1. Course Description:

This course will present the state-of-the-art knowledge and research on mental disorders of children and youth, as well as factors that promote mental health and prevent mental disorders in children and youth. Biopsychosocial theories of resiliency, coping, etiology, the impact of mental health disorders on children and family members, and the relationship of ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation to mental disorders will be examined. Classification systems of child and youth functioning and disorders will be presented such as the Diagnostic and Statistical Manual of Mental Disorders and DC:0-3 Diagnostic System of the National Center for Infants, Toddlers, and Families. The impact of labeling and stigma will be explored in order to develop critical thinking about how mental disorders of children and youth are conceptualized.

2. Course Content:

This course will examine psychological, behavioral, and developmental disorders of childhood and adolescence. The particular disorders will be considered in broader psychosocial and ecological contexts which promote mental health or create and maintain symptomatic functioning. These broader contexts will be presented through an overview of theory and research on the following issues: 1) a transactional and developmental perspective on the etiology of mental disorders; 2) parent-infant attachment and family dynamics; 3) risk and protective factors (including individual, familial, and socio-cultural factors) and resiliency; and 4) stress and trauma theory, including the impact of maltreatment and loss.

The following conditions will be reviewed in terms of presentation, etiology,
prevalence, incidence, and assessment at different developmental stages and
gender distributions: 1) relationship disorders; 2) stress-response syndromes,
including post-traumatic stress disorder and acute stress reactions; 3) 
depression, bipolar disorder, and other mood problems; 4) anxiety disorders; 5) 
developmental disorders; 6) disruptive behavior disorders including ADHD and 
conduct disorder; 7) communication and learning disorders; 8) eating disorders; 
9) substance use disorders; and 10) childhood schizophrenia and other 
psychotic disorders. Attention will be given to the analysis and assessment of 
strengths and adaptive functions that may coexist with disorders, as well as to 
issues in defining mental health and mental disorders in cultural terms. 
Evidence-based interventions of a psychosocial and pharmacological nature will 
be reviewed across each of the mental health problems identified above.

3. Course Objectives:

Upon completion of the course, students will be able to:

1. Identify factors influencing the development, natural history, expression, and 
   outcomes of mental health and mental disorders of children and youth at the 
   individual, familial, cultural/ethnic, and social levels.
2. Describe the transactional processes among the above factors which 
   influence the etiology and maintenance of mental disorders.
3. Describe and critique classification systems of mental disorders of children 
   and adolescents, particularly the Diagnostic and Statistical Manual of Mental 
   Disorders (DSM) and Individuals with Disability Education Act (IDEA).
4. Identify and differentiate a number of disorders of children and adolescents 
   and apply them to the evaluation of clients.
5. Demonstrate knowledge of comprehensive and systemic assessments and 
   evaluations of children and youth.
6. Demonstrate empathic appreciation of the client's experience of disorders 
   from the perspective of the client's inner world.
7. Demonstrate an understanding of the impact of the child's or adolescent's 
   difficulties on parents and other family members.
8. Discuss common value and ethical concerns related to mental health and 
   mental disorders of children and youth.
9. Demonstrate knowledge of important developmental, structural, and 
   contextual theories, research findings, and core concepts related to 
   normative development of children and youth and the development of mental 
   health problems.
10. Assess and diagnose mental health problems in youth using widely
applied rubrics such as DSM, DC: 03R, and Individuals with Disabilities Educational Act Criteria.

11. Demonstrate knowledge regarding similarities and differences between clinically-based definitions of psychiatric disorders and educational disabilities.

12. Based on assessment, select empirically-supported, evidence based prevention and intervention methods appropriate for use with children, youth, and families in individual and group settings.

4. Course Design:

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, and viewing of videotapes. Written assignments will integrate theory, research, and case analysis and will be applied to the student's practicum work when possible. Students are encouraged to present relevant case material from their practicum or place of employment (keeping confidentiality in mind) to enhance class discussions.

5. Relationship of the Course to Four Curricular Themes:

1* Multiculturalism and Diversity will be addressed through discussion of incidence and prevalence of child and adolescent mental disorders, as related to persons differing in ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation, health status, and SES.

2* Social Justice and Social Change will be addressed through discussion of the misapplication of mental health diagnoses based on race, class, and gender bias, and the potential impact of poverty, discrimination, and disenfranchisement on the development of mental disorders and disorders of parenting.

3* Promotion, Prevention, Treatment, and Rehabilitation will be addressed through discussion of protective factors which promote resiliency and positive adaptation.

4* Behavioral and Social Science Research will inform the entire content of this course, which will draw especially on current research in the following areas: developmental psychopathology, attachment, risk, resiliency and coping, trauma and maltreatment, and studies of particular disorders.
6. Relationship of the Course to Social Work Ethics and Values:

Ethical and value issues related to all course topics will be identified and discussed. Examples of these include: how views of the rights of children affect our understanding of child mental health, how societal values regarding child development affect judgments we make about the mental health of children, how the use social workers make of DSM can bias judgments of child mental health, what the value issues are in paying attention to the child’s inner world, and how cultural and gender biases also affect professional views of child mental health. Issues related to person-centered mental health practice, client self-determination, confidentiality, dignity, HIPPA, duty to warn, and associated legal, ethical, and value concerns will also be addressed, particularly as they pertain to client services and intervention with youth with mental health problems.

7. Intensive Focus on Privilege, Oppression, Diversity, and Social Justice (PODS):

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice, and/or policies that promote social justice, illuminate social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

**Required Text:**


**Optional:** DSM 5 (DSM 5 content can also be accessed through UM Library Database)

Additional readings as assigned. All additional readings are posted on c-tools.

**Attendance, Participation and Reading:**
All are expected. Required readings are to be completed prior to class session. In the unlikely event that you must miss class, please call or email to inform me about your absence. Missing more than two classes will result in your grade being lowered one half letter grade.

During class time, laptop use is permitted for note taking, accessing powerpoints and other course materials only. During the past few years, our classes have struggled with the use of laptops for non-class related activities such as browsing the web, facebook, emailing, etc. etc. While teaching I have found these activities very distracting and also disrespectful to peers. Although I respect peoples' ability to multitask, I expect that each student be fully present during class time. As social workers, teachers, and learners, we need to find ways to remain engaged even during times that may seem challenging, boring, or difficult. If you are not experiencing class as engaging, please take steps to take responsibility for your learning, by finding ways to engage and give feedback. I greatly value class dialogue, so feel free to step forward in a respectful manner if your learning needs are not being met. On this basis, if a student is using media for non-class related activities during class time, their final course grade will be lowered by ½ grade.

Course Requirements:
40% Assignment #1 (due March 10)
40% Assignment #2 (due April 21)
20 % Assignment #3 (Group Presentation, due on chosen date)

Assignment #1 (Due March 10)

1A. Clinical (do this paper if you have or are currently working with clients):

Using DSM or the DC:03 choose a diagnosis given to your client OR choose a diagnosis that better fits the individual/family you are treating, in your view. (It may be different from the diagnosis given by another professional involved in the case). You may focus on a disorder from the DSM or the DC:03 is a very young child. Read at least 8 current peer reviewed references regarding the diagnosis. The 8 required sources must be peer reviewed research articles or book chapters and current (e.g. published in the last 15 years).

1. Write a brief definition of the diagnosis and its common symptoms (this section may be a paraphrase of DSM or DC 0-3.)

2. Using the reference material, discuss:
a. Common hypotheses regarding the development of the disorder, including psychosocial and biological factors (if applicable).

b. Describe how the disorder is likely to affect an individual in terms of development, functioning, view of self, and relationships with others.

c. Describe the potential impacts of the child’s/adolescent’s difficulties on the family and in school settings.

d. Discuss evidence based treatments or interventions associated with the diagnosis you have chosen.

3. Illustrate your researched topic using your clinical case. Be sure that your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.

4. If relevant, discuss whether you feel your client has been misdiagnosed. That is, after exploring the child’s symptoms, contributing factors, and likely precipitants, discuss a diagnosis you feel might more aptly fits this particular person. If you feel that no one diagnosis is sufficient, discuss the option of dual (or multiple) diagnosis.

5. Discuss whether or not you are able to implement with your client the evidence based treatment associated with the diagnosis. (E.g. what appears to be working? What needs to be fine-tuned? Are there any barriers to treatment? How might they be overcome?)

6. Please remember to include an introduction and concluding section.

1B. Non-Clinical (do this paper if you have never worked with clients):

Using DSM or DC: 0-3R criteria choose a diagnosis you are interested in. You may focus on a disorder listed in the first section of the DSM, “Diagnoses Usually First Diagnosed in Childhood or Adolescence,” or on a diagnosis such as post-traumatic stress disorder, anorexia, etc. which may be applied to adults as well as children and adolescents. Read at least 8 current peer reviewed references regarding the diagnosis. The 8 required sources must be peer reviewed research articles or book chapters and current (e.g. published in the last 15 years). One of the references must contain a case study that provides a detailed
example of the clinical presentation of a child or adolescent with the relevant diagnosis.
Please indicate which reference contains the clinical description.

1. Write a brief definition of the diagnosis and its common symptoms. (This section may be a paraphrase of DSM or DC:0-3R).

2. Using the reference material, discuss:
   a. Common hypotheses regarding the development of the disorder, including psychosocial and biological factors (if applicable).
   b. Describe how the disorder is likely to affect an individual in terms of development, functioning, view of self, and relationships with others.
   c. Describe the potential impacts of the child’s/adolescent’s difficulties on the family and in a school setting.
   d. Discuss treatments or interventions associated with the diagnosis you have chosen.

3. Present a clinical case example from the readings which illustrates the disorder. Be sure that your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.

4. If relevant, discuss whether you feel the client in the case example has been misdiagnosed. That is, after exploring the child’s symptoms, contributing factors, and likely precipitants, discuss a diagnosis you feel might more aptly fits this particular person. If you feel that no one diagnosis is sufficient, discuss the option of dual (or multiple) diagnosis.

5. Given the research you have done, discuss evidence based treatment interventions for the case study you presented.

6. Please remember to include an introduction and conclusion.

Details: Confidentiality: As in all class discussions, please disguise your case material by using initials for all family members and delete or disguise any other identifying facts/information.
Bibliography: Include an APA style bibliography of the references you have cited.
Length: 9-10 pages (including bibliography)
Grades: Each paper will be 40% of your grade. Grading will be based on organization, following the terms of the assignment, clarity of the writing, and accurate application of the concepts.

*** All papers must be typed, 12 pt. font, double spaced, and proof-read. Please proof read carefully.

All papers are to be submitted via c-tools either through Assignment or Drop box by class start time of the date the paper is due. Late papers will be penalized ½ grade.

**Assignment #2 (Clinical Assessment and Initial Treatment Planning): Due April 21**

2A (Do this paper if you have or are currently working with clients.)

The subject of this paper will be the use of clinical material from your work with a child or adolescent in the development of a clinical assessment, clinical hypothesis, DSM, or DC: O-3R, diagnostic formulation, and an initial treatment plan.

In the assessment and treatment process, “critical incidents” occur which crystallize the clinician’s understanding of a case. A critical incident may take various forms. Examples include: a repeated play sequence, the reporting of an important memory or dream, an observed interaction between child and parent(s), a particular transference (or counter-transference) response, information about traumatic or stressful events in the client’s or family’s history. What makes such an incident “critical” is that it enables the clinician to reach a clearer understanding of the client’s experience, circumstances, and internal psychological processes. From this understanding, clinical hypotheses and diagnostic formulations can be generated and interventions planned.

For this paper, write up a diagnostic assessment of a child or adolescent according to the following outline:

1. Give a brief background statement that includes presenting problem, family circumstances and relevant social, educational, and developmental history.

2. Describe one or a few critical incidents which enabled you to come to a clearer understanding of the case. Be concrete, specific, and detailed in
your presentation of the clinical material.

3. Discuss your diagnostic formulation and clinical hypothesis derived from thinking about this material. The clinical hypothesis should make an explicit connection between current symptoms, modes of relating and past experiences, and/or developmental factors.

4. Provide a DSM or DC 0-3R diagnosis.

5. Cite two current peer reviewed articles or book chapters that relate to the presenting problem and integrate material from these readings into your formation of the case (for example, if physical abuse is the central issue for the child or adolescent you are writing about, find two articles which focus on aspects of physical abuse relevant to your case OR if depression is the diagnosis find two articles discussing child/adolescent depression).

6. Develop an initial intervention plan, in terms of selecting an evidence based treatment and specific goals of the intervention. Indicate your rationale for choosing the approach you did. The relationship between the clinical hypotheses, diagnostic formulation, and intervention plan should be clearly stated. If relevant, describe components of the treatment plan which involve case management, as an adjunct or alternative to clinical work, such as a referral for other services, coordination with other professionals, school personnel etc. If multiple systems (such as foster care, juvenile court, medical personnel, school personnel, day care, etc.) are involved with the client, discuss your plan for interacting with these other parties and indicate any need you see to intervene with or assist these systems and individuals.

7. Please remember to include an introduction and conclusion.

2B Non- Clinical alternative. If you are not working with clients, do assignment 1B, choosing a different diagnosis to research.

Assignment#2 Details:
Confidentiality: As in all class discussions, please disguise your case material by using initials for all family members and delete or disguise any other identifying facts/information.
Bibliography: Include an APA style bibliography of the references you have cited.
Length: 8-10 pages (including bibliography)
Grades: Each paper will be 40% of your grade. Grading will be based on organization, following the terms of the assignment, clarity of the writing, and accurate application of the concepts.
*** All papers must be typed, 12 pt. font, double spaced. Please proof read carefully.

All papers are to be submitted via c-tools either through Assignment or Drop box by class start time of the date the paper is due. Late papers will be penalized ½ grade.

Assignment #3 GroupPresentation: (Option #1 or Option #2)

Option 1 (Clinical Presentation)

Sign up in class. This assignment is an in-class clinical presentation. This presentation will simulate a social work treatment team presentation responsible for creating a diagnostic summary for a child or adolescent child. This client may be one from your practicum experience or someone that you have worked with in the past. Please use material from a professional encounter rather than presenting on someone that you may have known in another capacity (e.g. a friend or relative).

Your presentation should include the following:
A question or focus that you have for the group
Presenting Concerns
A brief bio-psychosocial history of the identified client
History of presenting concerns
Brief family assessment
Client and family strengths
A discussion of possible diagnostic categories including your reasons for ruling out certain of them
A DSM diagnostic formulation, including brief supporting evidence.
Please submit an outline to me at the time of the presentation. You may use whatever media you need for your presentation such as powerpoints etc. Your presentation should be about 20-30 minutes including class questions and discussion.

It is very important that identifying information is disguised including names, location, agency, and any outstanding details that reveal the child or adolescent’s identity.

Option 2 (Hot topic Presentation)
Sign up for class session. You and your partner(s) are responsible for preparing a 15-20 minute presentation that engages the class in an exploration of a “hot topic” related to the session topic. Examples of a hot topic might be: how attention deficit disorder is likely to be formulated in the DSM 5; differences in presentation between girls and boys diagnosed with Asperger’s Syndrome; possible explanation of varying incidence rates of childhood schizophrenia across race and cultural variables; theoretical foundations of emotional disturbance vs. social maladjustment; or current controversies related to gender identify disorder as formulated by DSM criteria. These are just examples of topics and are by no means exhaustive. Please choose a topic to present that is of high interest to you and your group partner.

After researching your chosen topic, prepare a brief presentation that:

1. Describes your area of interest.

2. Inform the class of key aspects related to your topic.

3. Engages the class in a discussion or group exercise related to your topic.

On the day of your presentation, please submit an outline describing steps 1-3 above. Include a list of citations of sources that you used to research your topic.

Course Schedule and Required Assignments:

Session 1 January 13
Topic: Introduction to class, Developmental and System’s Perspective; Introduction to Clinical Assessment
Assignment: None

Session 2 January 27
Topic: Introduction to DSM, DC:03, and IDEA ; Child Psychopathology: Chapter 1: A Developmental Systems Perspective
Session 2: Required Readings on C-tools

Session 3 February 3
Infants and Children at Risk for Disorder
Assignment:
Chapter 13: Disorder and Risk for Disorder in Infancy and Toddlerhood
Session #3 Required Readings on c-tools
Session 4 February 10
Topic: Autism Spectrum Disorders
Assignment
Child Psychopathology: Chapter 9: Autism Spectrum Disorder
DC: 0-3R pp. 38-40
Session #4 Required Readings on c-tools

Session 5 February 17
Topic: Sexual, Physical and Emotional Abuse (Post Traumatic Stress Disorder) and Potential Impact of Abuse and Trauma on Development
Assignment:
Child Psychopathology: Chapter 7: Childhood Posttraumatic Stress Disorder, Chapter 14: Child Maltreatment.
DC: 0-3R pp. 15-19
Session #5 Required Readings on c-tools

Session 6 February 24
Topic: Intellectual Disabilities and Learning Disabilities
Assignment:
Child Psychopathology Chapter 11 and 12
Session #6 Required Readings on c-tools

Session 7 March 10 (Assignment #1 Due)
Topic: Attention Deficit/Hyperactivity Disorder; Conduct and Oppositional Defiant Disorder
Assignment:
Child Psychopathology: Chapter 2: Attention-Deficit/Hyperactivity Disorder
Child Psychopathology: Chapter 3: Conduct and Oppositional Defiant Disorders
DC: 0-3R pp. 28-34
Session #7 Required Readings on c-tools

Session 8 March 17
Topic: Mood Disorders: Depression; Bi-Polar Disorder; and Suicide in Children and Youth
Assignment:
Child Psychopathology: Chapter 5
Session #8 Required Readings on c-tools
Session 9 March 24
Topic: Childhood Anxiety Disorders; Social Withdrawal in Childhood
Assignment:
Child Psychopathology: Chapters 6 and 8
DC:0-3R pp.20-25
Session #9 Required Readings on c-tools

Session 10 March 31
Topic: Child and Adolescent Bereavement
Assignment:
DC:0-3R p. 19
Session #10 Required Readings on c-tools

Session 11 April 7
Topic: Childhood Onset Schizophrenia and Psychotic Disorders
Assignment:
Child Psychopathology: Chapter 10
Session #11 Required Readings on c-tools

Session 12 April 14
Topic: Eating Disorders
Assignment:
Child Psychopathology: Chapter 15: Eating Disorders
Session #12 Required Readings on c-tools

Session 13 April 21 (Assignment #2)
Topic: Substance Abuse
Assignment:
Child Psychopathology: Chapter 4: Adolescent Substance Use Disorders
Session #13 Required Readings on c-tools