

**GENERAL STUDIES COURSE PROPOSAL COVER FORM**

**Course information:**

Copy and paste **current** course information from [Class Search/Course Catalog](#).

Sanford School of Social and  
Family Dynamics

College/School The College of Liberal Arts and Sciences Department/School \_\_\_\_\_

Prefix: CDE Number: 450 Title: Child Dysfunction in the Family Units: 3

Course description: This course will provide a focused study of the development of dysfunction within the family context. Other contextual influences will also be considered.

Is this a cross-listed course? No If yes, please identify course(s): \_\_\_\_\_

Is this a shared course? Yes If so, list all academic units offering this course: CISA, SSBS

*Note- For courses that are crosslisted and/or shared, a letter of support from the chair/director of **each** department that offers the course is required for **each** designation requested. By submitting this letter of support, the chair/director agrees to ensure that all faculty teaching the course are aware of the General Studies designation(s) and will teach the course in a manner that meets the criteria for each approved designation.*

Is this a **permanent-numbered** course with topics? No

If **yes**, each topic requires **an individual submission**, separate from other topics.

**Requested designation:** Literacy and Critical Inquiry

**Mandatory Review:** Yes

*Note- a **separate** proposal is required for each designation.*

**Eligibility:** Permanent numbered courses **must** have completed the university's review and approval process. For the rules governing approval of omnibus courses, contact [Phyllis.Lucie@asu.edu](mailto:Phyllis.Lucie@asu.edu).

**Submission deadlines dates are as follow:**

For Fall 2021 Effective Date: October 2, 2020

For Spring 2022 Effective Date: March 5, 2021

**Area proposed course will serve:**

A single course may be proposed for more than one core or awareness area. A course may satisfy a core area requirement and more than one awareness area requirements concurrently, but may not satisfy requirements in two core areas simultaneously, even if approved for those areas. With departmental consent, an approved General Studies course may be counted toward both the General Studies requirement and the major program of study. It is the responsibility of the chair/director to ensure that all faculty teaching the course are aware of the General Studies designation(s) and adhere to the above guidelines.

**Checklists for general studies designations:**

Complete and attach the appropriate checklist

- [Literacy and Critical Inquiry core courses \(L\)](#)
- [Mathematics core courses \(MA\)](#)
- [Computer/statistics/quantitative applications core courses \(CS\)](#)
- [Humanities, Arts and Design core courses \(HU\)](#)
- [Social-Behavioral Sciences core courses \(SB\)](#)
- [Natural Sciences core courses \(SQ/SG\)](#)
- [Cultural Diversity in the United States courses \(C\)](#)
- [Global Awareness courses \(G\)](#)
- [Historical Awareness courses \(H\)](#)

**A complete proposal should include:**

- Signed course proposal cover form
- [Criteria checklist](#) for General Studies designation being requested
- Course catalog description
- Sample syllabus for the course
- Copy of table of contents from the textbook and list of required readings/books

**Proposals must be submitted electronically with all files compiled into one PDF.**

**Contact information:**

Name Stacie Foster E-mail Stacie.foster@asu.edu Phone \_\_\_\_\_

**Department Chair/Director approval: (Required)**

Chair/Director name (Typed): Scott Brooks, Ph.D. Date: August 16, 2021

Chair/Director (Signature): Scott N. Brooks  
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**Arizona State University Criteria Checklist for**  
**LITERACY AND CRITICAL INQUIRY - [L]**

**Rationale and Objectives**

Literacy is here defined broadly as communicative competence—that is, competence in written and oral discourse. **Critical inquiry** involves the gathering, interpretation, and evaluation of evidence. Any field of university study may require unique critical skills that have little to do with language in the usual sense (words), but the analysis of written and spoken evidence pervades university study and everyday life. Thus, the General Studies requirements assume that all undergraduates should develop the ability to reason critically and communicate using the medium of language.

The requirement in Literacy and Critical Inquiry presumes, first, that training in literacy and critical inquiry must be sustained beyond traditional First Year English in order to create a habitual skill in every student; and, second, that the skill levels become more advanced, as well as more secure, as the student learns challenging subject matter. Thus, two courses beyond First Year English are required in order for students to meet the Literacy and Critical Inquiry requirement.

Most lower-level [L] courses are devoted primarily to the further development of critical skills in reading, writing, listening, speaking, or analysis of discourse. Upper-division [L] courses generally are courses in a particular discipline into which writing and critical thinking have been fully integrated as means of learning the content and, in most cases, demonstrating that it has been learned.

Notes:

1. ENG 101, 107 or ENG 105 must be prerequisites
2. Honors theses, XXX 493 meet [L] requirements
3. The list of criteria that must be satisfied for designation as a Literacy and Critical Inquiry [L] course is presented on the following page. This list will help you determine whether the current version of your course meets all of these requirements. If you decide to apply, please attach a current syllabus, or handouts, or other documentation that will provide sufficient information for the General Studies Council to make an informed decision regarding the status of your proposal.

Revised October 2020

Proposer: Please complete the following section and attach appropriate documentation.

<b>ASU - [L] CRITERIA</b>		
<b>TO QUALIFY FOR [L] DESIGNATION, THE COURSE DESIGN MUST PLACE A MAJOR EMPHASIS ON COMPLETING CRITICAL DISCOURSE--AS EVIDENCED BY THE FOLLOWING CRITERIA:</b>		
YES	NO	Identify Documentation Submitted
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>CRITERION 1:</b> Per <a href="#">policy</a>, students must have completed ENG 101, 105 or 107 to take an L course. This means the course must have, at minimum, ENG 101, 105, or 107 (or ENG 102, 105, or 108) as a prerequisite.</p>
<p>1. Please confirm that the course has the appropriate prerequisites or that a Modify Course Form in Curriculum ChangeMaker has been submitted to add the prerequisites.</p>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>CRITERION 2:</b> At least 50 percent of the grade in the course should depend upon writing assignments (see Criterion 3). Group projects are acceptable only if each student gathers, interprets, and evaluates evidence, and prepares a summary report. <i>In-class essay exams may not be used for [L] designation.</i></p>
<p>1. Please describe the assignments that are considered in the computation of course grades--and indicate the proportion of the final grade that is determined by each assignment.  <b>Assignments consist of a syllabus quiz, quick connection, 2 writing assignments, and six quizzes. The 2 writing assignments make up 52% of the grade and are designed for critical inquiry.</b></p>		
<p>2. <b>Also:</b></p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center; margin: 10px auto; width: 80%;"> <p style="background-color: #ffff00; padding: 5px;">Please <b>circle, underline, or otherwise mark</b> the information presented in the most recent course syllabus (or other material you have submitted) that verifies <b>this description</b> of the grading process--and label this information "<b>C-2</b>".</p> </div> <p>C-2</p>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>CRITERION 3:</b> The writing assignments should involve gathering, interpreting, and evaluating evidence. They should reflect critical inquiry, extending beyond opinion and/or reflection.</p>
<p>Please describe the way(s) in which this criterion is addressed in the course design.</p>		
<p>1. <b>Also:</b></p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center; margin: 10px auto; width: 80%;"> <p style="background-color: #ffff00; padding: 5px;">Please <b>circle, underline, or otherwise mark</b> the information presented in the most recent course syllabus (or other material you have submitted) that verifies <b>this description</b> of the grading process--and label this information "<b>C-3</b>".</p> </div> <p>C-3</p>		

## ASU - [L] CRITERIA

YES	NO		Identify Documentation Submitted
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>CRITERION 4:</b> The syllabus should include a minimum of two writing and/or speaking assignments that are substantial in depth, quality, and quantity. Substantial writing assignments entail sustained in-depth engagement with the material. Examples include research papers, reports, articles, essays, or speeches that reflect critical inquiry and evaluation. Assignments such as brief reaction papers, opinion pieces, reflections, discussion posts, and impromptu presentations are not considered substantial writing/speaking assignments.</p>	
<p>1. Please provide relatively detailed descriptions of two or more substantial writing or speaking tasks that are included in the course requirements</p> <p><b>Case Study Practice</b> The case study practice assignment is designed to enhance your understanding and experiential learning of the course material. This assignment requires you to apply the content you have learned from the texts and lectures, critically analyze narratives from a variety of sources (parents, teachers, therapists), and identify a presenting disorder. You must then justify the reasons why you made the particular identification. Minimum word count will be 650 words for your critical analysis. You will receive feedback on your written work within 7-10 days to allow you to incorporate the feedback in the "Write your own case study" assignment later in the session. See the case study practice assignment sheet for more detailed information on this assignment.</p> <p><b>Write Your Own Case Study Assignment.</b> The purpose of this assignment is to provide students the opportunity to create a case study that cohesively incorporates the many different aspects and contexts of child/adolescent dysfunction. Specifically, students will be able to creatively demonstrate the importance of acknowledging and understanding the role of symptomology, family context, and developmental and educational history in the presentation and manifestation of child/adolescent disorders. This capstone assignment will bring together your analytical, interpretive, and synthesis skills. Minimum word count is 1000 words. See the "Write Your Own Case Study" assignment sheet for more detailed information on this assignment. Feedback on this assignment will be given within 10 days.</p>			
<p>2. Also:</p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center; margin: 20px auto; width: 80%;"> <p>Please <b>circle, underline, or otherwise mark</b> the information presented in the most recent course syllabus (or other material you have submitted) that verifies <b>this description</b> of the grading process--and label this information "C-4".</p> </div> <p>C-4</p>			
YES	NO		Identify Documentation Submitted
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>CRITERION 5:</b> These substantial writing or speaking assignments should be arranged so that the students will get timely feedback from the instructor on each assignment in time to help them do better on subsequent assignments. <i>Intervention at earlier stages in the writing process is especially welcomed.</i></p>	

## ASU - [L] CRITERIA

1. Please describe the sequence of course assignments--and the nature of the feedback the current (or most recent) course instructor provides to help students do better on subsequent assignments

2. **Also:**

Please **circle, underline, or otherwise mark** the information presented in the most recent course syllabus (or other material you have submitted) that verifies **this description** of the grading process--and label this information "C-5".

C-5

Course Prefix	Number	Title	General Studies Designation
CDE	450	Child Dysfunction in the Family	L

Explain in detail which student activities correspond to the **specific** designation criteria.  
Please use the following organizer to explain how the criteria are being met.

Criteria (from checklist)	How course meets spirit (contextualize specific examples in next column)	Please provide detailed evidence of how course meets criteria (i.e., where in syllabus)
Criteria 1	Prereqs are appropriate for L designation	Pre-reqs for the course are: CDE 232 or PSY 101 with a C or better ENG 101, 105, 107. or ENG 102, 105, 108 See this information under “required course material” in the syllabus
Criteria 2	Writing assignments are more than 50% of grade	A total of two writing assignments comprise 52% of the grade. An analyzing case study assignment is worth 60 points combined and a “write your own case study assignment is worth 80 points (total 140 points). Other assignments, including quizzes and a connection post total 130 points combined. See this information under “Grading” in the syllabus.
Criteria 3	Writing assignments involve gathering, interpreting, and evaluating evidence	The practice case study assignment requires students to read through narratives from a variety of sources, interpret the evidence and evaluate the evidence for clues regarding the presenting disorder. Students are then asked to identify the disorder and use evidence from the case study to justify their diagnosis. The case study assignment prepares students for writing their own case study in which they gather information about a chosen disorder and writing a narrative to lead the reader to diagnose the chosen disorder. See the description of the assignment under “Course Requirements”
Criteria 4	The writing assignments are substantial.	The case-study assignments are not opinion-based. Rather, the case study assignments require students to interpret and summarize information from a variety of sources, analyze it, make a diagnosis, and justify their conclusions with evidence from the information presented. Furthermore, the write-your own case study assignment requires students to reverse this process and be the creator of descriptive evidence to allow the reader to extrapolate a diagnosis from that evidence. See the description of the assignments under “Course Requirements”

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Criteria 5	Assignments are arranged so that students can incorporate previous writing feedback in future assignments.	There is a practice case study that allows students to obtain feedback on interpretation, analysis, writing style, and formatting before they begin the final case study assignment.
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### **CDE 450 Course Catalog Description**

Examine the presentation, development, and treatment of a wide range of neurodevelopmental, psychological, emotional, and behavioral disorders of childhood. Apply family theories to understand the implications of these disorders for children and families.

# CDE 450

## Childhood Disorders and Family Functioning

**Instructor:** Stacie Foster, Ph.D.

**Email:** stacie.foster@asu.edu

**Teaching Assistants (TA):** Ariana Ruof, Sarah Field

**Email:** akruof@asu.edu

**Office Hours:** By Appointment or email

### A Note About Titles

Childhood Disorders and Family Functioning. The course is not about dysfunctional children. Rather, it is about how families function when a child in the family has a disorder. The textbook for the course is an Abnormal Psychology text, but we will avoid abnormal/normal terminology. Instead, we will use “typical/atypical “. After all, what is “normal” anyway? 😊

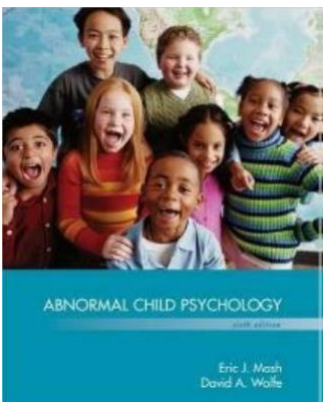
### Looking for something??

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## Required Course Material

**Pre-reqs: ENG 101, 105 or 107; CDE 232, PSY 101, or SOC 101 with a C or better; Min Junior Standing**

Required textbook:



Mash, E. J., & Wolfe, D. A. (2016). *Abnormal Child Psychology (6th Ed)*. Boston, MA: Cengage Learning. ISBN#: 978-1-305-10542-3.

There is a newer version of the book (7<sup>th</sup> ed), but it is much more expensive and not much more updated. This textbook was chosen for this course because of the relevant content and readability. It is absolutely required for success.

**\*\*I recommend the hard-copy version so that you can access it from your computer during quizzes because this course employs Respondus LockDown Browser\*\***

There are also weekly supplemental readings that are provided in the corresponding module in Canvas.

## Required electronic materials

The following internet-related materials are required for you to access and succeed in this course

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### *A hard-wired, high-speed Internet connection.*

Unstable or slow Internet connections will not excuse failures to complete any discussion posts, quizzes, or assignments by dates due. Recommended web browsers for course use and compatibility with Canvas include Google Chrome, Mozilla Firefox, or Safari. You should have at least 2 of these installed your computer. I do not recommend using Edge (Microsoft's new browser) when completing this course. If you choose to use this browser and an error occurs (such as documents not uploading properly), extensions/resubmissions are not allowed.

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### *A functioning asu.edu e-mail account*

You will only be contacted via your ASU-affiliated e-mail addresses (.asu.edu). E-mails from personal accounts (Gmail, yahoo, etc.) often unintentionally end up in spam

### *Microsoft Office, Adobe Acrobat Reader, Adobe Flash Player*

You must have regular access to a computer onto which you can create, save, and submit written assignments in (.doc) (.pdf) or (.docx) format. Microsoft Office is available to students free via MyApps. In addition, you must have regular access to a computer with which you can view videos via Adobe Reader or Adobe Flash Player formats.

### *A working primary computer and back-up computer, both with downloading capability.*

You must have regular access to a reliable computer used primarily for this course, as well as a reliable, easily accessed back-up computer in case of emergencies. Both computers must have downloading capability and must have Respondus LockDown Browser downloaded for quizzes. Detailed information on Respondus LockDown Browser is located in the course site. Access to a computer is required to complete this course; you cannot rely on tablets, smart phones, Chromebooks, or similar devices to meet this requirement, because these devices lack sufficient computing resources

### *Canvas familiarity*

This course is delivered and conducted entirely online via the Canvas online learning platform, accessed through your individual MyASU sites (<http://my.asu.edu>) If you cannot access the course via the MyASU link for any reason, the course can alternatively be accessed via this url (<https://asu.instructure.com/>). To monitor the status of campus networks and services, visit the System Health Portal (<http://syshealth.asu.edu>). To contact the MyASU Service Center, call 1-855-278-5080 or utilize 24/7 live chat support or submit your request online at <http://my.asu.edu/service>

## Course Description and Objectives

The purpose of this course is to provide insight into the dynamic and complex family factors and processes that are related to cognitive, emotional, social, and behavioral challenges experienced by children and adolescents. During this course, we will explore the features and development of common childhood/adolescent “disorders” with a focus on understanding the role of the family context. This focus will be guided by Family Systems Theory.

This course will provide you with a broad understanding of childhood disorders. This course is designed to focus on the implications of disorders for both children and the family rather than provide clinical training. By the end of this course, you will be able to:

- 1) Critically evaluate assumptions about what constitutes “typical” versus “atypical” development
- 2) Describe and apply Family Systems Theory.
- 3) Recognize the role of the family context in the origin and maintenance of childhood disorders.
- 4) Describe biological, psychological, interpersonal, and contextual influences on development.
- 5) Describe the typical symptoms, developmental course, and etiologies of common childhood disorders.
- 6) Evaluate, Interpret, and produce case studies based on multiple forms of documentation.

## Sensitive Course Content

Engaging in discourse and debate about social and mental health issues requires examining sensitive and/or controversial topics, and occasionally expressing views that some classmates may find personally objectionable. Varying opinions exist and are always welcomed, but please present and receive opposing opinions respectfully. It is very important to develop the ability to graciously disagree with your peers and to thoughtfully and critically formulate and express your own ideas. Please be extremely respectful of others' beliefs and experiences at all times—it is essential that each student bears responsibility for creating and maintaining an environment of respect, tolerance, collegiality, and open-mindedness. Please talk to me at any time if you anticipate having difficulties with topics covered in class; we may be able to make alternative arrangements.

## “People-First Language”

Children and families experiencing physical, developmental, psychosocial, or other challenges are just that: people whose circumstances are impacting their well-being. They are also people who most certainly have strengths, and their challenges may also be transient. In this course—and in life—please avoid using language (spoken and written) that highlights and “defines” the person by these challenges, such as “mentally ill parents”. Instead, use language that puts “people first”, such as “parents with mental illnesses”. This change in wording emphasizes the person as a unique individual and serves as a reminder that the challenge or circumstance is only one of their characteristics. Although, in some cases, people may prefer highlighting neurodiversity, for example, as part of identity (e.g. “Autistic”), when talking about children who may not have made that choice, we will default to using people-first language.

## Course Policies

### ***Academic Integrity***

Each student must act with honesty and integrity, and must respect the rights of others in carrying out all academic assignments. Violating academic integrity is considered a serious offense by the university and is treated accordingly. Violation of academic integrity includes, but is not limited to, all of the following: cheating on quizzes (e.g., sharing answers via group chats, taking quizzes/exams with other students, using unapproved resources), aiding academic integrity policy violations, having unauthorized possession of quizzes, academic deceit (e.g., fabricating data or information), inappropriately collaborating, falsifying academic records, self-plagiarism (i.e., submitting work from a different course), and submitting the work of another person as your own (plagiarism). Academic integrity violations may result in a failing grade for the particular assignment/quiz/exam, a failing grade for the entire course (indicated on the transcript as a grade of “E”), course failure due to academic dishonesty (indicated on the transcript as a grade of “XE”), loss of registration privileges, disqualification, or suspension or expulsion from the university. If you ever have any questions about what forms of student work are acceptable, contact me before you turn in the assignment.

#### **Of particular note-Plagiarism:**

*Plagiarism is stealing.* Whenever students borrow a phrase, sentence, paragraph – or even an idea stated in one's own words – from any outside source (e.g., journalistic writing, magazine, television, book) without crediting that source, students have plagiarized. Plagiarism is cheating oneself and someone else. The

consequences are severe, including failure for the assignment, probable failure for the course, disciplinary referral to the Dean, and possible expulsion from the University. If students have any questions about how to acknowledge someone else's words or ideas, they are welcomed to discuss concerns with the Instructor. **All contents of the lectures, written materials distributed online, and assignment and quiz content are under copyright protection; students are prohibited from selling materials and/or notes derived from this class.**

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## ***Policy against Threatening Behavior***

All incidents and allegations of violent or threatening conduct by an ASU student (whether on-or off campus) must be reported to the ASU Police Department (ASU PD) and the Office of the Dean of Students. If either office determines that the behavior poses or has posed a serious threat to personal safety or to the welfare of the campus, the student will not be permitted to return to campus or reside in any ASU residence hall until an appropriate threat assessment has been completed and, if necessary, conditions for return are imposed. ASU PD, the Office of the Dean of Students, and other appropriate offices will coordinate the assessment in light of the relevant circumstances.

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## ***Student Accommodations***

Qualified students with disabilities who will require disability accommodations in this class are encouraged to make their requests to me at the beginning of the semester either during office hours or by appointment. Note: Prior to receiving disability accommodations, verification of eligibility from the Student Accessibility and Inclusion Office (SAILS) is required. Disability information is confidential. Establishing Eligibility for disability accommodations: Students who feel they will need disability accommodations in this class but have not registered with SAILS should contact SAILS immediately. Their office is located on the first floor of the Matthews Center Building. SAILS staff can also be reached at: 480-965-1234 (V), 480-965-9000 (TTY). For additional information, visit: [www.asu.edu/studentaffairs/ed/drc](http://www.asu.edu/studentaffairs/ed/drc). Their hours are 8:00 AM to 5:00 PM, Monday through Friday.

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## ***Title IX***

Title IX is a federal law that provides that no person be excluded on the basis of sex from participation in, be denied benefits of, or be subjected to discrimination under any education program or activity. Both Title IX and university policy make clear that sexual violence and harassment based on sex is prohibited. An individual who believes they have been subjected to sexual violence or harassed on the basis of sex can seek support, including counseling and academic support, from the university. If you or someone you know has been harassed on the basis of sex or sexually assaulted, you can find information and resources at <http://sexualviolenceprevention.asu.edu/faqs/students>. As a mandated reporter, I am obligated to report any information I become aware of regarding alleged acts of sexual discrimination, including sexual violence and dating violence. ASU Counseling Services, <https://eoss.asu.edu/counseling> is available if you wish discuss any concerns confidentially and privately.

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## ***Course Questions Protocol***

Please follow the outlined protocol below when you have a course-specific question.

- **Step 1. Check the syllabus.** The syllabus serves as a memorandum of understanding and a contract between students and instructor. Students are responsible for knowledge and awareness of information contained in the Syllabus and their expectations in the course. **If this step fails to answer your question, go to STEP 2.**

- **Step 2. Check the Community Forum.** Other students in the course may have posted (and answered) a similar question, such that clarification is available in the Community Forum. If not, you should post a new question to the Community Forum; this is a space in which classmates, the TA, and the Instructor can respond. It is important that you review posted and answered questions prior to contacting the TA or Instructor. **If this step fails to answer your question, go to STEP 3.**

- **STEP 3. E-mail the TA or Instructor.** If you have unsuccessfully searched the Syllabus and Community Forum and have a remaining question, you are invited to contact the TA or instructor, via e-mail. We kindly request that you are patient with responses, and to not re-send an e-mail within 24 hours, outside an emergency. **Questions associated with discussion forum and assignment grading should be directed to the TA. Questions related to the content of the course/quizzes, deadline extensions (e.g., emergency situations), resetting quizzes, or making decisions about the course should be sent directly to the Dr. Foster.**

## ***Important policies regarding Course Communication and “Netiquette”***

1. Course site communication is visible to all; thus, any information regarding important course policies or announcements will be communicated via the Announcements page. You are responsible for the content of the announcements, checking announcements regularly, and acting upon them in a timely manner.
2. The Community Forum is the primary method of communication with the Instructor and other students. Here you can post questions about regarding assignments, due dates, technology issues, and other items related to the course. Students should allow up to **36 hours** for an answer to be posted to the Community Forum. I strongly encourage you to answer the questions of other students, toward peer-support and enhancing interaction in the online community. If possible, the applicable textbook page number or lecture as a reference should be included.
3. Correspondence and course participation are considered professional correspondence. As with any professional communication, course related questions, assignments, e-mails, and similar communication tools should be composed in complete sentences, without the use of text-messaging shortcuts, utilize appropriate punctuation/capitalization, and must have a standard greeting/closing.
4. Correspondence must be respectful and considerate of others' perspectives. Course-related questions, assignments, e-mails, and similar communication tools must be respectful, with particular attention to the diversity of ideas, beliefs, and ideologies. Advantages of the online environment (over face-to-face communication) are the opportunity for reasoned thought in responding, the ability to be more in-depth with ideas and perspectives, and more time to think through an issue before posting a comment; however, disadvantages include a lack of nonverbal communication, such as body language, intonation, pauses, facial expressions, and gestures. It is imperative that everyone in the class is considerate of miscommunication, composing messages in positively, supportively, and constructively.



# Course Requirements

## ***Deadlines***

**All due dates for quizzes, assignments, and readings are listed at the end of the syllabus.** It is your responsibility to complete everything on time. Be sure to give yourself plenty of time to complete all coursework, especially in the case of computer/internet trouble. **Credit will not be earned if you submit something incorrectly. There are no “make-ups” for any coursework unless you choose to use your one-time CAB pass (see below). I do not accept late work without a documented excuse or a CAB pass.**

## ***“Catch a Break” (CAB) Pass***

Particularly in these unprecedented times of a pandemic, I understand that sometimes things get overwhelming and deadlines get missed. We are all experiencing higher than normal levels of stress. Accordingly, **I am offering a Catch a Break Pass (CAB) in which you may submit ONE assignment up to one calendar day past the deadline to remain eligible for grading.** Weekly quizzes are not eligible for CAB\*.

You do not need to provide a reason or submit any corresponding documentation for this pass, but **you do need to indicate in your submission that you are using your CAB** (I cannot assume that you are using this pass unless you explicitly notify me). **This pass does not excuse you from completing the work, but rather allows you to have up to 24 hours past the original deadline to *submit your completed work.***

*\*Note:* Make-up weekly quizzes will only be allowed under extreme circumstances. In cases of an extreme extenuating circumstance, please contact me *prior* to the deadline (or as soon as is safely or reasonably possible afterwards) to discuss what options may be available. Please proactively provide any applicable documentation. Any extensions, make-ups, and their formats will be at the discretion of Dr. Foster . If a make-up quiz is approved and the student does not take the make-up quiz during the time agreed upon by the student and Dr. Foster, the student will forfeit their right to earn points for that exam.

## ***Academic Integrity and Syllabus Quiz***

The Academic Integrity and Syllabus Quiz is designed to help you identify important information contained in the Academic Integrity PowerPoint lecture located in Module 0 in the course site as well as in the syllabus. You have 30 minutes from the time of launching the quiz to answer 10 items, drawn exclusively from the Academic Integrity PowerPoint lecture and the syllabus. Completion of the Academic Integrity and Syllabus Quiz is worth 5 points. **You may retake the quiz as many times as you like to earn full points.** The highest grade will be counted.

## ***Quick Connection***

The Quick Connection is an exercise we will do the first week of class in order to get to know your discussion group mates. You will be presented with questions to answer. You will then respond to the questions in a post. This helps our class community get to know each other and gives me an opportunity to interact with many of you individually

**C-3 and C4 and C5 Case Study Practice** The case study practice assignment is designed to enhance your understanding and experiential learning of the course material. This assignment requires you to apply the content you have learned from the texts and lectures, critically analyze narratives from a variety of sources (parents, teachers, therapists), and identify a presenting disorder. You must then justify the reasons why you made the particular identification. Minimum word count will be 650 words. You will receive feedback on your written work within 7-10 days to allow you to incorporate the feedback in the “Write your own case study” assignment later in the session. See the case study practice assignment sheet for more detailed information on this assignment.

**C-3 and C4 and C5. Write Your Own Case Study Assignment.** The purpose of this assignment is to provide students the opportunity to create a case study that cohesively incorporates the many different aspects and contexts of child/adolescent dysfunction. Specifically, students will be able to creatively demonstrate the importance of acknowledging and understanding the role of symptomology, family context, and developmental and educational history in the presentation and manifestation of child/adolescent disorders. This capstone assignment will bring together your analytical, interpretive, and synthesis skills. Minimum word count is 1000 words. See the “Write Your Own Case Study” assignment sheet for more detailed information on this assignment. Feedback will be given within 10 days.

**Module Quizzes.** There are six (25 item) multiple-choice/matching/true-false/short answer Module Quizzes. Your lowest quiz score will be dropped at the end of the semester, and **your top 6 scores will be counted towards your final grade.** You will have 50 minutes to complete each quiz from the launch of the quiz. The Quizzes must be completed in a single sitting; you cannot log out of a quiz and log back in at a later time. Quizzes will cover the course content from the readings, lectures, and videos for each module, respectively. For each textbook chapter, a reading guide is available. The reading guide is not a study guide, as it is comprehensive and will cover more material than will be on the exam; rather it is meant to help you identify the information that is most important from each chapter.

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## Important policies regarding Quizzes

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**In the interest of maintaining the integrity of Quizzes (i.e., preventing cheating) and because Quizzes are not cumulative, students will not receive individualized feedback.**

**All Module Quiz grades will be available in Grades immediately after completion.**

If the system “kicks a student out” for any reason prior to Quiz completion, the student’s score will reflect the number of items answered correctly to the point “kicked out”. In this case, you must immediately e-mail the Instructor. Appropriate actions will be taken to remedy the matter.

**You must take each Module Quiz in one sitting.**

Quizzes will be available for the 72-hour window stated in the syllabus, and then you will have 1 hour to complete each Quiz. You may not partially complete a Quiz, log out, and then log back in at a later time to complete it, as you must take each Quiz in one sitting.

**Although you are permitted to use written resources available to you (i.e., textbook, notes) when taking Module Quizzes, collaboration with others is not permitted.**

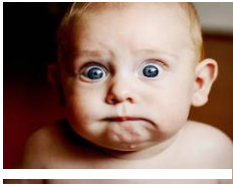
Knowing that the use of resources is permitted may give students a false sense of security: Importantly, time is not sufficient to locate answers if a student is unfamiliar with the material; rather, students can count on double checking a fact recalled from reading at best. To maximize performance, you are encouraged to complete assigned readings, review all lectures, take adequate notes, and review these in preparation.

***YOU MUST USE RESPONDUS LOCKDOWN BROWSER FOR QUIZZES IN THIS CLASS. See below for notes about this.***

**You must utilize Respondus LockDown Browser (RLDB) to take all Module Quizzes.**

Toward maintaining the integrity of Quizzes, you must use a special browser to take all Quizzes (but not for any other course requirements). This browser prevents students from having other programs open at the same time, from copying/pasting text, from taking screenshots, and from accessing other information on the computer (including e-books). No password is required. RLDB is already installed on ASU campus computing site computers (Click Start>Programs and search). Information on downloading RLDB is located in the Course site. RLDB will not allow any other windows to open during the quiz on your computer, as such students who decide to buy an e-book will not be able to access the e-book during quizzes. For this reason, I highly suggest students buy a hardcopy of the text.

## WHAT TO DO IF YOUR QUIZ “FREEZES”.



If you experience a “freeze” while taking a quiz, you can log back on and continue the Quiz without needing to reset, as long as there is reliable Internet connectivity; however, the Quiz timer will continue to elapse time, so you must log back on immediately to continue the Quiz. If you cannot access the Quiz again, see detailed instructions below:

A. STEP 1: You should click the “Refresh” button, as this will often permit re-entering of the Quiz for completion. *If this fails, go to STEP 2.*

B. STEP 2: You should log back in to the course and re-open the Quiz, as this will often permit the re-entering of the Quiz for completion, if Internet connectivity is adequate. *If this fails, go to STEP 3.*

C. STEP 3: You can contact the Help Desk (24 hours per day/7 days per week) at 1-855-278-5080 or 480-965-6500 (see the Help tab on the course site). It is recommended that you always call, rather than use online chat, e-mail, or online options, as calling more often results in working through and resolving an issue together in real-time. You **must** obtain a Help Desk Ticket number as documentation of contact. *If this fails, go to STEP 4.*

D. STEP 4: If the Help Desk determines that the issue is not an ASU system-wide issue or course wide issue but is an issue with your individual computer/internet, you should use your back-up computer and/or find another internet source. *If this fails, go to STEP 5.*

E. STEP 5: AFTER HAVING ATTEMPTED STEPS 1-4, if the Help Desk did not resolve the “freeze” such that you were able to complete or re-take the Quiz in the allotted time, you can contact the Instructor regarding the situation *within 24 hours* of the “freeze”; you **must** include the Help Desk Ticket number in the e-mail. At this time, further arrangements can be made to resolve the situation. Please note that for e-mails received during normal business hours (i.e., 8:00am to 5:00pm MST Monday through Friday), a response can be expected within 24 hours; however, for e-mails received outside these hours, a response may not be received until the following business day.

# Grading

A **point-based grading system** will be used to determine the final grade for this course. The number of points you have total at the end of the session is what will be used to assign your letter grade.

Assignment	Points Possible	Total
Syllabus and Academic Integrity Quiz	5	5
Quick Connection	5	5
<b>Analyze and Interpret a case study*</b>		
Practice Case Study	60	60*
<b>Create Your Own Case Study Assignment*</b>	80	80*
<b>Module Quizzes (top 6)</b>	20 each	120
<b>Total Points</b>		<b>270**</b>

**C-2. \*Literacy Requirement assignment. These assignments add up to 52% of your total grade.**

**\*\*I do not use the +/- system for final letter grades with the exception of A+s (98% and above). Your final grade will be an A for 90%-97% of points , B for 80% of points or above, C for 70% of points or above, D for 60% of points or above, E for lower than 60%.**

**There will be ONE extra credit opportunity at the end of the course . You can choose to fill out an evaluation of the course. This will be worth 3 extra credit points.**

**You can expect feedback on written work within 10 days of the due date.** Please wait 10 days after submissions are due to contact the TA requesting information on your grade.

**Due to the compressed nature of the course, you must contact the TA within 3 days after a grade is posted in the Gradebook to discuss concerns regarding a particular score.** It is your responsibility to monitor course grades as they are awarded and to voice concerns to the TA in a timely manner.

**Policy on Incompletes:** Qualification for an incomplete is rare. In order to qualify, you must be passing the course and have a documented extraordinary situation occur that is beyond your control that prevents you from completing the course (<http://www.asu.edu/aad/manuals/ssm/ssm203-09.html>)

## Other Course Policies

Important policies regarding submission deadlines:

- 1. All times on this syllabus are Arizona non-daylight saving MST.** If taking this course from a different time zone, as a reminder, Arizona does not participate in Daylight Savings Time, so during summer months, times are equivalent to Pacific Standard Time. It is your responsibility to ensure that all discussion forums, assignments, and quizzes are received by the time due.
- 2. Pending extenuating circumstances, there are no extensions for missed submissions.** In the case of a personal emergency (when the CAB pass has already been used), students must provide Dr. Foster with written documentation *within 24 hours* of the submission deadline to be considered for an extension. Upon receipt of adequate written documentation (e.g., physician's notification, police report), an extension is at the discretion of Dr. Foster and is not guaranteed.
- 3. A "screenshot" is the only approved documentation of successful submission of an assignment or quiz.** It is the responsibility of the student to ensure that all assignments and quizzes were submitted, and it is recommended you double-check the successful submission of your work. To double-check that coursework was submitted correctly, you can take and save a screenshot for their records. To learn how to take and save a screenshot, visit <http://take-a-screenshot.org/>. This is confirmation and will serve as documentation of successful submission in the case of human or computer error.
4. Please follow the appropriate University policies to request an accommodation for religious practices or to accommodate a missed assignment due to University-sanctioned activities.
5. You must contact Dr. Foster to let her know if you are taking this course for a second time. Importantly, all submitted work must be original to this course session; you are not allowed to resubmit assignments from courses.

MODULE	DATES and TOPIC	READINGS	LECTURES AND MATERIALS	ASSIGNMENTS AND QUIZZES
1	Topic: Introduction, Theories, and Families	Mash & Wolfe Textbook Chapter 1 Chapter 2— SKIP! Behavioral and Molecular Genetics pg 40, neurobiological contributions, p. 41-44)  Supplemental Readings available on Canvas <i>-Self Care for Caregivers</i>  <i>-Supporting Families who have Children with Disabilities</i> (selected sections)	Understanding this Course (10m)  Academic Integrity Powerpoint  Keeping the Family in Mind (16m)  <b>Required Online Videos</b> -What is the Most Important Influence on Child Development (9m)  -Diagnosis: Parenting a Child with a Disability (6m)	<b>Academic Integrity/Syllabus Quiz</b> due 1/13 at 11:59pm  <b>Quick Connection</b> due 1/13 at 11:59pm  <b>Module Quiz 1</b> due 1/17 at 11:59pm
2	Topic: Research, Assessment, and Diagnosis	Mash & Wolfe Textbook Chapter 3 Chapter 4  Supplemental Readings available on Canvas <i>-What is an IEP?</i>  <i>-Anatomy of an IEP</i>  <i>-Managing Problem Behavior at Home</i>	None  <b>Required Online Videos</b> -The Stigma of Raising a Child with Mental Illness (60m)  -IEPs, IDEA, and Special Education Services (3m)  -The Danger of Mixing up Causality	<b>Module Quiz 2</b> due Sunday, 1/24 at 11:59pm (covers content from Module 2 only)

			and Correlation TED Talk (6 m)	
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3	<p>Topic: Neurodevelopmental Disorders I</p>	<p>Mash &amp; Wolfe Textbook Chapter 5 Chapter 6 (read p. 156-186; SKIP! Chromosomal and Gene Disorders p. 178,  Molecular Genetics p 179, and Brain Abnormalities p 179-180  Supplemental Readings available on Canvas --<i>Supporting the Social Lives of Students with Intellectual Disabilities</i> (PDF, pp 2-13)</p>	<p>None  <b>Required Online Videos</b> --Parenting Kids with Disabilities (28m)  --Autism—What We Know and What We Don't Know Yet (15m)  --A Lifetime of Care: Raising Children with Autism (7m)</p>	<p><b>Case Study #1:</b> due Thursday, at 11:59pm  <b>Module Quiz 3</b> due Sunday, 1/31 at 11:59pm (covers content from Module 3 only)</p>
4	<p>Topic: Neurodevelopmental Disorders II</p>	<p>Mash &amp; Wolfe Textbook Chapter 7 SKIP! Genetics and the Brain (p203-205) Adult Outcomes (p216-217), Neurobiological Factors (p 218-220) Chapter 8 SKIP! Genetic Influences p252 but read the first 4 bullets of this section, Neurobiological factors (p 253-255)  Supplemental Reading available on Canvas --<i>Classroom Accommodations for ADHD</i> --<i>Classroom Accommodations for Dyslexia</i></p>	<p>Guest Lecture on ADHD (14m)  <b>Required Online Videos</b> --I Can't Do This But I Can Do That (30m)  -Living with ADHD; BBC Documentary (50m)</p>	<p><b>Module Quiz 4</b> due by Sunday, 2/7 at 11:59pm (Covers content from module 4 only)</p>

5	Topic: Behavioral and Emotional Disorders I	<p>Mash &amp; Wolfe Textbook Chapter 9 SKIP! Bullies and Their Victims, p 283; Neurobiological Factors, p 388-389)</p> <p>Chapter 10 SKIP! Psychodynamic, p 329; Neurobiological Influences, p 335-336</p> <p>Supplemental Readings available on Canvas <i>--Parenting a Depressed Teenager</i></p> <p><i>-Three Common Parenting Tips</i></p>	<p>None</p> <p><b>Required Online Videos</b></p> <p>--Time to Talk-A Parent's Perspective on Mental Illness TED Talk (15m)</p> <p>--Confessions of a Depressed Comic TED Talk (11m)</p> <p>--What They Don't Tell You about Mental Illness TED Talk (14m)</p>	<p><b>Begin working on "Create your Own Case Study" Paper</b></p> <p><b>Module Quiz 5</b> due Sunday 2/14 at 11:59pm (Covers content from Module 5)</p>
6	Topic: Behavioral and Emotional Disorders II; Trauma	<p>Mash &amp; Wolfe Textbook Chapter 11 SKIP! Neurobiological Factors p 388-389</p> <p>Chapter 12</p> <p>Supplemental Readings available on Canvas <i>-How Teachers can Help Someone with OCD</i> <i>--Classroom Anxiety in Children</i></p>	<p>None</p> <p><b>Required Online Videos</b></p> <p>-Case Studies in Childhood Obsessive Compulsive Disorder (ABC News, 2009) 38m</p> <p>--The Trouble with Evan (Documentary, 1 hour, 45 minutes)</p> <p>--How Childhood Trauma affects Health across a Lifetime TED Talk (16m)</p>	<p>Create Your Own Case Study Assignment due by Sunday, 2/21 at 11:59pm</p> <p>Module Quiz 6 due by Sunday, 2/21 at 11:59pm (Covers content from Module 6)</p>

			<b>Optional Online Video:</b> Trauma, Brain and Relationships: Helping Children Heal (25m)	
7	Topic:  Eating, Physical, and Health-related Disorders	Mash & Wolfe Textbook Chapter 13 (Read p454-473) Chapter 14 SKIP! Biological Regulators, p479-480; Feeding and Eating Disorders Occuring in Infancy and Early Childhood, p 485-487; The Biological Dimension, p 497; Neurobiological Factors, p 497-498  Supplemental Readings available on Canvas  <i>-Supporting a Loved One (Eating Disorders)</i>  <i>-The Feeding Relationship</i>	None  <b>Required Online Videos</b>  -Help Me Help My Child (20m)  -Dealing with the Stress of Chronic Illness (5m)  -Tips for Siblings of Kids with Serious Illness (8m)	Module Quiz 7 due by Tuesday, 3/2 at 11:59pm (Covers content from module 7 only)



## Case Study Practice #1

**Minimum Word Count: 650 words\*\***

### Purpose of this Assignment

The purpose of this assignment is to provide students an opportunity to view possible presentation of a disorder and decide on the possible disorder by supporting that decision with the course material regarding developmental and family history, and disorder symptomology.

**The grading rubric is available on the last page of this document**

### Career Readiness Competencies from this Assignment

You will utilize critical/analytical thinking skills as you work to decide what information would help provide a more complete picture of the child's disorder and life and when deciding and justifying your prediction on the child's disorder. You will have to effectively use written communication skills to convey your thoughts in a clear and comprehensive paper.

## Original Post

You will be required to read one of the provided case studies. For your chosen case study, you will...

1. Clearly indicate the Case # and name of the individual
2. Identify three pieces of information that you would have liked to have been included in the case study,
  - a. Thoroughly explain why the inclusion of these pieces of information would be important for someone who was diagnosing or working with this child. Please number these responses to facilitate response posts. (example: 1. There should have been the inclusion of A, because X, Y, and Z. 2. There should have been the inclusion of B because X, Y, and Z, etc.)
3. Discuss what disorder you believe this child would be diagnosed with, supporting your answer using the class textbook (cited using APA format) and the case study.

\*\*Word counts are a minimum guideline. Students often exceed these minimums, as the prompt is multi-faceted and may require more than the minimum number of words to fully address the prompt\*\*

**Note: Case studies were modified from the following book**

Weis, R. (2017). *Introduction to Abnormal Child and Adolescent Psychology, Third Edition*. Thousand Oaks, CA: Sage

## Case Studies

### Case 1: Morgan

Morgan was a 6-year-old girl who was referred to her school psychologist by her pediatrician. Her pediatrician wanted Morgan's cognitive and academic achievement skills to be reassessed before she began kindergarten this academic year.

Morgan's gestation and delivery were uncomplicated. However, Morgan was born with a congenital heart defect that required several surgeries. She has a small nose with a flat nasal bridge, almond-shaped eyes, and broad hands with short fingers. Each of her palms had a single transverse crease rather than the many folds seen in most children.

Morgan showed delays in achieving developmental milestones, especially in the areas of gross motor functioning (e.g., sitting up, walking), fine motor skills (e.g., feeding and dressing herself), and expressive communication (e.g., saying her first words, using two- or three-word phrases). Fortunately, Morgan's parents became active in her education. Morgan participated in occupational therapy and speech-language therapy as a toddler and attended a full-day enrichment preschool for children with special needs.

Results of the WISC-V indicated that Morgan's full-scale IQ was 57, falling in the low range of intellectual functioning. Morgan performed better on tests assessing her visual-spatial reasoning and nonverbal fluid reasoning than tests assessing her verbal comprehension skills. Her preschool teacher said that she often learned better through demonstrations and "hands-on" learning than from verbal instruction.

Morgan showed good eye contact when speaking with others, obeyed classroom rules, and enjoyed playing with other children. Also, with extensive practice, she learned to perform most self-care skills such as bathing, dressing, and cleaning her room. On the other hand, Morgan continued to show problems learning her numbers, the alphabet, and the value of money. Her reading skills were poor and her handwriting was mostly illegible.

Interpersonally, Morgan presented as a charming girl who loved to play with her classmates and spend time with her parents. Her favorite hobbies included soccer, playing with her dog, and helping her parents cook meals. Her parents called her "the cheerful robin" because of her tendency to get up early in the morning and her friendly, social disposition.

### Case 2: Javier

Javier was a 33-month-old boy referred to the developmental disabilities clinic of a large children's hospital. Javier's pediatrician requested that the psychologists at the clinic perform a more thorough assessment and determine the best avenue for treatment.

Javier was born premature, weighing only 3½pounds upon delivery. Moreover, he was diagnosed with neonatal anemia shortly after birth, a condition that limited the amount of oxygen in his bloodstream. He spent the first 6 weeks in-and-out of the hospital; his parents called him "their miracle" when he finally was deemed healthy enough to come home.

Javier was diagnosed with global developmental delay 18 months ago when he displayed marked delays in gross motor skills, fine motor skills, and language. His pediatrician attributed these early delays to his perinatal medical problems.

Today, however, Javier is largely unable to feed, dress, or otherwise care for himself, has limited receptive language skills, and no functional expressive language. Javier also shows very little shared attention, rarely initiates interactions with other people besides his parents, and does not engage in pretend or symbolic play. Indeed, Javier seldom maintains eye contact with others and shows little interest in games or activities enjoyed by most children his age. Although Javier has many toys, his favorite pastime is to arrange and rearrange common household objects, to drop items onto the floor from his chair and observe the sounds they make, and to listen to music. His parents reported that he would engage in these activities "all day long" if they would let him.

"We've tried to improve Javier's self-care skills and use of language, but it's been very difficult," admitted his father. "When we make him use a spoon to eat, or require him to make eye contact with us, he cries terribly. We know it's in his interest in the long term to do these things, but he fights us every time so we eventually just give in and let him do things his way."

Javier's mother added, "On a few occasions, he's become very upset. Once we tried to brush his teeth. At first he just cried, but then he tried to hit and bite us. We need help teaching him some skills so that he can function effectively when he starts school."

The psychologist at the clinic attempted to assess Javier's intellectual functioning, but he refused to participate in testing. "We're hoping that you can help us obtain services from our school district," Javier's father said to the psychologist. "We also need help improving his behavior at home."

### **Case 3: Lorenzo**

Tricia Newsome slumped into the large chair in my office, looking much older than the 35 years she indicated on the new patient information sheet. "I'm at my wits end," she began. "I'm coming to you because I don't know where else to go." With downcast eyes, outlined by dark circles, she explained the reason for her visit: her 6-year-old son, Lorenzo.

Mr. and Mrs. Newsome were overjoyed when they discovered that they would finally have a child after many years of infertility. Mr. Newsome was an ecologist, whose job allowed him to work outdoors most of the year, trapping, tagging, and monitoring animals for the fish and wildlife service. Mrs. Newsome was a pharmaceutical representative who decided shortly after Lorenzo's birth to stay home with her newborn baby. The couple doted upon Lorenzo who they described as a healthy, bouncing baby boy.

The problem, according to Mrs. Newsome, was that Lorenzo never stopped bouncing. “Even as an infant, Lorenzo was restless. He never wanted to eat and I had to force him to take a bottle. Later, when he began to eat solids, I had to fight to keep him in the high chair or at the table. He was also an erratic sleeper. He didn’t sleep through the night until he was over 12 months of age—if you call sleeping 6 hours ‘sleeping through the night.’ Every morning, he’d wake up before sunrise and get into mischief. My husband called him ‘the little red rooster’ because of his early morning waking, but I prayed that one day he might sleep later and let me rest.”

“Lorenzo is a handful. He’s always moving—his legs, his arms, his middle. He can’t sit still for more than a few minutes at a time and he has absolutely no attention span. He’ll begin one activity, like playing with toy cars, and then move onto another activity after only a few minutes.

My home is a mess because he leaves his toys everywhere. Lorenzo’s also a chatterbox. He never stops talking. It doesn’t really matter if I’m listening or not; he’ll even talk to himself. He’ll interrupt me when I’m talking to other people, on the telephone, or doing work on the computer. He demands constant attention.”

“Does Lorenzo act the same way at school?” I asked.

Mrs. Newsome replied, “That’s why I’m here. His teacher wants me to take him to his pediatrician. Apparently, Lorenzo engages in the same high-rate behavior at school as at home. He doesn’t listen to directions, can’t wait his turn, and frequently interrupts lessons. His classmates have started to avoid him because even they find his behavior aversive.”

I asked, “Is Lorenzo ever deliberately disrespectful to you or your husband? For example, does he talk back to you, refuse to do chores, or lose his temper?”

She replied, “Not any more than other first graders. His teacher says that he tries hard to be good at school, but can’t seem to help himself. It’s as if he has more energy than most kids his age and doesn’t know what to do with it.”

#### **Case 4: Latasha**

Latasha Brandt was a 7-year-old girl referred by her pediatrician because of problems with school refusal, anxiety, and social withdrawal. Latasha’s mother worked as an interior designer; her father was employed as a mechanical engineer. Latasha’s parents separated approximately one year ago and are in the process of divorcing. Her parents live in the same small town, so Latasha splits her time with her mother and father. Latasha has one brother who is 3½ years old.

Latasha’s developmental history is unremarkable. She was born healthy and full term with no complications associated with delivery. She reached developmental milestones in an age-expected fashion. Her mother reported that Latasha was a “fussy” baby who cried often and had difficulty eating and sleeping. She often needed her mother to cuddle with her before she was able to go to sleep. Latasha was also described as a shy and “clingy” toddler who was reluctant to talk with others or wander too far away from her mother.



Last year, Latasha began attending preschool approximately three mornings each week while her mother worked part time. Initially, Latasha was reticent to separate from her mother. However, by the third week of school, she attended preschool without complaining and began to make friends with other girls in her class.

Latasha's school refusal returned at the beginning of this school year, however. The night before the first day of kindergarten, Latasha complained of nausea and stomach pain. When her illness did not subside by the next morning, her mother allowed her to stay home. The following day, when her mother insisted that she attend school, Latasha tantrumed and locked herself in the bathroom. Her mother drove her to school despite protests and crying. Latasha's teacher said that she continued to cry most of the morning and remained tearful and reclusive the rest of the day. When her mother picked her up in the afternoon, Latasha looked hurt and exhausted. She clung to her mother and vowed never to return to school again.

Nevertheless, Latasha's mother continued to insist that Latasha attend school. Latasha often reported stomach problems, headaches, and other vague illnesses. At school, she behaved in a withdrawn, listless fashion, rarely participating in class activities. Latasha also reported transient fears that something bad might happen to her mother or father while she was at school, that terrorists would attack her school, or that her mother might forget to pick her up and that she would have to spend the night alone in the school building.

Latasha's mother reported a significant increase in family stress within the past 6 months, about the time Latasha's school refusal and mood problems emerged. First, she and her husband are in the process of divorcing, which causes her considerable stress and financial hardship. She is struggling to care for her children while, at the same time, building her interior design business to make ends meet. Latasha's mother admitted to longstanding problems with anxiety and insomnia which have increased markedly since separation from her husband. A second stressor in Latasha's life has been the death of her cat, Tobbie, who was hit by a car outside the family home. Latasha was unusually attached to Tobbie; she would often hug and pet Tobbie when she was upset. Her mother is considering adopting another cat to replace Tobbie, but wondered whether she would have sufficient time and money to care for it.

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### **Case 5: Iggy**

Iggy Morgan was an 11-year-old boy brought to the emergency department (ED) of our hospital by the police. Earlier that evening, Iggy's mother, Mrs. Morgan, told Iggy that she would not take him to soccer practice until he cleaned his room. Iggy whined, but Mrs. Morgan insisted that he clean his room. Iggy became belligerent, ran upstairs to his room, and began breaking toys and other objects. His mother chased him upstairs and ordered him to stop. Screaming, Iggy grabbed a pair of scissors and waived them at his mother, ordering her to leave him alone. With some difficulty, Mrs. Morgan was able to wrestle the scissors from Iggy's hands. Iggy continued to scream and tried to scratch her with his fingernails. Exasperated and frightened, Mrs. Morgan returned downstairs to call her husband. While she telephoned, Iggy began banging his head against his bedroom wall, wailing in a loud voice, "I need to go. I need to go. You can't make me clean my room!" Mrs. Morgan immediately called 911 and the police arrived shortly thereafter.

Mrs. Morgan provided background information to the psychologist at the hospital. Iggy had a history of violent temper tantrums beginning approximately five years ago. At first, the tantrums occurred only at home when Iggy's parents would make him perform a chore or punish him with time out. Later, the tantrums became more violent and arose with little provocation. For example, Iggy would scream and throw objects when he learned that he could not go out to play or when he would lose a game of checkers. Two years ago, Iggy also began showing similar tantrums in class and on the playground at school. Last year, he was suspended for throwing a book at a teacher. This year, he began attending a special education class for students with "emotional disturbance." On average, Iggy tantrums four to five times per week with each tantrum lasting between 30 minutes and 2 hours.

When not having tantrums, Iggy presents as a disruptive and moody child. His mother describes him as "irritable, grouchy, or cranky" most of the time. His father calls him "a pain in the ass who is set off by the smallest setbacks or disappointments." Both parents admit that Iggy has had longstanding problems with oppositional and defiant behavior. "Iggy never listens to us and seems to take delight in pushing our buttons," said his father.

Although physically healthy, Iggy has a longstanding psychiatric history. He showed early delays in gross motor skills (e.g., walking), fine motor skills (e.g., using utensils), and spoken language. In school, he showed deficits in reading acquisition and math. His academic problems were compounded by problems with hyperactivity and impulsivity beginning at age 4 and inattention and poor concentration at age 6. He was formally diagnosed with ADHD at age 7 and has been prescribed a litany of stimulant medications that have yielded only limited benefits.

Last year, a psychiatrist diagnosed Iggy with bipolar I disorder because of his longstanding problems with irritability, distractibility, and talkativeness combined with his recurrent (and often violent) tantrums or "rages." Iggy has no family history of bipolar disorder and lithium had little effect on his behavior.

Iggy's parents report that Iggy's behavior has placed considerable strain on their marriage. They frequently argue about him and have contemplated separating. They also admit that they often neglect their other two boys, Noah (7) and Asher (4), because Iggy demands so much attention. Mrs. Morgan reported a longstanding history of major depression that has worsened considerably in the past 2 years. Mr. Morgan reported a mixture of depression, anxiety, insomnia, and alcohol use problems.

Iggy was reluctant to talk with the psychologist and provide additional information regarding his thoughts and feelings. The psychologist offered to meet with him individually the next day. Iggy replied, "Why? There's nothing wrong with me."

	Possible Points	Provocative	Substantial	Superficial	Incorrect/None
<b>(60 points)</b>					
<b>Content Contribution</b>	50	-All aspects of the assignment are addressed -Ideas are original, detailed, well developed, and provide substantive information	-All aspects of the assignment are addressed, but lacks developed concepts/ideas -Addresses only part of the assignment with fully-developed ideas	-Does not fully address the prompt, lacking major components of the prompt -Content of paper does not synthesize and connect ideas	-Fails to submit -Paper is irrelevant to the prompt
<b>Possible Points</b>		<b>50</b>	<b>25-45</b>	<b>15-25</b>	<b>0</b>
<b>Support &amp; References</b>	5	Fully supports comments with references to course material and case study	Incorporates some references to course materials and case study, but support for some key ideas is missing	Includes some references and/or supporting examples, but not of the type required by the specific assignment	Includes no references or supporting examples
<b>Possible points</b>		<b>5</b>	<b>3</b>	<b>1</b>	<b>0</b>
<b>Mechanics &amp; Clarity</b>	5	-Almost entirely free of spelling, punctuation, and grammatical errors -Paragraphs used appropriately. -Clarity of meaning	May contain a few grammar, spelling or punctuation errors or slang, which	-Frequent grammar, spelling or punctuation errors or slang, which become distracting. -Difficult to follow from sentence to sentence	No response provided to the prompt OR organization and/or errors in post prevent readability
<b>Possible points</b>		<b>5</b>	<b>3</b>	<b>1</b>	<b>0</b>

NOTE: Diverse viewpoints are expected and welcomed. The goal in the discussion forum is not just to share your opinions, but to better understand the perspectives of others. In dialoguing with peers, please be mindful of how your words may be interpreted and how written and electronic communication may not always convey your ideas and meaning with clarity. Posts that include offensive or inappropriate content or that fail to show respect and sensitivity toward peers' gender identity, cultural and linguistic background, ability, sexual identity, and/or political and religious beliefs will receive no credit and will be removed from the discussion forum.

## Create Your Own Case Study Assignment

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**Maximum** Word Count: 1200 words, **single-spaced** (your Case Study must be between 1000-1200 words)

\*\*\*\*This word count is a maximum. Any words over 1200 will not be read\*\*\*\*

**\*\*\*\*Any case studies that are written about an individual over 18 years of age will receive a 0\*\*\*\***

**Purpose of the assignment:** The purpose of this assignment is to provide students the opportunity to create a case study that cohesively incorporates the many different aspects and contexts of child/adolescent dysfunction. Specifically, students will be able to creatively demonstrate the importance of acknowledging and understanding the role of symptomology, family context, and developmental and educational history in the presentation and manifestation of child/adolescent disorders. **The grading rubric is available on the last page of this document.**

**Career Readiness Competencies from this Discussion Forum:** You will utilize critical/analytical thinking skills as you work to create a child's life story by utilizing the content we've learned in the course, applying your knowledge of the disorder, and exemplifying how the disorder directly effects the family. You will produce a high-quality professional product that concisely conveys pertinent information in a format that mimics the type of case study structure and information that is often seen in direct contact professions.

**Instructions:** For this assignment, you will write your own case study. This is essentially a brief narrative about a child or adolescent that includes information needed to make a diagnosis. **Importantly, you cannot write a case study on the same disorder that you chose for your Discussion Forum Case Study Practice #1.**

The narrative should include the child's name, age, developmental history, family history, factors related to their physical health, a description of their family life, and reasons for referral. You will need to describe the child's/adolescent's symptoms in a narrative form and how the symptoms affect the child in daily functioning (academic performance, peer relationships, self-care, problematic behaviors etc.). The subject must meet the diagnostic criteria for one of the disorders discussed in your text. You are to specify the particular disorder diagnosed at the end of the document.

**Information to include (see rubric for more detail for each point):**

1. Client information (name, age, birthday, sex, grade, school, etc.)
2. Reason for referral
3. Developmental history (include information regarding physical health here)
4. Educational history (include information regarding both academic and social aspects here)
5. Family history (include information regarding family functioning here)
6. Summary of primary symptoms
7. Specify disorder (1 sentence)

You must use the Case Study Template for your final submission. **The entire case study should be written in the third person**, which means no use of I, me, we.

**Important:** If your Case Study is not between 1000-1200 words, you will earn 1/6 on Mechanics and Length.

## Grading Rubric

	Possible Points	Provocative	Substantial	Superficial	Inadequate
<b>Mechanics and length</b>	<b>6</b>	- Good use of spelling and grammar - Strong organization; paper is easy to follow and read - Only third-person writing - Between 1000-1200 words; single-spaced	- Contain a few spelling or grammar errors - Organization is a bit difficult to follow in some places - Between 1000-1200 words - May not be single spaced	- Many spelling or grammar errors; use of slang - Organization is not structured and difficult to follow - Inadequate length (not between 1000-1200 words)	- Frequent spelling or grammar errors; use of slang - Organization is not structured and difficult to follow - Inadequate length (not between 1000-1200 words)
<b>Possible Points</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>0</b>
<b>Client information</b>	<b>4</b>	Includes pertinent information (name, age, birthday, sex, grade, school) and other information deemed necessary	Missing 1 key piece of information (name, age, birthday, sex, grade, school)	Missing 2 or more key pieces of information (name, age, birthday, sex, grade, school)	Missing this information
<b>Possible points</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1.5</b>	<b>0</b>
<b>Reason for referral</b>	<b>4</b>	Thoroughly and clearly describes why the child/adolescent is being referred and includes information regarding the referring source (ex. Parent, teacher, grandparent etc.)	Describes the reason for referral, but may lack some clarity. Referring source is clear.	Reason for referral is unclear and/or the referring source is not indicated.	Missing the reason for referral and referring source
<b>Possible points</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1.5</b>	<b>0</b>
<b>Developmental history</b>	<b>14</b>	- <b>Extensively</b> describes individual's developmental history beginning at birth through current age. -Includes information regarding both appropriate/typical and atypical development.	-Lacking some detail regarding developmental history (birth-current age). -Lacking some detail regarding typical and/or atypical aspects of individual's development	-Lacks sufficient detail to outline developmental history -Does not include information about both typical and atypical aspects of the individual's development	Section is missing or information does not map onto the topic heading
<b>Possible points</b>	<b>12</b>	<b>12</b>	<b>8</b>	<b>6</b>	<b>0</b>
<b>Educational history</b>	<b>14</b>	- <b>Extensively</b> describes individual's educational history. Includes information regarding the individual's experiences in both academic and social aspects of a school setting.	-Lacking some detail regarding educational history -Lacking some detail regarding academic and social aspects of school	-Lacks sufficient detail to outline educational history -Does not include information about both academic and social aspects of school	Section is missing or information does not map onto the topic heading
<b>Possible points</b>	<b>12</b>	<b>12</b>	<b>8</b>	<b>6</b>	<b>0</b>

<b>Family history</b>	<b>14</b>	- <b>Extensively</b> describes family history as well as current family functioning. This includes how family functioning is impacted by or has an impact on individual. -Information regarding family functioning should include all household family members.	-Lacking some detail regarding family history -Lacking some detail regarding family functioning	-Lacks sufficient detail to outline educational history -Lacking sufficient detail to outline family functioning -Does not include information about all family members when discussing family functioning	Section is missing or information does not map onto the topic heading
<b>Possible points</b>	<b>12</b>		<b>8</b>	<b>6</b>	<b>0</b>
<b>Primary Symptoms</b>	<b>18</b>	-Clearly describe at least 3-4 primary symptoms and <b>each symptom is followed by supporting text from the case study.</b> -All symptoms are consistent with the information presented in the categories above -Symptoms are age appropriate	-Lacking some detail regarding 3-4 primary symptoms -Lacking some detail regarding supporting for symptoms. -All symptoms are consistent with the information presented in the categories above -Symptoms are age appropriate	-Lacking sufficient detail regarding 3-4 primary symptoms or fails to include at least 3 primary symptoms -Lacking some detail regarding supporting for symptoms or fails to include supporting information for each symptom -At least one of the symptoms is not consistent with the information presented in the categories above -Symptoms are not age appropriate	Section is missing or information does not map onto the topic heading
<b>Possible points</b>	<b>12</b>		<b>8</b>	<b>6</b>	<b>0</b>
<b>Disorder correctly specified</b>	<b>6</b>	-Disorder clearly matches the symptoms presented -The information presented throughout the case study is consistent with the disorder specified	-Disorder clearly matches the symptoms presented -The information presented throughout the case study is mostly consistent with the disorder specified	-It is unclear if the disorder clearly matches the presenting symptoms -The information presented throughout the case study is inconsistent with the disorder specified	Section is missing or information does not map onto the topic heading
<b>Possible points</b>	<b>6</b>		<b>4</b>	<b>1</b>	<b>0</b>
<b>Total Points Possible</b>	<b>80</b>				

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Subject	Impact Statements (CISA)
Link to Outlook Item	<a href="#">Click here</a>
From	<a href="#">Manuel Aviles-Santiago</a>
To	<a href="#">Stacie Foster</a>
Cc	<a href="#">Cynthia Rose</a> ; <a href="#">Nicholas Maddox (CISA)</a> ; <a href="#">Joanna Grabski</a>
Sent	8/13/2021, 2:55:42 PM

Dear Stacie,

I'm Manu Avilés-Santiago, associate dean for academic programs and curricular innovation at CISA. This email is to endorse the curriculum updates proposed to the undergraduate program in Family and Human Development as they have no impact on our offerings or programs. The changes are the following:

[FAS 331

**Current Title:** Marriage and Family Relationships

**Proposed Title:** Modern Family Relationships

**Current Course Description:**

Issues, challenges, and opportunities relating to present-day marriage and family living. Factors influencing interrelations within the family

**Proposed Description:** Learn about family structures and processes. Explore the science on dating, cohabitation, marriage, parenting, divorce, finances (and more) in multiple family forms, including single-parents, multi-generational, LGBTQ+, childless, and blended families

FAS 370

**Current Title:** Family Ethnic and Cultural Diversity

**Proposed Title:** Family Diversity

**Current Description:** Integrative approach to understanding historical and current issues related to the structure and internal dynamics of diverse American families.

**Proposed Description:** Learn how Intersectionality of identities (race/ethnicity, LGBTQ+, socio-economic status) of individuals that comprise a family relate to family interactions. Explore historical contexts of family life from diverse perspectives.

CDE 450

**Current Title:** Child Dysfunction in the Family

**Proposed Title:** Childhood Disorders and Family Functioning

**Current Description:** This course will provide a focused study of the development of dysfunction within the family context. Other contextual influences will also be considered

**Proposed Description:** Examine the presentation, development, and treatment of a wide range of neurodevelopmental, psychological, emotional, and behavioral disorders of childhood. Apply family theories to understand the implications of these disorders for children and families.

**We are also adding a General Education Literacy designation to CDE 450. ]**