

**PSYCHOPATHOLOGY AND DIAGNOSIS OF MENTAL DISORDERS  
SOWK 612**

**Instructor:** Shannon Mayeda, PhD, LCSW, CRADC

**Office Hours:** Before and after class and by appointment

**Office:** UPC SWC 221

**e-mail:** [shannond@usc.edu](mailto:shannond@usc.edu)

**Phone:** 310-529-8011

**I. Course Description**

This course will provide the student with advanced exposure to several issues in the area of adult psychopathology and diagnostics. First, the mental status exam will be covered as the basic tool for gathering information on psychopathology. Second, the logic and method of diagnostic classification will be covered, as well as the diathesis / stress model of mental illness. Third, the majority of the course will consist of using the DSM-IV as the model for in-depth exposure and practice in the diagnosis of mental disorders. The major emphasis of the course will be on developing the differential diagnostic skills of the student through didactic and experiential modalities. Finally, there will be discussion of cross-cultural diagnostic issues, and the most effective treatment approaches used for each of the major diagnostic categories.

**Course Objectives**

1. Assess and observe clusters of psychiatric symptoms and robustly categorize them into DSM-IV-TR diagnostic categories, using the multi-axial assessment.
2. Assert and defend differential diagnoses, according to the DSM-IV-TR.
3. Recognize the uses, limitations, misuses of assigning psychiatric diagnoses.
4. Recognize how culture and class can influence psychiatric symptoms, misdiagnosis, and access to mental health services.
5. Develop an understanding of etiology of various mental health symptoms and illnesses.
6. Identify medical, psychodynamic, and alternative methods of treatment for specific mental health symptoms and illnesses.
7. Become familiar with the history of mental health treatment delivery in the United States.
8. Discern how various symptoms can be ego syntonic and ego dystonic.
9. Construct a comprehensive and concise biopsychosocial assessment, including a mental status exam.
10. Develop familiarity with the usual clinical course of each specific mental illness.

## **II. Class Format**

Format of the class will primarily be didactic and interactive. Students are expected to come to class prepared to discuss the material and are encouraged to share brief, relevant, clinical experiences. Appropriate videos and case vignettes will be used to illustrate class content.

## **III. Course Evaluation and Grading**

Within the School of Social Work, grades are determined in each class based on the following standards, which have been established by the faculty of the School: (1) Grades of A or A- are reserved for student work, which not only demonstrates very good mastery of content, but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student. (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more than competent understanding of the material being tested in the assignment. (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations. (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and / or expectations. (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and / or several significant areas, requiring improvement. (6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

93 – 100	A
90 – 92	A-
87 – 89	B+
83 – 86	B
80 – 82	B-
77 – 79	C+
73 – 76	C
70 – 72	C-

All assignments are expected to be written in the APA 5<sup>th</sup> edition style. Departure from this style will result in a lowering of the assignment grade.

It is expected that students will attend all regularly scheduled classes, participate in the class discussions, and submit work promptly. Failure to meet these expectations may result in reduction in grades.

## Late Assignments

Assignments are due on the day and time specified. Extension will be granted only for extenuating circumstances. If the assignment is late, the grade will be affected, usually lowered by ½ grade per day, including weekends. Students who wish to have extensions on deadlines based on disabilities are required to register with the Office of Student Disabilities before the due date of the assignment.

## Incompletes

A final grade of incomplete can only be given under extreme circumstances and must be requested in writing (as stated by University policy.) Students who wish to have extensions on deadlines based on disabilities are required to register with the Office of Student Disabilities before the due date of the assignment.

(NOTE: Please refer to the Student Handbook and the University Catalogue for additional discussion of grades and grading procedures.)

## Written Assignments

### 1) Reaction Paper

Read any one of the papers of this syllabus or any other related article pre-approved by your instructor. The assignment is a 2 page critical reaction to one of the main themes of the article you read. State the themes, conclusions, and your honest reactions. Reactions are considered subjective and quantitative grades will not be assigned to this section of the paper.

### 2) Diagnostic Summaries

Two written diagnostic case summaries on adult clients will be required in this course. The diagnostic summary will be the presentation of a case that the student is currently or has worked with in his/her field placement. The diagnostic summary will include the following information: *PLEASE USE ALL THESE HEADINGS.*

- Brief psychosocial information (*USE TEMPLATE FROM OUR CLASS*).  
*Use all headings.*
  - Mental Status Exam (*USE TEMPLATE FROM OUR CLASS*). *Use all headings.*
- Multiaxial diagnoses
  - Include at least 1 differential diagnosis. Write this in the form of Rule Out.
- Justification of primary and differential diagnoses.
  - Write the DSM-IV-TR diagnostic criteria, then write a very brief description of how this client's symptoms meet this criteria.
    - Example
    - "More talkative than usual or pressure to keep talking."
      - Mr. B talks non-stop for the duration of the interview. He will not be interrupted by clinician.

He talks in a tangential manner about the most recent basketball game.

- Remaining questions: When referring to differential diagnoses, list questions you still have or information that you still need to acquire to be able to rule in or rule out these diagnoses.

All names must be changed to protect client confidentiality. Write a minimum of 9 pages per summary.

### 3) Final Assignment

The final exam will consist of a 60 minute video of a client interview that will be shown on the last day of class. No recorders are allowed. The student will derive and justify DSM-IV-TR diagnoses for and answer several questions that pertain to the biopsychosocial circumstances of the client. The paper will be due during exam week. To maximize your grade, **follow all instructions on Final Exam Handout** that will be given during the last class. The work that social workers do with our clients is very sensitive and can have a significant impact on the lives of the people that we serve. For this reason, social workers make it our professional practice to consult with other professionals to insure comprehension and preciseness. You may consult with your colleagues about this client interview and final exam.

## IV. Attendance Policy

Students are expected to attend all regularly scheduled class sessions. Students with more than two unexcused absences may risk failure. This policy exists because the social work program is one of professional preparation. In addition to acquiring theoretical knowledge, students are expected to acquire professional values, to integrate knowledge from a range of courses, to develop professional skills and be socialized into the profession. The faculty of this School of Social Work are convinced that this cannot be accomplished through independent study alone. Thus, attendance at classes is required unless legitimate and special reasons exist for absences or tardiness. Any such absences or tardiness should be discussed directly with the course instructor.

The University of Southern California policy permits students to be excused from class without penalty for the observance of religious holy days. This policy also covers scheduled final examinations, which conflict with students' observances of holy days. Students must make arrangements in advance to complete class work that will be missed or to reschedule an examination due to observance of holy days.

## V. Course Expectations

### I. Diagnostic Summaries

A - (Due Session 7)	15%
B - (Due Session 11)	15%

### II. Reaction Paper (Due on Session 4) 20%

III. Final Exam (*Due during finals week.*) 40%

IV. Meaningful class participation 10%

*(Including class discussion, attendance, tardiness, leaving early, behavior that is distracting to other students. Please do not use your computer in class for any other reason than for taking notes.)*

## **VI. Required Texts**

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, DC: Author.

Pocket size DSM-IV-TR is acceptable.

## **Optional Text**

Andreasen, N. & Black, D. (2001). *Introductory textbook of psychiatry*. Washington, DC: American Psychiatric Press, Inc.

Berzoff, J., Flannagan, L., & Hertz, P. (2007). *Inside out and outside in*. Northvale, NJ: Jason Aronson.

## **VII. ACADEMIC ACCOMMODATIONS**

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

## COURSE SCHEDULE

### Session 1

#### Introduction and Course Overview

- Person-In-Environment perspective in mental illness
- Clinical diagnosis among diverse populations including culture, race, gender, socioeconomics
- Critique of use of diagnostic frameworks
- DSM-IV-TR and the Multiaxial Assessment

**Meets objectives 1, 2, 3, 4, 5, 6.**

#### Reading

Andreason & Black. (2001). Chapters 2 and 5.

DSM-IV-TR. (2000). pages 1-37; Appendix A: 745-757; Appendix I: pages 897-898.

#### Optional Reading:

Anderson, C.M. and Holder, D.P. (1989). Women and serious mental disorders. In M. McGoldrick, C.M. Anderson, and F. Walsh (Eds.). *Women in Families*. New York: W. W. Norton.

Denton, W. H. (1990). A family systems analysis of DSM III-R. *Journal of Marital and Family Therapy*. 16(2), 113-126.

Flaskerud, J. H. and Hu, L-T. (1992). Relationship of ethnicity to psychiatric diagnosis. *Journal of Nervous and Mental Disease*. 180(5). 296-303.

Kutchins, H. and Kirk, S. A. (1995). Should DSM be the basis for teaching Social Work Practice in mental health? No! *Journal of Social Work Education*, Spring/Summer, 159-168.

Ross, C. E. (1990). Religion and psychological distress. *Journal for the Scientific Study Of Religion*. 29(2), 236-245.

Soloman, Alison. (1992). Clinical diagnosis among diverse populations: A multi-cultural perspective, *Families in Society: The Journal of Contemporary Human Services*. 371-377.

Sullivan, W.P. (1992). Spirituality as social support for individuals with severe mental illness. *Spirituality and Social Work Journal*, 3(1), 7-13.

Tsuang, M.T., Tohen, M. and Murphy, J.M. (1988) Psychiatric epidemiology. In Armand Nicholi (Ed.). *The New Harvard Guide to Psychiatry*. Cambridge: Belknap Press of Harvard University. 761-779.

Williams, J.B.W. and Spitzer, R.L. (1995). Should DSM be the basis for teaching Social Work Practice in mental health? Yes!" *Journal of Social Work Education*, Spring/Summer, 148-158.

## Session 2

### The Mental Status Exam

- Aspects of observing and assessing mental status in children, elderly, people who are experiencing psychosis and intoxication, and people who are difficult to engage.

**Meets objectives 1, 2, 4, 5, 8, 9.**

### Reading (Culture and Mental Disorders)

Bae, SW & Brekke, J. (in press). Characteristics of Korean American with schizophrenia:

A Cross-ethnic comparison with African Americans, Latinos, and Euro-Americans. *Schizophrenia Bulletin*.

Brekke, J. & Barrio, C. (1997). Cross-ethnic symptom differences in Schizophrenia: The influence of culture and minority status. *Schizophrenia Bulletin*, 23(2), 305-316.

Cheng, A. (2001). Case definition and culture: Are people all the same? *The British Journal of Psychiatry*, 179: 1-3.

Fabrega, H. (1992). Commentary. Diagnosis interminable: Toward a culturally sensitive DSM-IV. *The Journal of Nervous and Mental Disorders*, 180 (1): 5-7.

Flaskerud, J.H. & Hu, L. (1992). Relationship of ethnicity to psychiatric diagnosis. *The Journal of Nervous and Mental Disease*, 180: 296-303.

Guarnaccia, PJ & Lloyd, H. (1999). Research on culture-bound syndromes: New directions. *The American Journal of Psychiatry*, 156: 1322-1327.

Lopez, S. & Nunez, JA. (1987). Cultural factors considered in selected diagnostic criteria and interview schedules. *Journal of Abnormal Psychology*, 96 (3): 270-272.

Mezzich, JE, Kirmayer, LJ, Leinman A. et al. (1999). The place of culture in DSM-IV *The Journal of Nervous and Mental Disease* 187: 457-464.

Stein, D.J. (1993). Cross-cultural psychiatry and the DSM-IV. *Comprehensive Psychiatry*, 34 (5): 322-329.

Thakker, J. & Ward JT. (1998). Culture and classification: The cross-cultural application of the DSM-IV. *Clinical Psychology Review*, 18 (5): 501-529.

### **Session 3**

#### The Effects of Trauma

- Paradigm perspectives on PTSD vs. Personality Disorders
- Feminist contributions to understating trauma and its effects
- Differing traumas and their associated responses (war, rape, childhood sexual abuse, battered women)
- Controversy related to dissociative disorders
- Factors in resiliency

**Meets objectives 1, 2, 3, 4, 5, 6, 8, 9, 10.**

#### Reading

DSM-IV-TR. (2000). pages 463-475.

#### Optional Readings:

Brown, P.C. (1984). Legacies of a war: Treatment considerations with Vietnam veterans and their families. *Social Work*, July-August, 372-379.

Burgess, A. W. and Holmstrom, L.L. (1974). Rape trauma syndrome. In Rape: *Victims of crisis*. Bowie, MD: R.J. Brady Co., 37-50.

Davidson, J.R.T. and Foa, E.B. (1991). Diagnostic issues in PTSD: Considerations for the DSM-IV. *Journal of Abnormal Psychology*, 100(3), 346-355.

Giancarlo, T.J. (1991). Multiple personality disorder: A challenge to practitioners. *Families in Society: The Journal of Contemporary Human Services*, February, 95-102.

Marmar, C.R., Foy, D., Kagan, B. and Pynoos, R.S. (1994). An integrated approach for treating Posttraumatic Stress. In R.S. Pynoos, (ed.) *Posttraumatic Stress Disorder: A Clinical Review*. Lutherville, MD: Sidran., 99-132.

Marsella, A.J. Friedman, M.J., and Spain, E.H. (1994). Ethnocultural aspects of Posttraumatic Stress Disorder. In R.S. Pynoos, (ed.) *Posttraumatic Stress Disorder: A Clinical Review*. Lutherville, MD: Sidran., 17-42.

Sahpiro, F. (1996). Eye movement desensitization and reprocessing (EMDR): Evaluation of controlled PTSD research. *Journal of Behavior Therapy and Experimental Psychiatry*, 27(33), 209-218.

Walker, L.E. Post-traumatic stress disorder in women: Diagnosis and treatment of battered woman syndrome. *Psychotherapy*, Spring, 1991, 21-29.



## Issues of Sexuality

### Reading

DSM-IV-TR. (2000). pages 535-582.

### Optional Reading:

Araji, S. and Finkelhor, D. (1986). Abusers: A review of the research. In D. Finkelhor (Ed.), *A Sourcebook on child sexual abuse*. Beverly Hills: Sage, 89-118.

Devor, H. (1994). Transsexualism, dissociation, and child abuse: An initial discussion based on nonclinical data. *Journal of Psychology and Human Sexuality*, 6(3), 49-72.

Hucker, S.J. and Stermac, L. (1992). The evaluation and treatment of sexual violence, necrophilia, and asphyxiophilia. *Clinical Forensic Psychiatry*, 15(3), 703-719.

Kaplan, H.S. (1974). Conflict-intrapsychic causes of sexual dysfunctions. In *The New Sex Therapy: Active Treatment of Sexual Dysfunctions*. New York: Brunner/Mazel, 137-154.

Lew, M. & Bass, E. (1990). *Victims no longer: Men Recovering from Incest and Other Sexual Child Abuse*.

Sugar, M. (1995). A clinical approach to childhood gender identity disorder. *American Journal of Psychotherapy*, 49(2), 260-281.

## **Session 4**

### Schizophrenia and Other Psychotic Disorders – 1 – Understanding

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

### Reading

DSM-IV-TR. (2000). pages 297-343.

Andreason & Black. (2001). Chapters 7 & 8.

### Optional Reading:

Frese, F.J. (1993). Twelve aspects of coping for person with schizophrenia, *Innovations and Research in Clinical Services, Community Support, and Rehabilitation*, 2(3), 39-46.

- Karno, M. and Jankins, J.H. (1993). Cross-cultural issues in the course and treatment of schizophrenia. *Schizophrenia*, 16(2), 339-350.
- Mogulowsky, N. and Rumrill, P.D. (1996). Schizophrenia: strategies for rehabilitation professionals. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 7, 21-29.
- Taylor, E. (1987). The biological basis of schizophrenia. *Social Work*, March-April, 115-121.
- Terkelson, K.G. (1987). The meaning of mental illness to the family. In A.G. Hatfield and H.P. Lefley (Eds.) *Families of the Mentally Ill: Coping and Adaptation*. New York: Guilford, 128-150.
- Walsh, J. (1995) Clinical relatedness with persons having schizophrenia: A symbolic interactionist perspective. *Clinical Social Work Journal*, 23(1), 71-85.
- Walsh, J. (1995). The impact of schizophrenia on clients' religious beliefs: Implications for families. *Families in Society: The Journal of Contemporary Human Services*, November, 551-558.

### **Session 5**

#### Schizophrenia and Other Psychotic Disorders – 2 – Associated Challenges and Treatment

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

### **Session 6**

#### Developmental and Childhood Disorders

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

#### Readings

DSM-IV-TR. (2000). pages 39-134.

#### Optional Reading:

- Aman, M.G. and Schroeder, S.R. (1990). Specific learning disorders and mental retardation. In B. Tonge, et al. (Eds.) *Handbook of Studies on Child Psychiatry*. New York: Elsevier, 210-214.
- Applegate, J.S. and Barol, B.I. (1989). Repairing the nest: A psychodynamic developmental approach to clients with severe behavior disorders. *Clinical Social Work Journal*, 17(3), 197-207.
- Chang, L., Morrissey, R.F., and Kopelwicz, H.S. (1995). Prevalence of psychiatric symptoms, and their relation to adjustment among Chinese-American Youth. *Journal of American Academy of Child and Adolescent Psychiatry*, 34(1), 91-99.

- Geller, Barbara and Carr, Leslie. (1988). Similarities and differences between adult and pediatric major depressive disorders. In A. Georgotas and R. Cancro (Eds.) *Depression and mania*. New York: Elsevier, 565-580.
- Hayward, C., Killen, J. D., Wilson, D.M., Hammer, L.D., Litt, I.F., Kraemer, H.C., Haydel, F., Varady, A., and Taylor, C.B. (1997). Psychiatric risk associated with early puberty in adolescent girls. *Journal of American Academy of Child and Adolescent Psychiatry*, 36(2), 255-262.
- Johnson, H. C. (1989). Disruptive children: Biological factors in attention deficit and antisocial disorders. *Social Work*, March, 137-144.
- Kilgus, M.D., Pumariaga, A. J. and Cuffee, S.P. (1995). Influence of race on diagnosis in adolescent psychiatric inpatients. *Journal of American Academy of Child and Adolescent Psychiatry*. 34(1), 67-72.
- Lavigne, J.V., Gibbons, R.D., Christoffel, K.K., Arend, R., Rosenbaum, D., Binns, H., Dawson, N., Sobel, H. and Isaacs, C. (1996). Prevalence rates and correlates of psychiatric disorders among preschool children. *Journal of American Academy of Child and Adolescent Psychiatry*. 35(2), 204-214.
- Mcguire, J. and Earls, F. (1991). Prevention of psychiatric disorders in early childhood. *Journal of Child Psychology and Psychiatry*, 32(1), 129-153.
- Offord, D.R. and Bennett, K.J. (1994). Conduct disorder: Long-term outcomes and intervention effectiveness. *Journal of American Academy of Child and Adolescent Psychiatry*, 33(8), 1069-1078.
- Walter, H.J., Vaughn, R.D., Armstrong, B., Krakoff, R.Y., Maldonado, L.M., Tiezzi, L. and McCarthy, J.F. (1995). Sexual, assaultive, and suicidal behaviors among urban minority junior high school students. *Journal of American Academy of Child and Adolescent Psychiatry*, 34(1), 73-80.

## **Session 7**

### Addiction – 1 – Understanding

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

### Reading

DSM-IV-TR. (2000). pages 191-295.

### Optional Reading

Andreason & Black. (2001). Chapters 14 & 15.

Austrian, S. G. (1995). Substance-related disorders. *Mental Disorders, Medications, and Clinical Social Work*. New York: Columbia University. 105-136.

Donovan, D. (1988). Assessment of addictive behaviors: Implications of an emerging biopsychosocial model. In D. Donovan and G.A. Marlatt (Eds.). *Assessment of addictive behaviors*. New York: Guilford.

Harachi, T.W., Ayers, C.D., Hawkins, J.D., Catalano, R.F., and Cushing, J. (1996). Empowering communities to prevent adolescent substance abuse; Process evaluation results from a risk-and protection-focused community mobilization effort. *The Journal of Primary Prevention*, 16(3), 233-254.

Johnson, V. and Pandina, R.J. (1991). Effects of the family environment on adolescent substance use, delinquency, and coping styles. *American Journal of Drug Alcohol Abuse*, 17(1), 71-88.

Miller, D. (1986). Adolescent substance abuse. In *Attack on the self*. Northvale: Jason Aronson.

Mulinski, P. (1988). Alcoholism and coexisting psychiatric disorders. *Social Casework*, March, 141-146.

Seale, J.P. and Muramoto, M.L. (1993). Substance abuse among minority populations. *Substance Abuse*, 20(1), 167-180.

Spitz, H.I. and Rosecan, J.S. (1987). Overview of cocaine abuse treatment. In H.I. Spitz and J.S. Rosecan (Eds.), *Cocaine Abuse: New Directions in Treatment and Research*. New York: Bruner/Mazel, 97-118.

Vaillant, G. (1988). The alcohol dependent and drug-dependent person. In A. Nicholi (Ed.) *The New Harvard Guide to Psychiatry*. Cambridge: Bellknap Press of Harvard University, 700-713.

## **Session 8**

### Addiction – 2 - Treatment

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

## **Session 9**

### Mood Disorders - Depression

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

### Reading

DSM-IV-TR. (2000). pages 345-428.

## **Session 10**

**\*NO CLASS DUE TO SPRING RECESS\***

**Session 11**  
Bipolar Disorders

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

Readings

DSM-IV-TR. (2000). pages 382-401.

**Session 12**  
Anxiety Disorders

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

Readings

DSM-IV-TR. (2000). pages 393 – 444.

Andreason & Black. (2001). Chapters 10 & 11.

Optional Reading:

Garssen, B., De Beurs, E., Buikhuisen, M., van Balkom, A., Lange, A. and Van Dyck, R. (1996). On distinguishing types of panic. *Journal of Anxiety Disorders*, 10(3), 173-184.

Laraia, M.T., Stuart, G. W., Frye, LH. Lydiard, R.B. and Ballenger, J.C. (1994). Childhood environment of women having panic disorder with agoraphobia. *Journal of Anxiety Disorders*, 8(1), 1-17.

Manfro, G.G., Otto, M.W., McArdle, E.T., Worthington, J.J., Rosenbaum, J.F. and Pollack, M. H. (1996). Relationship of antecedent stressful life events to childhood and family history of anxiety and the course of panic disorder. *Journal of Affective Disorders*. 41, 135-139.

March, J.S. and Leonard, H. L. (1996). Obsessive-compulsive disorder in children and adolescents: A review of the past 10 years. *Journal of the American Academic Child and Adolescent Psychiatry*, 34(10), 1265-1273.

Miliora, M.T. and Ulman, R.B. (1996). Panic disorder: A bio-self-psychological perspective. *Journal of The American Academy of Psychoanalysis*. 24(2), 217-256.

Rapport, J.L. (1989). “The new biology of obsessive compulsive disorder.” *Harvard Medical School Mental Health Letter*. 5(7), 4-6.

**Session 13**  
Personality Disorders – 1 – Cluster B

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

Reading

DSM-IV-TR. (2000). pages 685-730.

Optional Reading:

Baker, J.D., Capron, E.W. and Azorlosa, J. (1996). Family environment characteristics of persons with histrionic and dependent personality disorders. *Journal of Personality Disorders*, 10(1), 82-87.

Benjamin, L.S. and Wonderlich, S.A. (1994). Social perceptions and borderline personality disorder: The relation to mood disorders. *Journal of Abnormal Psychology*, 103(4), 610-624.

Head, S.B., Baker, J.D. and Williamson, D.A. (1991). Family environment characteristics and dependent personality disorders. *Journal of Personality Disorders*, 5(3), 256-263.

Meissner, W.W. (1986). Narcissistic personalities and borderline conditions: A differential diagnosis. In A.P. Morrison (Ed.), *Essential Papers on Narcissism*. New York: New York University Press, 403-437.

Norden, K.A., Klein, D.N., Donaldson, S.K., Pepper, C.M. and Klein, L.M. (1995). Reports of the early home environment in DSM-III-R personality disorders. *Journal of Personality Disorders*, 9(3), 213-223.

Pakiz, B., Reinherz, H.Z. and Giaconia, R. M. (1997). Early risk factors for serious antisocial behavior at age 21: A longitudinal community study. *American Journal of Orthopsychiatry*, 67(1), 92-101.

Weaver, T.L. and Clum, G.A. (1993). Early family environments and traumatic experiences associated with borderline personality disorder. *Journal of Consulting and Clinical Psychology*, 61(6), 1068-1075.

**Session 14**

Personality Disorders – 2 – Clusters A & C

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

**Session 15**

Eating Disorders

**Meets objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.**

Reading

DSM-IV-TR. (2000). pages 583-596.

Optional Reading:

Hastings, T. and Kern, J.M. (1994). Relationships between bulimia, childhood sexual abuse, and family environment. *International Journal of Eating Disorders*, 15(2), 103-111.

Mackay, L-M. (1989). Eating disorders: Anorexia nervosa, bulimia nervosa, and childhood obesity. In F.J. Turner (Ed.) *Child Psychopathology: A Social Work Perspective*. New York: Free Press, 351-424.

Rothblum, E.D. (1994). "I'll die for the revolution but don't ask me to diet." Feminism and the continuing stigmatization of obesity. In P. Fallon, M.A. Katzman, S.C. Wooley (Eds.) *Feminist perspectives on eating disorders*. New York: Guilford, 53-76.

Seid, R.P. (1994). Too close to the bone: The historical context for women's obsessions with slenderness. In P. Fallon, M.A. Katzman, S.C. Wooley (Eds.) *Feminist perspectives on eating disorders*. New York: Guilford, 3-16.

Wooley, O.W. (1994). And man created woman: Representations of women's bodies in western culture. In P. Fallon, M.A. Katzman, S.C. Wooley (Eds.) *Feminist perspectives on eating disorders*. New York: Guilford, 17-52.

**Session 16**

Final Exam Video and Handout

*Final Paper is due during Final's Week at the usual beginning time of our class.*