1. Course Description:

This course will present the state-of-the-art knowledge and research on mental disorders of children and youth, as well as factors that promote mental health and prevent mental disorders in children and youth. Bio-psycho-social theories of resiliency, coping, etiology, the impact of mental health disorders on children and family members, and the relationship of race, gender, ethnicity, sexual orientation, and social class to mental disorders will be presented. Classification systems of child and youth functioning and disorders will be presented (e.g., the DSM-IV and ICDM-IX). The impact of labeling and stigma will be explored in order to develop critical thinking about how mental disorders of children and youth are conceptualized.

2. Course Content:

This course will examine psychological, behavioral, and developmental disorders of childhood and adolescence. The particular disorders will be considered in broader psychosocial and ecological contexts which promote mental health or create and maintain symptomatic functioning. These broader contexts will be presented through an overview of theory and research on the following issues: 1) a transactional and developmental perspective on the etiology of mental disorders; 2) parent-infant attachment and family dynamics; 3) risk and protective factors (including individual, familial, and socio-cultural factors) and resiliency; and 4) stress and trauma theory, including the impact of maltreatment and loss.

The following conditions will be reviewed in terms of presentation, etiology, prevalence, and incidence at different developmental stages and gender distributions: 1) relationship disorders; 2) stress-response syndromes, including post-traumatic stress disorder; 3) depression; 4) anxiety disorders; 5) developmental disorders; 6) behavior disorders; 7) communication and learning disorders; 8) eating disorders; 9) substance abuse disorders; and 10) psychotic disorders. Attention will be given to the analysis of strengths and adaptive functions which may coexist with disorders, as well as to issues in defining mental health and mental disorders in cultural terms.
3. **Course Objectives:**

Upon completion of the course, students will be able to:

1. Identify factors influencing 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 DSM-IV.
4. Identify and differentiate a number of disorders of children and adolescents and apply them to the evaluation of clients.
5. Demonstrate empathic appreciation of the client's experience of disorders from the perspective of the client's inner world.
6. Demonstrate an understanding of the impact of the child's or adolescent's difficulties on parents and other family members.
7. Discuss typical ethical concerns related to mental health and mental disorders of children and youth.

4. **Course Design:**

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, and viewing of videotapes. Written assignments will integrate theory, research, and case analysis and will be applied to the student's practicum work when possible.

5. **Relationship of the Course to Four Curricular Themes:**

- *Multiculturalism and Diversity* will be addressed through discussion of incidence and prevalence of mental disorders, as related to gender and social class, and through discussion of culture, ethnicity, race, gender, and class as factors influencing mental health and disorder.
- *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.
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 this 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.

B. Journals (suggested starting points)

- Adolescence
- American Journal of Orthopsychiatry
- Child Abuse and Neglect
- Child and Adolescent Social Work
- Child Development
- Development and Psychopathology
- Developmental Psychology
- Ethical Human Sciences and Services
- Journal of Child Psychotherapy
- Psychoanalysis and Psychotherapy
- Psychotherapy: Research and Practice
- School Psychology Review
- Journal of Analytic Social Work

ASSIGNMENTS

I. CLINICAL CASE paper
[Students who do not now nor have ever had children/adolescents/families as clients will write a research paper that includes clinical examples from readings (see below, “no clinical experience”).]

General Information
Confidentiality: For the Clinical Assignments, to preserve client confidentiality, please disguise your case material by using pseudonyms for all family members, omitting or changing specific geographical information and avoiding mention of details which identify clients.
Length: minimum 6 pages, maximum 8 pages, excluding title page or any reference page.
Grade: 40% of course grade. Grading will be based on organization, following the terms of the assignment, clarity of writing, accurate application of concepts, and completion of assignment on time.
Due Date: March 13, 2001

Students currently working with children/adolescents/families in placement will write up a clinical case describing the therapeutic relationship, the process of the therapeutic alliance, and clinical interpretations of symptoms. The focus is describing the therapeutic experience as it unfolds. There are no references necessary for this assignment. Your paper must include transference issues, countertransference issues, defense mechanisms, and clinical interpretations which take into account life experience (especially trauma), as well as past and current relationships, feelings, and fantasies.
Clinical interpretations are based on Critical Incidents that occur throughout treatment. 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 may include a repeated play sequence, the reporting of an important memory, fantasy or dream, an observed interaction between child and parent(s), a particular transference, counter-transference responses, a style of resistance, information about traumatic or stressful events in the client's or family's history. What makes such an incident "critical" is that it offers the clinician a clearer understanding of the client's experience, circumstances and internal psychological processes. From this understanding, clinical interpretations (meanings behind the symptomatic behavior) can be generated and interventions can be planned.

**Option A: for those of you who have had 4 or more sessions with your client**

1) Give a brief background statement that includes presenting problem, brief family history, and relevant developmental information (How old is the child? How many siblings does the child have? What do the parents do for a living? How far has the child gone in school? Was the child raised religious? Etc). This should take no more than one page.

2) Describe one or a few critical incidents that enabled you to come to a clearer understanding of the case. Be concrete, specific and detailed in your presentation of the clinical material. (Selecting material from process recordings of interviews is a very appropriate way to present critical incidents.)

3) Discuss clinical interpretations derived from thinking about this material. The clinical hypothesis should make an explicit connection between current symptoms, ego functions (especially defense mechanisms), and modes of relating, as well as past experiences and/or developmental factors. It may be helpful to start formulating ideas by asking the question: “What happened right before this child’s symptoms began?”

**Option B: For those of you who have only just begun work with a child/family, you may choose to focus on the following:**

1) Precipitant for referral, presenting problem and psychosocial / family history. Include a discussion of protective factors, risk factors and environmental issues.

2) Formulation of a clinical interpretations, taking into account developmental, psychodynamic and family interactions known so far.

3) Treatment plan, in terms of treatment format and specific goals of treatment. Indicate your rationale for choosing the approach you did. The relationship between the clinical interpretations and treatment plan should be clearly stated. If relevant, describe components of the treatment plan which involve case management, as an adjunct or alternative to clinical work, such as referral for other services, coordination with other professionals, etc. If multiple systems (such as foster care, juvenile court, medical personnel, school personnel, day care, etc.) are involved with the client, discuss your plans for interacting with these other parties and indicate any need you see to advocate on behalf of your client with these systems and individuals.

4) Description of your beginning relationship with the clients--both child / adolescent and parents. Describe some critical incidents that illustrate the initial relationship, and discuss tranference and countertransference issues that appear to be emerging. Describe any racial/ethnic/class elements to the relationship, if relevant. Assess the family's motivation for treatment by discussing strengths and weaknesses in the clients and their circumstances that may promote or impede successful intervention. Describe your feelings regarding the prognosis for successful intervention and analyze the reasons for your point of view.
II. RESEARCH PAPER WITH CLINICAL ILLUSTRATION:

General Information
Do not use bullets or outline format. Write in narrative form throughout.

Bibliography: Include an APA style bibliography of the references you have cited. Do not use any references from the internet. Plagiarism will be reported to the Dean and appropriate action taken. See Student Guide for information on plagiarism.

Confidentiality: For the Clinical Assignments, to preserve client confidentiality, please disguise your case material by using pseudonyms for all family members, omitting or changing specific geographical information and avoiding mention of details which identify clients.


Grade: 40% of course grade. Grading will be based on organization, following the terms of the assignment, clarity of writing, accurate application of concepts, use of citations, and completion of assignment on time. (No extensions will be given, all papers must be turned in by the due date).

Due Date: April 10, 2001

You may use the same client you wrote about for your first paper. After writing the research section, adjust your clinical case write-up so that it fits your topic more specifically. You may also choose to research a general therapeutic issue/impasse/diagnosis/treatment modality/criticisms of current treatment modalities, etc, which then uses your clinical case to ILLUSTRATE your ideas/criticisms/insights. Research will be based on a Diagnostic Category and common treatment modalities for such a diagnosis. Using DSM-IV and/or Zero to Three, choose the diagnosis given to your client OR choose a diagnosis which fits the individual/family you are treating in your view (may be different from the diagnosis given by another professional involved in the case). Use a disorder listed in the first section, "Diagnoses Usually First Diagnosed in Childhood or Adolescence," or on a diagnosis such as dysthymia, post-traumatic stress disorder, anorexia, etc. which may be applied to adults as well as children and adolescents. Cite at least 8 references regarding the diagnosis (at least 4 references must come from the course readings).

1) Write a brief definition of the diagnosis and its common symptoms. (This section may be a short paraphrase of DSM-IV). Do not use bullets or outline format.

2) Using referenced material, discuss: a) common hypotheses regarding the development of the disorder, including psychosocial/dynamic and biological (if applicable); b) describe how the disorder is likely to affect the individual in terms of development, functioning, view of self and view of reality; c) describe the potential impacts of the child's/adolescent's difficulties on the family.

3) Illustrate your researched topic using your clinical case. Discuss meanings of the client’s symptoms (e.g., why are these particular symptoms surfacing? what purpose do they serve the client? what conflict are the symptoms coming from?). Be sure your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.

4) Discuss whether you feel your client has been misdiagnosed. That is, after exploring deeper the meanings of the child’s symptoms, discuss a diagnosis you feel more aptly fits this particular person. If you feel no one diagnosis fits, discuss the option of dual (or multiple) diagnosis.

5) Critique common treatment modalities by answering the following questions: Do they work? If so, how? Do they do more damage? Are such treatments helping create real change or do they simply band-aid the problem?
NO CLINICAL EXPERIENCE
For those of you who have not yet had hands on work with a client, you have two options:

**Option A:** Choose one of the following books, and then answer the following questions:
- *The Severed Soul*, by Herbert Strean
- *I Never Promised You a Rose Garden*, by Hanna Green
- *The Piggle*, by D. W. Winnicott

1) Describe the symptoms of the client discussed in the book and discuss how their problems (symptoms) impact their development.
2) If their symptoms are/were mediated by their parents, describe the impact of the disorder on the parent and parenting function, noting secondary impact via changes in the parent-child relationship.
3) Discuss whether the symptoms have differential effects depending on child's level of development.
4) Discuss possible meanings of the symptoms (that is, how are these particular symptoms solving a problem; how are they creating a problem).
5) Summarize the clinical case from the reading in a way that illustrates the disorder diagnosed (or the disorder you feel fits them best).
6) Discuss your ideas about the following topics mentioned in the book: transference issues, countertransference issues, defense mechanisms, clinical interpretations, and treatment modality.

**Option B:** Write a research paper on the following:
Choose a mental health Disorder from *DSM IV*. Discuss the development of the disorder; that is, what symptoms, experiences, feelings increase the potential to alter the course of a person’s development and puts her/him at risk for (or is a major cause of) a mental *disorder* or deviant behavior. Discuss the symptoms in terms of being (A) parent-based (e.g., influenced by a mentally-ill parent, an abusive parent, spousal abuse witnessed by child, substance abusing parent, chronically-ill parent, etc.; (B) sociologically/environmentally based (e.g., chronic poverty, exposure to oppression and racism, recent immigrant status, exposure to neighborhood violence, etc; and (C) life event based (e.g., divorce, move away from school and friends, death of a parent, accidental trauma (e.g., car accident, home fire, etc.). Cite a minimum of 8 references regarding the risk factor—at least 4 references must be from the course material. Two of the references must be case studies that provide detailed examples of the clinical presentation of individuals exposed to the particular risk factor. Please indicate which articles contain the clinical description.

1) Describe the disorder and discuss how it impacts on development.
2) If the disorder is mediated by the parent, describe the impact of the disorder on the parent and parenting function, noting secondary impact via changes in the parent-child relationship.
3) Discuss whether the disorder has differential effects depending on the child's level of development.
4) Discuss possible meanings of the symptoms (that is, how are these particular symptoms solving a problem; how are they creating a problem).
5) Present a clinical case example from the readings which illustrates the disorder and the meaning behind the symptoms of the disorder.
6) Discuss your ideas about transference issues, countertransference issues, defense mechanisms, clinical interpretations, and treatment modality which would help create real change.
III. Presentation
Each student will present a clinical case of their own. Presentation is informal and should NOT be written up (you may use notes, if this will help, but I do not recommend it). Those of you who do not currently have (and haven’t had in the past) a case of your own will discuss a case from one of the course readings or the book you’ve read for the research paper: provide thoughts regarding the case material, discuss how the diagnosis has been applied, and helpful interventions for the problems presented.
Grade: 10% of course grade. Based on completion of assignment, professional mannerism, critical and clinical skills used in digesting the material.

IV. Readings:
Choose one section from the coursepack or the Breggin & Breggin book and write a 3 page (excluding title page) opinion-editorial piece on it. Do not summarize. Rather, state your thoughts, criticisms, feelings regarding the information presented, what you have learned from the reading, and how the reading has changed how you view the topic chosen. Format: double space, 1 inch margins; include a title page that shows the readings you have chosen.
Due date: April 17, 2001
Grade: 10% of course grade.

V. Attendance, Participation and Reading
All these are expected. Frequent absences and/or tardies as well as not participating in class discussion on readings will result in a lowering of the course grade. Professional mannerism is expected throughout the course.

Texts
Required:
Coursepack: located at Ulrich’s Bookstore.
Any handouts given throughout the semester

Recommended:
Course Outline and Reading Schedule

January 9, 2001

January 16, 2001

Required readings: Davies, introduction & chp 1-3; coursepack: section entitled “The Earliest Relationship—Attachment.”
Recommended Readings: Zero to Three, pp. 1-18, 67-83, 96-99; Wenar & Kerig, chp. 1-2

January 23, 2001
Lecture. Bridge to Psychopathologies. Contexts of development: adaptation and defense mechanisms; biological conditions; culture and ethnicity; the impact of social conditions on development

Required Readings: Davies, part II intro & chp. 4-7; coursepack section entitled “Bridge to Psychopathologies” and section entitled “Psychotherapeutic Principles”

January 30, 2001
Lecture: Risk and protective factors

Required Readings: Breggin, chp 1-3; Davies, chp. 8-9

Recommended Readings: Zero to Three, pp. 105-107, 110-112, 128-130; Wenar & Kerig, chp. 3 & 12, 13, 15

February 6, 2001
Lecture: Disruptive Behavior Disorders—ADHD

Required Readings: Coursepack section entitled ADHD (up to page 212); Breggin, chp 4-5
Recommended readings: Zero to Three, pp. 131-133; Wenar & Kerig, chp 6

February 13, 2001
Lecture: ADHD continued.
Required Reading: Finish Davies

February 20, 2001
Lecture. PTSD—extreme situations: child maltreatment; trauma

Required Readings, Coursepack section entitled “Trauma & PTSD, part I”
Recommended readings: Zero to Three, pp 87-89
March 6, 2001
Lecture. Conduct Disorder, Oppositional Defiant Disorder;
Required Reading: Finish Breggin & Breggin; Coursepack pp. 213-254
Recommended readings: Zero to Three, pp 115-117, 122-124; Wenar & Kerig, chp 7-8

March 13, 2001 **clinical paper due
Lecture. Trauma—physical, emotional, sexual abuse
Required Readings: coursepack section entitled, “Trauma & PTSD part II”
Recommended readings: Zero to Three, pp. 85-86, 90-92, 100-104; Wenar & Kerig, chp 14, 17,

March 20, 2001
Lecture. Depression, Suicide, Anxiety.
Required Readings. Coursepack section entitled “Depression & Suicide”
Recommended Readings: Zero to Three, pp. 113-114; Wenar & Kerig, chp 10.

March 27, 2001
Required Reading. Coursepack section entitled “Risk of Adolescent Transition”
Recommended Reading: Wenar & Kerig, chp 11

April 3, 2001
Lecture. Child Psychoses—schizophrenia
Required Readings. Coursepack section entitled “Child Psychosis—schizophrenia”
Recommended Readings: Zero to Three, pp. 108-109, 125-127; Wenar & Kerig, chp 9

April 10, 2000 **Research paper due
Lecture: Schizophrenia, Autism continued….
Required Readings. Coursepack section entitled, “Autism”
Recommended Readings: Zero to Three, pp 93-95; Wenar & Kerig, chp 4

April 17, 2001 **Op-Ed piece on readings due
Learning Disorders