SW 612 MENTAL HEALTH AND MENTAL DISORDERS OF CHILDREN AND YOUTH

SW 612, Section 002
TUESDAY, 1-5pm
Spr/Summer 2001

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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.

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 that 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.
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.

Course’s Relationship 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.

Relationship of the Course to Social Work Ethics and Values

This course will address ethical and value issues related to working with individuals, families, communities, and small social systems. The NASW Code of Ethics will be used to inform practice in this area. For example, students will learn about client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client’s best interest, proper and improper relationships with clients, interruption of services, and termination. In addition, this course will focus on the social worker’s responsibility to promote the general welfare of society by preventing and eliminating discrimination, ensuring equal access to resources, expanding choices and opportunities for all persons, encouraging respect for diversity, advocating for changes in social policies, and encouraging informed participation by the public.

Format of Course and Requirements

This course will use lecture, discussion, readings, videos, case studies, and student presentations to promote learning.

Attendance, Participation and Reading are expected. **Frequent absences are not acceptable and will result in a lowering of the final course grade.**
Assignments:

1) **Group debates**
Students will form teams, choose a position on a controversial mental health topic, and present a persuasive case in a formal debate format. Students will be expected to research their topics and present logically coherent arguments supported by existing research and clinical practice descriptions. Debates will last no more than 30 minutes total. On a rotating basis, other selected class members will evaluate each team’s persuasiveness and vote for the winner. Grades will be assigned on a team basis, with each group member receiving the same grade. Topics may be self-selected (subject to instructor approval) or can be chosen from the instructor’s distributed list. Examples of topics include:

- Can children reliably be diagnosed as having Bi-polar Disorder?
- Is Oppositional Defiant Disorder a valid, distinct diagnosis?
- Can toddlers have Attention Deficit Disorder?

2) **Short essays**
Six short essays (no longer than 2 pages; lengthier papers will not be accepted) will be assigned throughout the term. Each of the assigned weeks, topics will be handed out in class and will relate to the readings and issues under review for the coming week. The purpose of these essays is to demonstrate general understanding of the topic area and the ability to present arguments coherently and succinctly.

3) **Final paper, due**
A final written paper of approximately 10 pages is required. Students currently working with children and/or adolescents in their field placements must do a Clinical Paper (see #1, below). Students who do not currently have children or adolescents as clients will write a Research Paper (see #II, below).

**General Information**
- All papers will need to include bibliographic references (at least eight) and follow the standard APA format for references [e.g., “Erickson is one of the first theorists to describe development across the life span” (Erickson, 1985)].
  
  Please note that at least 5 references must be to paper-published books and journals (not Internet journals).

- Confidentiality: for clinical papers, please disguise case material by using pseudonyms for all family members, by omitting or changing specific geographical information, and by avoiding mention of details that would identify clients.
- Grading will be based on organization, following the assignment’s terms, accurate application of concepts and clarity of writing.

I. **Clinical Paper Options**

A. Critical Incident and Clinical Hypotheses: This paper should use clinical material to develop a clinical hypothesis and treatment plan in casework with a child or adolescent. In assessment and treatment, “critical incidents” occur which crystallize the clinician’s understanding of the case. Critical incidents can take many forms, including reporting of an important memory, fantasy or dream; a repetitive play sequence; a particular interaction or style of interaction between parent and child; disclosure of information about personal or family history;
transference or counter-transference responses, etc. What defines such an incident as “critical” is that it helps the clinician achieve a lucid understanding of the client’s experience and psychological processes. Out of this understanding emerge clinical hypotheses about how to best help the client.

For this paper, write an evaluation of a child or adolescent using the following outline:

1) Brief background statement that includes presenting problem, family circumstances, psychosocial history and relevant developmental information.
2) Describe one or a few critical incidents that enabled you to come to a clearer understanding of your case. Be concrete, specific and detailed in presenting your clinical material. (Material from process recordings of interviews is the best way to present critical incidents.)
3) Discuss the clinical hypothesis derived from this material. The hypothesis should explicitly connect current symptoms, ego functions (esp. defenses) or modes of relating to past experiences and/or developmental factors.
4) Cite two articles or book chapters that relate to the presenting problem and integrate these readings into your case formulation.

B. Evaluation and Treatment Planning
Choose a child or adolescent with whom you have begun to work. Write a clinical evaluation that includes:

1) Precipitant for referral (the “why now”), presenting problem and psychosocial/family history. Include a review of protective and risk factors and relevant environmental factors.
2) Formulation of a clinical hypothesis (or hypotheses) that takes into account developmental, psychodynamic and family/interactional issues. Cite two articles or book chapters that relate to the presenting problem and integrate these readings into your case formulation.
3) Treatment plan that includes treatment formal and specific treatment goals. Explain your rationale for choosing the treatment approach you did. A relationship between the clinical hypotheses and treatment plan should be clearly stated. If relevant, describe treatment plan components that involve ancillary services such as case management, medication management or occupational therapy. If multiple services and systems (e.g., foster care, juvenile court, schools, physicians, etc.) are involved in the case, discuss your plans for your involvement with these people and for coordinating the client’s overall care.
4) Description of your beginning relationship with the clients—both child/adolescent and parents. Describe some critical incidents that illustrate the initial relationship and any transference/countertransference issues that appear to be developing. Describe any racial/ethnic/class elements to the relationship. Assess the family’s motivation for treatment by discussing strengths and weaknesses in the clients and their circumstances that may promote or impede successful interventions. Describe your feelings about the prognosis for successful intervention and analyze the reasons for your point of view.
II. Research Paper Options

A. Diagnostic Category. Using DSM-IV, choose a diagnosis common to children/adolescents. You may focus on a disorder found in the 1st section (“Diagnoses Usually First Diagnosed in Childhood or Adolescence” or on a diagnosis such as dysthymia, anorexia, etc. that may be applied to adults as well as children/adolescents. Read 8 references related to the diagnosis (research articles or book chapters published since 1985). One reference must be a case study or an article that provides detailed clinical presentations of individuals with the disorder under discussion. (You must specify which article contains the clinical description.)

1) Briefly describe the diagnosis and its common symptoms.
2) Using material from articles and/or books, discuss:
   a) Common hypotheses about the disorder’s development (psychological and biological);
   b) How the disorder is likely to affect the individual in terms of development, functioning, and views of self and reality;
   c) The potential impact of the child/adolescent’s difficulties on his/her family
3) Present a brief case example, either from your own practice or from readings, that illustrates behaviors or emotional symptoms that are features of the diagnosis.

B. Concept Paper Choose a concept discussed in class or in readings that you would like to learn about in more depth (e.g., attachment, resiliency, trauma, adolescent gang membership, parental adaptation to serious illness or developmental disturbances, etc.). You will need to narrow the topic in order to find an in-depth focus. For example, if you choose to write about sexual abuse, choose one or two references that cover this subject generally and then concentrate your remaining readings on a more specialized aspect (e.g., such as a particular type of abuse, the impact of abuse at a particular age, or the difference between chronic and single-incident trauma).

Read 8 references related to the diagnosis (research articles or book chapters published since 1985). One reference must be a case study or an article that provides detailed clinical presentations of individuals with the disorder under discussion. (You must specify which article contains the clinical description.)

1) Present an overview or definition of the concept.
2) Discuss research on the specific aspects of the concept you are focusing on. Include a briefcase example from your own practice or from readings.
3) Discuss how the information in 2), above, would be applied to interventions.

C. Other Topics: If there is a topic you would like to write about that does not fit into one of the above assignments, please discuss with me.
Grading
The final course grade will be based on the short essays (30%), the final paper (40%) and the debate (20%) and individual class participation/attendance (10%).

Late papers will automatically be lowered one grade point for each day overdue.

The Rackham Graduate School’s defines grades as follows:

A  Exceptional performance
B  All the required work for the course is completed; + and - grades are given for individual variations on the above.
C  Performance definitely falls below the requirements for graduate work.
D  Deficiency
F  Failure

REQUIRED READINGS


Course Pack, Available at Accu Copy, William Street across from Tower Plaza.
COURSE OUTLINE
(Readings listed are to be completed by that day’s class)

May 8/Session 1: Class introduction
- Overview of course’s goals, objectives and requirements
- Definitions of health, psychopathology, normality; transactional model;
- Adaptation and defense

May 15/Session 2: Infants and Toddlers; DSM-IV Diagnostic Categories
- Attachment theories; relationship disorders in infants and toddlers;
- Theory into practice: parenting and prevention programs (Analysis of video material)
- Fundamentals of assessing and diagnosing children
- “Disease” classification systems: strengths and weaknesses; current controversies

Readings:
Text: Ch. 1, pgs. 26-50 only. Course Pack: Davies, Child Development, Ch. 5 & Ch. 6.

May 22/Session #3: Contexts of Development
- Risk and Protective Factors; biological conditions; social conditions; cultural trends and ethnicity; divorce. Types of developmental trauma; case example.
- Medications: pros and cons

Readings:
Course pack: Valentine, Blaming the Brain, Ch. 5 & Ch. 6; Blankenhorn, Fatherless America Intro (pg. 1-5), Ch. 1 “Diminishment of American Fatherhood” (pg 9-23), Ch. 2, “Fatherless Society,” (pg. 25-47), Ch.4 “The Unnecessary Father,” (pg. 65-83);

May 29/Session #4: Anxiety Disorders
- Impact of trauma and early abuse on development
- Insecure and avoidant attachments
- Defense mechanisms, coping strategies

Readings:
Text: “Childhood Anxiety Disorders”, pgs. 196-241

June 5/Session 5: Depression in Children and Adolescents
- Gender differences; under-diagnosis; medication
- Nature vs. nurture controversies and treatment implications

Readings:

June 12/Session 6: Behavior and Attention Disorders
- ADHD and the question of co-morbidity
- Problems in self-regulation
- Begin debates

Readings:
Text: Ch. 2 “Attention-Deficit/Hyperactivity Disorder” pgs. 63-112
June 19/Session 7: Childhood Social Problems; Learning and Communication Disorders; Developmental Disorders

- Family Diversity; Culture and ethnicity
- Gender and educational achievement
- Learning Disabilities
- Discussion of video material
- Autism and pervasive developmental disorders

Readings:
Text: Ch. 7: “Social Withdrawal”, pgs. 277-300
Course Pack: Pollack: Ch. 1 “Inside the World of Boys: Behind the Mask of Masculinity, pgs. 3-19 and Ch. 10 “Schools: The Blackboard Jumble” pgs 230-271;
Sommers. The War Against Boys, Ch. 1 “Where the Boys Are (pg 7-42), Oh. 6 “Save the Males,” (pg. 138-157), Ch. 8 “The Moral Life of Boys” (pg. 179-206).

Recommended reading: Text: Ch. 8: “Autistic Disorder”, pg. 311-33

June 26/Session 8: Delinquency and Youth Violence

- Youth violence: demographics, theories, and intervention
- Gender socialization and aggression
- Conscience development and parental identifications

Readings:

July 3/Session 9: Adolescence

- What is a “normal” adolescent?
- Substance abuse
- Sexuality identity development

Readings:
Steiner, H. Treating Adolescents, Intro (xiv-xix), Ch. I “General Principles and Special Problems” (pg. 1-40), Ch. 3 “Substance Abuse” (pg 77-148).

July 10/Session #10; Eating Disorders

- Anorexia
- Bulimia
- Compulsive overeating/morbid obesity

Readings
Text: Ch. 15: “Eating Disorders”, pgs. 541-566

July 17/Session II: Psychotic Disorders; Summary

- Controversies in diagnosis
- Severe personality disorders

Readings:
Text: Ch. 9: “Childhood-Onset Schizophrenia”, pgs 340-357.