1. Course Description:

This interprofessional course is for student learners in the areas of social work, nursing, pharmacy, dentistry and education. 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 and substance related problems in children and youth. Using a clinical case discussion format, this class will highlight mental health diagnoses, comorbidity, and collaboration across health professions. Social determinants of health/mental health will be used as an organizing framework for discussing the impact of factors associated with health and mental health across diverse cultures, groups and populations. Classification systems of child and youth functioning and disorders will be presented such as the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5), Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC: 0-5, and the Individuals with Disability Education Act (IDEA). Students will be taught to critically understand both the strengths and limitations of these classification systems and how to use these systems in practice. 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. Interprofessional education competencies related to teamwork and collaboration, values and ethics, and communication will be addressed.

2. Course Content:

This course will examine psychological, behavioral, and developmental disorders of childhood and adolescence. The 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:

- Understand the diagnostic system as a generalizable framework for assessing, evaluating diagnosing children and youth with mental health concerns.
- Understand the major features and the natural history of the most common mental disorders and disorders with the greatest impact on families, schools and the public systems of care.
- Understand the impact of mental health, health and substance related problems within a co- and multi-morbidity, and differential diagnosis framework.
- Develop an understanding and awareness of the best practice/best available interventions and treatments for mental health disorders of children and youth.
- Using an interprofessional framework, students will be able to communicate and collaborate effectively across disciplines and shared care relationships.

- Demonstrate empathic appreciation of the client's experience of disorders from the perspective of the client's inner world.
- Demonstrate an understanding of the impact of the child's or adolescent's difficulties on parents and other family members.

4. Course Design:

The instructor will select required and recommended readings. The objectives of the course will be pursued through readings, lectures, clinical team discussions, case studies and presentations, and videos. 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.
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):

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:


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 required. We will be meeting virtually for 2.5 hours each week. During these virtual sessions we have lectures, break out sessions, small and
large group discussions. Required readings and pre-learning assignments are to be completed prior to class session. Please come prepared to have your cameras on for most of the session. In the unlikely event that you must miss a virtual session, email me to inform me about your absence and discuss make up plan. Because attendance is required, missing more than two classes will make it difficult to pass the class.

**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.

**Additional Course Policies and Resources**

**APA Format and Academic Honesty**

Using APA for citation is expected. *APA formatting*. Review the MLibrary APA Citation Guide as needed. The Purdue Owl website is another helpful resource for assistance with APA formatting.

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. More information on academic integrity policies can be found in the MSW Student Guide.

**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. If you are in need of any accommodations, please let me know at your earliest convenience. Any information you provide is private and confidential and will be treated as such. Additional information about accommodations for students with disabilities, as well as a list of appropriate accommodation forms, is available here. Please present the appropriate paperwork at least two weeks prior to the need for the accommodation (test, project, etc.).

*For more information, contact:*
Religious/Spiritual Observances

There are also a number of religious observances that occur during the term that will be relevant for some of you. We should discuss how we can allow you to practice your faith and meet course obligations. The University of Michigan, as an institution, does not observe religious holidays, however it has long been the University’s policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Please click here to find out more about student expectations around conflicts between the academic and religious calendars, as well as a non-exhaustive list of religious holidays.

Safety and emergency preparedness:
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)764-7793 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 two emergency exits nearest the classroom.

Each SSW classroom is equipped with door locks. Pressing the Lock button (the only button located on inside of the door handle) to lock the door from within the room.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services (Room 1748) at (734) 936-0961 or via email at ssw-ada.compliance@umich.edu.

Click here to read more about the School of Social Work’s emergency policies and procedures.
Additional resources:

- Report a hate crime or bias-related incident
- Sexual Misconduct, Harassment, Discrimination
- Register for UM Emergency Alerts
- View the annual Campus Safety Statement
- Co-vid 19 and University of Michigan

Mental health and well being:
The University of Michigan is committed to advancing the mental health and well being of all students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact:

- Counseling and Psychological Services (CAPS) at (734) 764-8312
  SSW embedded CAPS Counselor: Alejandro Rojas, LMSW. He is dedicated to supporting the wellbeing of social work students and the SSW community and offers short-term, solution-focused individual therapy. All services are free and confidential. Contact him at (734) 764-8312 or via email at aroja@umich.edu.
- University Health Service (UHS) at (734) 764-8320
- Additional campus health and wellness resources
  The Office of Student Services' Health and Wellness Program provides supportive services to MSW students which promote wellness, self care and maintenance of a healthy academic and mental health balance, as well as to increase disability awareness.
    - SSW Health and Wellness Guide
    - Contact the Health and Wellness Program at ssw.wellness@umich.edu

Teaching evaluations:
Students are strongly encouraged to complete teaching evaluations at the end of each term. Teaching evaluations are administered via Canvas and will be emailed to students during the last week of classes. Student identity is completely anonymous, and instructors cannot view evaluation reports until after grades are submitted.
Proper use of names and pronouns:

All students will be referred to by the names and pronouns they use (e.g. she, they, ze, he). If you have a name that differs from the one that appears on the roster, please inform the instructor before the second class period so that they use your correct name and pronouns. **Students can designate their personal pronouns on the class roster via Wolverine Access**: Student Business > Campus Personal Information > Gender Identity.

There are two inclusive restrooms in the SSW building: room 1784 (1st floor, near Registrar's Office) and B833T (Lower Level). **Click here for the Spectrum Center's map of gender inclusive restrooms on campus.**

Military deployment:
**Please click here for more information and resources for students called to Active Duty status while enrolled at the University of Michigan.**

Writing skills and expectations:

Strong writing and communication skills are essential to students' academic success and professional career. The Writing Coordinator for the School of Social Work is open to meeting with students during any phase of the writing process. The Writing Coordinator's office is housed within the Career Services Office. The Career Services Office also offers workshops, resources and individual assistance to help improve skills and confidence in written communication.

For more information or to schedule an appointment, contact:

**SSW Writing Assistance**
Career Services (Room 1696)
1080 S University Ave.
**Phone:** (734) 763-6259
**Email:** ssw-cso@umich.edu

10. **Course Requirements:**
40% Assignment #1 (due June 14)
40% Assignment #2 (due July 19)
20 % Assignment #3 (Group Presentation, due on chosen date)

**Assignment #1 (Due June 14)**

1A. Clinical (do this paper if you have or are currently working with
Using DSM 5 choose a diagnosis given to your child/adolescent client OR choose a diagnosis that better fits the child or adolescent you are working with, in your view. (It may be different from the diagnosis given by another professional involved in the case). 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 an introduction to your topic and paper.

2. Provide a brief definition of the diagnosis you have chosen to research, and write about, including its common symptoms. (This section may be a paraphrase of DSM 5)

3. 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 or adolescent 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.

4. Discuss two specific points related to Privilege, Oppression, Diversity, and Social Justice (PODS) that are relevant to your topic of research.

5. Illustrate your researched topic using your clinical case material. Be sure that your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.

6. Case diagnostic discussion:
   a. Provide a specific description about how the client’s presentation meets each of the specific diagnostic criteria of
the DSM 5 diagnosis you have chosen as the focus of your paper. Describe how your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis. It is important here to loop back to the diagnostic criteria you have laid out earlier in the paper and describe how the case example illustrates meeting the specific criteria or if/what information is omitted.

b. If relevant, discuss whether you think your client has been misdiagnosed. That is, after exploring the child's or youth'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.

7. Discuss whether or not you are (or will be) able to implement 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?)

8. Conclusion (briefly summarize your paper and discuss the specific significance and/or future directions).

Details:
Bibliography: Include an APA style bibliography of the references you have cited.
Length: 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 on canvas by class start time of the date the paper is due. Late papers will lose points.

1B. Non-Clinical (do this paper if you have never worked with child/adolescent clients):
Using DSM 5, 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 an introduction to your topic and paper.

2. Write a brief definition of the diagnosis and its common symptoms. (This section may be a paraphrase of DSM 5).

3. 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 evidence-based treatments or interventions associated with the diagnosis you have chosen.

4. Discuss two specific points related to Privilege, Oppression, Diversity, and Social Justice (PODS) that are relevant to your topic of research.

5. Illustrate your researched topic by summarizing a clinical case example you have found in the literature. Be sure that your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.

6. Case Diagnostic Discussion
a. Provide a specific description about how the client’s presentation meets each of the specific diagnostic criteria of the DSM 5 diagnosis you have chosen as the focus of your paper. Describe how your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis. It is important here to loop back to the diagnostic criteria you have laid out earlier in the paper and describe how the case example illustrates meeting the specific criteria or if/what information is omitted.

b. If relevant, discuss whether you think your client has been misdiagnosed. That is, after exploring the child’s or youth’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.

7. Given the research you have done, briefly discuss evidence-based treatment interventions for the case study you presented.

8. Conclusion: Briefly summarize your paper and discuss the specific significance and/or future directions.

_Details:

_Bibliography:_ Include an APA style bibliography of the references you have cited. Highlight or * the article with the case example.

**Length:** 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 on canvas by class start time of the date the
Assignment #2 (Clinical Assessment and Intervention Planning): July 19)

2A (Do this paper if you have or are currently working with children and youth)*

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 diagnostic formulation, and recommended evidence-based intervention.

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 interaction between the child/youth and professional, 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 professional 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. Write and introduction to your paper and topic.

2. Give a brief background statement that includes presenting problem, family circumstances and relevant social, educational, and developmental history.

3. 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.

4. 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.

5. Provide a DSM diagnosis, matching symptoms and behaviors to each diagnostic criteria.

6. Cite 3 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 three articles which focus on aspects of physical abuse relevant to your case OR if depression is the diagnosis find three articles discussing child/adolescent depression).

7. Describe a relevant best practice/ best available intervention and treatment . Indicate your rationale for choosing the approach you did. The relationship between the diagnostic formulation and intervention plan should be clearly stated. If relevant, describe components of the intervention plan which involve interprofessional practice, 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.

8. Discuss at least two ways that you integrated a focus on Privilege, Oppression, Diversity, and Social Justice (PODS) into your research and analysis of your topic and content of your paper.

9. Please remember to include an introduction (to your topic and paper) and concluding section (briefly summarizing your paper and specifying significance/future directions).

Assignment#2 Details:
Confidentiality: As in all class discussions, please disguise your case material by using initials for client all family members and delete or disguise any other identifying facts/information such as school district, specific community where child resides etc.
Bibliography: Include an APA style bibliography of the references you have cited.
Length: 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. Late papers will lose points.

2B Non- Clinical alternative. If you are not working with children and youth, do assignment 1B, choosing a different diagnosis to research.*

* If either of these assignments do not appeal to you and there is a topic that you are interested in and meets the course objectives, please reach out to me to discuss and plan an alternative assignment.

**Assignment #3 Group Presentation: (Option #1 or Option #2)**

Option 1 (Clinical Presentation)

Sign up in class. This assignment is a virtual clinical presentation. This presentation will simulate a treatment team presentation responsible for creating a diagnostic summary for a child or adolescent child. This client may be one 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). Please do not present a client that you have written about for another SW 612 class assignment.

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.

Please upload to canvas either an outline of your presentation or the powerpoint/prezzi at the time of the presentation. You may use whatever media you need for your presentation such as powerpoints etc. Your presentation should be 20-25 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. You and your partner(s) are responsible for preparing a 20-25 minute presentation (including class discussion/questions) 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; 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 and your group partners. Do not simply review diagnostic material as these will be well covered during other class time.

After researching your chosen topic, prepare a 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 either upload your powerpoint presentation or a brief outline describing steps 1-3 above. Include a list of at least 5 citations that you used to research your topic.

Both Clinical and Hot Topic Presentation will be graded based on how well the
presentation covered the assigned content, organization, succinctness, staying within time limit, visual interest, and presentation skills (e.g. voice volume, not reading from slides etc.)

**Tentative Course Schedule and Required Assignments:**

### Session 1 May 10
**Topic:** Introduction to class, Introduction to DSM and IDEA
**Assignment:** None

### Session 2 May 17
**Topic:** Autism Spectrum Disorders
**Assignment**  
*Child Psychopathology Chapter 1: Child Psychopathology: A Developmental-Systems Perspective*  
*Child Psychopathology: Chapter 11: Autism Spectrum Disorder*

### Session 3 May 24
**Topic:** Sexual, Physical and Emotional Abuse (Post Traumatic Stress Disorder) and Potential Impact of Abuse and Trauma on Development
**Assignment:**  
*Child Psychopathology: Chapter 10 and 16 Childhood Posttraumatic Stress Disorder; Child Maltreatment*

**Required Reading** https://www.newyorker.com/magazine/2018/04/16/the-silence-the-legacy-of-childhood-trauma

### Session 4 June 7
**Topic:** Intellectual Disabilities and Fetal Alcohol Spectrum Disorders
**Assignment:**  
*Child Psychopathology Chapter 13 and 14*

### Session 5 June 14 (Assignment #1 Due)
**Topic:** Attention Deficit/Hyperactivity Disorder; Conduct and Oppositional Defiant Disorder
**Assignment:**
**Session 6 June 21**

**Topic:** Depression  
**Assignment:**  
*Child Psychopathology:* Chapter 5: Child and Adolescent Depression  
DC:0-3R pp. 19, 25-2  
Session #6 Required Readings on canvas

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**Session 7 June 28**  
Bi-Polar Disorder; and Suicide Assessment Youth (*Child Psychopathology:* Chapters 6 and 7)

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**Session 8 July 12**

**Topic:** Childhood Onset Schizophrenia and Psychotic Disorders  
**Assignment:**  
*Child Psychopathology:* Chapter 10  
Session #8 Required Readings on canvas

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**Session 9 July 19 (Assignment 2 Due)**

**Topic:** Childhood Anxiety Disorders and Obsessive-Compulsive Disorders  
**Assignment:**  
*Child Psychopathology:* Chapters 8 and 9  
Session #9 Required Readings on canvas

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**Session 10 July 26**

**Topic:** Eating Disorders and Substance Use Disorders  
**Assignment:**  
*Child Psychopathology:* Chapter 15: Eating Disorders  
*Child Psychopathology:* Chapter 4: Adolescent Substance Use Disorders  
Session #10 Required Readings on canvas