SC Suzanne Dworak-Peck
School of Social Work

Social Work 612
FALL SEMESTER 2017

Assessment and Diagnosis of Mental Disorders

3 Units

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Office Hours: 15 min before and after class and as needed by appointment

I. COURSE PREREQUISITES

This elective course is open to School of Social Work students who have completed their foundation year course requirements and open to students from all Departments.

II. CATALOGUE DESCRIPTION

SOWK 612 Assessment and Diagnosis of Mental Disorders (3 units). Assessment of mental disorders and the rationale and organization of the system for diagnosis. Emphasis is on developing differential diagnostic skills.

III. COURSE DESCRIPTION

This course will provide the student with exposure to major issues in the areas of assessment and diagnosis across the lifespan. Emphasis is placed on understanding biopsychosocial influences on the incidence, manifestation, and course of the most commonly presented mental disorders and the differential effect of these factors on diverse populations. Current research from biological psychiatry and the behavioral sciences regarding the impact of poverty, race/ethnicity, class, and labeling theories and the stress and social support model are highlighted

The DSM-5 is used as an organizing framework for reviewing major mental disorders. The ICD-10 will also be addressed. The arrangement of this course follows the lifespan framework of the Manual. Discussion of the strengths and weaknesses of the DSM-5, the role of social workers in psychiatric diagnosis, the relationship of diagnosis to social work assessment and issues of ethical practice are a critical part of the course. The course emphasizes the acquisition of diagnostic skills as they relate to comprehensive social work assessment of individuals through the lifespan. Knowledge the roles social

workers occupy within interdisciplinary practice will be covered. This is not a class that will provide skill-based learning in specific clinical interventions.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	Provide an understanding of appropriate professional conduct and responsibilities regarding the assessment and diagnosis of mental disorders and the application of ethical guidelines regarding confidentiality, self-determination, and high-risk manifestations of mental illnesses.
2	Promote knowledge about the logic and method of diagnostic classification and the criteria necessary for the diagnosis of various mental disorders, the process for ruling out alternative explanations for observed symptoms, and differentiating between disorders with shared symptoms.
3	Demonstrate the importance and value of ethnocultural and gender factors in differential diagnostics, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions. Diversity issues include, but are not limited to, race, ethnicity, cultural values and beliefs, gender, sexual orientation, age, socioeconomic status, and religion/spirituality.
4	Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students' learning. These exercises may include the use of videotapes, role-play, or structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

Professional standards and confidentiality: Students are expected to adhere to all the core principles contained in the NASW Code of Ethics (1999) and are cautioned to use their professional judgment in protecting the confidentiality of clients in class discussions.

Person-first language: Students should be especially careful not to contribute unwittingly to myths about mental illness and disability in the conduct of practice, research, interpretation of data, and use of terms. The integrity of persons being addressed should be maintained by avoiding language that pathologizes or equates persons with the conditions they have (such as "a schizophrenic," "a borderline," "addicts," "epileptics," or "the disabled") or language that implies that the person as a whole is disordered or disabled, as in the expression "chronics," "psychotics," or "disabled persons." Emphasis should be on the *person first*, not the disability. This is accomplished by putting the person-noun first (i.e., "persons [or people] with disabilities," or "an individual diagnosed with schizophrenia").

VI. Student Learning Outcomes

Student learning for this course relates to one or more of the following ten social work core competencies:

	Social Work Core Competencies	SOWK 612	Course Objective
1	**Demonstrate Ethical and Professional Behavior**	*	**1,2**
2	**Engage in Diversity and Difference in Practice**	*	**3**
3	**Advance Human Rights and Social, Economic, and Environmental Justice**		
4	**Engage in Practice-informed Research and Research-informed Practice**		
5	**Engage in Policy Practice**		
6	**Engage with Individuals, Families, Groups, Organizations, and Communities**		
7	**Assess Individuals, Families, Groups, Organizations, and Communities**	*	**4**
8	**Intervene with Individuals, Families, Groups, Organizations, and Communities**		
9	**Evaluate Practice with Individuals, Families, Groups, Organizations and Communities**		

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
Demonstrate Ethical and Professional Behavior: ▪ Understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels ▪ Understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas ▪ Recognize personal values and the distinction between personal and professional values and understand how their personal experiences and affective reactions influence their professional judgment and behavior ▪ Understand the profession's history, its mission, and the roles and responsibilities of the profession ▪ Understand the role of other professions when engaged in inter-professional teams ▪ Recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective ▪ Understand emerging forms of technology and the ethical use of technology in social work practice	Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context	Assignments 1,2, 3, & 4. Class Participation
	Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations	
	Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;	
	Use technology ethically and appropriately to facilitate practice outcomes;	
	Use supervision and consultation to guide professional judgment and behavior.	

Engage in Diversity and Difference in Practice: ▪ Understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. ▪ Understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. ▪ Understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.	Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; Present themselves as learners and engage clients and constituencies as experts of their own experiences; Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.	Assignments 1, 2, 3, & 4. Class Participation

Advance Human Rights and Social, Economic, and Environmental Justice: ▪ Understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education ▪ Understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.	Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels; Engage in practices that advance social, economic, and environmental justice	Assignments 1, 2, 3, & 4. Class Participation

Engage In Practice-informed Research and Research-informed Practice: ▪ Understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. ▪ Know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. ▪ Understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. ▪ Understand the processes for translating research findings into effective practice.	Use practice experience and theory to inform scientific inquiry and research. Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings. Use and translate research evidence to inform and improve practice, policy, and service delivery.	Assignments 1, 2, 3, & 4. Class Participation

Engage in Policy Practice: ▪ Understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. ▪ Understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. ▪ Understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. ▪ Recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. ▪ Knowledgeable about policy formulation, analysis, implementation, and evaluation.	Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services. Assess how social welfare and economic policies impact the delivery of and access to social services. Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.	Assignments 1, 2, 3, & 4. Class Participation

Engage with Individuals, Families, Groups, Organizations, and Communities: ▪ Understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. ▪ Value the importance of human relationships. ▪ Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. ▪ Understand strategies to engage diverse clients and constituencies to advance practice effectiveness. ▪ Understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. ▪ Value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.	Apply knowledge of human behavior and the social environment, person-in environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies. Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.	Assignments 1, 2, 3, & 4. Class Participation

Assess Individuals, Families, Groups, Organizations, and Communities: ▪ Understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. ▪ Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. ▪ Understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. ▪ Recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. ▪ Understand how their personal experiences and affective reactions may affect their assessment and decision-making.	Collect and organize data, and apply critical thinking to interpret information from clients and constituencies	Assignments 1, 2, 3, & 4. Class Participation
	Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies.	
	Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies.	
	Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.	

Intervene with Individuals, Families, Groups, Organizations, and Communities: ▪ Understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. ▪ Knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. ▪ Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. ▪ Understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. ▪ Value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.	Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.	Assignments 1, 2, 3, & 4. Class Participation
	Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies	
	Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes	
	Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.	
	Facilitate effective transitions and endings that advance mutually agreed-on goals.	

Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities: ▪ Understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations and communities. ▪ Recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. ▪ Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. ▪ Understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.	Select and use appropriate methods for evaluation of outcomes.	Assignments 1, 2, 3, & 4. Class Participation
	Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes.	
	Critically analyze, monitor, and evaluate intervention and program Processes and outcomes.	
	Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.	

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
1. DSM 5 to ICD-10 Transition Presentation	Sign up Ongoing	15%
2. Part A: Diagnostic Case Study I Paper (Diagnostic Impression with Differentials I) **Part B: Cultural Diagnostic Formulation Considerations**	11:59pm, Pacific Time the night of class on Week 7	25% 10%
3. Part A: Diagnostic Case Study II Paper (Diagnostic Impression with Differentials II) **Part B: Cultural Diagnostic Formulation Considerations**	11:59pm, Pacific Time the night of class on Week 15	30% 10%
4. Weekly Vignettes in Asynchronous Material	Ongoing	Part of Participation Grade
5. Class Participation	Ongoing	10%

Each assignment is described below.

Assignment 1: DSM 5 to ICD-10 Conversion Presentation (15% of Final Grade)

On October 1, 2015, the Federal government mandated that all mental health related billing and coding be submitted with the ICD-10 codes and not the DSM-5 codes.

In this course, SOWK 612, we will review the various and most common diagnostic categories: Psychotic Disorders, Personality Disorders, Mood Disorders, Addiction, etc.

In addition, we will explore the pros, cons, and changes that the ICD-10 brings, by means of student presentations and class discussion.

- The student will choose a specific diagnosis within a diagnostic category. Sign-ups will occur during the first few weeks of class
- Presentations will be delivered on the day that your diagnostic category appears on the syllabus,
- DSM 5 - *https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/*
- Look up the indicated ICD-10 diagnosis. Blue book: http://www.who.int/classifications/icd/en/bluebook.pdf
- Outside references are not expected, although if you cite the ICD or DSM, be sure to use correct APA format.

Assignment 2: Diagnostic Case Study I Paper (35% of Final Grade)

Due: 11:59pm, Pacific Time, the night of class during Week 7 – Class 7

- . Late assignments will result in a reduction of (- 5 % of grade per day for late submission).

This assignment relates to student learning outcomes 1,2,3 and 4 and EPAS Diversity in practice; engaging, assessment, intervention; critical thinking; and ethical thinking.

- **PART A: (25 % of final grade)**: **Diagnostic Impression with Differentials I:** A CASE VIGNETTE will be provided by your instructor. Use every heading in your paper. Answer the diagnostic questions relevant to the case material
- **PART B: (10 % of final grade) Cultural Diagnostic Formulation Considerations:** Discuss how the person's culture, along with bio-psychosocial factors may contribute to formulation of these symptoms by explaining these symptoms related to cultural values along with cultural barriers to embracing treatment.

Assignment 3: Diagnostic Case study II Paper (40 % of Final Grade)

Due: 11:59pm, Pacific Time, the night of class during Week 15 – Unit 15

- Late assignments will result in a reduction of (- 5 % of grade per day for late submission).

This assignment relates to student learning outcomes 1,2,3 and 4 and EPAS Diversity in practice; engaging, assessment, intervention; critical thinking; and ethical thinking.

- **Part A: (30 % of final grade) Diagnostic Impression with Differentials II:** A CASE VIGNETTE will be provided by your instructor. Use every heading in your paper. Answer the diagnostic questions relevant to the case material.
- **PART B: (10 % of final grade): Cultural Diagnostic Formulation Considerations:** Discuss how the person's culture along with bio-psycho-social factors may contribute to formulation of these symptoms by explaining these symptoms related to cultural values along with cultural barriers to embracing treatment.

Assignment 4: Weekly Vignettes

Reply (this is part of the participation grade) Be prepared to discuss during class each week.

Assignment 5: Class Participation (10 % of Final Grade)

This assignment relates to student learning outcomes 1,2,3 and 4 and EPAS Diversity in practice; engaging, assessment, intervention; critical thinking; and ethical thinking.

Guidelines for Evaluating Class Participation

10: Outstanding Contributor: Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of

the class, the quality of discussion would be diminished markedly. Exemplary behavior in experiential exercises demonstrating on target behavior in role plays, small group discussions, and other activities.

9: Very Good Contributor: Contributions in class reflect thorough preparation and frequency in participation is high. Ideas offered are usually substantive, provide good insights and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role plays, small group discussions, and other activities.

8: Good Contributor: Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights but seldom offer a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role plays, small group discussions, and other activities.

7: Adequate Contributor: Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role plays, small group discussions, and other activities.

6: Inadequate: This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever present material to the class from exercises. Does not appear to be engaged.

5: Non-Participant: Attends class only.

0: Unsatisfactory Contributor: Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provides few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. If this person were not a member of the class, valuable air-time would be saved. Is unable to perform exercises and detracts from the experience.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B

Class Grades		Final Grade	
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

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.

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

Printed version required:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders-5*. Washington, DC: Author.

(Pocket version or APP is not acceptable as a substitute for the DSM5, as the full version contains much more necessary information.)

DSM 5 full version is available at no cost to student through the USC library system and may be used as supplemental to the "hard copy"

Available at https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/

Electronic Resources required

American Psychiatric Association. (Ed.). (2016). *The APA practice guidelines for the psychiatric evaluation of adults*, (3rd Ed). Washington, DC: Author. Available at http://psychiatryonline.org/guidelines

DSM-5 Update (September 2016)
Available at http://dsm.psychiatryonline.org/pb-assets/dsm/update/DSM5Update2016.pdf

Recommended

Using DSM-5 In The Transition To ICD-10.
Available at https://www.psychiatry.org/psychiatrists/practice/dsm/icd-10

Note: Additional required and recommended readings will be assigned by the instructor throughout the course. USC Libraries, ARES; SOWK 612 *Assessment and Diagnosis of Mental Disorders, Fall 2017,* ***Rollo-Carlson, Cynthia*** https://reserves.usc.edu/ares/ Password is SOWK612

Course Overview

Unit	Topics	Assignments
1	▪ Introduction to the DSM 5	
2	▪ The Mental Status Exam	
3	▪ Process of Diagnosis & Neurodevelopmental Disorders	
4	▪ Schizophrenia Spectrum and Other Psychotic Disorders	Presentations begin and are ongoing throughout semester
5	▪ Bipolar and Related Disorders	
6	▪ Depressive Disorders	
7	▪ Anxiety Disorders ▪ Obsessive-compulsive and Related disorders	Assignment # 2 due Diagnostic Case Study I Part A and Part B DUE
8	▪ Trauma and Stress-related Disorders ▪ Dissociative Disorders	
9	▪ Somatic Symptom and Related Disorders ▪ Feeding and Eating Disorders ▪ Elimination Disorders ▪ Sleep-wake Disorders	
10	▪ Sexual Dysfunction ▪ Gender Dysphoria	
11	▪ Disruptive, Impulse Control and Conduct Disorders ▪ Substance-related and Addictive Disorders	
12	▪ Neurocognitive Disorders	
13	▪ Personality Disorders	
14	▪ Paraphilic Disorders ▪ Other Mental Disorders ▪ Medication Induced Movement Disorders and Other Adverse Effects of Medication	
15	▪ Other Conditions That May be the Focus of Clinical Attention ▪ Wrap-up	Assignment # 3 due Diagnostic Cast Study II Part A and Part B Due
Finals Week		NO CLASS

Course Schedule—Detailed Description

Unit 1:
- **Introduction to the DSM-5**

Topics
- History of the Diagnostic and Statistical Manual
- Why diagnosis is important
- Why psychiatric diagnosis is difficult
- Essentials of psychiatric diagnosis
- A tour of the DSM-5

Required Readings

American Psychiatric Association. (2013). Introduction. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 5-24). Washington, DC: Author.

Recommended Readings

Mezzich, J. E., & Berganza, C. E. (2005). Purposes and models of diagnostic systems. *Psychopathology, 38*,162–165.

Möller, H. (2009). Development of DSM-V and ICD-11: Tendencies and potential of new classifications in psychiatry at the current state of knowledge. *Psychiatry and Clinical Neurosciences, 63*, 595-612.

Szasz, T. S. (1961). The uses of naming and the origin of the myth of mental illness. *American Psychologist*, *16*(2), 59. (Instructor's Note: Classic article)

Zisman-Ilani, Y., Roe, D., Flanagan, E. H., Rudnick, A., & Davidson, L. (2012). Psychiatric diagnosis: what the recovery movement can offer the DSM-5 revision process. *Psychosis*, 1-10.

Unit 2:
- **The Mental Status Exam**

Topics
- How to conduct a Mental Status Exam
- The Mental Status Exam components
- Importance of culture in assessment

Required Readings

Garcia-Barrera, M.A. & Moore, W. (2013). History Taking, Clinical Interviewing and the Mental Status Exam in Child Assessment. In D.H, Saklofske, C.R.Reynolds, & V.L. Schwean, (Eds.) *The Oxford Handbook of Child Psychological Assessment* (pp. 423-444). Oxford: Oxford University Press.

Paniagua, F. (2009). Assessment in a cultural context. In *Multicultural Aspects of Counseling Series 15.* (pp. 65-95). Thousand Oaks, CA: Sage Publications.

Trzepacz, P. T. & Baker, W. (1993). What is a Mental Status Exam? In *The Psychiatric Mental Status Examination* (pp. 3-12).Oxford: Oxford University Press. (Instructor's note: Classic article.)

Recommended Readings

Lassiter, B. (2011). The Mental Status Exam. *The Residents' Journal, 6,* 9.

Snyderman, D. & Rovener, B. (2009). Mental status examination in primary care: A review. *American Family Physician, 80, p.* 809-814.

Unit 3:
- **Process of Diagnosis & Neurodevelpmental Disorders**

Topics

- Process of Diagnosis
- Neurodevelopmental Disorders
  - Description of Neurodevelopmental Disorders
  - Assessment of Neurodevelopmental Disorders
  - Diagnostic Coding of Neurodevelopmental Disorders

Required Readings

American Psychiatric Association. (2013). Neurodevelopmental disorders .In *Diagnostic and statistical manual of mental disorders,* (pp. 31-86) Washington, DC: Author.

Recommended Readings

Salvador-Carulla L, Bertelli M: (2008). Mental retardation' or 'intellectual disability': time for a conceptual change. *Psychopathology 41*, 10–16,

Swedo, S. E., Baird, G., Cook, E. H., Happé, F. G., Harris, J. C., Kaufmann, W. E., & Wright, H. H. (2012). Commentary from the DSM-5 workgroup on neurodevelopmental disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, *51*(4), 347-349

Taylor, E. (2015). *Assessing, diagnosis, and treatment of serious mental disorders. Chapter 3: The comprehensive continuous assessment* (pp. 79-99). Oxford, UK: Oxford University Press.

Unit 4:
- **Schizopnreia Spectrum and other Psychotic Disorders**

Topics

- Schizophrenia Spectrum and Other Psychotic Disorders
  - Description of Schizophrenia Spectrum and Other Psychotic Disorders
  - Assessment of Schizophrenia Spectrum and Other Psychotic Disorders
  - Diagnostic Coding of Schizophrenia Spectrum and Other Psychotic Disorders

Required Readings

American Psychiatric Association. (2013) Schizophrenia spectrum and other psychotic disorders. In In *Diagnostic and statistical manual of mental disorders-5* (pp. 31-86). Washington, DC: Author

Recommended Readings

de Portugal E, González N, Miriam V, (2010). Gender differences in delusional disorder: evidence from an outpatient sample. *Psychiatry Residency 177*, 235–239,

Tandon, R. (2013). Schizophrenia and other Psychotic Disorders in DSM-5.*Clinical schizophrenia & related psychoses*, *7*(1), 16-19.

Unit 5:
- **Depressive Disorders**

Topics

- Depressive Disorders
  - Description of Depressive Disorders
  - Assessment of Depressive Disorders
  - Diagnostic Coding of Depressive Disorders

Required Readings

American Psychiatric Association. (2013). Depressive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (155-188). Washington, DC: Author.

Recommended Readings

Copeland, W. E., Angold, A., Costello, E. J., & Egger, H. (2013). Prevalence, comorbidity, and correlates of DSM-5 proposed disruptive mood dysregulation disorder. *American Journal of Psychiatry*, *170*(2), 173-179.

Epperson, C. N., Steiner, M., Hartlage, S. A., Eriksson, E., Schmidt, P. J., Jones, I., & Yonkers, K. A. (2012). Premenstrual dysphoric disorder: evidence for a new category for DSM-5. *The American journal of psychiatry*, *169*(5), 465.

Unit 6:
- **Bipolar and Related Disorders**

Topics

- Bipolar and Related Disorders
  - Description of Bipolar and Related Disorders
  - Assessment of Bipolar and Related Disorders
  - Diagnostic Coding of Bipolar and Related Disorders

Required Readings

American Psychiatric Association. (2013). Bipolar and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (123-154). Washington, DC: Author.

Recommended Readings

Phelps, J., & Ghaemi, S. N. (2012). The mistaken claim of bipolar 'overdiagnosis': solving the false positives problem for DSM-5/ICD-11. *Acta Psychiatrica Scandinavica*, *126*(6), 395-401.

Pinto, O. (2012). The upcoming DSM-5: changes for bipolar II disorder and minor bipolar disorder. *International Clinical Psychopharmacology*, *28*, e25-e26.

Unit 7:
- **Anxiety Disorders**
- **Obsessive-compulsive and related disorders**

Topics
- Anxiety Disorders
  - Description of Anxiety Disorders
  - Assessment of Anxiety Disorders
  - Diagnostic Coding of Anxiety Disorders

- Obsessive-Compulsive and Related Disorders
  - Description of Obsessive-Compulsive and Related Disorders
  - Assessment of Obsessive-Compulsive and Related Disorders
  - Diagnostic Coding of Obsessive-Compulsive and Related Disorders

This Unit relates to course objectives *2,3,5 and 9*.

Required Readings

American Psychiatric Association. (2013). Anxiety Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (189-234) Washington, DC: Author

American Psychiatric Association. (2013). Obsessive-Compulsive and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (235-264) Washington, DC: Author.

Recommended Readings

Anxiety Disorders

Fawcett, J. (2013).Suicide and Anxiety in DSM-5. *Depression and anxiety*

Marnane, C., & Silove, D. (2013). DSM-5 allows separation anxiety disorder to grow up. *Australian and New Zealand Journal of Psychiatry*, *47*(1), 12-15.

Obsessive Compulsive and Related Disorders

Matsunaga, H. (2011). Perspectives on obsessive-compulsive spectrum disorders and its trends for the revision of DSM-5]. *Seishin shinkeigaku zasshi= Psychiatria et neurologia Japonica*, *113*(10), 985.

Pertusa, A., Frost, R. O., & Mataix-Cols, D. (2010). When hoarding is a symptom of OCD: a case series and implications for DSM-V. *Behaviour research and therapy*, *48*(10), 1012.

Phillips, K. A., Hart, A. S., Simpson, H. B., & Stein, D. J. (2013). Delusional versus nondelusional body dysmorphic disorder: recommendations for DSM-5.*CNS spectrums*, 1-11.

Unit 8:
- **Trauma and Stress-related Disorders**
- **Dissociative Disorders**

Topics

- Trauma and Stress-Related Disorders
  - Description of Trauma and Stress-Related Disorders
  - Assessment of Trauma and Stress-Related Disorders
  - Diagnostic Coding of Trauma and Stress-Related Disorders

- Dissociative Disorders
  - Description of Dissociative Disorders
  - Assessment of Dissociative Disorders
  - Diagnostic Coding of Dissociative Disorders

Required Readings

American Psychiatric Association. (2013). Trauma and Stressor Related Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (265-290). Washington, DC: Author

American Psychiatric Association. (2013). Dissociative Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (291-308.) Washington, DC: Author.

Recommended Readings

Trauma and Stress-Related Disorders

Friedman, M. J., Resick, P. A., Bryant, R. A., Strain, J., Horowitz, M., & Spiegel, D. (2011). Classification of trauma and stressor-related disorders in DSM-5. *Depression and anxiety*, *28*(9), 737-749.

Strain, J. J., & Friedman, M. J. (2011). Considering adjustment disorders as stress response syndromes for DSM-5. *Depression and Anxiety*, *28*(9), 818-823

Dissociative Disorders

Roberto, L. F., & Vedat, S. (2011). Dissociative Disorders In DSM-5..*Depression and Anxiety*, *28*(9), 824-852.

Spiegel, D., Loewenstein, R. J., Lewis-Fernández, R., Sar, V., Simeon, D., Vermetten, E. & Dell, P. F. (2011). Dissociative disorders in DSM-5..*Depression and anxiety*, *28*(12), E17-E45.

Unit 9:

- **Somatic Symptom and Related Disorders**
- **Feeding and Eating Disorders**
- **Elimination Disorders**
- **Sleep-Wake Disorders**

Topics

- Somatic Symptom and Related Disorders
  - Description of Somatic Symptom and Related Disorders
  - Assessment of Somatic Symptom and Related Disorders
  - Diagnostic Coding of Somatic Symptom and Related Disorders

- Feeding and Eating Disorders
  - Description of Feeding and Eating Disorders
  - Assessment of Feeding and Eating Disorders
  - Diagnostic Coding of Feeding and Eating Disorders

- Elimination Disorders
  - Description of Elimination Disorders
  - Assessment of Elimination Disorders
  - Diagnostic Coding of Elimination Disorders

- Sleep-Wake Disorders
  - Description of Sleep-Wake Disorders
  - Assessment of Sleep-Wake Disorders
  - Diagnostic Coding of Sleep-Wake Disorders

Required Readings

American Psychiatric Association. (2013). Somatic Symptom and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (309-328) Washington, DC: Author.

American Psychiatric Association. (2013). Feeding and Eating Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (329-354) Washington, DC: Author.

American Psychiatric Association. (2013). Elimination Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (355-360) Washington, DC: Author.

American Psychiatric Association. (2013). Sleep-Wake Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (361-423). Washington, DC: Author.

Recommended Readings

Somatic Symptom and Related Disorders

Dimsdale, J. E. (2013). Somatic Symptom Disorders: a new approach in DSM-5. *Die Psychiatrie*, *10*, 30-32.

Frances, A., & Chapman, S. (2013). DSM-5 somatic symptom disorder mislabels medical illness as mental disorder. *Australian and New Zealand Journal of Psychiatry*, *47*(5), 483-484.

Feeding and Eating Disorders

Fairburn, C. G., & Cooper, Z. (2011). Eating disorders, DSM–5 and clinical reality. *The British Journal of Psychiatry*, *198*(1), 8-10

Hagman, J. (2012). Developing an Evidence-Based Classification of Eating Disorders: Scientific Findings for DSM-5. *American Journal of Psychiatry*,*169*(4), 438-439.

Elimination Disorders

von Gontard, A. (2011). Elimination disorders: a critical comment on DSM-5 proposals. *European child & adolescent psychiatry*, *20*(2), 83-88.

Sleep-Wake Disorders

Reynolds III, C. F. (2011). Troubled Sleep, Troubled Minds, and DSM-5.*Archives of general psychiatry*, *68*(10), 990.

Unit 10:
- **Sexual Dysfunction**
- **Gender Dysphoria**

Topics

- Sexual Dysfunction
  - Description of Sexual Dysfunction
  - Assessment of Sexual Dysfunction
  - Diagnostic Coding of Sexual Dysfunction

- Gender Dysphoria
  - Description of Gender Dysphoria
  - Assessment of Gender Dysphoria
  - Diagnostic Coding of Gender Dysphoria

Required Readings

American Psychiatric Association. (2013). Sexual Dysfunctions. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 423-450). Washington, DC: Author.

American Psychiatric Association. (2013). Gender Dysphoria. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 451-460). Washington, DC: Author.

Recommended Readings

Sexual Dysfunction

Marvin, R. (2010). Proposed DSM-5 revisions to sexual and gender identity disorder criteria. *Virtual Mentor*, *12*(8), 673.

Zonana, H. (2011). Sexual Disorders: New and Expanded Proposals for the DSM-5—Do We Need Them? *Journal of the American Academy of Psychiatry and the Law Online*, *39*(2), 245-249.

Gender Dysphoria

De Cuypere, G., Knudson, G., & Bockting, W. (2011). Second Response of the World Professional Association for Transgender Health to the Proposed Revision of the Diagnosis of Gender Dysphoria for DSM 5. *International Journal of Transgenderism*, *13*(2), 51-53.

Kamens, S. R. (2011). On the Proposed Sexual and Gender Identity Diagnoses for DSM-5: History and Controversies. *The Humanistic Psychologist*, *39*(1), 37-59.

Unit 11:

- **Disruptive, Impulse Control and Conduct Disorders**
- **Substance-Related and Addictive Disorders**

Topics

- **Disruptive, Impulse Control and Conduct Disorders**
  - Description of Disruptive, Impulse Control and Conduct Disorders
  - Assessment Disruptive, Impulse Control and Conduct Disorders
  - Diagnostic Coding of Disruptive, Impulse Control and Conduct Disorders

- **Substance-Related and Addictive Disorders**
  - Description of Substance-Related and Addictive Disorders
  - Assessment of Substance-Related and Addictive Disorders
  - Diagnostic Coding of Substance-Related and Addictive Disorders

Required Readings

American Psychiatric Association. (2013). Disruptive, Impulse Control and Conduct Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (461-480). Washington, DC: Author.

American Psychiatric Association. (2013). Substance-Related and Addictive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (481-590). Washington, DC: Author.

Recommended Readings

Disruptive, Impulse Control and Conduct Disorders

Coccaro, E. F. (2012). Intermittent explosive Disorder as a Disorder of Impulsive Aggression for DSM-5. *American Journal of Psychiatry*, *169*(6), 577-588.

Pardini, D. A., Frick, P. J., & Moffitt, T. E. (2010). Building an evidence base for DSM-5 conceptualizations of oppositional defiant disorder and conduct disorder: introduction to the special section. *Journal of abnormal psychology*, *119*(4), 683.

Substance-Related and Addictive Disorders

Denis, C., Fatséas, M., & Auriacombe, M. (2012). Analyses related to the development of DSM-5 criteria for substance use related disorders: 3. An assessment of Pathological Gambling criteria. *Drug and alcohol dependence*,*122*(1), 22-27.

Martin, C. S., Steinely, D. L., Verges, A., & Sher, K. J. (2011). The proposed 2/11 symptom algorithm for DSM-5 substance-use disorders is too lenient. *Psychological medicine*, *41*(9), 2008-2010

Unit 12:
- **Neurocognitive Disorders**

Topics
- Neurocognitive Disorders
  - Description of Neurocognitive Disorders
  - Assessment of Neurocognitive Disorders
  - Diagnostic Coding of Neurocognitive Disorders

Required Readings

American Psychiatric Association. (2013). Neurocognitive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 591-643). Washington, DC: Author.

Recommended Readings

Blazer, D. (2013). Neurocognitive Disorders in DSM-5. *American Journal of Psychiatry*, *170*(6), 585-587.

Goodkin, K., Fernandez, F., Forstein, M., Miller, E. N., Becker, J. T., Douaihy, A.& Singh, D. (2011). A perspective on the proposal for neurocognitive disorder criteria in DSM-5 as applied to HIV-associated neurocognitive disorders. *Neuropsychiatry*, *1*(5), 431-440.

Remington, R. (2012). Neurocognitive Diagnostic Challenges and the DSM-5: Perspectives from the Front Lines of Clinical Practice. *Issues in Mental Health Nursing*, *33*(9), 626-629.

Unit 13:
- **Personality Disorders**

Topics

- Personality Disorders
  - Description of Personality Disorders
  - Assessment of Personality Disorders
  - Diagnostic Coding of Personality Disorders
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

Required Readings

American Psychiatric Association. (2013). Personality Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp.644-684). Washington, DC: Author

Recommended Readings

Hopwood, C. J. (2011). Personality traits in the DSM–5. *Journal of personality assessment*, *93*(4), 398-405.

Miller, J. D., & Levy, K. N. (2011). Personality and Personality Disorders in the DSM-5. *Personality Disorders: Theory, Research, and Treatment*, *2*(1), 1-3.

Skodol, A. E. (2012). Personality disorders in DSM-5. *Annual Review Of Clinical Psychology*, *8*, 317-344.

Widiger, T. A. (2011). The DSM-5 dimensional model of personality disorder: Rationale and empirical support. *Journal of personality disorders*, *25*(2), 222-234.

Unit 14:

- **Paraphilic Disorders**
- **Other Mental Disorders**
- **Medication Induced Movement Disorders and Other Adverse Effects of Medication**

Topics

- Paraphilic Disorders
  - Description of Paraphilic Disorders
  - Assessment of Paraphilic Disorders
  - Diagnostic Coding of Paraphilic Disorders

- Other Mental Disorders
  - Description of Other Mental Disorders
  - Assessment of Other Mental Disorders
  - Diagnostic Coding of Other Mental Disorders

- Medication-Induced Movement Disorders and Other Adverse Effects of Medication
  - Description of Medication-Induced Movement Disorders and Other Adverse Effects of Medication
  - Assessment of Medication-Induced Movement Disorders and Other Adverse Effects of Medication
  - Diagnostic Coding of Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Required Readings

American Psychiatric Association. (2013). Paraphilic Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 685-706). Washington, DC: Author.

American Psychiatric Association. (2013). Other Mental Disorders. In *Diagnostic and statistical manual of mental disorders-5*.(pp. 707-708.) Washington, DC: Author.

American Psychiatric Association. (2013). Medication-Induced Movement Disorders and Other Adverse Effects of Medication. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 709-714). Washington, DC: Author.

Recommended Readings

Paraphilic Disorders

Wollert, R. (2011). Paraphilic coercive disorder does not belong in DSM-5 for statistical, historical, conceptual, and practical reasons. *Archives of sexual behavior*, *40*(6), 1097-1098.

Unit 15:

- **Other Conditions That May be the Focus of Clinical Attention**
- **Wrap-up**

Topics

- Other Conditions That May Be a Focus of Clinical Attention
  - Description of Other Conditions That May Be a Focus of Clinical Attention
  - Assessment of Other Conditions That May Be a Focus of Clinical Attention
  - Diagnostic Coding of Other Conditions That May Be a Focus of Clinical Attention
- Wrap-up

Required Readings

American Psychiatric Association. (2013). Other Conditions That May be a Focus of Clinical Attention. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 715-727). Washington, DC: Author..

Recommended Readings

Wrap Up

Burdette, N. (2012). As APA moves forward with DSM-5, controversy reigns. *Mental Health Weekly 22*(20), 1-3.

University Policies and Guidelines

IX. Attendance Policy

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. Academic Conduct

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards*https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, http://policy.usc.edu/scientific-misconduct/.

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* http://equity.usc.edu/ or to the *Department of Public Safety* http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us. This is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* http://www.usc.edu/student-affairs/cwm/ provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

XI. Support Systems

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* http://dornsife.usc.edu/ali, which sponsors courses and workshops specifically for international graduate students. *The Office of Disability Services and Programs* http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html provides certification for students with disabilities and helps arrange the relevant accommodations. If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information* *http://emergency.usc.edu/*will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

XII. Statement about Incompletes

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be

instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

XIII. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XIV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVI. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the department. If you do not receive a satisfactory response or solution, contact your advisor and/or Vice Dean Dr. Paul Maiden for further guidance.

XVII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.