THE UNIVERSITY OF MICHIGAN  
SCHOOL OF SOCIAL WORK

COURSE TITLE: Mental Health and Mental Disorders of Children and Youth  
COURSE NUMBER: 612, section 002  
Location: SSWB 3752, Wednesday 5pm - 8pm  
Instructor: Anmarie J. Widener, M.A., M.S.W.  
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Office Hours: 4pm Wednesdays, as well as after class and by appointment

1. 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.

2. 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 which 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.
3. 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.

4. Course Design:

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, and viewing of videotapes. Written assignments will integrate theory, research, and case analysis and will be applied to the student's practicum work when possible.

5. 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.
6. 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 judgments 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.

B. Journals (suggested starting points)

Adolescence
American Journal of Orthopsychiatry
Child Analysis
Child Abuse and Neglect
Child and Adolescent Social Work
Child Development
Development and Psychopathology
Developmental Psychology
Ethical Human Sciences and Services
Journal of Child Psychotherapy
Psychoanalysis and Psychotherapy
Psychotherapy: Research and Practice
School Psychology Review
Journal of Analytic Social Work

ASSIGNMENTS

I. Research paper with CLINICAL CASE evaluation in two parts
[Students who do not now nor have ever had children/adolescents/families as clients will write a research paper that includes clinical examples from readings (see below, “no clinical experience”).]

Part I General Information

Confidentiality: For the Clinical Assignments, to preserve client confidentiality, please disguise your case material by using pseudonyms for all family members, omitting or changing specific geographical information and avoiding mention of details which identify clients.
Length: 5-7 pages, excluding title, abstract, and any reference pages; double spacing only, font 12 pt.
Grade: Students will receive helpful critical comments for Part I of the assignment. No grade will be given for Part I of the assignment; rather, students will receive a checkmark when the paper is well organized, when the terms of the assignment are followed, when the writing is clear, and when accurate application of concepts are used. Finally, the assignment must be completed on time. If no check mark is given, the author of the paper must see me privately to go over problems in the paper so that the student may rewrite and fix these problems before a final grade is given in Part II of the assignment.
Due Date: October 27, 2004 at the beginning of class.
Students currently working with children/adolescents/families in placement will write up a clinical case describing the therapeutic relationship, the process of the therapeutic alliance, and clinical interpretations of symptoms. The focus is describing the therapeutic experience as it unfolds. Your paper must include transference issues, countertransference issues, defense mechanisms, and clinical interpretations which take into account life experience (especially trauma), as well as past and current relationships, feelings, and fantasies.

Clinical interpretations are based on Critical Incidents that occur throughout treatment. 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 may 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, counter-transference responses, 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 offers the clinician a clearer understanding of the client's experience, circumstances and internal psychological processes. From this understanding, clinical interpretations (meanings behind the symptomatic behavior) can be generated and interventions can be planned.

1) Give a brief background statement that includes presenting problem, brief family history, and relevant developmental information (How old is the child? How many siblings does the child have? What do the parents do for a living? How far has the child gone in school? Was the child raised religious? Etc). Briefly summarize the precipitant for referral, presenting and/or stated problem(s); include any protective and risk factors as well as environmental issues that are affecting the client. This should take less than 2 full pages.

2) Formulate clinical hypotheses, taking into account developmental, psychodynamic and family interactions known so far (this may be guess work, if you have not had enough time with the client to understand more deeply what is going on.). This is not the same as giving a diagnosis; the clinical hypothesis should make an explicit connection between current symptoms, ego functions (especially defense mechanisms), and modes of relating, as well as past experiences and/or developmental factors. It may be helpful to start formulating ideas by asking the question: “What happened right before this child’s symptoms began?”

4) Discuss clinical interpretations derived from thinking about this material.

5) 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 interpretations 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.

6) Description of your beginning relationship with the clients--both child / adolescent and parents. Describe some critical incidents that illustrate the initial relationship, and discuss 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 client 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.
Part II General Information

Do not use bullets or outline format. Write in narrative form throughout. Do not summarize referenced work: instead, use quotations or very short descriptions from published work to support your idea or simply reference the author and year in parentheses (APA citation) those published works that support your points/ideas. Plagiarism will be reported to the Dean and appropriate action taken. See Student Guide for information on plagiarism.

Bibliography: Include an APA style bibliography for the references you have cited. Do not use any references from the internet.

Confidentiality: For the Clinical Assignments, to preserve client confidentiality, please disguise your case material by using pseudonyms for all family members, omitting or changing specific geographical information and avoiding mention of details which identify clients.


Grade: 50% of course grade. Grading will be based on organization, following the terms of the assignment, clarity of writing, accurate application of concepts, appropriate use of citations, and completion of assignment on time. (No extensions will be given, all papers must be turned in by the due date).

Due Date: December 8, 2004, at the beginning of class

Research will concern a diagnostic category and common treatment modalities for that diagnosis. Using DSM-IV and/or Zero to Three, choose the diagnosis given to your client OR choose a diagnosis which fits the individual/family you are treating in your view (may be different from the diagnosis given by another professional involved in the case). Use a disorder listed in the first section, "Diagnoses Usually First Diagnosed in Childhood or Adolescence," or use a diagnosis such as dysthymia, post-traumatic stress disorder, anorexia, etc. which may be applied to adults as well as children and adolescents.

1) Write a brief definition of the diagnosis and its common symptoms. (This section will be a short paraphrase of DSM-IV or Zero to Three). Do not use bullets or outline format.

2) Using referenced material, discuss: a) common hypotheses regarding the development of the disorder, including psychosocial/dynamic and biological (if applicable) (in other words, what processes and mechanisms relate to the development, onset, and escalation of the child’s problems); b) describe how the disorder is affecting (or is likely to affect) the individual in terms of development, everyday functioning, view of self and view of reality; c) describe the potential impact of the child's/adolescent's difficulties on the family.

3) Illustrate your researched topic using your clinical case from Part I. Discuss meanings of the client’s symptoms (e.g., why are these particular symptoms surfacing? what purpose do they serve the client? what conflicts are the symptoms coming from?). Be sure your clinical case example illustrates behaviors or emotional symptoms that are features of the diagnosis chosen.

4) If you feel your client has been misdiagnosed, discuss how you came to this conclusion. That is, after exploring deeper the meanings of the child’s symptoms and current and past life experiences, discuss a diagnosis you feel more aptly fits this particular person. If you feel no one
diagnosis fits, discuss the option of dual (or multiple) diagnosis. Critique the use of diagnoses involved in this case: how has it been helpful; where does it fall short of helping the client?

5) Critique common treatment modalities by answering the following questions: Do they work? If so, how? Do they create any iatrogenic response? Are such treatments helping create real change or do they simply band-aid the problem? Does the treatment modality simply focus on symptom reduction and if so, does this reduce the possibilities for treatment interventions in an undesirable way?

6) Discuss general therapeutic issues and treatment modalities commonly used in the diagnosis chosen for your client. Criticize these treatment modalities (where do they fall short of really helping the client overcome the problems at hand?). You may wish to use your own clinical work to critique commonly used treatment modalities and published research regarding the diagnosis. What do you feel needs to be done to best serve and help your client overcome his or her symptoms and problems?

Cite a minimum of 8 references, 4 of which come from the course readings.

NO CLINICAL EXPERIENCE
For those of you who have not yet had hands on work with a client, choose one of the following books, read it, and then answer the following questions:

*The Severed Soul*, by Herbert Strean
*I Never Promised You a Rose Garden*, by Hanna Green
*How to Become a Schizophrenic*, by John Modrow
*The Fight Against Fears*, by Lucy Freeman

1) Describe the symptoms of the client discussed in the book and discuss how their problems (symptoms) impact their life.

2) If their symptoms are/were mediated by their parents, describe the impact of the disorder on the child’s parent and parenting function, noting secondary impact via changes in the parent-child relationship.

3) Discuss whether the symptoms have differential effects depending on person’s level of development.

4) Discuss possible meanings of the symptoms (that is, how are these particular symptoms solving a problem; how are they creating a problem).

5) Discuss your ideas (or what you have learned) about the following topics mentioned in the book: transference issues, countertransference issues, defense mechanisms, clinical interpretations, and treatment modality.

6) Finally, discuss how the book impacted your thinking about the disorder and cite other references that may contradict what you have read in the book. Discuss this diagnosis from the perspective of contradicting research and approach to disorder. Did the book change your view on the subject in any way?

Use at least 8 other references to support your ideas/criticisms; 4 of these references must be taken from the required course readings.
II. Presentation
Each student will present a clinical case of their own. Presentations will be informal and should NOT be written up (you may use notes, if this will help, but I do not recommend it).
Those of you who do not currently have (and haven’t had in the past) a case of your own will discuss a case from one of the course readings or the book you’ve read for the research paper: provide thoughts regarding the case material, discuss how the diagnosis has been applied, and helpful interventions for the problems presented.
Length: between 5 and 20 minutes total, including any class discussion during your presentation.
Grade: 20% of course grade. Based on completion of assignment, professional mannerism, critical and clinical skills used in digesting the material.

IV. Readings:
Each week, write 1 question and 1 criticism for each required reading for that week (not to include the Davies book). Do not summarize. Be critical and think about the implications of the research presented.
Due date: each week at the beginning of class
Grade: 30% of course grade. Grading is based on completing the assignment every week on time, as well as on well written, thoughtful, and probing questions/criticisms.

V. Attendance, Participation and Reading
All these are expected. Frequent absences and/or tardies will result in a lowering of the course grade. Professional mannerism is expected throughout the course.

Texts

Required:
Handouts given throughout the semester.

Recommended:
Course Outline and Reading Schedule

September 8, 2004

September 15, 2004

Required readings: Davies, introduction & chp 1-4; any handouts given last week.
Recommended readings: *Zero to Three*, pp. 1-18, 67-83, 96-99; Wenar & Kerig, chp. 1-2

September 22, 2004
Lecture: Bridge to Psychopathologies. Contexts of development: biological conditions; culture and ethnicity; the impact of social conditions on development

Required Readings: Davies, part II intro & chp. 5-8; any handouts given last week

September 29, 2004
Lecture: Risk and protective factors; adaptation and defense mechanisms

Required Readings: Davies, chp. 9-13; any handouts given last week.
Recommended Readings: *Zero to Three*, pp. 105-107, 110-112, 128-130; Wenar & Kerig, chp. 3 & 12, 13, 15

October 6, 2004
Lecture: Disruptive Behavior Disorders—ADHD

Required Readings: Fonagy, et al, chp. 6; any handouts given last week.
Recommended readings: *Zero to Three*, pp. 131-133; Wenar & Kerig, chp 6

October 13, 2004
Lecture: ADHD continued.
Required Reading: Fonagy, et al., chp. 13; any handouts given last week.

October 20, 2004
Lecture: PTSD; extreme situations (child maltreatment); anxiety disorders

Required Readings: Fonagy, et al., chp 11; chp. 3; any handouts given last week
Recommended readings: *Zero to Three*, pp 87-89

October 27, 2004 ** Part I clinical paper due
Lecture: Conduct Disorder, Oppositional Defiant Disorder;
Required Reading: Fonagy, et al., chp. 5; any handouts given last week.
Recommended readings: *Zero to Three*, pp 115-117, 122-124; Wenar & Kerig, chp 7-8
November 3, 2004
Lecture. Trauma—physical, emotional, sexual abuse
Required Readings: any handouts
Recommended readings: Zero to Three, pp. 85-86, 90-92, 100-104; Wenar & Kerig, chp 14, 17,

November 10, 2004
Lecture. Depression, Suicide
Required Readings. Fonagy, et al., chp. 4; chp. 10 pages 304-313; any handouts
Recommended Readings: Zero to Three, pp. 113-114; Wenar & Kerig, chp 10.

November 17, 2004
Recommended Reading: Wenar & Kerig, chp 11

December 1, 2004
Lecture. Child Psychoses—schizophrenia
Required Readings. Fonagy, et al., chp. 8; any handouts.
Recommended Readings: Zero to Three, pp. 108-109, 125-127; Wenar & Kerig, chp 9

December 8, 2004 **Part II research paper due
Lecture: Learning disorders; Autism
Required Readings. Fonagy, et al., chp 9; chp. 12; any handouts.
Recommended Readings: Zero to Three, pp 93-95; Wenar & Kerig, chp 4