I. 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. This course will use the pedagogical method of “Problem-Based Learning” (PBL) to appreciate the complexity of large seemingly unresolved questions for treating children and adolescents with mental disorders.

II. Course Objectives

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

1) Understand and recognize the clinical and associated features used in diagnosing childhood and adolescent disorders.

2) Utilize a questioning/critical thinking approach to learning known as “Problem-based learning” in the following core competencies of diagnosis:

- Identify factors influencing mental health and mental disorders of children and youth at the individual, familial, cultural/ethnic, and social levels.
- Describe the transactional processes among the above factors which influence the etiology and maintenance of mental disorders.
- Describe and critique classification systems of mental disorders of children and adolescents, particularly DSM-IV.
- Identify and differentiate a number of disorders of children and adolescents and apply them to the evaluation of clients.
• 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 or adolescent's difficulties on parents and other family members.
• Discuss typical ethical concerns related to mental health and mental disorders of children and youth.

3) Pursue an in-depth use of the “Problem-based Learning” method by focusing on the problem area of “use of medication for childhood disorders”. This one problem will be examined over the course of the semester. Students will work with the professor and group leaders weekly to come up with a product of their group learning which they will disseminate in a mini-conference forum to their field agencies at the end of the semester. The final goal will be to examine whether PBL is a best practices method for disseminating information.

4) To develop an intolerance for poor practice or treatment of mentally ill children, adolescents, and their families and to acquire the skills and muster the courage to “do things differently” if it will aid these courageous persons to have better lives (Mary Ann Test)

III. Course Design and Format

The objectives of the course will be pursued through lectures, discussions, demonstrations, case studies and presentations, videotapes and visits by outside experts. There will be two examinations of short essay format, one at mid-term and one at the final session. Students are expected to attend all classes and excessive absence will result in the lowering of the students grade, unless the professor has been notified as to the nature of the absence.

III. Course Requirements and Grading

1) Mid-term paper 20%
2) Group attendance, participation, & presentation 30%
3) Group Assessment 10%
4) Final exam 30%
5) Class attendance 10%

1) The mid-term paper will done in the form of a hypothetical chart note from the social work perspective after a session where the psychiatrist informed the family of the child’s diagnosis. It will include the following:
   a. A brief definition and clinical description of the objective symptoms from one of the disorders covered in class to date. Include DSM-IV diagnosis.
   b. Your brief impressions of the child’s presentation, developmental stage, family constellation, ethnic and racial background and other issues and contributing factors that you feel are relevant to understanding the disorder.
   c. Use imagined or actual quotes from the session to inform the reader about the particular intricacies of this disorder for this “family” and on this child. The term family should be used broadly depending on the scenario.
   d. “Putting yourself in the family’s shoes” hypothesize what they may be feeling, thinking, reacting to as they hear the diagnosis.

(Maximum of 5 pages, cite only DSM diagnosis)

2) Group will begin on the third week of class. Attendance will be taken by the group leader and become part of the attendance record for the class. Additional description of the group activities
and format will be given in class. The final product of the group will be in the form of a presentation to interested agency staff from field placements. The group leaders will meet in weekly supervision with the instructor to talk about the progress of the group.

3) A group assessment will be conducted by the Center for Research on Learning and Teaching (CRLT) near mid-term. This will be a confidential assessment about the functioning of each group and its members: what’s working, what’s not working.

4) The final exam will be tied to each student’s ability to understand diagnostic criteria, the ability to form clinical hypotheses, and the overall assessment process. Six case examples will be presented and given to students in a take-home exam. Students will choose 3 case examples to write up from referral through treatment plan. Integration of critical thinking and problem-based learning will be important components of the final thoughts on each case.

(Specific guidelines for the Final Paper will be distributed in class)

5) Attendance will be taken at each class session. Students should leave a voicemail or email message with the professor if they can not attend. The success of the group process depends upon attendance for division of workload.

IV. 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.

V. 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 judgements 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.
VI. Topics and Required Reading Assignments

1) REQUIRED TEXTS: (Available in Ulrich’s and U of M Bookstores, also at Amazon.com)


2) OPTIONAL TEXTS (In library reserves or available through Amazon.com)


3) ADDITIONAL ARTICLES

In addition to the readings from the texts, students will be expected to find and use relevant readings and other resources throughout the semester as they develop and implement their problem-based learning presentations.

Week 1: September 4

A) Class Overview & Format
B) What is a Mental Disorder? How are they diagnosed?
C) What is Problem-Based Learning (PBL)?

1. Readings from Kiesler (Chaps 1-3)
2. Levy (Look at Part One – Conceptualizing Phenomenon, pp. 1-55)
Week 2: September 11

A) Assessment – General and Child-Specific – A Framework for Studying Psychopathology

1. DSM-IV-TR, (pp. 1-11).

2. DSM-IV-TR, (pp. 27-37).


B) Critical Thinking as part of PBL

Week 3: September 18 (Groups begin)

A) Anxiety Disorders in Children and Youth

1. DSM-IV-TR, (pp. 121-125) and (pp. 429-455) and (463-484).


B) Group - Medication for children – where do we begin, what questions do we ask?

Week 4: September 25
A) Obsessive-Compulsive Disorder

1. DSM-IV-TR, (pp.456-463).


Speaker: Joe Himle (CBT)

B) Medication for children – history and effectiveness

Week 5: October 2 (Midterm Paper due)

A) ADHD/Disruptive Behavior Disorders

1. DSM-IV-TR, (pp. 85-103) and (pp. 108-116).


B) Medication for Children: Cultural Issues
Week 6: October 9

A) Developmental Disorders (Learning Disorders, Communication Disorders, Motor Skills Disorder)

1. DSM-IV-TR, (pp. 41-70).


C) Medication for Children: What new medications are being approved by the FDA for children? Why are these medications being made available? What do we know?

Week 7: October 16

A) Depressive Disorders/Bipolar Disorders/Adolescent Suicidality

1. DSM-IV-TR, (pp. 345-428).


* will hand-out an excerpt in class

B) Medication for Children: Holistic treatments

Week 8: October 23

A) Childhood Trauma, Abuse & Neglect, Homelessness, and Divorce

1. DSM-IV-TR, (pp. 463-468) and (pp. 736-738).

2. DSM-IV-TR, (pp. 679-683).


B) Medication for Children – Forming topic areas for presentations

Week 9: October 30

A) Childhood autism/Asperger’s Disorder

1. DSM-IV-TR (pp. 70-84).


Speaker – Mark Holter – (will suggest additional readings)

B) Medication for children – refining the presentation topic

Week 10: November 6

A) Childhood Schizophrenia/Psychosis

1. DSM-IV-TR, (pp. 297-343)


B) Medication for children – preparing for mini-conference (date to be arranged)
Week 11: November 13

A) Adolescent issues
   a) Substance Related Disorders (Abuse vs. Dependence)
      1. DSM-IV-TR (pp. 191-269)

b) Eating Disorders
   1. DSM-IV-TR (pp. 583-595)

c) Cutting/Self-Injurious Behavior

Week 12: November 20

A) Gender Identity Issues & Culture Bound Syndromes
   1. DSM-IV-TR, (pp. 576-582) & Appendix I (pp 897-903).

Week 13: November 27 - Thanksgiving Recess (no class)

Week 14: December 4  (Final Exam Handed Out)

A) Early Intervention/Prevention/Health Promotion/Evidence-Based Practice


Final Exam – Due in my office by noon on Friday 12/13/02

Due Dates: Work handed in late will be downgraded unless due to illness
***On-going student input greatly appreciated throughout the term by email or drop in during office hours. You will have formal evaluations of the professor and group facilitators at the end of the term.