



Social Work 612: Mental Health and Mental Disorders of Children and Youth
Spring/Summer 2017, Tuesdays 8:10 -noon

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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, 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) stress-response syndromes, including post-traumatic stress disorder and acute stress reactions; 2) depression, bipolar disorder, and other mood problems; 3) anxiety disorders; 4) developmental disorders; 5) disruptive behavior disorders including ADHD and conduct disorder; 6) communication and learning disorders; 7) eating disorders; 8) substance use disorders; and 9) 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 values 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 (IDEA) 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.

8. Required Text:

E.J. Mash & R.A. Barkley (Eds.) (2014) *Child Psychopathology. 3rd edition*. New York: Guilford Press. 2014.

Zero to Three (2005) DC:0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition. Zero to Three Press: Washington, DC.

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

Additional readings as assigned. All additional readings are posted on canvas.

9. Attendance, Participation and Reading:

All are expected. Required readings are to be completed prior to class session. Course materials are available on Canvas. Each session has an assigned Module.

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 ½ 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 electronics for non-class related activities such as browsing the web, using social media, checking emails, etc. etc. During class time, I find these activities very distracting and also disrespectful to peers. 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, 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 routinely using media for non-class related activities during class time, their final course grade will be lowered by one half letter grade. No further reminders will be given on this topic.

APA FORMAT AND ACADEMIC HONESTY

Using APA for citation is expected. It is critical to reference all sources of information or ideas you use in your writing, to do otherwise is academic dishonesty. Direct quotes in particular must be identified as such. Situations of apparent plagiarism or academic dishonesty will be reported and handled according to University policy.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

I invite any class member who has a disability that may affect his or her participation in this course to let me know. We can discuss possible modifications or accommodations in instructional format, assignments, etc.

POLICY ON INCOMPLETES AND LATE ASSIGNMENTS

A grade of “Incomplete” will be given in extenuating circumstances and in accordance with SSW and University policy. All assignments are due by class time on the due date assigned. Please keep me informed if any problems arise.

10. Course Requirements:

40% Assignment #1 (due June 13)

40% Assignment #2 (due July 25)

20 % Assignment #3 (Presentation, due on chosen date)

Assignment #1 (Due June 13)

1A. Clinical (Do this paper if you are currently working, or have worked in the past, with a child or youth client.)

Using DSM or the DC:03 choose a diagnosis given to your client OR choose a diagnosis that better fits the client 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 if your client is a very young child (e.g. birth-3 year old). 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 conclusion to your paper and topic.

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

Using DSM (or DC: 0-3R criteria if you are interested in writing about very young children), Choose a diagnosis you are interested in. Please make sure to keep the focus of your paper on the diagnosis related to children and youth. 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 a child and/or youth 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, briefly discuss evidence based treatment interventions for the case study you presented.
6. Please remember to include an introduction and conclusion to your paper and topic.

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 each of 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 canvas either by class start time of the date the paper is due. Unless an extension has been granted in advance of the due date, late papers will be penalized ½ grade.

Assignment #2 (Clinical Assessment and Initial Treatment Planning): Due July 25)

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 related to your paper and topic.

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 specific 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 Canvas by class start time of the date the paper is due. Unless an extension has been granted in advance of the due date, late papers will be penalized ½ grade.

Assignment #3 Presentation: (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 someone 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, including school performance, 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.

For your in class presentation, you may use whatever media you decide such as powerpoints etc. On the day of your presentation, please submit an outline **or** your powerpoints on Canvas. Your presentation should be about 20 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 are responsible for preparing a 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 disorders have been formulated in the DSM over time; racism as trauma, differences in presentation between girls and boys diagnosed with Autism Spectrum Disorder; 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 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. Do not simply review particular DSM diagnostic criteria as this will be well covered during other class time.

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 on Canvas an outline describing steps 1-3 above and a list of citations for the sources that you used to research your topic.

Course Schedule and Required Assignments:

Session 1 May 9

Topic: Introduction to class, Introduction to Clinical Assessment

Assignment: None

Session 2 May 16

Topic: Introduction to DSM, DC:03, and IDEA ;

Topic: Infants and Children at Risk for Disorder

Assignment:

Child Psychopathology: Chapter 1: A Developmental Systems Perspective; DSM 5 Introduction;

Chapter 15: Disorder and Risk for Disorder in Infancy and Toddlerhood

DC: 0-3R Introduction pp. 1-14.

Session 3 May 23

Topic: Autism Spectrum Disorders

Assignment

Child Psychopathology: Chapter 11: Autism Spectrum Disorder

DC: 0-3R pp.38-40

DSM 5 Autism Spectrum Disorder pp. 50-59 or UM Library Data Base.

<http://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9780890425596.dsm01#x98808.2728600>

Session 4 May 30

Topic: Sexual, Physical and Emotional Abuse (Post Traumatic Stress Disorder) and Potential Impact of Abuse and Trauma on Development

Assignment:

Child Psychopathology: Chapter 10: Childhood Posttraumatic Stress Disorder, Chapter 14: Child Maltreatment.

DC:0-3R pp. 15-19

DSM 5 Trauma and Stressor-Related Disorders

Session 5 June 6

Topic: Intellectual Disabilities and Learning Disabilities

Assignment:

Child Psychopathology Chapter 13 and 14

DSM 5 Intellectual Disability

Session 6 June 13 (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

DSM 5 AD/HD

Session 7 June 20

Topic: Mood Disorders: Depression; Bi-Polar Disorder; and Suicide in Children and Youth

Topic: Childhood Bereavement

Assignment:

Child Psychopathology: Chapters 5, 6, and 7

DC:0-3R pp. 19, 25-27

DSM 5 Depressive Disorders, Bi-Polar and Related Disorders, Disruptive Mood Dysregulation Disorder

Session 8 June 27

Topic: Childhood Anxiety Disorders and Obsessive-Compulsive Disorders

Assignment:

Child Psychopathology: Chapters 8 and 9

DC:0-3R pp.20-25

DSM 5 Anxiety Disorders, Obsessive Compulsive Disorders

Session 9 July 11

Topic: Childhood Onset Schizophrenia and Psychotic Disorders

Assignment:

Child Psychopathology: Chapter 10

DSM 5 Schizophrenia Spectrum and other Psychotic Disorders

Session 10 July 18

Topic: Eating Disorders

Assignment:

Child Psychopathology: Chapter 15: Eating Disorders

DSM 5 Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder

Session 11 July 25 (Assignment #2 Due)

Topic: Substance Related Disorders

Assignment:

Child Psychopathology: Chapter 4: Adolescent Substance Use Disorders

DSM5 Substance Related Disorders