USC School of Social Work

Social Work 612

Assessment and Diagnosis of Mental Disorders

3 Units

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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 all concentration students.

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 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.

Course Objectives

The Assessment and Diagnosis of Mental Disorders course (SOWK 612) will:

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.

IV. Course Format / Instructional Methods

Class format is both didactic and interactive. Case vignettes, video clips and semi-structured class exercises will accompany lectures and assigned reading. The combination of these approaches will highlight the process of assessment and differential diagnostic skills

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”).

V. 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	Professional Identity		
2	**Ethical Practice**	*	1
3	**Critical Thinking**	*	2
4	**Diversity in Practice**	*	3
5	Human Rights & Justice		
6	Research Based Practice		
7	Human Behavior		
8	Policy Practice		
9	Practice Contexts		
10	**Engage, Assess, Intervene, Evaluate**	*	4

* 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
Ethical Practice—Apply social work ethical principles to guide professional practice. Social workers competent in Ethical Practice: ▪ Fulfill their obligation to conduct themselves ethically and to engage in ethical decision-making. ▪ Are knowledgeable about the value base of the profession, its ethical standards, and relevant law.	1. Recognize and manage personal values in a way that allows professional values to guide practice. 2. Apply strategies of ethical reasoning to arrive at principled decisions.	Assignments 2 and 3 Class Participation
Critical Thinking—Apply critical thinking to inform and communicate professional judgments. Social workers competent in Critical Thinking: ▪ Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. ▪ Use critical thinking augmented by creativity and curiosity. ▪ Understand that critical thinking also requires the synthesis and communication of relevant information.	3. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom. 4. Analyze models of assessment, prevention, intervention, and evaluation.	Assignments 1, 2 and 3 Class Participation

Diversity in Practice—Engage diversity and difference in practice. Social workers competent in Diversity in Practice: ▪ Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. ▪ Recognize that the dimensions of diversity reflect intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. ▪ Appreciate 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.	5. Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power. 6. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups. 7. Recognize and communicate understanding of the importance of difference in shaping life experiences. 8. View themselves as learners and engage those with whom they work as informants.	Assignments 1, 2 and 3 Class Participation
Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities. Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities. ▪ Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals ▪ Using research and technological advances ▪ Evaluating program outcomes and practice effectiveness ▪ Developing, analyzing, advocating, and providing leadership for policies and services ▪ Promoting social and economic justice	9. Assessment: Collect, organize, and interpret client data. Assess client strengths and limitations. Develop mutually agreed-on intervention goals and objectives. Select appropriate intervention strategies. 10. Evaluation: Critically analyze, monitor, and evaluate interventions.	Assignments 2 and 3 Class Participation

VI. Course Assignments, Due Dates & Grading

Assignment	Due Date	% of Final Grade
1. Article Discussion	Week 3	15%
2. **Diagnostic Impression with Differentials**	Week 9	35%
3. Diagnostic Impression with Differentials	Finals Week	40%
4. Class Participation	Ongoing	10%

Detailed guidelines will be provided for each assignment by the instructor.

Assignment 1: Article Assessment (15% of Final Grade)

Due Week 3

Students are to read one of the four articles below and write short answer paper.

1. In 1 to 2 paragraphs, summarize the article in your own words. (20%)
   a. Do NOT take whole sentences from the article, even with citations.

2. In no more than 2 pages, answer the following question (40%):

    a. Why is this article important to social workers?

3. In no more than 2 pages, answer the following question (40%):

    a. How will this article impact your practice, including ethical considerations?

This assignment relates to student learning outcomes 3 and 5 and EPAS Diversity in practice; engaging, assessment, intervention; critical thinking; and differential diagnosis as it results from individual presentation.

Articles:

Littrell, J., & Lacasse, J. R. (2012). Controversies in psychiatry and DSM-5: The relevance for social work (occasional essay). *Families in Society: The Journal of Contemporary Social Services*, *93*(4), 265-269

Phillips, D. G. (2013). Clinical Social Workers as Diagnosticians: Legal and Ethical Issues. *Clinical Social Work Journal*, 1-7.

Probst, B. (2013).”Walking the Tightrope:” clinical social workers’ use of diagnostic and environmental perspectives. *Clinical Social Work Journal, 41,* 184-191.

Wakefield, J. (2010). Misdiagnosing normality: Psychiatry’s failure to address the problem of false positive diagnoses of mental disorder in a changing professional environment. *Journal of Mental Health, 19,* 337-351.

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

Due Week 9

Choose a client with whom you are/have worked with on your internship. Anwer the diagnostic questions relevant to the case material. Late assignments will be penalized by 3 per 24 hours late.

1. CONTEXT: Begin your paper by adding 1 paragraph about the context of your client.
    a. Age, gender, relationship status, ethnicity, living situation, funding situation, any current on long standing stressors that contribute to the person's current situation.
2. SYMPTOMS: In no more than one page, list in bullet points, all the signs and symptoms of the client (10%)

3. DIFFERENTIAL DIAGNOSIS: In no more than three pages, list three differential diagnoses. Remember, the goal is to use as few diagnoses and the least severe diagnoses as possible. One of the diagnoses will be the final diagnosis. List and elaborate on the reasons you ruled out the diagnoses that you did. (What symptoms were missing? What symptoms did not fit into this diagnosis (There is no need to “discuss” the symptoms in the diagnosis that you did not rule out, as you will be doing this in Question 4. (25%)

Example:

a. *diagnosis*
   i. *Symptoms that were missing from this diagnosis.*
   ii. *Symptoms that were present and not best accounted for in this diagnosis.*

4. FINAL DSM-5 DIAGNOSES: List all final DSM-5 diagnoses and their codes. There may be more than one diagnosis. (30%)

5. JUSTIFY ALL FINAL DIAGNOSES: Justify all your final diagnosis by comparing DSM 5 diagnostic criteria to how the client manifests these symptoms. (35%)
   Example:

   a. DSM 5 Diagnosis; DSM 5 code

   b. DSM 5 criteria

   c. How client manifests this symptom.

6. Discuss how the person's culture may contribute to the following:

   a. Formulation of these symptoms

   b. Barriers and embracing treatment.

This assignment relates to student learning outcomes 2,3,5 and 9

This assignment relates to EPAS Diversity in practice; engaging, assessment, intervention; critical thinking; and differential diagnosis as it results from individual presentation.

Assignment 3: Diagnostic Case Study (40% of Final Grade)

Due Finals Week

Choose a client with whom you are/have worked with on your internship. Anwer the diagnostic questions relevant to the case material. Late assignments will be penalized by 3 per 24 hours late.

1. CONTEXT: Begin your paper by adding 1 paragraph about the context of your client.
   a. Age, gender, relationship status, ethnicity, living situation, funding situation, any current on long standing stressors that contribute to the person's current situation.
7. SYMPTOMS: In no more than one page, list in bullet points, all the signs and symptoms of the client (10%)

8. DIFFERENTIAL DIAGNOSIS: In no more than three pages, list three differential diagnoses. Remember, the goal is to use as few diagnoses and the least severe diagnoses as possible. One of the diagnoses will be the final diagnosis. List and elaborate on the reasons you ruled out the diagnoses that you did. (What symptoms were missing? What symptoms did not fit into this diagnosis (There is no need to "discuss" the symptoms in the diagnosis that you did not rule out, as you will be doing this in Question 4. (25%)

   Example:

   b. *diagnosis*

i. *Symptoms that were missing from this diagnosis.*
ii. *Symptoms that were present and not best accounted for in this diagnosis.*

9. FINAL DSM-5 DIAGNOSES: List all final DSM-5 diagnoses and their codes. There may be more than one diagnosis. (30%)

10. JUSTIFY ALL FINAL DIAGNOSES: Justify all your final diagnosis by comparing DSM 5 diagnostic criteria to how the client manifests these symptoms. (35%)
Example:

a. DSM 5 Diagnosis; DSM 5 code

b. DSM 5 criteria

c. How client manifests this symptom.

11. Discuss how the person's culture may contribute to the following:

a. Formulation of these symptoms

b. Barriers and embracing treatment.

This assignment relates to student learning outcomes 2,3,5 and 9.

This assignment relates to EPAS Diversity in practice; engaging, assessment, intervention; critical thinking; and differential diagnosis as it results from individual presentation.

Class Participation (10% of Final Grade)

This assignment relates to student learning outcomes 2,3,5 and 9

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
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-

NOTE: All late assignments will be penalized by 3 points per 24 hours late without prior approval.

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

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 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-** to **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.

VII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

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

(Pocket version 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.

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

On Reserve

All additional required readings that are not in the above required text will be available either online through electronic reserve (ARES), or can be downloaded from the USC library system.

Course Overview

Unit	Topics	Assignments
1	Introduction to the DSM 5	
2	The Mental Status Exam	
3	Neurodevelopmental Disorders	Assignment #1 Due
4	Schizophrenia Spectrum and Other Psychotic Disorders	

Unit	Topics	Assignments
5	▪ Depressive Disorders	
6	▪ Bipolar and Related Disorders	
7	▪ Anxiety Disorders ▪ Obsessive-compulsive and Related disorders	
8	▪ Trauma and Stress-related Disorders ▪ Dissociative Disorders	
9	▪ Personality Disorders	
10	▪ Somatic Symptom and Related Disorders ▪ Feeding and Eating Disorders ▪ Elimination Dsorders ▪ Sleep-wake Disorders	Assignment # 2 Due
11	▪ Sexual Dysfunction ▪ Gender Dysphoria	
12	▪ Disruptive, Impulse Control and Conduct Disorders ▪ Substance-related and Addictive Disorders	
13	▪ Neurocognitive 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	
Finals Week		Assignment #3 Due

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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:
- **Neurodevelpmental Disorders** **Assignment 1 due**

Topics

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

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

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

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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

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

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

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 6:
- **Bipolar and Related Disorders**

Topics

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

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

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 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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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**

Assignment 2 Due

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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

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

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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

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

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

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
- Diversity in practice: engaging, assessment, intervention
- Critical thinking and differential diagnosis as it results from individual presentation.
- Ethical practice
- Engage, asses, intervene, and evaluate

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

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** **Assignment 4 Due**
- **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

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

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.

Finals Week **Assignment 4 Due**

University Policies and Guidelines

VIII. 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.

IX. Statement on Academic Integrity

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus,* the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: http://www.usc.edu/dept/publications/SCAMPUS/gov/. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: http://www.usc.edu/student-affairs/SJACS/.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

X. Statement for Students with Disabilities

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.

XI. Emergency Response Information

To receive information, call main number (213)740-2711, press #2. "For recorded announcements, events, emergency communications or critical incident information."

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: http://emergency.usc.edu

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a USC Trojans Alert account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at https://trojansalert.usc.edu.

University Park Campus		Academic Centers	
City Center	Front of Building (12th & Olive)	**Orange County**	Faculty Parking Lot
MRF	Lot B	**San Diego**	Building Parking Lot
SWC	Lot B	**Skirball**	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not re-enter the building until given the "all clear" by emergency personnel.

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

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 or 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

- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email! If it's still not clear, ask again.
- ✓ Read as much of the assigned readings as you can.
- ✓ Practice writing up mental status exams—doing it concisely and clearly takes practice.
- ✓ Take good care of yourself. Make it a regular practice to prioritize getting a sufficient amount of rest and exercise, do your best to eat a nutritionally-balanced diet, and take some time to relax and have fun.

Enjoy Your Learning!