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. Bio psychosocial 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-Fifth Edition (DSM-5), International Classification of Diseases-10th Edition -(ICD-X), 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-Fifth Edition.
4. Identify and differentiate a number of disorders of children and adolescents and apply them to the evaluation of clients.
5. Demonstrate empathic appreciation of the client's experience of disorders from the perspective of the client's inner world.
6. Demonstrate an understanding of the impact of the child's or adolescent's difficulties on parents and other family members.
7. Discuss common value and ethical concerns related to mental health and mental disorders of children and youth.
8. Demonstrate knowledge of important developmental, structural, and contextual theories, research findings, and core concepts related to mental health problems in youth.
9. Assess and diagnose mental health problems in youth using widely applied nosologies such as DSM-5 and ICD-10.

4. Course Design:

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, experiential and collaborative activities, as well as 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:

- **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.

- **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.

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

- **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-IV 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.

**Course Reading list:** All required readings are available on our ctools site or on-line. See descriptions below of the main texts used for this course.

**There are no required texts for this course:** The ctools site for this course has selected material from the two main texts used in this course. Students planning a career in treatment with children and youth are encouraged to purchase their own copy of the Mash and Barkley text below.

**Recommended Texts:**


The U of M libraries have access to an on-line version of the DSM-5:


**Course Tools Resources:**
Several supportive articles, excerpts from Mash and Barkley, the DSM-5, and all class handouts will be available on the course tools site for this section of SW 612.

**Course Requirements and Grading**

1. Mid-term exam (take-home, collaborative) 30 Points
2. Final exam (take-home, comprehensive) 40 Points
3. Three Journals (6 points each) 18 Points
4. One mini-journal 2 Points
5. Participation 10 Points

**Total: 100 Points**
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<tr>
<td>A+</td>
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**Assignment Due Dates:**
1. Journal One: 5/27/14
2. Journal Two: 6/10/14
3. Mid-term exam: 6/17/14
4. Journal Three: 7/1/14
5. Mini Journal: 7/15/14
6. Final Exam: 7/22/14

**Mid-Term and Final Exams:** These exams will consist of 6 to 8 case examples for you to review and report on as follows:
1. Make an accurate diagnosis
2. Show your thoughts about the diagnosis by filling out a blank DSM-5 chart for each diagnosis
3. Listing some evidence-based treatment approaches for each diagnosis and/or answering other related questions about how you might interact with the client.

Both exams are open book and collaborative. Students are encouraged to interact with other people, review class notes and Power Points, and generally seek out any assistance you may utilize in general practice.

The final exam is comprehensive in that it will cover material presented from the beginning of the course to the end.

**Journals:** 2-3 pages. I would like you to structure every journal with this format:
1. Check-In: How are you doing personally and how are you feeling about this class material?
2. Review one of the readings to date within the assigned topic area.
3. Describe any personal connection to this topic you recognize.
4. Name at least two typical attributes of individuals with this diagnostic picture that may influence effective treatment and/or the therapist use of self.

**Mini-Journal:** One-page description of your reactions to the end of the term readings.

**Participation:**
1. This component of the grading does not mean you need to talk a lot in class. It is more about bringing a positive learning attitude to the class and being present for each session. Each of us participates differently, and I will strive to honor that diversity among us.
2. Falling asleep, attending to your email or Facebook during class, and repeatedly coming to class late will negatively impact this score.

**Attendance:**
1. Please communicate with this instructor about all absences. Just not showing up (“no-show”) for class is treated differently than an absence, which involves canceling or communicating with me about your circumstances.
2. Every “no-show” results in a deduction of ½ a letter grade (A- to a B+, for example). I understand that emergencies may interfere with communication prior to the missed class, but I expect you to communicate with me as soon as reasonable given the circumstances.

3. First absence = no consequence except for eliminating the possibility of an A+ for the class.

4. Second absence = Extra 1-2 page journal on the topic covered in class or deduction of ½ a letter grade.

5. Third absence = deduction of ½ letter grade.

Expectations for our classroom community:
1. We will develop an environment where individuals have the freedom to speak their mind and discuss difficult issues with compassion and sensitivity. I hope that those of us who have experienced one or more of these disorders in their personal life will share that experience with the intent of broadening all of our understanding. We will work intentionally to create an environment where that sort of interaction is safe and constructive for the entire group.

2. We will develop an accessible classroom community that values diversity and accommodates the needs of everyone appropriately.

3. We will develop a community that tolerates others making mistakes and encourages everyone to learn from the experience.

Course Schedule and Required Assignments:

May 13, 2014
Topic: Introduction to class, Developmental and System’s Perspective; Introduction to Clinical Assessment, attachment, child mal-treatment, and substance abuse as issues across all diagnostic categories.

Assignment: None

Reading: None

May 20, 2014
Topic: Attachment, child mal-treatment, substance abuse

Assignment: None

Required reading:
1. Mash and Barkley: Chapter Eleven, Adolescent Substance Use Problems, pp 746-767 (ctools)
2. DSM-5 overview: Click through all 23 sections of DSM-5, Section II: Diagnositc Criteria and Codes. (very brief overview of what's in the DSM-5)
3. DSM 5 criteria for substance abuse disorders (on-line)
6. Complex Child Trauma article( ctools)

Recommended reading:

May 27, 2014

Topic: Autism Spectrum Disorders
Assignment: Journal One Due: focus on substance abuse, child mal-treatment or autism spectrum disorder

Required reading:
- Mash and Barkley: Chapter 7
- DSM 5 criteria for autism (C Tools, DSM-5: Neurodevelopmental Disorders)
- Sensory integration overview. Short white paper by Lisa Cielinski (C Tools)
- CDC—Prevalence of Autism report, 2006
Recommended reading:
- DSM-5 Clinical Cases, Case 1.1 A “Second Opinion on Autism”. (C Tools)
- Heerey, et. al. Making Self conscious emotion
- Power of One, DSM-IV TR connection, pages 139-140.

June 3, 2014

Topic: Externalizing Disorders: Conduct Disorder, Oppositional Defiant Disorder

Assignment: Mid term exam distributed

Required reading:
1. Mash and Barkley: Pages 137-154 (Introduction through Developmental Pathways)
2. Mash and Barkley: Pages 218-224 (Predictors of Outcomes)
4. DSM 5 criteria for ODD  (C tools, on-line, DSM-5: Disruptive Impulse Control, and Conduct Disorders)
5. DSM 5 criteria for conduct disorders (C tools, on-line, DSM-5: Disruptive Impulse Control, and Conduct Disorders)

**Recommended reading:**

**June 10, 2014**
**Topic:** AD/HD, Interpersonal practice with externalizing populations

**Assignment:** Journal Two due: focus on one of the externalizing disorders

**Required reading:**
- Mash and Barkley: Chapter 2, pp 65-83
- DSM 5 criteria for AD/HH  (C Tools, DSM-5: Neurodevelopmental Disorders)

**Recommended reading:**

**June 17, 2013**
**Topic:** I.D.E.A. classifications and social work practice in schools

**Assignment:** Mid Term exam DUE

Reading: We have lots to read to cover mood disorders and anxiety disorders in the next two weeks. Please start reading that material NOW.

**June 24, 2014**
**Topic:** Depressive Disorders, Bi-Polar Disorder, and Suicide in Children and Youth

**Assignment:** None
Required Reading:
1. Mash and Barkley: Chapter Five, pp 336-339 and pp 356-372
2. DSM 5 criteria for Depressive Disorders and Bipolar Disorders (C Tools)

Recommended Reading
- Power of One, DSM IV TR Connection, pages 143-144.

July 1, 2014
Topic: Childhood Anxiety Disorders

Assignment: Journal Three due: focus on mood disorders

Required reading:
- Mash and Barkley: Chapter Four: Fears and Anxieties, pp 271-302.
- DSM 5 criteria for anxiety disorders (C Tools)
- Mash and Barkley:
  1. Physical abuse and neglect, pp 595-613
  2. Mash and Barkley: Sexual Abuse, pp 680-701
- DSM 5 criteria for PTSD

Recommended Reading

July 8, 2014
Topic: Childhood Anxiety Disorders and Eating Disorders

Assignment: Final Exam distributed,

Required reading:
1. Mash and Barkley: Chapter 12, pp 778-782 and pp 793-804
2. DSM 5 criteria for feeding and eating disorders (C Tools)
July 15, 2014

Topic: Childhood Onset Schizophrenia, Psychotic Disorders, and Eating Disorders

Assignment:
Reading:
1. DSM 5 criteria for Schizophrenia Spectrum (C Tools)
2. Article: Prediction of Functional Outcome . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (C Tools)

July 22, 2014

Topic: Adjustment Disorders and Personality Disorders

Assignment: Final Exam due
Reading: None