

Social Work 612: Mental Health and Mental Disorders in Children and Youth

Fall 2021, Wednesday 5-8pm

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Office Hours: Virtual, by appointment

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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 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:

- 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, videos, and guest 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):

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.

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. Additional Policies and Information

Attendance and class participation (All classes will be held online)

All are expected. Please come to class on time and ready to learn. I asked that students have their cameras on as much as possible during virtual sessions. Please feel free to use virtual backgrounds if you prefer and mute when you are not speaking.

Required readings are to be completed prior to class session. I have posted copies of the required readings from the text book for the first two weeks of class. The text is also available remotely on library reserve. Any other required readings for each session are available is the session module on canvas.

In the unlikely event that you must miss class, please call or email to inform me about your absence. **Missing more than two classes may result in your grade being lowered one half letter grade.** Missing additional classes may result in not being able to pass the course. (Please see policies listed and linked below related to absences due to health and

religious observances).

a. Grading

For each assignment, I provide specific instructions and how the assignment will be graded. Assignments should be completed and turned in by their due date. However, please feel free to reach out to me if there are difficulties or special circumstances.

b. Class Recording and Course Materials

Recording and Privacy Concerns FAQ:

Audio and video recording of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course management website. On days when classes are recorded, students will be notified a recording is occurring. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor. If students are recording or taking screen shots of content, please be sure not to include images of classmates.

c. COVID-19 Statement

For the safety of all students, faculty, and staff on campus, it is important for each of us to be mindful of safety measures that have been put in place for our protection. By returning to campus, you have acknowledged your responsibility for protecting the collective health of our community. Other applicable safety measures may be described in the [Wolverine Culture of Care](#) and the [University's Face Covering Policy for COVID-19](#). I also encourage you to review the [Statement of Student Rights and Responsibilities](#) and the [COVID-related Addendum to the Statement of Student Rights and Responsibilities](#).

d. Health-Related Class Absences

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online. Please note that documentation (a doctor's note) for medical excuses is *not* required.

Additional School and University policies, information and resources are available here: <https://ssw.umich.edu/standard-policies-information-resources>. They include:

- *Safety and emergency preparedness*
- *Mental health and well-being*
- *Teaching evaluations*
- *Proper use of names and pronouns*

- *Accommodations for students with disabilities*
- *Religious/spiritual observances*
- *Military deployment*
- *Writing skills and expectations*
- *Academic integrity and plagiarism*
- [Report a hate crime or bias-related incident](#)
- [Sexual Misconduct, Harassment, Discrimination](#)
- [Register for UM Emergency Alerts](#)

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.](#)

10. Course Requirements:

40% Assignment #1 (due October 13)

40% Assignment #2 (due December 1)

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

Assignment #1 (Due October 13)

1A. Clinical (do this paper if you have or are currently working with clients):

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:
 - 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.
 - 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

- i. 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.
- ii. 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 paper is due. Late papers will lose points.

Assignment #2 (Clinical Assessment and Intervention Planning): Dec 1)

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 an 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 formulation 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 September 1

Topic: Introduction to class, Introduction to Clinical Assessment

Assignment: None

Session 2 September 8

Topic: Introduction to Developmental and Systems Perspective, DSM and IDEA, Interprofessional Practice ;

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

Session 2: Required Readings on canvas

Session 3 September 15

Topic: Autism Spectrum Disorders

Assignment

Child Psychopathology: Chapter 11: Autism Spectrum Disorder
Session #3 Required Readings on canvas

Session 4 September 22 (Trauma Part 1)

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

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

Session 5 September 29 – (Trauma Part 2)

Chapter 14: Child Maltreatment

Session 5 Additional Readings on Canvas

Session 6 October 6

Topic: Intellectual Disabilities and Learning Disabilities

Assignment:

Child Psychopathology Chapter 13 and 14

Session #6 Required Readings on canvas

Session 7 October 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

Session #7 Required Readings on canvas

Session 8 October 20

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

Assignment:

Child Psychopathology: Chapters 5, 6, and 7

Session #8 Required Readings on canvas

Session 9 October 27 Bi-Polar Disorder; and Suicide Assessment

Youth

Session 10 November 3

Topic: Childhood Onset Schizophrenia and Psychotic Disorders

Assignment:

Child Psychopathology: Chapter 10

Session #9 Required Readings on canvas

Session 11 November 10

Topic: Childhood Anxiety Disorders and Obsessive-Compulsive Disorders

Assignment:

Child Psychopathology: Chapters 8 and 9

Session #10 Required Readings on canvas

Session 12 November 17

Topic: Eating Disorders

Assignment:

Child Psychopathology: Chapter 15: Eating Disorders

Session #12 Required Readings on canvas

No class November 24

Session 13 December 1 (Assignment #2 Due)

Topic: Substance Use Disorders

Assignment:

Child Psychopathology: Chapter 4: Adolescent Substance Use Disorders

Session #13 Required Readings on canvas

Session 14 December 8

Topic: Childhood Grief