

**國立中正大學心理學系教學大綱**  
**114 學年度第二學期**

**授課老師 (instructor) :** 陳怡群 (Yi-Chuen Vivian Chen), Ph. D.

**辦公室 (Campus Office) :** 419B

**電話 (Telephone) :** (office): 05-2720411 ext. 32209  
(cell): 0937085807

**電子郵件信箱 (Email) :** psyycc@gmail.com

**Office Hours:** By appointment in 419B

**編號 (Course Number) :** 3656100

**科目名稱 (Course Title in Chinese) :** 兒童心理病理學深論

**英文譯名 (Course Title in English) :** Advanced Child Psychopathology

**學分數 (Credit Hours) :** 三學分

**修別 (Required or Elective Courses) :** 選修

**上課地點 :** TBA

**上課時間 :** Thursday, 1:10 pm to 4:10 pm

**一、教學目標 (Course Objectives) :**

This is a graduate-level course which is designed to expand students' knowledge of child and adolescent psychopathology, to expose students to considerable primary literature and promote critical thinking, and to encourage students to take an active role in a seminar format. In this class, we will review historical views of child psychopathology, issues of diagnosis and assessment, and how one's environment interacts with biology and developmental stages to produce various disorders. Specific disorders (e.g., attention-deficit/hyperactivity disorder, autism spectrum disorders, anxiety disorders of childhood) also will be reviewed. Throughout the course, I will assign chapters, and/or articles to supplement the text. These are accessible through the Chung Cheng University eCourse2 System <https://portal.ccu.edu.tw/> at least one week prior to the class in which they will be discussed. Class emails and notifications will be sent through this webpage so make sure your email address is up to date on the system. By the end of the course, you will be expected to demonstrate the ability to describe and understand causes, symptoms, assessment, treatment and outcomes of psychological disorders that occur during childhood and adolescence.

**二、先修課程 (Prerequisite courses) :**

Introduction to Psychology

Introduction to Abnormal Psychology

Introduction to Clinical Psychology

**三、授課方式 (Course format) :**

The course will be in a seminar format and consist of lectures, class discussions, demonstrations (using videotapes), and case & chapter presentations.

**四、教學內容 (Class outline including content, sequence, and readings are subject to change) :**

Date	Class Content	Readings	Deadlines& Points Earned
02/26	Introduction to the Course Highlight of Changes in DSM-5-TR Use of Specify Whether, Specify If, & Specify Current Severity Use of Other Specified and Unspecified Disorders		
03/05	Part 2: Neurodevelopmental Disorders Attention-Deficit/Hyperactivity Disorder (ADHD) DSM-5-TR Criteria for ADHD Associated Features	Mash & Wolfe (2019), Chapter 8 American Psychiatric Association (2022)	Attendance & class participation 1
03/12	Part 2: Neurodevelopmental Disorders Attention-Deficit/Hyperactivity Disorder (ADHD) DSM-5-TR (APA, 2022)  <span style="color: red;">Prevalence (Page 72) Development and course Risk and prognostic factors Culture-related diagnostic issues Sex- and gender-related diagnostic issues Diagnostic markers Association with suicidal thoughts or behavior Functional consequences of ADHD Differential diagnosis Comorbidity Mash &amp; Wolfe (2019) Theories and causes Treatment Case example (ADHD)</span>	Mash & Wolfe (2019), Chapter 8  Flessner & Piacentini (2017), Chapter 12 Attention-Deficit/Hyperactivity Disorder  <i>Additional Required Readings</i> 1. Mash & Barkley (2014), Chapter 2  <i>Suggested References:</i> 1. Bauermeister et al. (2005)	Attendance & class participation 2  <span style="color: red;">Presentation 1 due</span>
03/19	Part 3: Behavioral and Emotional Disorders Conduct Problems	Mash & Wolfe (2019), Chapter 9	Attendance & class participation 3

	DSM-5-TR criteria for oppositional defiant disorder (ODD), conduct disorder (CD), Intermittent explosive disorder (IED) Antisocial personality disorder (APD) and psychopathic features	American Psychiatric Association (2022)	
03/26	<p>Part 3: Behavioral and Emotional Disorders</p> <p><b>ODD</b></p> <p>DSM-5-TR (APA, 2022)</p> <p>Prevalence (Page 525)</p> <p>Development and course</p> <p>Risk and prognostic factors</p> <p>Culture-related</p> <p>Diagnostic issues</p> <p>Sex- and gender-related diagnostic issues</p> <p>Functional consequences of ODD</p> <p>Differential diagnosis</p> <p>Comorbidity</p> <p>Mash &amp; Wolfe (2019)</p> <p>Theories and causes</p> <p>Treatment</p> <p><b>CD</b></p> <p>DSM-5-TR (APA, 2022)</p> <p>Prevalence (Page 534)</p> <p>Development and course</p> <p>Risk and prognostic factors</p> <p>Culture-related diagnostic issues</p> <p>Sex- and gender-related diagnostic issues</p> <p>Association with suicidal thoughts or behavior</p> <p>Functional consequences of CD</p> <p>Differential diagnosis</p> <p>Comorbidity</p> <p>Mash &amp; Wolfe (2019)</p> <p>Theories and Causes</p> <p>Treatment</p> <p><b>IED</b></p> <p>DSM-5-TR (APA, 2022)</p>	<p>Mash &amp; Wolfe (2019), Chapter 9</p> <p>Flessner &amp; Piacentini (2017), Chapter 11</p> <p>Disruptive Behavior Disorders</p> <p><i>Additional Required Readings</i></p> <p>1. Mash &amp; Barkley (2014), Chapter 3</p> <p><i>Suggested References:</i></p> <p>1. Burke et al. (2002)</p> <p>2. Loeber et al. (2000)</p>	<p>Attendance &amp; class participation 4</p> <p><b>Presentation 2 due</b></p>

	<p>Prevalence (Page 528)</p> <p>Development and course</p> <p>Risk and prognostic factors</p> <p>Culture-related diagnostic issues</p> <p>Association with suicidal thoughts or behavior</p> <p>Functional consequences of IED</p> <p>Differential diagnosis</p> <p>Comorbidity</p> <p>Mash &amp; Wolfe (2019)</p> <p>Theories and causes</p> <p>Treatment</p> <p>Case example (conduct dx and aggression)</p>		
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Date	Class Content	Readings	Deadlines& Points Earned
04/02	Part 3: Behavioral and Emotional Disorders Anxiety Disorders Separation anxiety disorder Selective mutism Specific phobia Social anxiety disorder (social phobia) Panic disorder and agoraphobia Generalized anxiety disorder Obsessive-compulsive disorder (OCD) DSM-5-TR criteria for anxiety disorders and OCD—Part I	Mash & Wolfe (2019), Chapter 11 American Psychiatric Association (2022)	Attendance & class participation 5 Quiz 1
04/09	Part 3: Behavioral and Emotional Disorders Anxiety Disorders Separation anxiety disorder Selective mutism Specific phobia Social anxiety disorder (social phobia) Panic disorder and agoraphobia	Mash & Wolfe (2019), Chapter 11 American Psychiatric Association (2022)	Attendance & class participation 6 Assignment 3 due

	Generalized anxiety disorder Obsessive-compulsive disorder (OCD) DSM-5-TR criteria for anxiety disorders and OCD—Part II		
04/16	Part 3: Behavioral and Emotional Disorders Anxiety disorders and OCD DSM-5-TR (APA, 2022)  <span style="color: red;">Prevalence</span> <span style="color: red;">Development and course</span> <span style="color: red;">Risk and prognostic factors</span> <span style="color: red;">Culture-related diagnostic issues</span> <span style="color: red;">Sex- and gender-related diagnostic issues (if available)</span> <span style="color: red;">Diagnostic markers (if available)</span> <span style="color: red;">Association with suicidal thoughts or behavior (if available)</span> <span style="color: red;">Functional consequences of anxiety disorders and OCD</span> <span style="color: red;">Differential diagnosis</span> <span style="color: red;">Comorbidity</span> Mash & Wolfe (2019) <span style="color: red;">Theories and causes</span> <span style="color: red;">Treatment</span>  Case example (social anxiety)	Flessner & Piacentini (2017), Chapter 6_Anxiety Disorders  Flessner & Piacentini (2017), Chapter 7_Specific Phobias  Flessner & Piacentini (2017), Chapter 8_Panic Disorder  Flessner & Piacentini (2017), Chapter 10_Obsessive-Compulsive Disorder  <i>Additional Required Readings</i> 1. Mash & Barkley (2003), Chapters 8 & 9	Attendance & class participation 7  <span style="color: red;">Presentation 3 due</span>
04/23	Part 3: Behavioral and Emotional Disorders Depressive Disorders Major depressive disorder (MDD) Persistent depressive disorder (P-DD) (Dysthymia) Disruptive mood dysregulation disorder	Mash & Wolfe (2019), Chapter 10  American Psychiatric Association (2022)  <i>Additional Required Readings</i>	Attendance & class participation 8  Quiz 2

	<p>(DMDD) DSM-5-TR criteria for depressive disorders</p> <p>Bipolar and Related Disorders</p> <ul style="list-style-type: none"> <li>Bipolar I disorder</li> <li>Bipolar II disorder</li> <li>Cyclothymic disorder</li> </ul> <p>DSM-5-TR criteria for bipolar and related disorders</p>	<p>1. Mash &amp; Barkley (2014), Chapters 5 &amp; 6</p>	
04/30	<p>Part 3: Behavioral and Emotional Disorders</p> <p>Depressive Disorders</p> <ul style="list-style-type: none"> <li>Major depressive disorder (MDD)</li> <li>Persistent depressive disorder (P-DD)</li> <li>(Dysthymia)</li> <li>Disruptive mood dysregulation disorder (DMDD)</li> </ul> <p>DSM-5-TR criteria for depressive disorders</p> <p>DSM-5-TR (APA, 2022)</p> <ul style="list-style-type: none"> <li>Prevalence</li> <li>Development and course</li> <li>Risk and prognostic factors</li> <li>Culture-related diagnostic issues</li> <li>Sex- and gender-related diagnostic issues (if available)</li> <li>Diagnostic markers (if available)</li> <li>Association with suicidal thoughts or behavior (if available)</li> <li>Functional consequences of depressive disorders</li> <li>Differential diagnosis</li> <li>Comorbidity</li> </ul> <p>Mash &amp; Wolfe (2019)</p> <ul style="list-style-type: none"> <li>Theories and causes</li> <li>Treatment</li> </ul>	<p>Mash &amp; Wolfe (2019), Chapter 10</p> <p>Flessner &amp; Piacentini (2017), Chapter 4 – Depression and Suicidality</p> <p>Flessner &amp; Piacentini (2017), Chapter 5 – Bipolar Disorder</p> <p>American Psychiatric Association (2022)</p> <p><i>Additional Required Readings</i></p> <p>2. Mash &amp; Barkley (2014), Chapters 5 &amp; 6</p>	<p>Attendance &amp; class participation 9</p> <p><b>Presentation 4 due</b></p>

	<p>Trauma-and Stressor-Related Disorders</p> <p>Prolonged Grief Disorder</p> <p>DSM-5-TR criteria for Prolonged Grief Disorder</p> <p>DSM-5-TR (APA, 2022)</p> <p>Prevalence</p> <p>Development and course</p> <p>Risk and prognostic factors</p> <p><b>Culture-related diagnostic issues</b></p> <p><b>Sex- and gender-related diagnostic issues (if available)</b></p> <p><b>Association with suicidal thoughts or behavior</b></p> <p><b>Functional consequences of prolonged grief disorder</b></p> <p><b>Differential diagnosis</b></p> <p><b>Comorbidity</b></p> <p>Case example (depression)</p>		
05/07	Midterm: Literature Review Presentation		<p>Attendance &amp; class participation 10</p> <p>Literature Review Presentation Slides due</p>
05/14	<p>Part 2: Neurodevelopmental Disorders</p> <p>Intellectual Disability (Intellectual Developmental Disorder)</p> <p>DSM-5-TR criteria for intellectual disability</p>	<p>Mash &amp; Wolfe (2019), Chapter 5</p> <p>American Psychiatric Association (2022)</p> <p><i>Additional Required Readings</i></p>	<p>Attendance &amp; class participation 11</p> <p><b>Presentation 5</b></p>

		Mash & Barkley (2014), Chapter 13	due
05/21	Part 2: Neurodevelopmental Disorders Intellectual Disability (Intellectual Developmental Disorder) DSM-5-TR criteria for intellectual disability DSM-5-TR (APA, 2022) Prevalence Development and course Risk and prognostic factors Culture-related diagnostic issues Sex- and gender-related diagnostic issues (if available) Diagnostic markers (if available) Association with suicidal thoughts or behavior (if available) Functional consequences of intellectual disability Differential diagnosis Comorbidity Mash & Wolfe (2019) Theories and causes Treatment	Mash & Wolfe (2019), Chapter 5 American Psychiatric Association (2022) <i>Additional Required Readings</i> Mash & Barkley (2014), Chapter 13	Attendance & class participation 12 Quiz 3
05/28	Part 2: Neurodevelopmental Disorders Autism Spectrum Disorder Childhood-Onset Schizophrenia DSM-5-TR criteria for autism spectrum disorder	Mash & Wolfe (2019), Chapter 6 American Psychiatric Association (2022) <i>Additional Required Readings</i> Mash & Barkley (2014), Chapters 11 & 12 <i>Suggested References:</i>	Attendance & class participation 14 Presentation 6 due

		1. Eisenmajer et al. (1996)	
06/04	Part 2: Neurodevelopmental Disorders Autism Spectrum Disorder Childhood-Onset Schizophrenia  DSM-5-TR criteria for autism spectrum disorder DSM-5-TR (APA, 2022) Prevalence Development and course Risk and prognostic factors Culture-related diagnostic issues Sex- and gender-related diagnostic issues (if available) Diagnostic markers (if available) Association with suicidal thoughts or behavior (if available) Functional consequences of autism spectrum disorder Differential diagnosis Comorbidity Mash & Wolfe (2019) Theories and causes Treatment  Case example (intellectual disability & autism spectrum disorder)	Mash & Wolfe (2019), Chapter 6 American Psychiatric Association (2022)  <i>Additional Required Readings</i> Mash & Barkley (2014), Chapters 11 & 12  <i>Suggested References:</i> 2. Eisenmajer et al. (1996)	Attendance & class participation 15
06/11	Part 2: Neurodevelopmental Disorders Communication Disorders Language disorder Speech sound disorder Childhood-onset fluency disorder (stuttering) DSM-5-TR criteria for	Mash & Wolfe (2019), Chapter 7  American Psychiatric Association (2022)	Attendance & class participation 16 Quiz 4 Presentation 7 due

<p>communication disorders DSM-5-TR (APA, 2022)</p>	<p>Prevalence Development and course Risk and prognostic factors Culture-related diagnostic issues Sex- and gender-related diagnostic issues (if available) Diagnostic markers (if available) Association with suicidal thoughts or behavior (if available) Functional consequences of communication disorders Differential diagnosis Comorbidity Mash &amp; Wolfe (2019) Theories and causes Treatment</p>	<p><i>Additional Required Readings</i> Mash &amp; Barkley (2014), Chapter 14</p>	
	<p>Specific Learning disorder With impairment in reading With impairment in written expression With impairment in mathematics DSM-5-TR criteria for specific learning disorder DSM-5-TR (APA, 2022)</p>	<p>Prevalence Development and course Risk and prognostic factors Culture-related diagnostic issues Sex- and gender-related diagnostic issues (if available) Diagnostic markers (if</p>	

	<p>available)</p> <p>Association with suicidal thoughts or behavior (if available)</p> <p>Functional consequences of specific learning disorder</p> <p>Differential diagnosis</p> <p>Comorbidity</p> <p>Mash &amp; Wolfe (2019)</p> <p>Theories and causes</p> <p>Treatment</p>		
06/18	<p>Case example</p> <p>Final: Case presentation</p>		<p>Attendance &amp; class participation 17</p> <p>Case Presentation Due</p> <p>Case Report Paper Due</p>

\*TBA: to be announced

### 五、參考書籍 (Required textbooks and other required materials) :

「請尊重智慧財產權，不得非法影印教師指定之教科書籍」。

#### Required Textbooks:

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)* (4<sup>th</sup> ed. - Text Revision). American Psychiatric Publishing .

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing

American Psychiatric Association. (Ed.). (2022). *Diagnostic and statistical manual of mental disorders* (5th ed.- Text Revision). American Psychiatric Publishing.

Kearney, C. A. (2017). *Casebook in child behavior disorders* (6th ed.). Boston, MA: Cengage Learning.

Flessner, C. A., & Piacentini, John. C. (2017). *Clinical Handbook of Psychological Disorders in Children and Adolescents: A Step-by-Step Treatment Manual*. New York: Guilford.

Mash, E. J., & Wolfe, D. A. (2019). *Abnormal child psychology* (7th ed.). Boston, MA: Cengage Learning.

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

Nussbaum, A. M. (2013). The pocket guide to the DSM-5(TM) diagnostic exam (1st ed.). Arlington, VA: American Psychiatric Publishing

First, M. B. (2013). *DSM-5 handbook of differential diagnosis*. Arlington, VA: American Psychiatric Publishing  
[www.dsm5.org](http://www.dsm5.org).

*List of Additional Readings*

American Psychological Association (2020). Publication manual of the American Psychological Association (7th ed). <https://doi.org/10.1037/0000165-000>

Bauermeister, J. J., Matos, M., Reina, G., Salas, C. C., Martinez, J. V., Cumba, E., & Barkley, R. A. (2005). Comparison of the DSM-IV combined and inattentive types of ADHD in a school-based sample of Latino/Hispanic children. *Journal of Child Psychology and Psychiatry*, 46(2), 166-179. (ADHD)

Burke, J. D., Loeber, R., & Birmaher, B. (2002). Oppositional defiant and conduct disorder: A review of the past 10 years, part II. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41, 1275-1293. (ODD & CD)

Eisenmajer, R., Prior, M., Leekam, S., Wing, L., Gould, J., Welham, M., & Ong, B. (1996). Comparison of clinical symptoms in autism and asperger's disorder. *Journal of the American Academy Child and Adolescent Psychiatry*, 35(11), 1523-1531. (ASD)

Gunewardene, A., Huon, G. F., & Zheng, R. (2001). Exposure to Westernization and dieting: A cross-cultural study. *International Journal of Eating Disorders*, 29(3), 289-293.

Ingram, R. E., & Price, J. M. (2010). *Vulnerability to psychopathology: Risk across the lifespan* (2nd ed.). New York: Guilford.

Loeber, R., Burke, J. D., Lahey, B. B., Winters, A., & Zera, M. (2000). Oppositional defiant and conduct disorder: A review of the past 10 years, part I. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39, 1468-1484. (ODD & CD)

Pedro-Carroll, J. L., & Cowen, E. L. (1985). The children of divorce intervention program: An investigation of the efficacy of a school-based prevention program. *Journal of Consulting & Clinical Psychology*, 53, 603-611.

*Suggested References*

Achenbach, T. M. (2005). Advancing assessment of children and adolescents: Commentary on evidence-based assessment of child and adolescent disorders. *Journal of Clinical Child and Adolescent Psychology* 34(3), 541-547.

Bazelon, E. (2007). *What autistic girls are made of*. New York Times. (Autism)

Crossman, A. M., Scullin, M. H., & Melnyk, L. (2004). Individual and Developmental Differences in Suggestibility. *Applied Cognitive Psychology, Special issue: Individual and Developmental Differences in Suggestibility*, 18(8), 941-945. (Child maltreatment)

Fischer, M., Barkley, R. A., Smallish, L., & Fletcher, K. (2005). Executive Functioning in Hyperactive Children as Young Adults: Attention, Inhibition, Response Perseveration, and the Impact of Comorbidity. *Developmental Neuropsychology*, 27(1), 107–133 (ADHD Young Adults)

Hankin, B. L. (2009). Development of sex differences in depressive and co-occurring anxious symptoms during adolescence: Descriptive trajectories and potential explanations in a multiwave prospective study. *Journal of Clinical Child and Adolescent Psychology*, 38, 460-472. (Mood disorder)

Kazdin, A. E., Siegel, T. C., & Bass, D. (1992). Cognitive problem-solving skills training and parent management training in the treatment of antisocial behavior in children. *Journal of Consulting and Clinical Psychology*, 60, 733-747. (CD)

Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 55(1), 3-9. (Autism)

Morgan, R. K. (1999). *Case studies in child and adolescent psychopathology*. Upper Saddle River, NJ: Prentice Hall.

Pelham, W. E., Burrows-MacLean, L., Gnagy, E. M., Fabiano, G. A., Coles, E. K., Tresco, K. E., Chacko, A., Wymbs, B. T., Wienke, A. L., Walker, K. S., & Hoffman, M. T. (2005). Transdermal methylphenidate, behavioral, and combined treatment for children with ADHD. *Experimental and Clinical Psychopharmacology*, 13(2), 111-126. (ADHD)

Seligman, M. E. (1984). Attributional style and depressive symptoms among children. *Journal of Abnormal Psychology*, 93(2), 235-238. (Mood disorder)

Spitzer, R. L., Gibbon, M., & Skodol, A. E. (Eds.). (2002). *DSM-IV-TR casebook: A learning companion to the diagnostic and statistical manual of mental disorders, fourth edition, text revision*. Washington, DC: American Psychiatric Publishing.

#### 六、評量方式 (Grading) :

<b>Quizzes</b>	<b>200 points</b> 50 points x 4 quizzes
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<b>Class attendance, participation, and presentation</b>	<b>300 points</b>
1. Class attendance & participation 2. Class presentation (regarding the content of differential diagnosis, prevalence, and course, theories, and causes, treatment a specific childhood disorder) in class	10 points x 15 class attendances and participations = 150 (15 out of 17 times) 150 points (2-3 presentations per student) -> <b>It depends on the class size.</b>
<b>Midterm</b>	<b>250 points</b>
Literature Review Presentation	100 points
Literature Review Paper	150 points
<b>Final</b>	<b>250 points</b>
Case presentation	100 points
Case Summaries, Conceptualizations and Discussions	150 points

The maximum possible score is 1000 points. Letter grades will be assigned according to the number of points earned at the semester's end: A = 900 or above, B = 800-899, C = 700-799, D= 600-699 and an F = 599 or below. Only in extraordinary circumstances will a grade of "Incomplete" be assigned. Arrangements for such a grade should be made well before the end of the semester.

### 1. Quizzes

Throughout the course, a 10-15 minute quiz including Multiple Choice items (select one answer choice) or essay questions will be given at the beginning of class on the specific days (please refer to the timetable above) and will cover the readings taught prior to that week. Your answer to each essay question in each quiz should be no longer than one page in length. I will not read longer answers. Each quiz will be scored on a 50-point scale, considering the accuracy and sufficiency of knowledge.

### 2. Midterm Exam

For your midterm exam, you will be assigned to write and present a literature review paper. You will need to choose one disorder from the following diagnostic categories: **childhood schizophrenia, sleep disorders (e.g., insomnia disorder, non-rapid eye movement sleep arousal disorder, nightmare disorder, rapid eye movement sleep behavior disorder), tic disorders and trichotillomania, obsessive-compulsive disorder, bipolar and related disorders, feeding and eating disorders (pica, avoidant/restrictive food intake disorder, anorexia nervosa), health-related disorders, substance use disorder, and trauma- and stress-related disorders (reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder), ...etc.** In addition to the textbooks listed in this syllabus, pick at least ten most recent chapters and articles regarding this chosen topic so that you can write and present your paper. Your paper should cover the following topics:

- (a) Defining core features of this disorder
- (b) Associated characteristics of this disorder
- (c) Accurate diagnoses (DSM-5-TR diagnosis)
- (d) Differential diagnosis
- (e) Prevalence

(f) Development and course

(g) Possible etiologies

Your presentation will take place in the middle of the semester and should be no longer than 30 minutes. The class as a whole will devote time to discuss your literature review and to provide you feedback. You will need to revise your literature review slides and written literature review paper based on the feedback. Your written literature review paper should be no longer than 15 pages (excluding references), are due on the first date of the assigned presentations, and should adhere to the most recent APA style manual. Your literature review presentation (100 points) and written literature review paper (150 points) will be worth a total of 250 points. Both should be submitted by electronic mail to [psvycc@gmail.com](mailto:psvycc@gmail.com) Your revised literature review presentation slides and paper will be due next week after all of your classmates complete their presentations.

### 3. Final Exam

A final exam will be conducted during the last two weeks of the semester. We will devote class time to apply knowledge learned from this class to several cases. The cases will be drawn from **the required text book, *Casebook in child behavior disorders* (6th ed.), movies, or television dramas**. If you choose your case from the required text book, movies, or television dramas, you are expected to both present the case in class and submit a written case report. Please note the following restrictions:

You may not select:

Case #1: Kearney (2017), Chapter 6 (reserved for case presentation sample)

Case #11: Kearney (2017), Chapter 12 (reserved for case report sample)

If you choose your case from the required text book, please note the following information.

1. Single-diagnosis (pure) cases (eligible for regular credit)

Case #2: Chapter 8

Case #3: Chapter 10

Case #4: Chapter 2

Case #5: Chapter 3

Case #6: Chapter 11

Case #7: Chapter 7

2. Additional single-diagnosis cases (Diagnosis not covered in class; may receive low extra credit)

Case #8: Chapter 4

Case #9: Chapter 5

Case #10: Chapter 9

Case #12: Chapter 13

3. Mixed (complex) cases (cases involving comorbid or multiple diagnoses; may receive high extra credit)

Case #11: Chapter 1 – Mixed Case One

Case #13: Chapter 14 – Mixed Case Two

Case #14: Chapter 15 – Mixed Case Three

If you choose your case from movies or television dramas, please refer to the following list of recommended options:

1. 《想飛的鋼琴少年》
2. 《星星的孩子》 (Temple Grandin)
3. 《囧男孩》 (0rz Boyz!)
4. 《海洋天堂》 (Ocean Heaven)
5. 《個人取向》第 14 集 (後半) 與第 15 集 (前半)
6. 《六弄咖啡館》 (At Café 6)
7. 《戀戀情深》 (What's Eating Gilbert Grape)  
特別聚焦角色 Arnie (18 歲智障弟弟, 由李奧納多·狄卡皮歐飾演)
8. 《叫我第一名》 (Front of the Class)
9. 《五個小孩的校長》 (Little Big Master)
10. 《我是山姆》 (I Am Sam)
11. 《金秘書為何那樣》第 11 集與第 12 集 (後半)

Your case report paper should be no longer than 15 pages (excluding references), are due on the first date of the assigned presentations, and should adhere to the most recent APA style manual.

Your case report paper should cover the following topics:

1. Referral Question
2. Evaluation/Assessment Procedures
3. Behavioral Observations (including mental status exam)
4. Relevant History (background information)
  - Family History**
  - Developmental History**
  - Academic History**
  - Social History**
  - Medical History**
  - Psychiatric History/Mental Health (Psychological) History**
  - Substance Use and Legal History**
5. Interpretations and Impressions/Case Conceptualization
  - (a) Identifying target problems/symptoms
  - (b) Identifying the antecedents of the identified target problems or symptoms
 

This includes consideration of etiological, risk, and contributing factors related to the disorder(s). For example, vulnerability factors—characteristics that predispose an individual to develop a particular disorder—may include:

    - (a) genetically determined neurobiological deficits or temperament, and
    - (b) environmentally based influences (e.g., prenatal exposure to teratogens, obstetrical or birth complications, early exposure to trauma).
  - (c) Identifying the consequences of the identified target problems or symptoms
  - (d) Case conceptualization: applying the A-B-C model to conduct a functional analysis of the client's presenting problems or symptoms
 

Forming some hypotheses based on collected information  
Considering antecedents and consequences of the target problems/symptoms (i.e., finding maintaining factors)

7. Diagnostic Impression (i.e., to look up relevant differential diagnoses and to finalize your diagnoses)
  - (a) The likely diagnoses and specific diagnoses to rule out (that is, diagnose that may fit but for which there are not quite enough symptoms present to make the actual diagnosis)
  - (b) The specific symptoms evidenced that support the Diagnoses
  - (c) Other relevant information (such as family and developmental information) that supports the diagnoses and a statement of how this information supports the diagnoses
  - (d) Information which seems to contradict or be atypical of the diagnoses and a statement of why this is
  - (e) Statements of what additional information you would want to know the verify your likely diagnoses and why
  - (f) Statements of what additional information you would want to rule out other specific diagnoses and why
8. Summary and Recommendations

You also will need to present your case to the class. At the conclusion of each conceptualization, the class as a whole will devote time to discuss your case and to provide you feedback. You will need to revise your case presentation slides and case report paper based on the feedback. Your case presentation (100 points) and case report (150 points) will be worth a total of 250 points. Both should be submitted by electronic mail to [psvvcc@gmail.com](mailto:psvvcc@gmail.com). Your revised case presentation slides and case report paper will be due next week after all of your classmates complete their presentations.

#### 4. Class attendance, participation, and presentation

You can earn a total of 150 points on your class attendances and participations (15 out of 17 times).

You will be assigned to give one oral presentations (150 points) regarding differential diagnosis, prevalence, and course, theories, and causes, treatment a specific childhood disorder in class. Each presentation should be no longer than 30 minutes. The slides and handouts should be submitted by electronic mail to [psvvcc@gmail.com](mailto:psvvcc@gmail.com) before your presentations.