social rhythms: Physiological precursors of mother-infant synchrony. *Dev Psychol* Jan;42(1):175-88.
3. Kochanska, G & Aksan, N. (2004) Development of mutual responsiveness between parents and their young children. *Child Dev.* Nov-Dec;75(6):1657-76.
4. Crockenberg S.C. & Leerkes, E.M. (2004) Infant and maternal behaviors regulate infant reactivity to novelty at 6 months. *Dev Psychol.* Nov;40(6):1123-32.
5. Jaffe J, Beebe B, Feldstein S, Crown CL, Jasnow MD. (2001) Rhythms of dialogue in infancy: coordinated timing in development. *Monogr Soc Res Child Dev*; 66(2):i-viii, 1-132.

Session 6: Fetal origins

1. van den Bergh, B.R., Mennes, M., Stevens, V., van der Meere, J., Borger, N., Stiers, P., Marcoen, A, Lagae, L. (2006) ADHD deficit as measured in adolescent boys with a continuous performance task is related to antenatal maternal anxiety. *Pediatr Res.* Jan;59(1):78-82.
2. O'Connor, T.G., Ben-Shlomo, Y., Heron, J., Golding, J., Adams, D., & Glover, V. (2005) Prenatal anxiety predicts individual differences in cortisol in pre-adolescent children. *Biol Psychiatry.* 2005 Aug 1;58(3):211-7.
3. O'Connor TG, Heron J, Golding J, Glover V; ALSPAC Study Team. (2003) Maternal antenatal anxiety and behavioural/emotional problems in children: a test of a programming hypothesis. *J Child Psychol Psychiatry.* Oct;44(7):1025-36.
4. Glover, V. & O'Connor, T.G. (2002) Effects of antenatal stress and anxiety: Implications for development and psychiatry. *Br J Psychiatry.* May;180:389-91.
5. Van den Bergh, B.R., Mulder, E.J., Mennes, M., & Glover, V. (2005) Antenatal maternal anxiety and stress and the neurobehavioural development of the fetus and child: links and possible mechanisms. A review. *Neurosci Biobehav Rev.* Apr;29(2):237-58.
6. Monk C, Sloan RP, Myers MM, Ellman L, Werner E, Jeon J, Tager F, Fifer WP. (2004) Fetal heart rate reactivity differs by women's psychiatric status: an early marker for developmental risk? *J Am Acad Child Adolesc Psychiatry.* Mar;43(3):283-90.

Session 7: Temperament & emotion regulation

1. Goldsmith, H.H. & Lemery, K.S. (2000). Linking temperamental fearfulness and anxiety symptoms: a behavior-genetic perspective. *Biol Psychiatry*. Dec 15;48(12):1199-209.
2. Rettew, D.C. & McKee, L. (2005) Temperament and its role in developmental psychopathology. *Harv Rev Psychiatry*. Jan-Feb;13(1):14-27.
3. Campos, J.J. & Frankel, C.B. & Camras, L. (2004) On the nature of emotion regulation. *Child Dev*. 2004 Mar-Apr;75(2):377-94.
4. Goldsmith, H.H., Davidson, R.J. (2004) Disambiguating the components of emotion regulation. *Child Dev* Mar-Apr;75(2):361-5.
5. Silk, J.S., Shaw, D.S., Skuban, E.M., Oland, A.A., & Kovacs, M. (2006) Emotion regulation strategies in offspring of childhood-onset depressed mothers. *J Child Psychol Psychiatry*. Jan;47(1):69-78.
6. Silk, J.S., Shaw, D.S., Forbes, E.E., Lane, T.L., Kovacs, M. (2006) Maternal depression and child internalizing: the moderating role of child emotion regulation. *J Clin Child Adolesc Psychol*. Feb;35(1):116-26.
7. Southam-Gerow, M.A. & Kendall, P.C. (2002) Emotion regulation and understanding: implications for child psychopathology and therapy. *Clin Psychol Rev*. Mar;22(2):189-222. Review.

Session 8: Attention Deficit Hyperactivity Disorder

1. Belsky J, Hsieh, K.H., & Crnic, K. (1998) Mothering, fathering, and infant negativity as antecedents of boys' externalizing problems and inhibition at age 3 years: differential susceptibility to rearing experience? *Dev Psychopathol*. Spring;10(2):301-19.
2. Nigg, J.T. & Casey, B.J. (2005) An integrative theory of attention-deficit/hyperactivity disorder based on the cognitive and affective neurosciences. *Dev Psychopathol*. Summer;17(3):785-806.
3. Aase, H. & Sagvolden, T. (2005) Moment -to-moment dynamics of ADHD behaviour. *Behav Brain Funct*. Aug 1;1:12.
4. Crone, E.A., Jennings, J.R., van der Molen, M.W. (2003) Sensitivity to interference and response contingencies in attention-deficit/hyperactivity disorder. *J Child Psychol Psychiatry*. Feb;44(2):214-26.
5. Williams, J & Dayan, P. (2005) Dopamine, learning, and impulsivity: a biological account of attention-deficit/hyperactivity disorder. *J Child Adolesc Psychopharmacol*. Apr;15(2):160-79; discussion 157-9.

Session 9: Depression

1. Bowlby, J. (1988) Developmental psychiatry comes of age. *Am J Psychiatry*. Jan;145(1):1-10. Review.
2. Bowlby, J. (1961) Childhood mourning and its implications for psychiatry. *Am J Psychiatry*. Dec;118:481-98.
3. Dawson, G., Ashman, S.B., Panagiotides, H., Hessel, D., Self, J., Yamada, E., Embry, L. (2003) Preschool outcomes of children of depressed mothers: role of maternal behavior, contextual risk, and children's brain activity. *Child Dev*. Jul-Aug;74(4):1158-75.
4. Luby, J.L., Sullivan, J., Belden, A., Stalets, M., Blankenship, S. & Spitznagel, E. (2006) An observational analysis of behavior in depressed preschoolers: further validation of early-onset depression. *J Am Acad Child Adolesc Psychiatry*. Feb;45(2):203-12.
5. Jaffee, S.R., Moffitt, T.E., Caspi, A., Fombonne, E., Poulton, R. & Martin, J. (2002) Differences in early childhood risk factors for juvenile-onset and adult-onset depression. *Arch Gen Psychiatry* Mar;59(3):215-22.

Session 10: Schizophrenia — a neurodevelopmental disorder?

1. Fish, B. & Kendler, K.S. (2005) Abnormal infant neurodevelopment predicts schizophrenia spectrum disorders. *J Child Adolesc Psychopharmacol*. Jun;15(3):348-61.
2. Cannon, M., Clarke, M.C. . (2005).Risk for schizophrenia--broadening the concepts, pushing back the boundaries *Schizophr Res*. Nov 1;79(1):5-13.
3. Corcoran C., Whitaker, A., Coleman, E., Fried, J., Feldman, J., Goudsmit, N., Malaspina, D. (2005) Olfactory deficits, cognition and negative symptoms in early onset psychosis. *Schizophr Res*. Dec 15;80(2-3):283-93.
4. Ordonez, A.E., Bobb, A., Greenstein, D., Baker, N., Sporn, A., Lenane, M., Malaspina, D., Rapaport, J., & Gogtay, N. (2005) Lack of evidence for elevated obstetric complications in childhood onset schizophrenia. *Biol Psychiatry*. Jul 1;58(1):10-5.
5. Ashdown, H., Dumont, Y., Ng, M., Poole, S., Boksa, P., Luheshi, G.N. (2006) The role of cytokines in mediating effects of prenatal infection on the fetus: implications for schizophrenia. *Mol Psychiatry*. Jan;11(1):47-55.
6. Opler, M.G. & Susser, E.S. (2005) Fetal environment and schizophrenia. *Environ Health Perspect*. Sep;113(9):1239-42.

Session 11: To diagnose (or not)

1. Link, H. L. & Angold, A.A. (in press). The Preschool Age Psychiatric Assessment (PAPA): A structured parent interview for diagnosing psychiatric disorders in preschool children. In R. Delcarmen–Wiggins and A. Carter (Eds.) *Handbook of Infant & Toddler Mental Health Assessment*. New York, NY: Oxford University Press.
2. Luby, J.L., Mrakotsky, C., Heffelfinger, A., Brown, K., Hessler, M & Spitznagel, E. (2003) Modification of DSM-IV criteria for depressed preschool children. *Am J Psychiatry*. Jun;160(6):1169-72.
3. Bennett, K., Teeling, M., Feely, J. (2005) Overprescribing antidepressants to children: pharmacoepidemiological study in primary care. *BMJ*. Dec 17;331(7530):1451-2.
4. Kean, B. (2005).The Risk Society and attention deficit hyperactivity disorder (ADHD): a critical social research analysis concerning the development and social impact of the ADHD diagnosis. *Ethical Hum Psychol Psychiatry*. Summer;7(2):131-42.
5. Wakschlag, L.S., Leventhal, B.L., Briggs-Gowan, M.J., Danis, B., Keenan, K., Hill C., Egger, H.L., Cicchetti, D., Carter, A.S. (2005) Defining the "disruptive" in preschool behavior: what diagnostic observation can teach us *Clin Child Fam Psychol Rev*. Sep;8(3):183-201.
6. *Diagnostic Classification 0–3* (1994). Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Arlington, VA: National Center for Clinical Infant Programs.

Session 12: Intervention

1. Lieberman, Alicia F. (2002). Treatment of attachment disorders in infant-parent psychotherapy. In Maldonado-Duran, J. Martin (Ed). *Infant and toddler mental health: Models of clinical intervention with infants and their families*. (pp. 105-128). Washington, DC, US: American Psychiatric Publishing, Inc..
2. Herschell, Amy D; Calzada, Esther J; Eyberg, Sheila M; McNeil, Cheryl B. (2002) Clinical issues in parent-child interaction therapy. *Cognitive and Behavioral Practice*. Vol 9(1) Win, 16-27.
3. Jennings, Sue. (2005). Embodiment-Projection-Role: A Developmental Model for the Play Therapy Method. In Schaefer, Charles (Ed); McCormick, Judy (Ed); Ohnogi, Akiko (Ed). *International Handbook of Play Therapy: Advances in Assessment, Theory, Research, and Practice* (pp. 65-76). Lanham, MD, US: Jason Aronson.
4. Bowlby J. (1978). Attachment theory and its therapeutic implications. *Adolesc Psychiatry*; 6:5-33.

Session 13: Student Power Point presentations.

Session 14: Student Power Point presentations.

V. Course requirements

Each week students will attend a two-hour seminar. No later than 5 pm of the preceding evening, students will submit (via email) a one-two page outline paper to the course instructor. These outline papers will analyze and integrate hypotheses, conceptual premises, models, and findings of assigned articles. These outline papers will also include several questions, which, along with the outlines, will be used to launch discussion during each meeting. For the first course meeting, and for selected topics throughout the duration of the course, the instructor will use one-half to one hour of meeting time for lectures that will provide historical context, background, and conceptual explication. With the exception of the final two meetings, the rest of each meeting will be devoted to discussion.

During the final two course meetings students will make a 5–10 min Power Point presentation that outlines their literature review or proposed experiment paper. This will give students the opportunity to give and receive feedback. Final course papers will be written in the format of a journal article.

Grading will be allocated as follows:

Weekly outline papers: 35%

Participation in discussion: 20%

Class presentation: 15%

Final paper 30%