Course Description

This course describes psychological, behavioral and developmental disorders of childhood and adolescence. Particular emphasis will be placed on psychosocial and ecological factors and on processes that create and maintain symptomatic functioning. The course will begin with several lectures on contextual factors in the development of mental disorders and then move on to examine a number of specific diagnostic categories. We will view a number of videotapes which will help students develop observational skills, which are so important in formulating assessments and treatment plans. Emphasis will be placed on identifying strengths in the individual client and family/social context, as well as on individual and contextual factors contributing to the client's difficulties. We will also examine and critique psychiatric and educational diagnostic classification systems. In addition to "objective" descriptions of disorders, we will examine how child and adolescent clients experience their problems subjectively, with the aim of developing an empathic appreciation of the client.

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.

**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, 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 impact of poverty, discrimination, and disenfranchisement of the development of mental disorders and disorders of parenting. The potential misuse of diagnosis due to race, gender, and class bias, or misunderstanding of culture will be explored.

**Promotion, Prevention, Treatment, and Rehabilitation** will be addressed through discussion of protective processes which promoted resiliency and positive adaptation.

**Behavioral and Social Science Research** will inform the entire content of the course, which will draw especially on current research on 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**

Ethical and value issues will be identified and discussed. Issues particularly relevant to this course include: potential biases imbedded in certain DSM-IV diagnoses; cultural constructions of the relationship of children to adults and views of children's rights; issues in the diagnostic labeling of children; and how cultural, class, and gender biases may affect practitioners' views of child/adolescent mental health.

**Written Assignments**

Two papers are required, the first focusing on research topics, the second on the application of course information to assessment of a client. Students currently working with children/adolescents/families in placement must do a Practice Assignment for the second paper. Students who do not currently have children/adolescents/families as clients will write both papers on Research Assignments.

**Research Assignments**

The first paper focuses on synthesizing research on topics related to mental health and mental disorders of children and adolescents. Choose from one of the following paper topics.
A) Diagnostic Category: Using DSM-IV, choose a diagnosis common to children and/or adolescents. You may focus on 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. Read 10 references regarding the diagnosis—research articles or book chapters published since 1985. One of the references must be a case study or an article that provides detailed examples of the clinical presentation of individuals with the disorder. Please indicate which article contains the clinical description.

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

2) Using the material from the articles or book chapters, discuss:
   a) common hypotheses regarding the development of the disorder, including psychosocial and biological; 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) Present a brief case example, either from your own practice or readings, which illustrates behaviors and/or emotional symptoms which are features of the diagnosis.

B) Diagnostic Category, 0-3: Do the above assignment, choosing a diagnosis from Diagnostic Classification 0-3.

C) Risk Factors: Choose a risk factor that has the potential to alter the course of a child's development and puts her/him at risk for mental disorder or deviant behavior. Risk factors can be child based—prematurity, serious illness, mental retardation, etc.; parent/family based—mentally-ill parent, abusive parent, spousal abuse witnessed by child, substance abusing parent, chronically-ill parent, etc., or socio-culturally/environmentally based—chronic poverty, exposure to oppression and racism, recent immigrant status, exposure to neighborhood violence, etc. Read 10 references regarding the risk factor—research articles or book chapters published since 1985. One of the references must be a case study or an article that provides detailed examples of the clinical presentation of individuals exposed to the particular risk factor. Please indicate which article contains the clinical description.

1) Describe the risk factor and discuss how it impacts on development.

2) If the risk factor is mediated by the parent, rather than impacting the child directly, describe the impact of the risk factor on the parent and parenting function, noting secondary impact via changes in the parent-child relationship.

3) Discuss whether the particular risk factor has differential effects depending on the child's level of development.

4) Discuss whether research indicates if particular types of mental disorders or deviant behaviors are associated with that risk factor.

5) Present a brief case example, either from your own practice or readings, which illustrates the impact of the risk factor on a child or adolescent.

D) Concept Paper: Choose a concept discussed in lecture or readings that you would like to learn about in more depth. Examples: attachment, resiliency, transactional view of
development, trauma, intergenerational transmission of violence, psychological adaptations to serious illness, parental reactions to severe developmental problems in a child, gang membership by adolescents, family processes promoting or impeding adolescent separation-individuation, etc. It will be important to narrow the topic in order to achieve a focus that goes deeply enough. For example, if you are writing about trauma, choose one or two references that cover child/adolescent trauma generally, and then concentrate your reading on a more specialized aspect, such as a particular type of traumatic experience, the impact of trauma at a particular developmental stage, or the differences between single-incident vs. repeated or chronic trauma.

Read 10 references regarding the concept—research articles or book chapters published since 1985. One of the references must be a case study or an article that provides detailed examples of clinical material exemplifying the concept. Please indicate which article contains the clinical description.

1) Present an overview/definition of the concept.
2) Discuss research on the specific aspects of the concept you are concentrating on. For example, review the potentially traumatic aspects of a young child's witnessing battering of her/his mother. Include in this section, a brief case example, either from your own practice or readings.
3) Discuss implications for applying the information in 2) to intervention.

E) Other Topics: if there is a topic you would like to explore which does not fit one of the above assignments, please discuss with me.

Practice Assignment

Evaluation and Treatment Planning: Choose a child or adolescent (and parents) with whom you have begun to work in your field placement. Write an evaluation that includes:

1) Precipitant for referral, presenting problem and psychosocial/family history. Include also a discussion of protective factors, risk factors and environmental issues.
2) Describe some of the critical incidents in the assessment process, review of the client's history, and/or observations of the client's presentation which enabled you to come to a clearer understanding of the case. Be concrete, specific and detailed in your presentation of the material. (A "critical incident" is anything that helps crystallize the practitioner's understanding of the client's issues. Examples: a repeated play sequence, the reporting of an important memory or fantasy, an observed interaction between child and parent(s), observation of the client's behavior, 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 practitioner 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.)
3) Formulation of a clinical hypothesis (or hypotheses) which takes into account developmental, psychodynamic and family/interactional issues. Include a discussion of 2 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 sexual abuse is the central issue for the child or adolescent you are writing about, find 2 articles which focus on aspects of sexual abuse relevant to your case.)
4) 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 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 or adolescent and parents. Describe some critical incidents which illustrate the initial relationship, and discuss any 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.

General Guidelines for Assignments

Bibliography: Include a bibliography of the references you have cited. Please use APA bibliography format. For books, include author, date of publication, title, place of publication, and publisher. For example:


For chapters in edited volumes, include author, date, title of chapter, editor, title of book, page numbers of chapter, place of publication, and publisher. For example:


For journal articles, include author, date, title, name of journal, volume # of journal, and inclusive page numbers. For example:


Confidentiality: For both assignments, preserve client confidentiality by disguising your case material. To disguise, use pseudonyms for all family members, and omit or change specific geographical information,
Length: 10 pages.

Grades: Grading will be based on organization, following the terms of the assignment, clarity of writing and accurate application of concepts.

Due Dates

Paper # 1 Research Assignment: February 12.

Paper # 2 Practice Assignment: April 2.

Attendance, Participation and Reading

All these are expected. Frequent absences are not acceptable and will result in a lowering of the course grade.

Required Text (available at Shaman Drum Bookshop, 313 South State).


Reserve Readings

Note that some or all of the required readings for classes on January 22 and March 19 are on reserve in the SSW Library.

Recommended Texts


Course Outline and Reading Schedule

January 8, 2002

Lecture. Introduction: Multiple Perspectives on Child/Adolescent Mental Health and Mental Disorder.

January 15, 2002


Required Readings

Wenar and Kerg, Chapters 1 and 2.


January 22, 2002

Lecture. Contexts of Development: Risk and Protective Factors; Biological Conditions; Culture and Ethnicity; The Impact of Social Conditions on Development.

Required Readings

Wenar and Kerg, Chapter 15.


January 29, 2002


Required Readings

Wenar and Kerg, Chapters 3, 16 and 17.
February 5, 2002

Lecture. Maltreatment and Trauma; Potential Impacts of Early Abuse and Trauma on Development.

Required Readings

Wenar and Kerig, Chapter 14, pp. 303-324; Chapter 8, pp. 185-188.

February 12, 2002 Paper # 1 Due

Lecture. Adjustment Disorders and Common Causes of Adjustment Disorders: Reactions to Separation; Reactions to Loss of a Parent--Death, Abandonment, Removal to Foster Care; Divorce; Psychological Reactions to Serious Physical Illness.

Required Readings.

Wenar and Kerig, Chapter 13; Chapter 14, pp. 325-330.


February 19, 2002

Lecture. Depression and Anxiety Disorders.

Required Readings.

Wenar and Kerig, Chapter 7; Chapter 8, pp. 170-184.

March 5, 2002

Lecture. Disruptive Behavior Disorders: Conduct Disorder; Oppositional-Defiant Disorder; Etiologies--Insecure/Avoidant and Disorganized/Disoriented Attachment, Trauma, Coercive Family Processes.

Required Reading

Wenar and Kerig, Chapter 5, pp. 101-113; Chapter 9.

March 12, 2002

Lecture. Developmental Disorders: Intrinsic v. Extrinsic Disorders; Autism and Other Pervasive Developmental Disorders; Mental Retardation.

Required Readings

Wenar and Kerig, Chapters 4 and 12.
March 19, 2002

Lecture. Problems of Self-Regulation: Regulatory Disorders in Infancy and Early Childhood; Sensory Integration Disorders; Problems Associated with Temperament.

Required Readings (On reserve in SSW Library).

Chapter 1, Self-Regulation in Infants and Children, pp. 2-35.  
Chapter 2, Assessment of Regulatory Problems in Children, pp. 36-74.

March 26, 2002

Lecture. Communication Disorders and Learning Disorders.

Required Readings

Wenar and Kerig, Chapter 6, pp. 131-142.

April 2, 2002 Paper #2 Due

Lecture. Attention-Deficit Hyperactivity Disorder.

Required Readings

Wenar and Kerig, Chapter 6, 119-130.

April 9, 2002

Lecture. Adolescent Behavior Problems: Conduct Disorders and Delinquency; Substance Abuse.

Required Readings

Wenar and Kerig, Chapter 11, pp. 248-259.

April 16, 2002

Lecture. Severe Problems in Adolescence: Psychotic Disorders; Eating Disorders.

Required Readings

Wenar and Kerig, Chapter 10; Chapter 11, pp. 235-247.