Social Work 612: Mental Health and Mental Disorders in Children and Youth Fall 2001 (Wed. 9:10 am-noon)
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Office Hours: by appointment #(734) 449-3227 (best time to reach is 12-8 pm) or by email at: gerber@peoplepc.com
Class meets in room 2303 in the School of Education building
• Please put my name and “adjunct lecturer” on all correspondence turned in fax # (734) 449-3212 (please make sure it is to my attention)

Course Description:
This course describes psychological, behavioral and developmental disorders of childhood and adolescents. 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 and discussed. Classification systems of child and youth functioning and disorders will be presented (e.g., the DSM-IV). 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 Objectives: Upon completion of this course, students should be able to:
1. Identity 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 Design:
This course will utilize lectures, discussions/student participation, assigned readings, written assignments, guest speakers, 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.
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 disorders.

- **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.

**Required Readings:**


Also required: Handouts passed out by the instructor and guest speakers.

***A large list of recommended readings will be distributed the first day of class.

**Attendance, Participation and Reading:**

All of these are expected. Frequent absences and/or tardies as well as not participating in class discussion are not acceptable and will result in a lowering of your course grade (see class requirements). Reading and other assignments must be completed in order to receive credit for the class. Professional mannerism is expected throughout the course.

**Course Requirements:**

- 10% Attendance
- 10% Class participation
- 40% Assignment #1 (due October 31, 2001)
- 40% Assignment #2 (due December 5, 2001)
Assignment #1 (Clinical):
The subject of the first paper will be the use of clinical material in the development of clinical hypotheses and treatment planning in casework with children and adolescents. 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, fantasy or dream, an observed interaction between child and parent(s), a particular transference (or counter-transference) response, 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 enables the clinician to reach a clearer understanding of the client’s experience, circumstances and internal psychological processes. From this understanding, clinical hypotheses can be generated and interventions can be planned.

For this paper, write up a clinical evaluation of a child or adolescent according to the following outline:

1. Give a brief background statement which includes presenting problem, family circumstances, psychosocial history and relevant developmental information.

2. 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.

3. Discuss the clinical hypothesis derived from thinking about this material. The clinical hypothesis should make an explicit connection between current symptoms, ego functions (especially defenses) or modes of relating and past experiences and/or developmental factors.

4. Cite two 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 two articles which focus on aspects of physical abuse relevant to your case).

5. Develop a 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 hypotheses 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 a 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 plan for interacting with these other parties and indicate any need you see to advocate on behalf of your client with these systems and individuals.
**Assignment #2 (Research)**

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

Using DSM-IV or 0-3, choose a diagnosis given to your client OR choose a diagnosis which fits the individual/family you are treating—in your view (it may be different from the diagnosis given by another professional involved in the case). You may focus on a disorder listed in the first section of DSM-IV, “Diagnoses Usually First Diagnosed in Childhood or Adolescence,” or on a diagnosis such as post-traumatic stress disorder, anorexia, etc. which may be applied to adults as well as children and adolescents. Read at least 8 references regarding the diagnosis—research articles or book chapters published since 1990 (At least 2 of the references must be from class).

1. Write a brief definition of the diagnosis and its common symptoms (this section may be a paraphrase of DSM-IV or 0-3).

2. Using the reference material, discuss:
   a. Common hypotheses regarding the development of the disorder, including psychosocial 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 that 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 that no one diagnosis fits, discuss the option of dual (or multiple) diagnosis.

5. Critique common treatment modalities by answering the following questions:
   a. Do they work? If so, how?
   b. Do they do more damage? Are such treatments helping create real change or do they simply band-aid the problem?
Choose a mental health disorder from DSM IV or 0-3. 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 him/her at risk for (or is a major
cause of) a mental disorder of deviant behavior. Read a minimum of 8 references
(journal articles or book chapters after 1990) regarding the risk factors (at least 2
must be from the class 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. Discuss the symptoms in terms of being:
   A. Parent/family based- mentally-ill parent.
   B. Sociological/environmentally based- chronic poverty, exposure to
      oppression and racism, recent immigrant status, exposure to
      neighborhood violence.
   C. Live event based- divorce, move away from school and friends, death of a
      parent or accidental trauma like a car accident, home fire.
   D. Child based- serious illness, premature, mentally impaired, etc.

2. Describe the disorder and discuss how it impacts on development.

3. 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.

4. Discuss whether the disorder has differential effects depending on the child’s
   level of development.

5. Discuss possible meanings of the symptoms (that is, how are these particular
   symptoms solving a problem and/or how are they creating a problem).

6. Present a clinical case example from the readings which illustrates the
   disorder and the meaning behind the symptoms of the disorder.

7. Discuss your ideas about transference issues, countertransference issues,
   defense mechanisms, clinical interpretations and treatment modality which
   would help create real change for this client.
Details:
Confidentiality: Please disguise your case material by using initials for all family members.
Bibliography: Include an APA style bibliography of the references you have cited and copies of
them (except the ones given out in class)
Length: 8-10 pages (including bibliography)
Grades: Each paper will be 40% of your grade. Grading will be based on organization, following
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, proof-read (please use spell check)

Course Schedule and Required Assignments:

September 5, 2001
Topic: Introduction to class, infant mental health and attachment issues
Assignment: None

September 12, 2001
Topic: Continue topics from last week
Assignment:
Diagnositic Classification 0-3: Axix II: Relationship Disorder Classification, pp. 46-56;
Appendix I, pp. 67-69; Case 5: Alex, pp. 96-99; Case 6: Miguel, pp. 100-102;
Case 7: Sarah, pp. 103-104; Case 12: Julie, pp. 115-117.
Child Psychopathology: Chapter 1: A Developmental Systems Perspective; Chapter 13:
Disorder and Risk for Disorder in Infancy and Toddlerhood.

September 19, 2001
Topic: Sexual, Physical and Emotional Abuse (Post Traumatic Stress Disorder) and
Potential Impact of Abuse and Trauma on Development
Assignment:
Diagnositic Classification 0-3: Traumatic Stress Disorder, pp. 19-21;
Reactive Attachment Deprivation’ Maltreatment Disorder of Infancy, pp. 29-30;
Adjustment Disorder, pp. 30-31; Case 1: Sally, pp. 85-86; Case 11:
Jasmine, pp. 113-114; Case 14: Steve, pp. 122-124; Case 17: Marvelle, pp. 131-133.
Child Psychopathology: Chapter 6: Childhood Posttraumatic Stress Disorder; Chapter 14:
Child Maltreatment.
Treating Adolescents: Chapter 9
September 26, 2001  
**Topic:** School and learning difficulties (learning disabilities, emotionally impaired, ADHD, ADD, etc.)  
**Assignment:**  
*Child Psychopathology:* Chapter 2: Attention-Deficit/Hyperactivity Disorder and Chapter 11: Learning Disabilities.  
*Treating Adolescents:* Chapter 2 (pages 43-59)

October 3, 2001  
**Topic:** Sexuality  
**Assignment:** Handouts  
*Diagnostic Classifications 0-3:* Childhood Gender Identity Disorder, pp. 26-29; Case 13: Colin, pp. 118-121.

October 10, 2001  
**Topic:** Mood Disorders- Depression, Manic-Depression and Suicide in Children and Youth  
**Assignment:**  
*Child Psychopathology:* Chapter 4 (Depression) and Chapter 7 (Social Withdrawal) *Treating Adolescents:* Chapter 4 (Depression)

October 17, 2001  
**Topic:** Conduct Disorder, Oppositional Defiant Disorder and Juvenile Delinquency  
**Assignment:**  
*Child Psychopathology:* Chapter 3: Conduct and Oppositional Defiant Disorders  
*Treating Adolescents:* Chapter 2: Disruptive Behavior Disorders (pages 60-76)

October 31, 2001 (Happy Halloween!!)  
**Topic:** Domestic Violence and It’s Effects on Children and Adolescents  
**Assignment:** Assignment #1 and Handouts

November 7, 2001  
**Topic:** Substance Abuse  
**Assignment:**  
*Treating Adolescents:* Chapter 3: Substance Use and Abuse
November 14, 2001  
**Topic:** Substance Abuse continued and Obsessive-Compulsive Disorder  
**Assignment:** *Child Psychopathology*: Chapter 5: Childhood Anxiety Disorder

November 21, 2001  
**Topic:** Schizophrenia, Multiple Personality, Mentally Impaired and Autism  
**Assignment:**  
*Diagnostic Classification 0-3*: Disorders of Relating and Communicating, pp. 40-45:  
   - Appendix 2, pp. 70-73; Case 8: Max, pp. 105-107.  
*Child Psychopathology*: Chapter 8: Autistic Disorder, Chapter 9: Childhood-Onset Schizophrenia and Chapter 10: Mental Retardation  
*Treating Adolescents*: Chapter 5: Anxiety Disorders and Chapter 8: Schizophrenia and Psychotic Disorders

November 28, 2001  
**Topic:** Eating Disorders  
**Assignment:**  
*Child Psychopathology*: Chapter 15: Eating Disorders  
*Treating Adolescents*: Chapter 6: Eating Disorders

December 5, 2001  
**Topic:** Separation and Loss: Grief in Childhood; Reaction to Separation; Reactions to a Loss of a Parent—Death, Abandonment, Removal to Foster Care  
**Assignment:** Assignment #2 due  
*Diagnostic Classification 0-3*: Mood Disorder: Prolonged Bereavement! Grief Reaction, p. 24

December 12, 2001  
**Topic:** Stress and Burnout for Social Workers, Closure For Class  
**Assignment:** Handouts