



SW 612 001

Mental Health Health and Mental Disorders of Children and Youth

Wed 5:00-8:00

SSW B770

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Office hours are 4:00-5:00 on Wednesday or by appointment.

Any student who feels that he/she may need an accommodation for any sort of disability, please make an appointment to see me.

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, DC:0-3 Diagnostic System of the National Center for Infants, Toddlers, and Families, and the individuals with Disability Education Act. 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.

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.

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. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS, 7.IP, 7.SPE, 7.CO, 7.MHS) 2. Describe the transactional processes among the above factors which influence the etiology and maintenance of mental disorders. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 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). (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 4. Identify and differentiate a number of disorders of children and adolescents and apply them to the evaluation of clients. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 5. Demonstrate knowledge of comprehensive and systemic assessments and evaluations of children and youth. (Practice Behaviors 5.IP, 5.SPE, 5.CO, 5.MHS, 7.IP, 7.SPE, 7.CO, 7.MHS) 6. Demonstrate empathic appreciation of the client's experience of disorders from the perspective of the client's inner world. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 7. Demonstrate an understanding of the impact of the child's or adolescent's difficulties on parents and other family members. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS) 8. Discuss common value and ethical concerns related to mental health and mental disorders of children and youth. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 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. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

Course Design & Format The objectives of the course will be pursued through readings, lectures, discussions, demonstrations, case studies, videos, and guest lectures. There will be two in-class closed book examinations of short essay format.

There will also be a written assignment and presentation. Students are expected to attend all classes and participate to their fullest ability.

Course Requirements and Grading Rubric

- In-Class Examination #1	(60 points)	30%
- In-Class Examination #2	(60 points)	30%
- Written Assignment	(50 points)	25%
- Presentation	(20 points)	10%
- Class Attendance	(10 points)	5%

In-class Examinations: The examinations will be based on a review of clinical vignettes. Using the vignettes, students will be asked to answer a 3-part question for each vignette as follows:

- Make a DSM -5 Diagnosis (5points)
- List criteria for diagnosis and provide information from the vignette that meets the criteria (10 points)
- List best practice intervention options as described in class and in readings (5 points)

Examinations are not cumulative and will take place in-class. Each exam will have 3 clinical vignettes and the possibility to earn 60 points total. Each clinical vignette is worth 20 points.

Written Assignment:

- Select (1) case study from the offerings listed under written assignment folder.
- Provide a brief introduction of the case you select and your professional role in relation to this case. You may choose this role and briefly describe how this role allows you to engage with the individual you are assessing.
- Use the PsychSocial Template found under the written assignment folder to discuss the client and provide a clinical summary of the client (mental health narrative)
- Using the DSM-5, choose a diagnosis that best fits the case.
- Discuss a brief treatment plan with 2 goals and 2 objectives associated with each goal. You may use interventions found in the readings as well as discussed in class to complete this section.

In-Class Presentation:

You will utilize the material of your written assignment to develop a 5-7 minute presentation. You will present information about the diagnosis outlined in your written assignment as you would present it to the client or family member(s). The presentation will be evaluated on your knowledge of the disorder as well as the tone and use of strength-based assessment material to deliver the information. You may want to include information regarding how the diagnosis is likely to affect developmental functioning, identity, relationship with others and family relationships. This is an extension of your written assignment and should serve as an opportunity to develop skills in utilizing diagnosis to engage with clients and families.

Attendance

You are expected to attend every class. Your grade will be negatively affected if you miss any class without prior communication with the instructor. Make-up assignments for missed classes may be required. You are expected to contribute to a positive learning environment in the manner that best fits your learning style. Each of us participates differently, and I will strive to honor that diversity among us.

Incompletes: Incompletes are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course. The student must formally request an incomplete from the instructor prior to the final week of classes.

Students in Need of Accommodations

If you have a documented disability or condition that may interfere with your participation in this course, please schedule a private appointment with me as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, (734) 763-3000. Also, if religious observances conflict with class attendance or due dates for assignments, please notify me so we can discuss appropriate arrangements.

Theme Relation to Multiculturalism & Diversity

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.

Theme Relation to Social Justice

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.

Theme Relation to Promotion, Prevention, Treatment & Rehabilitation

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

Theme Relation to Behavioral and Social Science Research

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.

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 5 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.

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.

Topics and Required Reading Assignments

TEXT: American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Washington, DC, American Psychiatric Association.

• Here is a link to the DSM-5 online:

<http://dsm.psychiatryonline.org/book.aspx?bookid=556> DSM-5 online

supplemental information can be found at <http://www.psychiatry.org/dsm5>

Additional required and recommended readings will be on electronic reserve in CANVAS for this class section.

Course Schedule and Required Readings:

Class 1 (9/7/16) Social Work Practice, Assessment and Use of the DSM 5

- DSM 5 (pp. 5-17) and DSM 5 (pp. 19-25)
- Elkington, KS, Hackler, D, McKinnon, K, Borges, C, Wright, ER, & Wainberg, ML. (2012). Perceived mental illness stigma among youth in psychiatric outpatient treatment. *Journal of Adolescent Research*, 1-28.
- Copeland, WE, Adair, CE, Smetanin, P, Stiff, D, Briante, C, Colman, I, Fergusson, D, Horwood, J, Poulton, R, Costello, EJ, & Angold, A. (2013). Diagnostic transitions from childhood to adolescence to early adulthood. *Journal of Child Psychology and Psychiatry*, 54, 791-799.
- Moses, T. (2010). Being treated differently: stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine*, 70, 985-993.

Class 2 (9/14/16) Anxiety Disorders in Children and Youth Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder

- DSM-5, (pp. 202-225).
- Holly, L. E., Little, M., Pina, A. A., & Caterino, L. C. (2015). Assessment of anxiety symptoms in school children: a cross-sex and ethnic examination. *Journal of abnormal child psychology*, 43(2), 297-309.
- Gere, M.k., Villabo, M.A., Torgerson, S., & Kendall, P.C. (2012). Overprotective parenting and child anxiety: The role of co-occurring child behavior problems. *Journal of Anxiety Disorders*, 26, 642-649.
- Christoph, P., Newman, M., Rickels, K., Gallop, R., Connolly-Gibbons, M., Hamilton, J., Kurtz, S., and Pastva, A. (2011). Combined Medication and Cognitive Therapy for Generalized Anxiety Disorder. *Journal of Anxiety Disorder*, 25, 1087-1094.
- Mychailyszyn, M.P., Mendez, J.L., & Kendall, P.C. (2010). School functioning in youth with and without anxiety disorders: comparisons by diagnosis and comorbidity. *School Psychology Review*, 39, 106-121.

Class 3 (9/21/16) Anxiety Disorders in Children and Youth Specific Phobias, Separation Anxiety Disorder

- DSM-5, (pp. 189-202).
- Kendall, P.C., Compton, S.N., Walkup, J.T., Birmaher, B., Albano, A.M., Sherrill, J., Ginsburg, G., Rynn, M., McCracken, J., Gosch, E., Keeton, C., Bergman, L.,

- Sakolsky, D., Suveg, C., Iyenger, S., March, J., & Piacentini, J.C. (2010). Clinical characteristics of anxiety disordered youth. *Journal of Anxiety Disorders, 24*, 360-365.
- Hanna, G.L., Fischer, D.J., & Fluent, T.E. (2006). Separation anxiety disorder in children and adolescents. *Pediatrics in Review, 27*, 56-63.
 - Dougherty, LR, Tolep, MR, Bufferd, SJ, Olino, TM, Dyson, M, Traditi, J, Rose, S, Carlson, JA, & Klein, DN. (2013). Preschool anxiety disorders: comprehensive assessment of clinical, demographic, familial, and life stress correlates. *Journal of Clinical Child & Adolescent Psychology, 42:5*, 577-589.
 - Hudson, J.L. & Dodd, H.F. (2012). Informing early intervention: preschool predictors of anxiety disorders in middle childhood. *PLoS ONE 7(8)*: e42359. doi:10.1371/journal.pone.0042359.
 - Paulus, F., Backes, A., Sander, C., Weber, M., von Gontard, A. (2015). Anxiety Disorders and Behavioral Inhibition in Preschool Children: A Population-based Study. *Journal of Child Psychiatry and Human Development, 46*, 150-157.
 - Thompson, D., Ollendick, T., Ost, L. (2009). Intensive Treatment of Specific Phobias in Children and Adolescents. *Science Direct, 16* 294-303.

Class 4 (9/28/16) Obsessive-Compulsive Disorder, and Tic Disorders

- DSM-5 (pp.235-242) and DSM-5 (pp.81-85).
- Capriotti, M. Himle, M. Woods, D. (2014). Behavioral Treatments for Tourette Syndrome. *Journal of Obsessive-Compulsive and Related Disorders, 3*, 415-420.
- Geller, DA & March, JA. (2012). Practice parameter for the assessment and treatment of children and adolescents with obsessive-compulsive disorder. *Journal of the American Academy of Child & Adolescent Psychiatry, 51*, 98-113.
- Leckman, J., King, R., Bloch, M. (2014). Clinical features of Tourette syndrome and tic disorders. *Journal of Obsessive-Compulsive and Related Disorders, 3*, 372-379,
- Storch, E.A., Larson, M.J., Muroff, J., Caporino, N., Geller, D., Reid, J.M., Morgan, J., Jordan, P., & Murphy, T.K. (2010). Predictors of functional impairment in pediatric obsessive-compulsive disorder. *Journal of Anxiety Disorders, 24*, 275-283.
- Knight, T., Steeves, T., Day, L., Lowerison, M, Jette, N., & Pringsheim, T. (2012). Prevalence of tic disorders: a systematic review and meta-analysis. *Pediatric Neurology, 47*, 77-90.

Class 5 (10/5/16) In-Class Examination #1 and Childhood Trauma, Abuse and Neglect

- DSM-5, (pp. 265-290).
- Martinez, JI, Gudino, OG, & Lau, AS. (2013). Problem-specific racial/ethnic disparities in pathways from maltreatment exposure to specialty mental health service use for youth in child welfare. *Child Maltreatment, 1-10*.

- Layne, CM, Strand, V, Popescu, M, Kaplow, JB, Abramovitz, R, Stuber, M, Amaya-Jackson, L, Ross, L, & Pynoos, RS. (2014). Using the core curriculum on childhood trauma to strengthen clinical knowledge in evidenced-based practitioners. *Journal of Clinical Child & Adolescent Psychology*, 43, 286-300.
- Cohen, J.A., & Scheeringa, M.S. (2009). Post-traumatic stress disorder diagnosis in children: challenges and promises. *Dialogues in Clinical Neuroscience*, 11, 91-99.

Class 6 (10/12/16) Childhood Trauma, Abuse and Neglect (PTSD)

- Greeson, JKP, Briggs, EC, Layne, CM, Belcher, HME, Ostrowski, SA, Kim, S, Lee, RC, Vivrette, RL, Pynoos, RS, & Fairbank, JA. (2013). Traumatic childhood experiences in the 21st century: broadening and building on the ACE studies with data from the national childhood stress network. *Journal of Interpersonal Violence*, 1-21.
- D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B.A. (2012). Understanding interpersonal trauma in children: why we need a developmental appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82, 187-200.
- Van Der Kolk, B. (2014). Trapped In Relationships: The Cost of Abuse and Neglect. *The Body Keeps The Score*, pp. 125-137.
- Van Der Kolk, B. (2014). Developmental Trauma: The Hidden Epidemic. *The Body Keeps The Score*, pp 151-172.

Class 7 (10/19/16) Attention Deficit Hyperactivity Disorder and Disruptive Behavior Disorders

- DSM-5, (pp. 59-66).
- dosReis, S., Barksdale, C.L., Sherman, A., Maloney, K., & Charach, A. (2010). Stigmatizing experiences of parents with children with a new diagnosis of ADHD. *Psychiatric Services*, 61, 811-816.
- Morgan, P.L., Staff, J., Hillemeier, M.M., Farkas, G., & Maczuga, S. (2013). Racial and ethnic disparities in ADHD diagnosis from kindergarten to eighth grade. *Pediatrics*, 32, 85-93.
- Gathje, R.A., Lewandowski, L.J., & Gordon, M. (2008). The role of impairment in the diagnosis of ADHD. *Journal of Attention Disorders*, 11, 529-537.

Class 8 (10/26/16) Disruptive Behavior Disorders and Eating Disorders

- DSM-5, (pp. 461-476) and DSM-5, (pp. 329-354).
- Dougherty, LR, Tolep, MR, Smith VC, & Rose, S. (2013). Early exposure to parental depression and parenting: associations with young offspring's stress physiology and oppositional behavior. *Journal of Abnormal Child Psychology*, 41, 1299-1310.
- Yasui, M. & Dishion, T. (2007). The ethnic context of child and adolescent

- problem behavior: Implications for child and family interventions. *Clinical Child and Family Psychology*, 10, 137-178.
- Herpertz-Dahlmann, B. (2008). Adolescents eating disorders: Definitions, symptomatology, epidemiology and comorbidity. *Child & Adolescent Psychiatric Clinics of North America*, 18, 31-47.

Class 9 (11/2/16) In-Class Examination #2 and Depression

- DSM-5, (pp. 123-154)

Class 10 (11/9/16) Depression and Bipolar Disorders

Written Assignment Due

- Burton, CM, Marshal, MP, Cisholm, DJ, Sucato, GS, & Friedman, MS. (2013). Sexual
- minority-related victimization as a mediator of mental health disparities in sexual minority youth: a longitudinal analysis. *Journal of Youth and Adolescents*, 42, 394-402
- Bufferd, SJ, Dougherty, LR, Olino, TM, Dyson, MW, Laptook, RS, Carlson, GA, & Klein, DN. (2014). Predictors of onset in depression of young children: a multi-method, multi-informant longitudinal study from ages 3 to 6. *Journal of Child Psychology & Psychiatry*, 10, 1-9.
- Lindsey, M.A., Joe, S., & Nebbitt, V. (2010). Family Matters: The Role of Mental Health Stigma and Social Support on Depressive Symptoms and Subsequent Help Seeking Among African American Boys. *Journal of Black Psychology*, 36, 458-482.
- Vander stroep, A., Adrian, M., McCauley, E., Crowell, S.E., Stone, A., & Flynn, C. (2011). Risk for suicidal ideation and suicide attempts associated with co-occurring depression and conduct problems in early adolescence. *Suicide and Life-Threatening Behavior*, 41, 316-329.
- Miller, S., Chang, K.D., & Ketter, T.A. (2013). Bipolar disorder and attention deficit hyperactivity disorder comorbidity in children and adolescents: evidence-based approach to diagnosis and treatment. *Journal of Clinical Psychiatry*, 74, 628-629.
- Birmaher, B, Axelrod, D, Goldstein, B, Strober, M, Gill, MK, Hunt, J, Houck, P, Ha, W, Iyengar, S, Kim, E & Yen, S. (2009). Four-year longitudinal course of children and adolescents with bipolar spectrum disorders: the course and outcome of bipolar youth (COBY) study. *American Journal of Psychiatry*, 66, 795-804.
- Kranke, D., Floersch, J., Townsend, L., & Munson, M. (2010). Stigma experience among adolescents taking psychiatric medication. *Children and Youth Services Review*, 32, 496- 505.

Class 11 (11/16/16) Autism Spectrum Disorders and Individuals with Disabilities Education Act (IDEA)

- DSM-5, (pp. 50-59).
- Ennis-Cole, D, Durodoye, DA, & Harris, HL. (2013). The impact of culture on autism diagnosis and treatment: considerations for counselors and other professionals. *The Family Journal Counseling for Couples and Families*, 21, 279-287.
- Matson, J.L., Worley, J.A., Fodstad, J.C., Chung, K.M., Suh, D., Jhin, H.K., Ben-Itzhak, E., Zachor, D.A., & Furniss, F. (2011). A multinational study examining the cross cultural differences in reported symptoms of autism spectrum disorders: Israel, South Korea, the United Kingdom and the United States of America. *Research in Autism Spectrum Disorders*, 5, 1598-1604.
- Lord, C. & Bishop, S.L. (2010). Autism spectrum disorders diagnosis, prevalence, and services for children and families. *Social Policy Report* , 24, 1-27.
- Aron, L., & Loprest, P. (2012). Disability and the education system. *The future of Children*, 22(1), 97-122.
- Irwin, M. K., & Elam, M. (2011). Are We Leaving Children with Chronic Illness Behind? *Physical Disabilities: Education and Related Services*, 30(2), 67-80.
- Gray, P., & Norwich, B. (2014). An overview of issues emerging as the policy context changes. *Journal of Research in Special Educational Needs*, 14(2), 122-127.

11/23/16 Thanksgiving Break

Class 12 (11/30/16) Presentations and Gender Dysphoria

Class 13 (12/7/16) Presentations and Closure

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