Social Work 612: Mental Health and Mental Disorders in Children and Youth
Fall 2003 (Wed. 5:10 pm-8pm)
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Course Description:
This course describes psychological, behavioral, and developmental disorders of children 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, 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:


Texts are available at Shaman Drum, State Street, Ann Arbor

Attendance, Participation and Reading:

All of these are expected. Please call or e-mail me if you must miss class due to an emergency. Reading and other assignments must be completed in order to receive credit for the class. Ethical and professional interactions are expected throughout the course.

Course Requirements:

40% Assignment #1 (due October 22, 2003)

40% Assignment #2 (due December 3, 2003)

20 % Assignment #3 (Case Presentation, due on chosen date, details to be discussed in class)

Assignment #1 (Clinical Assessment and Treatment Planning):

The subject of the first paper will be the use of clinical material from your work with a child or adolescent in the development of a clinical assessment, clinical hypothesis, DSM-IV or O-3 diagnostic formulation, and an initial treatment plan.

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, 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 and diagnostic formulations can be generated and interventions 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 that 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, modes of relating and past experiences, and/or developmental factors.

4. Provide a DSM-IV (Axis I and/or II) or DSM 0-3 diagnosis.

5. Cite two current 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 OR if depression is the diagnosis find two articles discussing child/adolescent depression).

6. 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, diagnostic formulation, 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 intervene with or assist these systems and individuals.

Assignment #2 (Research)

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

Using DSM-IV, choose a diagnosis given to your client OR choose a diagnosis that better 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. You may also choose a diagnosis from DSM Zero-three. Read at least 8 current references regarding the diagnosis - research articles or book chapters published since 1990.

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 factors (if applicable).
   b. Describe how the disorder is likely to affect an individual in terms of development, functioning, view of self, and relationships with others.
   c. Describe the potential impacts of the child’s/adolescent’s difficulties on the family.
   d. Discuss treatments or interventions associated with the diagnosis you have chosen.

3. Illustrate your researched topic using your clinical case. Be sure that your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.

4. If relevant, discuss whether you feel your client has been misdiagnosed. That is, after exploring the child’s symptoms, contributing factors, and likely precipitants, discuss a diagnosis you feel might more aptly fits this particular person. If you feel that no one diagnosis is sufficient, discuss the option of dual (or multiple) diagnosis.

5. Discuss whether or not you are able to implement with your client the treatment associated with the diagnosis. (e.g. What appears to be working? What needs to be fine-tuned? Are there any barriers to treatment? How might they be overcome?)

B. Non-Clinical (do this paper if you have never worked with clients):

Using DSM-IV or 0-3, choose a diagnosis you are interested in. 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. You may also choose a diagnosis from DSM Zero-three. Read at least 8 current references regarding the diagnosis - research articles or book chapters published since 1990. Two of the references must be case studies that provide detailed examples of the clinical presentation of a child or adolescent with the relevant diagnosis. Please indicate which articles contain the clinical description.

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 factors (if applicable).
   b. Describe how the disorder is likely to affect an individual in terms of development, functioning, view of self, and relationships with others.
   c. Describe the potential impacts of the child’s/adolescent’s difficulties on the family.
   d. Discuss treatments or interventions associated with the diagnosis you have chosen.

3. Present a clinical case example from the readings which illustrates the disorder. Be sure that your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis.
4. If relevant, discuss whether you feel the client in the case study has been misdiagnosed. That is, after exploring the child’s symptoms, contributing factors, and likely precipitants, discuss a diagnosis you feel might more aptly fits this particular person. If you feel that no one diagnosis is sufficient, discuss the option of dual (or multiple) diagnosis.

5. Given the research you have done, discuss what might be a good treatment intervention for the case study you presented. (e.g. What appeared to be working? What needed to be fine-tuned? Were there any barriers to treatment? How might they have been overcome?)

Details:
Confidentiality: As in all class discussions, please disguise your case material by using initials for all family members and delete or disguise any other identifying facts/information.
Bibliography: Include an APA style bibliography of the references you have cited.
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, and proof-read. Please use spell check.

Course Schedule and Required Assignments:

September 3, 2003
Topic: Introduction to class, Developmental and System’s Perspective; Introduction to Clinical Assessment
Assignment: None

September 10, 2003
Topic: Infants and Children at Risk for Disorder; Attachment
Assignment:
Diagnostic Classification 0-3: Introduction pp.10-18; Reactive Attachment Deprivation p.29-30.
Axis 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, Case 17 Marvelle pp.131-133
Child Psychopathology: Chapter 1: A Developmental Systems Perspective; Chapter 13: Disorder and Risk for Disorder in Infancy and Toddlerhood

September 17, 2003
Topic: Autism Spectrum Disorders
Assignment
Child Psychopathology: Chapter 8: Autistic Disorder
Diagnostic Classification 0-3 Disorders of Relating and Communicating; Pervasive Developmental Disorders pp. 40-45; Appendix 2, pp. 70-73; Case 8 Max pp. 105-107
Treating Adolescents: Introduction pp. 1-40 (This reading does not concern Autism but will lessen the reading load for next week.)
September 24, 2003
Topic: Sexual, Physical and Emotional Abuse (Post Traumatic Stress Disorder) and Potential Impact of Abuse and Trauma on Development
Assignment:
*Diagnostic Classification 0-3*: Traumatic Stress Disorder, pp. 19-21;
Reactive Attachment Deprivation Maltreatment Disorder of Infancy, pp. 29-30 (Review);
Adjustment Disorder, pp. 30-31; Case 1: Sally, pp. 85-86; Case 11: Jasmine, pp. 113-114; Case 14: Steve, pp. 122-124
*Treating Adolescents*: Chapter 9

October 1, 2003
Topic: Mental Retardation and Learning Disabilities
Assignment:
*Child Psychopathology* Chapter 11 and 12

October 8, 2003
Topic: Attention Deficit/Hyperactivity Disorder; Conduct and Oppositional Defiant Disorder
Assignment:
*Child Psychopathology*: Chapter 2: Attention-Deficit/Hyperactivity Disorder
*Child Psychopathology*: Chapter 3: Conduct and Oppositional Defiant Disorders
*Treating Adolescents*: Chapter 2
*Diagnostic Classification 0-3* Regulatory Disorders Type III Motorically Disorganized, Impulsive pp.37-38

October 15, 2003
Topic: Mood Disorders: Depression; Bi-Polar Disorder; and Suicide in Children and Youth
Assignment:
*Diagnostic Classifications 0-3*:Disorders of Affect, pp. 22-26: Case 2: Richards, pp. 87-89;
*Child Psychopathology*: Chapter 5
*Treating Adolescents*: Chapter 4

October 22, 2003
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 #1 due*
*Diagnostic Classification 0-3*: Mood Disorder: Prolonged Bereavement Grief Reaction, p. 24

October 29, 2003
Topic: Childhood Anxiety Disorders; Social Withdrawal in Childhood
Assignment:
*Child Psychopathology* Chapters 6 and 8
*Treating Adolescents*: Chapter 5
*Diagnostic Classification: 0-3* Anxiety Disorders of Infancy and Early Childhood p. 23, Case 2, Richard pp.87-89
November 5, 2003  
Topic: Childhood Onset Schizophrenia and Psychotic Disorders  
Assignment:  
*Child Psychopathology*: Chapter 10  
*Treating Adolescents*: Chapter 8: Schizophrenia and Psychotic Disorders

November 12, 2003  
Topic: Eating Disorders  
Assignment:  
*Child Psychopathology*: Chapter 15: Eating Disorders  
*Treating Adolescents*: Chapter 6: Eating Disorders

November 19, 2003  
Topic: Substance Abuse  
Assignment:  
*Child Psychopathology*: Chapter 4: Adolescent Substance Use Disorders  
*Treating Adolescents*: Chapter 3: Substance Use and Abuse

December 3, 2003  
Topic: Children of Parents with Mental Illness or Developmental Disability  
Assignment: Assignment #2 Due  
Handouts

December 10, 2003  
Topic: Final Topics and Closure for Class