# Grand Valley State University PSY 524: Developmental Psychopathology With PSY 644 Clinical Practicum Winter 2018

Instructor: Jamie Owen-DeSchryver, Ph.D. Course Time: Tu/Th – 2:30-3:45

Psychology Department Course Location: LSH 233

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also

## **Course Summary**

This course examines research on etiology, diagnosis, and intervention for children with psychopathology, with the major focus of the course emphasizing disorders that are observed in applied settings. Students will become familiar with school and community-based prevention and intervention strategies to address mental health difficulties of children in their environments.

## **Course Objectives**

Upon successful completion of this course students will be able to:

- 1. Evaluate features of typical and atypical development, including specific child, environmental and psychosocial risk factors that affect psychopathology.
- 2. Compare and contrast various approaches and theories used to conceptualize child and adolescent psychopathology.
- 3. Examine and classify the benefits and problems represented in the diagnostic and classification process (e.g., DSM-5, and educational classification systems)
- 4. Appraise and evaluate how behavioral, emotional, and social difficulties may impact involvement in educational and community settings.
- 5. Examine the diathesis-stress model in relation to the development of psychopathology in children and adolescents.
- 6. Demonstrate the ability to locate and describe empirically-supported prevention strategies and treatments for common disorders of childhood and adolescence.

# **Goals Addressed in this Course**

NASP Standards Addressed	GVSU School Psychology Program Goals Addressed
2.2. Consultation and Collaboration School psychologists have knowledge of varied methods of consultation, collaboration and communication applicable to individuals, families, groups, and systems and used to promote effective implementation of services.	Goal 1: Students will engage and practice in a legal, professional and ethical manner that demonstrates respect for student, family, and school diversity.
2.4 Interventions and Mental Health Services to Develop Social and Life Skills School psychologists have knowledge of biological, cultural, developmental and social influences on behavior and mental health; behavioral and emotional impacts on learning and life skills; and evidence-based strategies to promote social-emotional functioning and mental health	Goal 2: Students will demonstrate the knowledge and skills needed to collaborate and consult with school professionals, families, and other partners to improve current systems of service delivery to meet the educational and mental health needs of children and adolescents.
2.6 Preventive and Responsive Services School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multi-tiered prevention, and evidence-based strategies for effective crisis response	Goal 4: Students will demonstrate the knowledge and skills to use data to select, implement, and monitor interventions that improve academic, social and behavior outcomes for children and adolescents, and prepare them for post-school success.
2.7 Family-School Collaboration Services School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; evidence- based strategies to support family influences on children's learning, socialization and mental health; and methods to develop collaboration between families and schools.	Goal 6: Students will demonstrate the skills needed to become leaders in the dissemination and implementation of educational practices that are prevention-oriented and improve school systems and policies.
2.8 Diversity in Development and Learning School psychologists have knowledge of individual differences, abilities, disabilities, and other diverse characteristics; principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role differences; and evidence-based strategies to enhance	Goal 7: Students will demonstrate the knowledge and skills to support the implementation of best practices that improve student and school outcomes from a broadbased ecological-behavioral orientation.

# **Readings & Materials**

services and address potential influences related to diversity.

There is no required text for purchase for this class. We will review many chapters from the *Best Practices in School Psychology* series, and I will provide access to other articles and readings via Blackboard and course reserve.

# **Course Format**

The format of the course will include both lecture and discussion. Since there is no primary textbook, I will provide you with background information via notes (posted in

Blackboard) that you should review prior to class. These notes will provide a foundation for the topics we will be covering. You should come to class prepared to talk about this content, ask questions, and discuss readings. I will also ask you to make connections between course content and your applied clinical practicum experiences. You will spend approximately 4-6 hours per week in your Clinical practicum setting as part of PSY 644.

## **Policies and Procedures**

Students are expected to abide by the GVSU student code (<a href="http://www.gvsu.edu/studentcode/">http://www.gvsu.edu/studentcode/</a>) and the ethical principles of the National Association of School Psychologists

(http://www.nasponline.org/standards/ethics/ethical-conduct-professional-practices.aspx). These principles serve as a guide for student behavior both on and off-campus. This includes (1) arriving on time, (2) leaving at the scheduled time and not before, (3) appropriately engaging during courses and practicum activities, and (4) respecting confidentiality. When in the schools, students represent the School Psychology program as well as GVSU and we expect students' behavior to be professional, respectful, and responsible. Violations of the ethical and professional standards may result in a lowered grade and may be grounds for dismissal from the program.

### **Accommodations for Students with Disabilities**

If any student needs academic accommodations because of a learning, physical, or other disability, please contact Disability Support Resources (DSR) at 331-2490. Although students with disabilities are held to the same academic standards as all other students, accommodations will be provided for you, as appropriate. Furthermore, if a student has a physical disability and thinks he/she will need assistance evacuating the classroom and/or building in an emergency situation, please contact the instructor so she can develop a plan to assist the student.

# **Academic Integrity and Plagiarism**

Students will do original work and will not take or receive the efforts of another person on any test or assignment, use unauthorized resources on quizzes or tests, plagiarize, or provide/sell other students papers or assignments not authorized by the instructor. You are responsible for making yourself aware of and for understanding the policies and procedures that pertain to academic integrity. To that end, be sure to familiarize yourself with the GVSU Student Code [Section 223.01] related to academic integrity. Furthermore, be sure to reference sources at all times. If you are uncertain about such an issue prior to submission of an assignment, project, or test, please see me so we can eliminate that uncertainty.

# **Canceled Classes**

If classes are canceled at the university, any lecture or activity missed due to cancellation will take place at the next class meeting.

### **Attendance**

Students are expected to attend and participate in all classes. Two absences due to illness or unanticipated emergency are allowed. Additional absences from class will result in a 5-point grade deduction for each missed class. If students miss a class for any reason, they are responsible for obtaining any information missed through a classmate. Student absences due to religious holidays will be accommodated per the GVSU policies on inclusion

## **Technology Use**

Students are encouraged to use computers during class to take notes and to follow along with the instructor. However, the use of computers for personal reasons (e.g., checking email or using Facebook) during class is inappropriate and can interfere with the learning of other students. The instructor will use discretion in reducing grades for those students who are using computers in a disrespectful manner when class is in session. Please silence cell-phones during class.

## **Grading**

### **Grading for PSY 524**

Final grades will be based on the total points as indicated below. More information about each of these assignments will be posted in BlackBoard.

Assignment	Point Value	Grading Scale	<u>e</u>
Clinical Practicum Assignment	30	94 above	A
Parent Collaboration Assignment	30	90-93	A-
EBT/School-Based Intervention	30	87-89	B+
Concept Quizzes	40	83-86	В
Mini Assignment	10	80-82	B-
3	<del></del>	77-79	C+
Total Points possible:	140	73-76	C
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Grading for PSY 644:		67-69	D+
Grades for Psy 644 will be based	60-66	D	
engagement in your practicum.	59 & below	F	

expected to complete clinical practicum assignments

and

submit your practicum log. We will occasionally discuss practicum experiences in class, and it is expected that you will contribute and share information related to your experiences to enhance learning for all students. Be aware of confidentiality and use pseudonyms when referring to particular children or clients in these placements. Some of the clinical practicum placements will be very hands-on and will have you, as graduate students, working directly with clients, other placements will merely involve observation. The differences in activities and expectations based on your placement will not affect your grade. More information about practicum logs and expectations will be provided in class and via Blackboard.

# **Assignment Summary**

## Clinical Practicum Assignment – (30 points total)

- Part 1: Clinical Practicum Poster presentation (20 points)
- Part 2: Written Reflection/Discussion (10 points)

#### Parent Collaboration Assignment – (30 points total)

- Part 1: Review of one Best Practices Chapter on Parent-School Collaboration and create a resource summary to share with peers (10 points)
- Part 2: Brief interview with staff at clinical practicum site about collaboration with families (10 points)
- Part 3: Reflection on Parent Collaboration with Schools and Agencies (10 points)

#### <u>EBT/School-Based Intervention – (30 points total)</u>

- Part 1: Summary of EBT/School-Based Intervention Topic (written document powerpoint, etc.) (20 points)
- Part 2: Presentation about EBT/School-Based Intervention Topic (10 points)

Concept Quizzes (2 @ 20 points each, 40 points total)

Mini Assignment (1 @ 10 points = 10 points total)

Week	Lecture Topic	Readings and Assignments			
Wk 1: 1/9 & 1/11	INTRODUCTION; CLINICAL PRACTICUM  DSM5 AND EDUCATIONAL ELIGIBILITY; INTRODUCTORY CONCEPTS				
Wk 2: 1/16 & 1/18	ETIOLOGY / CASE FORMULATION	<ul> <li>Kazdin, Kraemer et al. (1997)</li> <li>Cicchetti &amp; Rogosch (2002)</li> </ul>			
Wk 3: 1/23 & 1/25	ETIOLOGY / CASE FORMULATION	Blair & Diamond (2008)			
Wk 4 1/30 & 2/1:	RESILIENCE/ PREVENTION  RESEARCH and EBT in DEVELOPMENTAL PSYCHOPATHOLOGY	<ul> <li>Best Practices-Student Level Services;         Chapter 16: Fostering student resilience     </li> <li>Weisz (2006) – discussion section</li> <li>APA Presidential Task Force (2006)</li> </ul>			
Wk 5: 2/6 & 2/8	CLINICAL INTERVENTION TECHNIQUES	<ul> <li>Creed (2011) Chapter 3</li> <li>Resilience: Reivich, Gillham, Chaplin &amp; Seligman (2005) – Chapter 12</li> <li>Best Practices-Student Level Services; Chapter 20 Solution focused, student driven interviews</li> </ul>			
Wk 6: 2/13-No Class 2/15-No Class		CONCEPT QUIZ 1			
Wk 7: 2/20 & 2/22	DEPRESSION  2/22 - DBT presentation  2/22 - Non-Suicidal Self injury presentation	<ul> <li>Best Practices-Student Level Services;         Chapter 24: School based interventions for anxiety &amp; depression</li> <li>Depression: March (2004)</li> <li>Depression: David-Ferdon &amp; Kaslow (2008)</li> <li>Bipolar/Borderline: Miller et al. (2000)</li> </ul>			
Wk 8: 2/27 & 3/1	ANXIETY  3/1- Trauma-Focused CBT presentation	<ul> <li>Anxiety: Killu &amp; Crundwell (2016)</li> <li>Anxiety: Silverman, Pina &amp; Viswesvaran (2008)</li> </ul>			
	3/1 – OCD presentation	3/1 - PARENT COLLABORATION ASSIGNMENT DUE			
	Spring Break Week				

Wk 9: 3/13 & 3/15	ODD/ CD; BULLYING  3/15 – Bullying prevention presentation	ODD/CD: Dodge & McCourt (2010)     ODD/CD: Webster-Stratton & Taylor (2001)
Wk 10: 3/20	ODD/ CD; BULLYING	Bullying: Swearer et al. (2010)
3/22 – no class	3/20 – School to Prison Pipeline presentation	<ul> <li>LGBTQ Youth &amp; Bullying: NASP Position Statement (2011) on LGBTQ Youth</li> <li>Relational Aggression: Low, Frey &amp; Brockman (2010)</li> </ul>
Wk 11: 3/27 & 3/29	ADHD - CLINICAL PERSPECTIVE 3/27 - Organizational skills training for ADHD presentation	<ul><li>ADHD: DuPaul (2011)</li><li>ADHD Pelham &amp; Fabiano (2008)</li><li>ADHD: Barkley (2006)</li></ul>
	AUTISM – CLINICAL PERSPECTIVE 3/29 – Tourette's & Tics presentation	3/27 - MINI ASSIGNMENT DUE     Iovannone, Dunlap, Huber & Kincaid
Wk 12: 4/3 & 4/5	ADHD- EDUCATIONAL ELIGIBILITY  AUTISM - EDUCATIONAL  ELIGIBILITY	<ul> <li>(2003)</li> <li>Best Practices— Collaborative and Data-Based Decision Making: Ch. 25.         Assessment of Youth with ADHD</li> <li>Best Practices— Collaborative and Data-Based Decision Making: Chapter 26. Best Practices in Early Identification and Services for Children with ASD</li> </ul>
Wk 13: 4/10 & 4/12	SUBSTANCE ABUSE; SUICIDE  4/10 – Substance abuse presentation  4/12 – Mindfulness presentation	<ul><li>Subst Abuse: Spoth et al. (2002)</li><li>Suicide: Pisani, et al. (2013)</li></ul>
Wk 14: 4/17 & 4/19	DISCRETIONARY TOPICS  4/17 – Working with refugee students presentation  4/19 - ELL presentation  4/19 - Selective Mutism presentation	Selected articles may be provided based on discretionary topics
EXAM WEEK	Tuesday, April 25th: 4:00-5:50	4/25 - CLINICAL PRACTICUM ASSIGNMENT and POSTER PRESENTATION

## **Readings**

#### **Book Chapters**

Several Chapters from the Best Practices in School Psychology series are assigned:

- Student Level Services, chapter 16
- Student Level Services, chapter 20
- Student Level Services, chapter 24
- Collaborative and Data Based Decision-Making, chapter 25
- Collaborative and Data Based Decision-Making, chapter 26

Chapter 3 of Creed -- Creed, T., Reisweber, J., & Beck. A.E. (2011). *Cognitive Therapy for Adolescents in School Settings*. New York: Guilford Publishing.

#### Course Articles and Additional Readings

APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist, 61*, 271-285. Development and Psychopathology, *20*, 899-911.

Barkley, R. (2006). 80+ classroom accommodations for children or teens with ADHD. Reprinted from *The ADHD Report*, Vol. 16(4), pp. 7-10.

Blair, C. & Diamond, A. (2008). Biological processes in prevention and intervention: The promotion of self-regulation as a means of preventing school failure.

Cicchetti, D. & Rogosch, F.A. (2002). A developmental psychopathology perspective on adolescence. *Journal of Consulting and Clinical Psychology*, *70*, 6-20.

David-Ferdon, C. & Kaslow, N.J. (2008). Evidence-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child & Adolescent Psychology*, *37*(1) p. 62-104.

Dodge, K. & McCourt, S. (2010). Translating models of antisocial behavioral development into efficacious intervention policy to prevent adolescent violence. *Developmental Psychobiology*, *52*, 277-285.

DuPaul, G.J., Weyandt, L.I., & Janusis, G.M. (2011). ADHD in the classroom: Effective intervention strategies. *Theory Into Practice*, *50*, 35-42.

Iovannone, R., Dulanp, G., Huber, H. & Kincaid, D. (2003). Effective educational practices for students with Autism Spectrum Disorders. *Focus on Autism and Other Developmental Disabilities, 18(3)*, 150-165.

Kazdin, A.E., Kraemer, H.C., Kessler, R.C., Kupfer, D.J., & Offord, D.R. (1997). Contributions of risk-factor research to developmental psychopathology. *Clinical Psychology Review, 17,* 375-406.

Killu, K., & Crundwell, M.A. (2016). Students with anxiety in the classroom: Educational accommodations and interventions. *Beyond Behavior*, 25(2), p. 30-41.

Low, S., Frey, K.S., & Brockman, C.J. (2010). Gossip on the playground: Changes associated with universal intervention, retaliation beliefs, and supportive friends. *School Psychology Review, 39(4)*, 536-551.

March, J. (2004). Fluoxetine, Cognitive-Behavioral Therapy, and their combination for adolescents with Depression: Treatment for Adolescents with Depression Study (TADS) Randomized Controlled Trial. Journal of the American Medical Association (Reprinted), 292, 807-820.

Miller, A.L., Wyman, S.E., Huppert, J.D., Glassman, S.L. & Rathus, J.H. (2000). Analysis of behavioral skills utilized by suicidal adolescents receiving Dialectical Behavior Therapy. *Cognitive and Behavioral Practice*, 7, 183-187.

NASP Position Statement (2011). Lesbian, Gay, Bisexual, Transgender, and Questioning Youth.

Pelham & Fabiano (2008). Eyberg, S.M., Nelson, M.M. & Boggs, S.R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology*, *37*(1), 215-237.

Pisani, A., Wyman, P., Petrova, M., Schmelk-Cone, K., Goldston, D., Xia, Y. & Gould, M. (2013). Emotion regulation difficulties, youth-adult relationships, and suicide attempts among high school students in underserved communities. *Journal of Youth Adolescence*, *42*, 807-830.

Reivich, K.J., Gillham, J.E., Chaplin, T.M., & Seligman, M.E.P. (2005). From helplessness to optimism: The role of resilience in treating and preventing depression in youth. In S. Goldstein & R.B. Brooks (Eds.) Handbook of Resilience in Children. (pp. 223-237). New York: Kluwer Academic/Plenum Publishers.

Silverman, W.K., Pina, A.A., & Viswesvaran, C. (2008). Evidence-based psychosocial treatments for phobic and anxiety disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, *37*(1), 105-130.

Spoth, R.L., Redmond, C., Trudeau, L. & Shin, C. (2002). Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychology of Addictive Behaviors*, *16*, 129-134.

Swearer, S.M., Espelage, D.L., Vaillancourt, T., Hymel, S. (2010). What can be done about school bullying?: Linking research to educational practice. *Educational Researcher*, *39*, 38-47.

Webster-Stratton, C. & Taylor, T. (2001). Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolesecence through interventions targeted at young children (0-8 years). *Prevention Science*, *2*(3), 165-192.

Weisz, J.R., Jensen-Doss, A. & Hawley, K.M. (2006). Evidence-based youth psychotherapies versus usual clinical care: A meta-analysis of direct comparisons. *American Psychologist*, *61*, 671-689.