UNIVERSITY OF MICHIGAN
SCHOOL OF SOCIAL WORK

Mental Health and Mental Disorders of Children and Youth

SW 612 Section 001 Fall 2017

Amy Stern, LMSW

Cell: 248.420.4321 Day: 248.409.4155

ayashins@umich.edu amystern3@gmail.com

Office Hours: Immediately before class or by appointment

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

Students who complete this course 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.

Relationship of the Course to the 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.

Relationship 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.

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 Design and Attendance Expectations

This course will use a combination of lecture, class discussion, case material, role-plays, group discussion and video material as appropriate. Students are expected to attend **all** class sessions. **The instructor must be notified in the event of a possible absence.**

- **Attendance at each class session is expected.** The learning in this class is experiential. More than two absences will result in a reduction in the final grade (½ step from A to A-). If a student misses three or more classes, their grade will drop a ½ step for each class missed. If a student misses more than 45 minutes of class time during any given week, this will be considered an absence.
- Assignments are expected to be **on time**. Assignments that are turned in late will result in an automatic half-step reduction in the grade for the assignment. **Written assignments are expected to be submitted electronically on Canvas by midnight of the assigned date to be considered on time.**
- Class participation is strongly encouraged and is worth 10% of your final grade. Please bear in mind, participation involves more than just speaking in class. It involves active listening, attention during lectures, engagement in small group work, etc. If for personal reasons you find class participation to be difficult, please see me.

Grading

The requirements listed below are the minimal expectations for class assignments, and if followed precisely will result in a "B+" grade for the assignment. A grade higher than "B+" will be given to work that has gone above and beyond the minimal qualifications. **This would reflect more thorough, thoughtful and thought-provoking work on your part.** As effective social work practice involves the humanity of the social worker, excellent work will include thorough, thoughtful discussion and reflection. This will be discussed in detail in class. Feel free to ask questions about this policy.

Accommodations

Any student who has a disability or condition that may interfere with your participation in this course, please feel free to contact 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.

Writing Assistance

For further assistance with writing, you may go to the Writing Workshop 1139 Angell Hall 764-0429.

Statement on Plagiarism and Academic Integrity

All academic dishonesty, including plagiarism, cheating, fabrication, and misrepresentation will be treated seriously. You will find a discussion of plagiarism and other violations academic integrity. Please consult your Student's Guide to the Master's in Social Work Degree Program (online).

Class Requirements

Required Reading

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

*this can be found online through Mirlyn

Other readings as assigned are available on Canvas.

Assignments

Progress in this course will be assessed by three assignments. The purpose of the assignments is to develop and enhance your skills in working with children and youth. For all assignments in this class, please protect confidentiality by disguising any identifying information. When a Micro or Macro focus is offered, students should do one or the other, not both.

Please use bullet points illustrating required information as headings within your papers.

Papers should be written in narrative format, not outline format.

Please always respect confidentiality, and disguise any identifying information.

1. **Paper – Attachment, Trauma, and Schemas - Due October 11**

   This Paper is worth 30% of your grade

   Micro-Focus:

   Based on a youth you are currently working with or have worked with in the past, yourself as a youth, or a child of whom you have deep personal knowledge, write a 5-6 page paper that addresses the following:

   a. A brief introduction to the child including: demographic information, diagnostic information, relevant family information, and the context in which you work(ed) with/know the child.
      i. If you do not know about diagnostic information, but you think there could/should be a diagnosis, include your thoughts about potential diagnoses.
   b. How would you categorize this youth's attachment style?
      i. Provide a rationale for your thoughts – what thoughts, feelings, behaviors are present in the child that inform your classification?
   c. Provide an ACE score for this child
      i. Which questions on the questionnaire received a "yes" for this child?
      ii. What are your thoughts about this child's ACE score?
      iii. Are there experiences that are not captured by the ACE questionnaire that you think were experienced as traumatic/impactful of schemas by this child?
   d. What are this child's schemas?
      i. Include your thoughts about the actual thoughts this child has about themselves, others, and the world.
      ii. How do you see these schemas playing out in their daily life?
   e. What are your thoughts about how this youth's attachment style, trauma, and schemas are connected? How do these three things come together to impact/create this youth's life experiences?

   Macro Focus:

   Based on a specific population or child or youth-related issue with which you are currently working or have worked with in the past, or of which you have deep personal knowledge or experience, write a 5-6 page paper that addresses the following:

a. A brief introduction to the topic including: relevant demographic and mental health-related information, and the context in which you work with/know about the topic.
b. On a macro level, how do you see attachment styles playing a role in your chosen topic or population?
c. Discuss the items on the Adverse Childhood Experiences questionnaire as they relate to your chosen topic or population?
    i. Are there common ACEs experienced within this population/topic?
    ii. Are there experiences that are not captured by the ACE questionnaire that you think are experienced as traumatic by this population/topic?

f. Schemas
    i. Discuss the collective or common schemas you see as being present with this topic/population
    ii. Discuss how societal schemas (PODS) play a role in the experiences of those in this population.
    iii. How do you see these schemas playing out in their daily life?
g. What are your thoughts about how attachment, trauma, and schemas are connected within the context of your paper/topic? How do these three things come together to impact/create this group's life experiences?

2. Group Project/Presentation – <u>Due November 8th or November 15th</u>

This project is worth 30% of your grade.

Working with your chosen group, you will identify a mental health diagnosis not covered in class that affects children and youth. This may be a diagnosis with which you have experience, or one you'd like to learn more about. *Sign up for presentation dates and topics will occur in class on 9/13/17.* ***Groups are strongly encouraged to utilize media, small group discussion, or activities in your presentation as appropriate, meaningful, or helpful.***

a. In a 30-45 minute presentation, your group will identify the following as it pertains to the diagnosis you are studying:
    i. Diagnosis – DSM 5 diagnostic criteria/common signs and symptoms, prevalence in the population, age of onset
    ii. Common hypothesis regarding the development of the disorder, including psychosocial and biological factors
    iii. PODS considerations when working with this diagnosis/someone with this diagnosis
    iv. In what ways would this illness affect a person's ability to live their daily life?
        1. i.e. impact on relationships, school, independent living for older adolescents, etc.
        2. How would this disorder affect an individual's view of self?

3. How would receiving or living with this diagnosis impact the family?
4. What supports would be important in recovery from this illness?

v. Multi-level Interventions
1. What evidence-based interventions would be useful in working with this diagnosis?
2. What non evidence-based interventions might be helpful for this diagnosis? (promising practices, holistic health approaches, etc.)
3. What mezzo- and macro-level interventions might be helpful for this diagnosis?
4. What would mezzo- and macro-level social workers need to consider when working with this diagnosis
    a. i.e. if planning programs around this diagnosis, what would be important to know?
5. What might be barriers to intervention when working with this illness?

vi. Differential diagnosis – what else does this diagnosis sometimes present as?

vii. What should social workers know about the diagnosis or living with the diagnosis in order to provide effective services?

b. Each group will turn in a hard copy of their presentation on the day of the presentation
    i. Should be in the form of a PowerPoint notes printout

c. Each group member will submit a one-page reflection discussing how learning about this illness, and interventions specific to it, will affect their personal social work practice. This paper will be submitted through Canvas by midnight on the day of the presentation.

3. Case Studies – <u>Due December 8</u>

This assignment is worth 30% of your grade.

Case studies will be available on Canvas beginning November 15, 2017. There will be 15 total case studies available, students will have to complete seven of them.

For each case study:

a. Identify DSM 5 diagnosis
    i. Including applicable subtypes and specifiers
    ii. Identify which of the diagnostic criteria are met by this case
        1. Provide examples from the case study to support your findings

b. Identify the schema of the youth presented
    i. What are this youth's thoughts about themselves, relationships/others, and the world in general?
    ii. Include thoughts in all three categories – self, others, the world

c. What micro-, mezzo-, <u>and</u> macro-level interventions would be most helpful for this youth?
    i. Provide short explanations of why you chose those particular interventions

d. Each case study has a table to be filled in with the required information. Please copy and paste all tables for each case into one file to submit on Canvas.
    i. Do not include the actual narrative case study in your submission
    ii. Please fill in each required element with bullet points (rather than in paragraph form).

Course Schedule

Week 1: September 6, 2017

- Introductions, Review of Syllabus and Class Expectations, Introduction to working with Children

Week 2: September 13, 2017

- Infant Mental Health
- Group Presentation sign up

DSM 5 – Reactive Attachment Disorder, Disinhibited Social Engagement Disorder – Page 265-271

Kennedy, Janice H. "Maternal Attributional Style and Infant Attachment." Journal of Early Childhood and Infant Psychology 6 (2010): 85

Laurent, H. K., & Ablow, J. C. (2012). The missing link: Mothers' neural response to infant cry related to infant attachment behaviors. *Infant Behavior and Development*, *35*(4), 761-772.

Philippe, F. L., Laventure, S., Beaulieu-Pelletier, G., Lecours, S., & Lekes, N. (2011). Ego-resiliency as a mediator between childhood trauma and psychological symptoms. *Journal of Social and Clinical Psychology, 30*(6), 583-598

Planalp, E. M., & Braungart-Rieker, J. M. (2013). Temperamental precursors of infant attachment with mothers and fathers. *Infant Behavior and Development*, *36*(4), 796-808.

Grigorenko, E. L., Cicchetti, D., Monk, C., Spicer, J., & Champagne, F. A. (2012). Linking prenatal maternal adversity to developmental outcomes in infants: The role of epigenetic pathways. Development and Psychopathology, 24(4), 1361-76.

Week 3: September 20, 2017

Class Canceled

Week 4: September 27, 2017

- Schemas and Trauma
- Guest Speaker – Ellen Chute, LMSW

DSM 5 – Post Traumatic Stress Disorder – Page 271-280

Kolk, Bessel A. van der, MD. (1994). *Childhood abuse and neglect and loss of self-regulation.* Menninger Clinic Bulletin, 58 (2), 145-168.

Teicher, M. (2002). *Scars that won't Heal: The Neurobiology of Child Abuse.* Scientific American, 286(3), 68-75.

Perry, BD, Pollard, RA, Blakley, TL, Baker, WL, Vigilante, D. (1995). *Childhood Trauma: The neurobiology of adaptation and "use-dependent" development of the brain: How states become traits.* Infant Mental Health Journal, 16(4), 271-291.

Week 6: October 4, 2017

- Gender Socialization

Pollack, W., (1998). *Real boys.* Henry Holt and Co. New York. Chapters 2, 3, 12, 13 pages 20-64

Pipher, Mary, (1994) *Reviving Ophelia: Saving the Selves of Adolescent Girls.* Riverhead Books, New York, New York. Chapters 1-3 pages 17-44

Thomas, A., King, C., *Gendered Racial Socialization of African American Mothers and Daughters.* The Family Journal 2007 15:137

Week 7: October 11, 2017– Paper 1 Due

- ADHD

DSM 5 – Neurodevelopmental Disorders – Page 59-66

Dillon, J. E., & Chervin, R. D. (2012). ADHD and Sleep Disorders in Children: A Quick Primer for Clinicians. *Psychiatric Times*, *29*(6), 20-29.

Konofal, E., Lecendreux, M., & Cortese, S. (2010). Sleep and ADHD. *Sleep Medicine*, *11*(7), 652-658.

Howe, D. (2010), ADHD and its comorbidity: an example of gene–environment interaction and its implications for child and family social work. Child & Family Social Work, 15: 265–275.

Anastopoulos, A. D., Sommer, J. L., & Schatz, N. K. (2009). ADHD and family functioning. *Current Attention Disorders Reports*, *1*(4), 167-170.

Kohler, M., Christensen, L., & Kilgo, J. (2013). Cultural diversity and responsivity. Childhood Education, 89(6), 403

Week 8: October 18, 2017

- Disruptive, Impulse-Control, and Conduct Disorders

DSM – Disruptive, Impulse-Control, and Conduct Disorders – Page 462-475

Conner, B. T., & Lochman, J. E. (2010). Comorbid conduct disorder and substance use disorders. *Clinical Psychology: Science and Practice*, *17*(4), 337-349.

Rowe, R., Costello, E. J., Angold, A., Copeland, W. E., & Maughan, B. (2010). Developmental pathways in oppositional defiant disorder and conduct disorder. *Journal of Abnormal Psychology*, *119*(4), 726.

Baker, K. (2009). Conduct disorders in children and adolescents. *Pediatrics and Child Health*, *19*(2), 73-78.

Mizock, L., & Harkins, D. (2011). Diagnostic bias and conduct disorder: Improving culturally sensitive diagnosis. *Child & Youth Services*, *32*(3), 243-253.

Week 9: October 25, 2017

- Autism Spectrum Disorder
- Guest Speaker: SunShine Adkins, LMSW

DSM 5 – Neurodevelopmental Disorders – Page 50-58

Geschwind, D. H. (2011). Genetics of autism spectrum disorders. *Trends in cognitive sciences*, *15*(9), 409-416.

Mandy, W., Chilvers, R., Chowdhury, U., Salter, G., Seigal, A., & Skuse, D. (2012). Sex differences in autism spectrum disorder: Evidence from a large sample of children and adolescents. *Journal of autism and developmental disorders*, *42*(7), 1304-1313.

Dababnah, S., Parish, S. L., Turner Brown, L., & Hooper, S. R. (2011). Early screening for autism spectrum disorders: A primer for social work practice. *Children and Youth Services Review*, *33*(2), 265-273.

Week 10: November 1, 2017

- Issues in Adolescence
- Guest Speaker: My Voice Panel from The Spectrum Center

Dvir, Y., Denietolis, B., & Frazier, J. A. (2013). Childhood Trauma and Psychosis. *Child & Adolescent Psychiatric Clinics of North America*.

Sadowski, M. (2012). From adolescent boys to queer young men: support for and silencing of queer voice in schools, families, and communities. *Thymos, 6*(1), 76-96.

Clark, M. S., Jansen, K. L., & Anthony Cloy, J. (2012). Treatment of childhood and adolescent depression. *American Family Physician*, *86*(5), 442.

Week 10: November 8, 2017
Group Presentations

Week 11: November 15, 2017
Group Presentations

Week 12: November 22, 2017
No Class – Thanksgiving Break

Week 13: November 29, 2017

- Anxiety Disorders
- Eating Disorders

DSM 5 – Feeding and Eating Disorders – Page 339-354

Robinson, A. L., Dolhanty, J., & Greenberg, L. (2013). Emotion-Focused Family Therapy for Eating Disorders in Children and Adolescents. *Clinical psychology & psychotherapy*
Le Grange, D., Lock, J., Loeb, K., & Nicholls, D. (2010). Academy for eating disorders position paper: The role of the family in eating disorders. *International Journal of Eating Disorders*, *43*(1), 1-5.

Quiles Marcos, Y., Quiles Sebastián, M. J., Pamies Aubalat, L., Botella Ausina, J., & Treasure, J. (2012). Peer and family influence in eating disorders: A meta-analysis. *European Psychiatry*.

Treasure, J., Claudino, A. M., & Zucker, N. (2010). Eating disorders. The Lancet, 375(9714), 583-93.

Burns, E. E., Fischer, S., Jackson, J. L., & Harding, H. G. (2012). Deficits in emotion regulation mediate the relationship between childhood abuse and later eating disorder symptoms. *Child abuse & neglect*, *36*(1), 32-39.

DSM 5 – Anxiety Disorders – Page 189-226

Rockhill, C., Kodish, I., DiBattisto, C., Macias, M., Varley, C., & Ryan, S. (2010). Anxiety disorders in children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*, *40*(4), 66-99.

Kodish, I., Rockhill, C., & Varley, C. (2011). Pharmacotherapy for anxiety disorders in children and adolescents. *Dialogues in clinical neuroscience*, *13*(4), 439.

Connolly, S. D., Suarez, L., & Sylvester, C. (2011). Assessment and treatment of anxiety disorders in children and adolescents. *Current psychiatry reports*, *13*(2), 99-110.

Week 14: December 6, 2017

- "Adult" Disorders in Youth –Depression, Bipolar Disorder, Psychosis

DSM 5 – Depressive Disorders – Page 155-188
DSM 5 – Bipolar and Related Disorders – Page 123-154
DSM 5 – Schizophrenia Spectrum and Other Psychotic Disorders – Page 97-122

O'Driscoll, C., Heary, C., Hennessy, E. and McKeague, L. (2012), Explicit and implicit stigma towards peers with mental health problems in childhood and adolescence. Journal of Child Psychology and Psychiatry, 53: 1054–1062. doi:10.1111/j.1469-7610.2012.02580.x

Costello, E. J. and Maughan, B. (2015), Annual Research Review: Optimal outcomes of child and adolescent mental illness. J Child Psychol Psychiatry, 56: 324–341. doi:10.1111/jcpp.12371

Hankin, B. L., Young, J. F., Abela, J. Z., Smolen, A., Jenness, J. L., Gulley, L. D., & ... Oppenheimer, C. W. (2015). Depression from childhood into late adolescence: Influence of gender, development, genetic susceptibility, and peer stress. Journal Of Abnormal Psychology, 124(4), 803-816. doi:10.1037/abn0000089

Sekar, A., Bialas, A. R., de Rivera, H., Davis, A., Hammond, T. R., Kamitaki, N., … McCarroll, S. A. (2016). Schizophrenia risk from complex variation of complement component 4. *Nature*, *530*(7589), 177–183. http://doi.org/10.1038/nature16549

December 8 – Final Case Study Assignment Due