



**SW 612, Sec 003 Mental Health and Mental Disorders in Children and Youth
Course Syllabus**

Fall Term 2017 Fridays 2:00-5:00pm

Instructor: Daniel Fischer, LMSW

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Office Hours: By appointment (*please email to schedule an appointment as needed*)

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 and presentations, videos, and guest lectures. There will be three in-class closed book examinations of short essay format. There will also be one short open book take home quiz. Students are expected to attend all classes, participate in class discussion and practice vignettes.

Course Requirements and Grading Rubric

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| • In-class examination #1 (10/6/17) | 90 points |
| • In-class examination #2 (11/3/17) | 90 points |
| • In-class examination #3 (12/15/17) | 90 points |
| • Class attendance, participation and clinical practice vignettes | 20 points |

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 (5 points)
- List criteria for diagnosis and provide information from the vignette that meets the criteria (15 points)
- List best practice intervention options as described in class and in readings (10 points)

Examinations are not cumulative and will take place in-class. Each exam will have 3 clinical vignettes and the possibility to earn 90 points total. Each clinical vignette is worth 30 points.

Class Attendance and Participation, and Clinical Practice Vignettes/Experiences– weekly in-class (20 points)

Attendance is a requirement. Your grade will be affected negatively if you miss more than one class or any classes without communication with the instructor (-2 points for each missed class session). Excessive absences may result in an overall failing grade for the course. Students are held responsible for content information from missed classes.

Participation 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.

You will be required to engage in in-class exercises and discussions that focus on clinical vignettes and skill practice and integrative learning related to the lectures and course readings.

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.

Course Grading Scale (Total points available 290).

A	(290-275 points)	C+	(231-223 points)
A-	(274-261 points)	C	(222-213 points)
B+	(260-252 points)	C-	(212-203 points)
B	(251-242 points)	D	(202-188 points)
B-	(241-232 points)	F	(less than 188 points)

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.

Student Mental Health and Wellbeing

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact our new School of Social Work **Counseling and Psychological Services (CAPS)** embedded counselor, **Megan Shaughnessy-Mogill, LLMSW** at (734) (734) 763-7894 and mshaughm@umich.edu. Megan’s office at the UMSSW is located on the 4th Floor, RM 4687.

You may also contact the main **CAPS Office** at (734) 764-8312 and <https://caps.umich.edu> during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult **University Health Services (UHS)** at (734) 764-8320 and <https://www.uhs.umich.edu/mentalhealthsvcs> or for alcohol or drug concerns see www.uhs.umich.edu/aodresources . For a listing of other mental health resources available on and off campus, visit <http://umich.edu/~mhealth/> .

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-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.

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.

Safety & Emergency Preparedness

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB(7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email ssw-ADAAcompliance@umich.edu.

Office of Student Services
School of Social Work | Room 1748
[734-936-0961](tel:734-936-0961)

For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>.

Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

COURSE SCHEDULE, TOPICS AND REQUIRED READING ASSIGNMENTS

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

o 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>

The SSW library also has a subscription to the DSM-IV through Stat!Ref. You can access it on-line with the following link (if off campus you will have to authenticate with your UM-username to get in):

<http://searchtools.lib.umich.edu/V/?func=native-link&Resource=UMI03044>

The DSM-5 Casebook can also be found at

<http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9781585624836>

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

COURSE SCHEDULE

SESSION 1 – SEPTEMBER 8, 2017

Social Work Practice, Assessment and Use of the DSM 5

- DSM-5, (pp. 5-17) and DSM-5, (pp. 19-25).

- 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.
- Inch, E. (2017). Are you ready? Qualifying social work students' perception of their preparedness to work competently with service users from sexual and gender minority communities. *Social Work Education*, 36(5), 557-574.
- Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual Research Review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, 56(3), 345-365.

SESSION 2 – SEPTEMBER 15, 2017

Anxiety Disorders in Children and Youth (specific phobias, separation anxiety disorder)

- DSM-5, (pp. 189-202).
- 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.
- Holly, L. E., Little, M., Pina, A. A., & Caterino, L. C. (2014). Assessment of anxiety symptoms in school children: a cross-sex and ethnic examination. *Journal of abnormal child psychology*, 43(2), 297-309.
- Vaughan, J., Coddington, J. A., Ahmed, A. H., & Ertel, M. (2017). Separation Anxiety Disorder in School-Age Children: What Health Care Providers Should Know. *Journal of Pediatric Health Care*, 31(4), 433-440.

SESSION 3 – SEPTEMBER 22, 2017

Anxiety Disorders in Children and Youth (generalized anxiety disorder, social anxiety disorder, panic disorder) (guest presenter, young adult with childhood diagnosis of an anxiety disorder)

- DSM-5, (pp. 202-225).
- Borelli, J. L., Rasmussen, H. F., John, H. K. S., West, J. L., & Piacentini, J. C. (2014). Parental reactivity and the link between parent and child anxiety symptoms. *Journal of Child and Family Studies*, 1-15.
- Gordon-Hollingsworth, A. T., Becker, E. M., Ginsburg, G. S., Keeton, C., Compton, S. N., Birmaher, B. B., ... & Suveg, C. M. (2015). Anxiety Disorders in Caucasian and African American Children: A Comparison of Clinical Characteristics, Treatment Process Variables, and Treatment Outcomes. *Child Psychiatry & Human Development*, 46(5), 643-655.
- Schleider, J. L., Ginsburg, G. S., Keeton, C. P., Weisz, J. R., Birmaher, B., Kendall, P. C., ... & Walkup, J. T. (2015). Parental Psychopathology and Treatment Outcome for Anxious Youth: Roles of Family Functioning and Caregiver Strain. *Journal of Consulting and Clinical Psychology*, Vol 83(1), 213-22.

SESSION 4 – SEPTEMBER 29, 2017

Obsessive-Compulsive Disorder, practice vignettes and exam review

- DSM-5 (pp.235-242)
- Francazio, S. K., Flessner, C. A., Boisseau, C. L., Sibrava, N. J., Mancebo, M. C., Eisen, J. L., & Rasmussen, S. A. (2016). Parental Accommodation Predicts Symptom Severity at Long-Term Follow-Up in Children with Obsessive–Compulsive Disorder: A Preliminary Investigation. *Journal of Child and Family Studies, 25*(8), 2562-2570.
- 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.

SESSION 5 – OCTOBER 6, 2017

In-class Examination #1 and Tic Disorders

- DSM-5 (pp.81-85).
- Cohen, S. C., Leckman, J. F., & Bloch, M. H. (2013). Clinical assessment of Tourette syndrome and tic disorders. *Neuroscience & Biobehavioral Reviews, 37*(6), 997-1007.
- 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.

SESSION 6 – OCTOBER 13, 2017

Attention Deficit Hyperactivity Disorder, practice vignettes

- DSM-5, (pp. 59-66).
- 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.
- Rubia, K., Alegria, A. A., Cubillo, A. I., Smith, A. B., Brammer, M. J., & Radua, J. (2014). Effects of stimulants on brain function in attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. *Biological Psychiatry, 76*(8), 616-628.
- Thomas, R., Sanders, S., Doust, J., Beller, E., & Glasziou, P. (2015). Prevalence of attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. *Pediatrics, 135*(4), e994-e1001.

SESSION 7 – OCTOBER 20, 2017

Childhood Trauma, Abuse & Neglect (PTSD) and Gender Dysphoria

- DSM-5, (pp. 265-290) and (pp. 451-459).
- 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.

- Holt, V., Skagerberg, E., & Dunsford, M. (2016). Young people with features of gender dysphoria: Demographics and associated difficulties. *Clinical Child Psychology and Psychiatry, 21*(1), 108-118.
- 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.
- 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*.

SESSION 8 – OCTOBER 27, 2017

Disruptive Behavior Disorders, practice vignettes

- DSM-5, (pp. 461-476)
- Althoff, R. R., Kuny-Slock, A. V., Verhulst, F. C., Hudziak, J. J., & Ende, J. (2014). Classes of oppositional-defiant behavior: concurrent and predictive validity. *Journal of child psychology and psychiatry, 55*(10), 1162-1171.
- 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.
- Ollendick, T. H., Booker, J. A., Ryan, S., & Greene, R. W. (2017). Testing Multiple Conceptualizations of Oppositional Defiant Disorder in Youth. *Journal of Clinical Child & Adolescent Psychology, 1-14*.

SESSION 9 – NOVEMBER 3, 2017

In-class Examination #2 and Autism Spectrum Disorders

- DSM-5, (pp. 50-59).

SESSION 10 – NOVEMBER 10, 2017

Autism Spectrum Disorders

- Daniels, A. M., & Mandell, D. S. (2014). Explaining differences in age at autism spectrum disorder diagnosis: A critical review. *Autism, 18*(5), 583-597.
- 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.

SESSION 11 – NOVEMBER 17, 2017

Eating Disorders and Individuals with Disabilities Education Act (IDEA)

- DSM-5, (pp. 329-354).

- Aron, L., & Loprest, P. (2012). Disability and the education system. *The future of Children*, 22(1), 97-122.
- 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.
- Hughes, E. K., Goldschmidt, A. B., Labuschagne, Z., Loeb, K. L., Sawyer, S. M., & Grange, D. L. (2013). Eating disorders with and without comorbid depression and anxiety: similarities and differences in a clinical sample of children and adolescents. *European Eating Disorders Review*, 21(5), 386-394.
- Irwin, M. K., & Elam, M. (2011). Are We Leaving Children with Chronic Illness Behind? *Physical Disabilities: Education and Related Services*, 30(2), 67-80.
- Taylor, J. Y., Caldwell, C. H., Baser, R. E., Matusko, N., Faison, N., & Jackson, J. S. (2013). Classification and correlates of eating disorders among Blacks: findings from the National Survey of American Life. *Journal of health care for the poor and underserved*, 24(1), 289.

THANKSGIVING BREAK, NOVEMBER 24, 2017

SESSION 12 – DECEMBER 1, 2017

Depression and Bipolar Disorders

- DSM-5, DSM-5, (pp.155-188) and (pp. 123-154)
- 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
- 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.
- Vander Stoep, 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.

SESSION 13 – DECEMBER 8, 2017

Depression and Bipolar Disorders, and

Mental Health Stigma, Marginalized Groups and Social Justice Issues in Diagnosis and Treatment

- Bostwick, W. B., Meyer, I., Aranda, F., Russell, S., Hughes, T., Birkett, M., & Mustanski, B. (2014). Mental health and suicidality among racially/ethnically diverse sexual minority youths. *American journal of public health*, 104(6), 1129-1136.
- Bulanda, JJ, Bruhn, C, Byro-Johnson, T, & Zentmyer, M. (2014). Addressing mental health stigma among young adolescents: evaluation of a youth-led approach. *Health & Social Work*, 39, 73-80.

- 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.
- Connolly, M. D., Zervos, M. J., Barone, C. J., Johnson, C. C., & Joseph, C. L. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health*, 59(5), 489-495.
- 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.

SESSION 14 – DECEMBER 15, 2017

In-class Examination #3