SAM HOUSTON STATE UNIVERSITY

DEPARTMENT OF PSYCHOLOGY AND PHILOSOPHY

PSYC 5330: Psychopathology 3 Credit Hours Fall 2017

College of Humanities and Social Sciences Building, Room 110 Mondays & Wednesdays – 2:00 to 3:20 pm

Instructor: David V. Nelson, Ph.D., ABPP (Clinical Health Psychology)

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Office Hours: Mondays 3:30 – 4:30 pm

Wednesdays 3:30-4:30 pm

And by appointment

(Faculty/committee meetings are sometimes scheduled during these times, so it is best to call and confirm appointment; however, you are always

welcome to drop by any time to see if I am in.)

REQUIRED TEXTS:

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. Fully accessible through the Newton Gresham Library (NGL) Psychiatry Online database under DSM Library. Hereafter: DSM-5.

Beauchaine, T. P. & Hinshaw, S. P. (Eds.). (2017). *Child and adolescent psychopathology* (3rd ed.). Hoboken, NJ: John Wiley & Sons. Hereafter: Beauchaine & Hinshaw.

Craighead, W. E., Miklowitz, D. J., & Craighead, L. W. (Eds.). (2017). *Psychopathology: History, diagnosis, and empirical foundations* (3rd ed.). Hoboken, NJ: John Wiley & Sons. Hereafter: Craighead et al.

Frances, A. (2013). *Essentials of psychiatric diagnosis: Responding to the challenge of DSM-5* (Rev. ed.). New York, NY: The Guilford Press. Hereafter: Frances' *Essentials...*

REQUIRED SUPPLEMENTARY READINGS:

Other required or recommended supplementary readings will be available through the NGL or as otherwise distributed.

PURPOSE OF THE COURSE:

This course examines psychological disorders and involves review, critical evaluation, and integration of current scientific literature regarding diagnosis, phenomenology, and etiology. Issues in the application of the diagnostic system in clinical practice are discussed.

Goal: To understand and critically evaluate the history of the study of psychopathology and current methods of studying psychopathology.

- <u>Learning outcome</u>: You will obtain an overview of the historical traditions of psychopathology from antiquity to the present.
- <u>Learning outcome</u>: You will understand some of the methods used by investigators to study the nature and causes of psychopathology.

Goal: To understand the history of classification systems for psychopathology, the current DSM-5 system, and future directions in evolution at the present time.

- <u>Learning outcome</u>: You will understand the history of the main diverse and sometimes intersecting classification systems that have evolved in the study of psychopathology.
- <u>Learning outcome</u>: You will understand the strengths and weaknesses of the current approach to classification of psychopathology embodied in the DSM-5.

Goal: To critically evaluate the scientific literature regarding the development, expression, and maintenance of psychopathology and its corresponding manifestations in phenomenology, diagnosis, and etiology of specific disorders reflected in current classification nomenclature.

- <u>Learning outcome</u>: You will understand key principles of developmental psychopathology (including aspects of molecular genetic, neurobiological, neurophysiological, psychosocial, environmental, gender, and other individual and cultural diversity considerations) as they enrich the study of psychopathology and bridge consideration of child, adolescent, and adult versions of various symptoms, syndromes, and/or disorders.
- <u>Learning outcome</u>: You will understand the phenomenology, basic epidemiology, differential distinctions and/or comorbidities, and causal theories of the most common major DSM-5 disorders, along with corresponding treatment implications.
- <u>Learning outcome</u>: You will understand the general strengths and weaknesses of the current DSM-5 approach to the classification of personality disorders and corresponding considerations regarding specific personality disorders, along with corresponding treatment implications.

Goal: To introduce examples of ways of ascertaining information to apply the current classification nomenclature of DSM-5 and integrate this within a case formulation perspective.

- <u>Learning outcome</u>: You will know about some important resources for use in assessment of various psychopathological conditions.
- <u>Learning outcome</u>: You will acquire a basic understanding of key concepts and elements in case formulation based on information obtained in assessment of psychopathology.

FORMAT:

The course will include discussion based on required readings and lecture material, supplementary media presentations, and possibly written response papers as well as other in- and out-of-classroom activities.

COURSE REQUIREMENTS AND GRADING:

Overview:

Students will be evaluated on the basis of performance on periodic exams as well as in-class participation, written response papers or other activities, and analysis and discussion of clinical case material (e.g., vignettes). Although we will have to be selective about what is covered in class per se, it is important for you to be sure to cover all of the required readings, and you will be responsible for all classroom discussion/presentation and any accompanying lecture material. The exams must be taken as scheduled in order to pass the course. Make-ups will be allowed only in extraordinary circumstances.

Class attendance and participation. It is expected that students will actively participate in discussion of the issues covered. Attendance will be taken by means of a sign-in roll sheet, because of university reporting requirements. You are expected to arrive to class on time and remain for the full class period. It is also expected that you will come to class prepared: all readings for the day are completed and you have prepared for any assigned activities. As the course progresses, clinical case material along with differential diagnostic considerations and other pertinent matters may comprise part of the focus of class periods. You may be asked from time to time to look up and present information on certain topics. While your final course grade will be based primarily on your performance on exams, the quality of your in-class participation may be a factor in the case of a borderline grade determination.

Response papers. You may be asked to write response papers on various topics covered in the course. If so, the specifics of these assignments will be discussed in greater detail at that time. Again, while your final course grade will be based primarily on your performance on exams, the quality of your papers may be a factor in the case of a borderline grade determination.

Other class activities. From time to time, you may be asked to focus on a particular reading or topic or some other matter to contribute to class discussions. If so, the nature of the assignment will be clarified at the time. The same rationale applies in terms of the effect on your course grade.

Clinical case material/differential diagnostic considerations. Periodically, class sessions will include presentation of clinical case material for discussion and differential diagnostic considerations. Small group discussions and individual class member contributions will be elicited. It is expected that all class members will participate actively in these discussions. While this is also intended to be relatively low key and largely grade neutral as discussed above, poor participation could adversely affect your grade.

PSYC 5330: Psychopathology – Fall 2017 – page 4

Exams

There will be four exams, including a midterm and a final. The format may include any type of question or item such as multiple choice, true/false, fill-in-the-blank, short answer, long answer/essay, analysis of clinical case material, etc.

Grades:

Grades will be based on these relative proportions:

Exam 1	20%
Exam 2/Midterm	30%
Exam 3	20%
Exam 4/Final	30%

TOTAL 100%

and determined according to these criteria:

A = 90-100%

B = 80-89%

C = 70-79%

F = 69% or less

Grades of D are not assigned in graduate courses.

STUDENT SYLLABUS GUIDELINES: You may find online official detailed description of the following policies. The specific link to the guidelines is:

http://www.shsu.edu/syllabus/

ACADEMIC DISHONESTY:

All students are expected to engage in all academic pursuits in a manner that is above reproach. Students are expected to maintain complete honesty and integrity in the academic experiences both in and out of the classroom. Any student found guilty of dishonesty in any phase of academic work will be subject to disciplinary action. The University and its official representatives may initiate disciplinary proceedings against a student accused of any form of academic dishonesty including, but not limited to, cheating on an examination or other academic work which is to be submitted, plagiarism, collusion, and the abuse of resource materials.

Academic dishonesty in this course will result in a grade of F.

Please also note that required papers may be submitted to review by a plagiarism prevention/detection service, such as turnitin.com.

CLASSROOM RULES OF CONDUCT:

According to University guidelines and general sense of decency, students are expected to assist in maintaining a classroom environment that is conducive to learning. Mutual respect and courtesy are the expected standards.

In addition, please turn off **ALL** electronic devices, including cell phones, and keep them in a case and/or totally out of view, unless special arrangements have been made ahead of time with the instructor. **NO ELECTRONIC DEVICES MAY BE USED IN THE CLASSROOM WITHOUT PRE-APPROVAL BY THE INSTRUCTOR. THAT INCLUDES LAPTOPS, CELL PHONES, BLUETOOTH DEVICES, iPODS, iPADS, ANDROIDS, AVATARS, TWITTER WITTERS, <u>ANYTHING ELECTRONIC</u>. I RESERVE THE PREROGATIVE TO ANSWER ANY CELL PHONE THAT RINGS IN THE CLASSROOM. DO NOT TEXT NOR WEAR ANY EARPHONES DURING CLASS.**

No tobacco products (including chewing) are to be used in class. **SHSU is a tobacco-free campus.**

When class time begins you are expected to stop reading (e.g., newspaper) or doing anything that is not course related.

See, also, the SHSU Student Guidelines 2013-2016 http://www.shsu.edu/dept/dean-of-students/policies/documents/Student+Guidelines+2013-2016.pdf for a more complete description of the SHSU Code of Student Conduct and Discipline as well as other policies and procedures.

AMERICANS WITH DISABILITIES ACT:

It is the policy of Sam Houston State University that individuals otherwise qualified shall not be excluded, solely by reason of their disability, from participation in any academic program of the university. Further, they shall not be denied the benefits of these programs nor shall they be subjected to discrimination. Students with disability that might affect their academic performance are expected to visit with the Office of Services for Students with Disabilities (SSD) located in the Lee Drain Annex. They should then make arrangements with their individual instructors so that appropriate strategies can be considered and helpful procedures can be developed to ensure that participation and achievement opportunities are not impaired.

SHSU adheres to all applicable federal, state, and local laws, regulations, and guidelines with respect to providing reasonable accommodations for students with disabilities. If you have a disability that may adversely affect your work in this class, then I encourage you to register with the SHSU SSD office and to talk with me about how I can best help you. All disclosures of disabilities will be kept strictly confidential. NOTE: no accommodation can be made until you register with the SSD office.

RELIGIOUS HOLIDAYS:

Section 51.911(b) of the Texas Education Code requires that an institution of higher education excuse a student from attending classes or other required activities, including examinations, for the observance of a religious holy day, including travel for that purpose. Section 51.911(a)(2) defines religious holy days as: "a holy day observed by a religion whose places of worship are exempt from property taxation under Section 11.20, Tax Code. . . ." A student whose absence is excused under this subsection may not be penalized for that absence and shall be allowed to take an examination or complete an assignment from which the student is excused within a reasonable time after the absence.

University policy 861001 provides the procedures to be followed by the student and instructor. A student desiring to absent himself/herself from a scheduled class in order to observe (a) religious holy day(s) shall present to each instructor involved a written statement concerning the religious holy day(s). The instructor will notify the student of a reasonable timeframe in which the missed assignments and/or examination are to be completed.

VISITORS IN THE CLASSROOM:

Unannounced visitors to class must present a current, official SHSU identification card to be permitted in the classroom. They must not present a disruption to the class by their attendance. If the visitor is not a registered student, it is at the instructor's discretion whether or not the visitor will be allowed to remain in the classroom. In general, visitors to this course should be cleared by the instructor for some specific purpose directly relevant to the educational experience. Otherwise, only registered students who have paid university/course fees are allowed to be in the classroom.

INSTRUCTOR EVALUATION:

You will be asked to complete a course/instructor evaluation form toward the end of the semester.

COURSE OUTLINE/APPROXIMATE SCHEDULE (Check Blackboard for Updates):

This schedule is subject to change depending on how the nature of the classroom and other course-related activities progress as well as student feedback regarding the density and intensity of the material covered. The assigned readings may be substituted or supplemented with other readings. Changes will be announced in as timely a manner as possible.

PSYC 5330 Psychopathology - Fall 2017

Class	Topic	Readings (* = required; \$ = skim, giving priority consideration to introduction and discussion/conclusions; + = optional, for further enhancement of your familiarity with important developments, issues, or points of view)
1 W 8/23	Introduction and course overview	
2 M 8/28	History of psychopathology; classification - evolving systems, controversies, issues in diagnosis, DSM, and categorical vs. dimensional approaches	In DSM-5: *Section I DSM-5 basics. In DSM-5, pp. 1-25. *Millon, T. (2009). A brief history of psychopathology. In P. H. Blaney & T. Millon (Eds.), Oxford textbook of psychopathology (2nd ed., pp. 3-34). New York, NY: Oxford University Press. *Lilienfeld, S. O., Smith, S. F., & Watts, A. L. (2017). Diagnosis: Conceptual issues and controversies. In Craighead et al., Chapter 1. *Beauchaine, T. P., & Klein, D.N. (2017). Classifying psychopathology: The DSM, empirically based taxonomies, and the Research Domain Criteria. In Beauchaine & Hinshaw, Chapter 2. *Chapter 1 How to use this book. In Frances' Essentials *Engstrom, E. J., & Kendler, K. S. (2015). Emil Kraepelin: Icon and reality. American Journal of Psychiatry, 172, 1190-1196. *Kendler, K. S., & Engstrom, E. J. (2017). Kahlbaum, Hecker, and Kraepelin and the transition from psychiatric symptom complexes to empirical disease forms. American Journal of Psychiatry, 174, 102-109. *Konecky, B., Meyer, E. C., Marx, B. P., Kimbrel, N. A., & Morissette, S. B. (2014). Using the WHODAS 2.0 to assess functional disability associated with DSM-5 mental disorders. American Journal of Psychiatry, 171, 818-820. \$Lilienfeld, S. O. (2014). DSM-5: Centripetal scientific and centrifugal antiscientific forces. Clinical Psychology: Science and Practice, 21, 269-279. \$Lilienfeld, S. O. (2014). The Research Domain Criteria (RDoC): An analysis of methodological and conceptual challenges. Behaviour Research and Therapy, 62, 129-139. \$Weinberger, D.R., & Radulescu, E. (2016). Finding the elusive psychiatric "lesion" with 21st-century neuroanatomy: A note of caution. American Journal of Psychiatry, 173, 27-33. +Barch, D. M. (2017). The neural correlates of transdiagnostic dimensions of psychopathology. American Journal of Psychiatry, 174, dimensions of psychopathology. American Journal of Psychiatry, 174,

3 W 8/30	Individual and cultural diversity; culture-bound	613-615. +Carpenter, W. T., Jr. (2016). The RDoC controversy: Alternate paradigm or dominant paradigm? <i>American Journal of Psychiatry</i> , <i>173</i> , 562-563. +Cuthbert, B. N. (2015). Research Domain Criteria: Toward future psychiatric nosologies. <i>Dialogues in Clinical Neuroscience</i> , <i>17</i> , 89-97. +Cuthbert, B. N. (2014). Response to Lilienfeld. <i>Behaviour Research and Therapy</i> , <i>62</i> , 140-142. +Lahey, B. B., Krueger, R. F., Rathouz, P. J., Waldman, I. D., & Zald, D. H. (2017). A hierarchical causal taxonomy of psychopathology across the life span. <i>Psychological Bulletin</i> , <i>143</i> , 142-186. +Sanislow, C. A. (2016). Connecting psychopathology meta-structure and mechanisms. <i>Journal of Abnormal Psychology</i> , <i>125</i> , 1158-1165. *Chapman, L. K., Delapp, R. C. T., & Williams, M. T. (2014). Impact of race, ethnicity, and culture on the expression and assessment of psychopathology. In D. C. Beidel, B. C. Frueh, & M. Hersen (Eds.). <i>Adult</i>
	syndromes and	psychopathology and diagnosis (7th ed., pp. 131-162). Hoboken, NJ: John
	culture-specific	Wiley & Sons.
	idioms of distress and disease	*Tseng, W-S. (2006). From peculiar psychiatric disorders through culture-bound syndromes to culture-related specific syndromes.
	and disease	Transcultural Psychiatry, 43, 554-576.
		\$Cultural formulation. In DSM-5, pp. 749-759.
		\$Glossary of cultural concepts of distress. In DSM-5, pp. 833-837.
		\$Arrindell, W. A. (2003). Cultural abnormal psychology. <i>Behaviour Research and Therapy</i> , 41, 741-753.
		\$Draguns, J. G., & Tanaka-Matsumi, J. (2003). Assessment of
		psychopathology across and within cultures: Issues and findings.
		Behaviour Research and Therapy, 41, 755-776. \$Breslau, J., Aguilar-Gaxiola, S., Kendler, K. S., Su, M., Williams, D., &
		Kessler. R. C. (2006). Specifying race-ethnic differences in risk for psychiatric disorder in a USA national sample. <i>Psychological Medicine</i> ,
		36, 57-68. \$Breslau, J., Borges, G., Tancredi, D., Saito, N., Kravitz, R., Hinton, L.,
		Aguilar-Gaxiola, S. (2011). Migration from Mexico to the United
		States and subsequent risk for depressive and anxiety disorders: A cross-
		national study. Archives of General Psychiatry, 68, 428-433.
		\$Causadias, J. M. (2013). A roadmap for the integration of culture into
		developmental psychopathology. <i>Development and Psychopathology</i> , 25, 1375-1398.
		\$Eaton, N. R., Keyes, K. M., Krueger, R. F., Balsis, S., Skodol, A. E., Markon, K. E., Hasin, D. S. (2012). An invariant dimensional liability model of gender differences in mental disorder prevalence: Evidence
		from a national sample. <i>Journal of Abnormal Psychology, 121,</i> 282-288. \$Keough, M. E., Timpano, K. R., & Schmidt, N. B. (2009). Ataques de
		nervios: Culturally bound and distinct from panic attacks? Depression
		and Anxiety, 26, 16-21.
		\$Kessler, R. C., Ormel, J., Petukhova, M., McLaughlin, K. A., Green, J.
		G., Russo, L. J., Ustun, T. B. (2011). Development of lifetime comorbidity in the World Health Organization World Mental Health
		Surveys. Archives of General Psychiatry, 68, 90-100.

M		\$Lui, P. P. (2015). Intergenerational cultural conflict, mental health, and educational outcomes among Asian and Latino/a Americans: Qualitative and meta-analytic review. <i>Psychological Bulletin, 141,</i> 404-446. \$Mendelson, T., Rehkopf, D. H., & Kubzansky, S. D. (2008). Depression among Latinos in the United States: A meta-analytic review. <i>Journal of Consulting and Clinical Psychology, 76,</i> 355-366. \$Ryder, A. G., Yang, J., Zhu, X., Yao, S., Yi, J., Heine, S. J., & Bagby, R. M. (2008). The cultural shaping of depression: Somatic symptoms in China, psychological symptoms in North America? <i>Journal of Abnormal Psychology, 117,</i> 300-313. \$Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. <i>Psychological Bulletin, 143,</i> 783-822. \$Seedat, S., Scott, K. M., Angermeyer, M. C., Berglund, P., Bromet, E. J., Brugha, T. S., Kessler, R. C. (2009). Cross-national associations between gender and mental disorders in the World Health Organization World Mental Health Surveys. <i>Archives of General Psychiatry, 66,</i> 785-795.
9/4 4 W 9/6	Individual and cultural diversity; culture-bound syndromes and culture-specific idioms of distress and disease - continued	See above.
5 M 9/11	Developmental pathogenesis; genetic and environmental influences on behavior	*Rapoport, J. L. (2017). Foreword. In Beauchaine & Hinshaw. *Beauchine, T. P., & Hinshaw, S. P. (2017). Preface. In Beauchaine & Hinshaw. *Hinshaw, S. P. (2017). Developmental psychopathology as a scientific discipline: A 21 st -century perspective. In Beauchaine & Hinshaw, Chapter 1. *Beauchaine & Gatzke-Kopp (2013). Genetic and environmental influences on behavior. In Beauchaine & Hinshaw, Chapter 3. *Joormann, J., & Goodman, S. H. (2014). Transdiagnostic processes in psychopathology: In memory of Susan Nolen-Hoeksema. <i>Journal of Abnormal Behavior</i> , <i>123</i> , 49-50. *Seligman, M. E. P. (2014). The real mental illnesses: Susan Nolen-Hoeksema (1959-2013) in memoriam. <i>Journal of Abnormal Psychology</i> , <i>123</i> , 1-2. Check out this link: * https://www.forbes.com/sites/quora/2017/02/09/how-the-reproducibility-crisis-in-academia-is-affecting-scientific-research/#5cb994483dad Plus *Open Science Collaboration. (2015). Estimating the reproducibility of psychological science. <i>Science</i> , <i>349</i> (6251), aac4716. In August 28, 2015 issue. Read the full article at http://dx.doi.org/10.1126/science.aac4716

Pick footors for	+Duncan, L. E., Pollastri, A. R., & Smoller, J. W. (2014). Mind the gap: Why many geneticists and psychological scientists have discrepant views about gene-environment interaction (GxE) research. <i>American Psychologist</i> , 69, 249-268. +McDougall, P., & Vaillancourt, T. (2015). Long-term adult outcomes of peer victimization in childhood and adolescence: Pathways to adjustment and maladjustment. <i>American Psychologist</i> , 70, 300-310. +Nolen-Hoeksema, S., & Watkins, E. R. (2011). A heuristic for developing transdiagnostic models of psychopathology: Explaining multifinality and divergent trajectories. <i>Perspectives on Psychological Science</i> , 6, 589-609.
Risk factors for psychopathology; risk and resilience; child maltreatment; poverty; malnutrition; violence	*Compas, B. E., Gruhn, M., & Bettis, A. H. (2017). Risk and resilience in child and adolescent psychopathology. In Beauchaine & Hinshaw, Chapter 4. *Jaffee, S. R. (2017). Child maltreatment and risk for psychopathology. In Beauchaine & Hinshaw, Chapter 5. *Hinshaw, S. P. (2015). Developmental psychopathology, ontogenic process models, gene—environment interplay, and brain development: An emerging synthesis. <i>Journal of Abnormal Psychology, 124, 771-775</i> . \$Mead, H. K., Beauchaine, T. P., & Shannon, K. E. (2010). Neurobiological adaptations to violence across development. <i>Development and Psychopathology, 22, 1-22</i> . \$Byrd, A. L., & Manuck, S. B. (2014). MAOA, childhood maltreatment, and antisocial behavior: Meta-analysis of a gene-environment interaction. <i>Biological Psychiatry, 75, 9-17</i> . \$Teicher, M. H., & Samson, J. A. (2013). Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. <i>American Journal of Psychiatry, 170,</i> 1114-1133. +Biglan, A., Flay, B. R., Embry D. D., & Sandler, I. N. (2012). The critical role of nurturing environments for promoting human well-being. <i>American Psychologist, 67, 257-271</i> . +Blair, C., & Raver, C. C. (2012). Child development in the context of adversity: Experiential canalization of brain and behavior. <i>American Psychologist, 67, 309-318</i> . +Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. <i>American</i>
	Psychologist, 67, 272-284. +Lutz, PE., & Turecki, G. (2014). DNA methylation and childhood maltreatment: From animal to human studies. Neuroscience, 264, 142-156. +Susser, E. (2012). Relation of childhood malnutrition to adult mental disorders. American Journal of Psychiatry, 169, 777-779.
Risk factors for psychopathology continued; impulsivity; behavioral	In DSM-5: *Attention-Deficit/Hyperactivity Disorder. In DSM-5, pp. 59-66. *Neuhaus, E., & Beauchaine, T. P. (2017). Impulsivity and vulnerability to psychopathology. In Beauchaine & Hinshaw, Chapter 6.
	Risk factors for psychopathology continued; impulsivity;

	inhibition; introduction to attention-deficit/ hyperactivity disorder	*Kagan, J. (2017). High-reactive temperament, behavioral inhibition, and vulnerability to psychopathology. In Beauchaine & Hinshaw, Chapter 7. *Akinbami, L. J., Liu, X., Pastor, P. N., & Reuben, C. A. (2011, August). Attention Deficit Hyperactivity Disorder among children aged 5-17 years in the United States, 1998-2009. NCHS Data Brief No. 70. *Centers for Disease Control and Prevention. Key Findings: Trends in the Parent-Report of Health Care Provider-Diagnosis and Medication Treatment for ADHD: United States, 2003—2011. Accessible at https://www.cdc.gov/ncbddd/adhd/features/key-findings-adhd72013.html *Attention-Deficit/Hyperactivity Disorder. In Frances' Essentials, pp. 18-21.
8 W 9/20	Attention-deficit/ hyperactivity disorder; oppositional defiant disorder; and conduct disorder	In DSM-5: *Disruptive, impulse-control, and conduct disorders (specifically Oppositional Defiant Disorder and Conduct Disorder). In DSM-5, pp. 461-466, 469-475. *Nigg, J. (2017). Attention-deficit/hyperactivity disorder. In Beauchaine & Hinshaw, Chapter 13. *Pennings, W. G., & Perez, N. M. (2017). Neighborhood effects on the development of delinquency. In Beauchaine & Hinshaw, Chapter 12. *Conduct disorder and oppositional defiant disorder. In Frances' Essentials, 21-24. *Lee, S. S., Sibley, M. H., & Epstein, J. N. (2016). Attention-deficit/hyperactivity disorder across development: Predictors, resilience, and future directions. Journal of Abnormal Psychology, 125, 151-153. *Castellanos, F. X. (2015). Is adult-onset ADHD a distinct entity? American Journal of Psychiatry, 172, 929-931. *Moffitt, E., E., Houts, R., Asherson, P., Belsky, D. W., Corcoran, D. L., Hammerle, M., Caspi, A. (2015). Is adult ADHD a childhood-onset neurodevelopmental disorder? Evidence from a four-decade longitudinal cohort study. American Journal of Psychiatry, 172, 967-977. \$Hyde, L. W., Waller, R., Trentacosta, C. J., Shaw, D. S., Neiderhiser, J. M., Ganiban, J. M., Leve, L. D. (2016). Heritable and nonheritable pathways to early callous-unemotional behaviors. American Journal of Psychiatry, 173, 903-910. +Asherson, P., Akehurst, R., Kooij, J. J. S., Huss, M., Beusterien, K., Sasané, R., Hodgkins, P. (2012). Under diagnosis of adult ADHD: Cultural influences and societal burden. Journal of Attention Disorders, 16 (5 Suppl.), 20S-38S. +Blair, J. R. (2016). The neurobiology of disruptive behavior disorder. American Journal of Psychiatry, 173, 1073-1074. +lacono, W. G. (2014). Neurobehavioral aspects of multidimensional psychopathology. American Journal of Psychiatry, 171, 1236-1239. +Kooij, J. J. S., Huss, M., Asherson, P., Akehurst, R., Beusterien, K., French, A., Hodgkins, P. (2012). Distinguishing comorbidity and successful management of adult ADHD. Journal of Attention Disorders, 16 (5 Suppl.), 3S-198.

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9 M 9/25	Exam 1	Exam 1
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		Panic disorder and	In DSM-5:

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W	agoraphobia	*Panic disorder. In DSM-5, pp. 208-217.
10/18		*Agoraphobia. In DSM-5, pp. 217-221.
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	specific phobia	*Avoidant personality disorder. In DSM-5, pp. 672-675.
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PSYC 5330: Psychopathology – Fall 2017 – page 22

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11/29		
M	FINAL EXAM	Monday, December 4, 2016, 3:30 pm – 5:30 pm, CHSS 140
12/4		