

Social Work 612
Section # 60674 & 60678

Assessment and Diagnosis of Mental Disorders

3 Units

Fall 2018

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Course Day: Thursday
Course Time: 1-3:50pm &
4:10pm-7pm
Course Location: UPC MRF 204

Office: UPC MRF 102C
Office Hours: 11:30am-1pm; 7-7:30pm and by appointment/phone/email

I. COURSE PREREQUISITES

This elective course is open to USC Suzanne Dworak-Peck School of Social Work students who have completed their foundation course requirements.

II. CATALOGUE DESCRIPTION

SOWK 612 Assessment and Diagnosis of Mental Disorders (3 units). Assessment and diagnosis of major mental disorders among adults and older adults. Emphasis is on developing awareness of the social work role in assessment and differential diagnosis in the context of interprofessional practice.

III. COURSE DESCRIPTION

This course will provide the student with exposure to major issues in the areas of assessment and diagnosis of adults and older adults. Emphasis is placed on understanding the signs and symptoms of the most commonly presented mental disorders and the biopsychosocial risk factors and effects of these factors on the experiences, course, prognosis and treatment considerations among diverse populations. Current research and theory 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 and the strengths and limitations of standardized assessment tools will also be addressed. The arrangement of this course follows the lifespan framework of the DSM-5 with coverage of disorders affecting adults and older adults. The course emphasizes the acquisition of diagnostic skills as they relate to comprehensive social work assessment of individuals. Discussion of the strengths and weaknesses of the DSM-5, the role of social workers in psychiatric diagnosis in interdisciplinary practice, the relationship of diagnosis to social work assessment and issues of ethical practice are a critical part of the course. 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 among adults and older adults, 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 among adults and older adults, the process for ruling out alternative explanations for observed symptoms, and the value of standardized assessment tools for differentiating among disorders.
3	Demonstrate the importance and value of ethnocultural and gender factors in diagnosis, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions among adults and older adults. 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. These exercises may include the use of case vignettes, videos, role-play, or structured small group exercises to facilitate students' learning. 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 (2017) 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

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
1	Demonstrate Ethical and Professional Behavior *
2	Engage in Diversity and Difference in Practice
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 *
8	Intervene with Individuals, Families, Groups, Organizations, and Communities
9	Evaluate Practice with Individuals, Families, Groups, Organizations and Communities

* Highlighted in this course

The table on the following page shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 1: Demonstrate Ethical and Professional Behavior</p> <p>Social workers practicing in health, behavioral health and integrated care settings understand the value base of the profession and its ethical standards, as well as relevant laws and regulations and shifting societal mores that may affect the therapeutic relationship. Social workers understand frameworks of ethical decision-making and routinely apply strategies of ethical reasoning to arrive at principled decisions. Social workers are able to tolerate ambiguity in resolving ethical conflict. Social workers who work with adults and older adults apply ethical principles to decisions on behalf of all clients with special attention to those who have limited decisional capacity. Social workers recognize and manage personal values and biases as they affect the therapeutic relationship in the service of the client's well-being. They identify and use knowledge of relationship dynamics, including power differentials. Social workers who work with adults and older adults understand the profession's history, its mission, and the roles and responsibilities and readily identify as social workers. They also understand the role of other professionals when engaged in inter-professional teams. Social workers working with adults and older adults recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers incorporate ethical approaches to the use of technology in meeting the needs of their clients in health, behavioral health, integrated care, and other settings serving adults and older adults.</p>	<ol style="list-style-type: none"> 1. Provide an understanding of appropriate professional conduct and responsibilities regarding the assessment and diagnosis of mental disorders among adults and older adults, 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 among adults and older adults, the process for ruling out alternative explanations for observed symptoms, and the value of standardized assessment tools for differentiating among disorders. 3. Demonstrate the importance and value of ethnocultural and gender factors in diagnosis, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions among adults and older adults. 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. 	<p>1a. In health, behavioral health and integrated care settings understand the value base of the profession and its ethical standards, as well as relevant laws and regulations and shifting societal mores that may affect the therapeutic relationship.</p> <p>1b. Social workers recognize and manage personal values and biases as they affect the therapeutic relationship in the service of the client's well-being.</p>	<p>Values</p> <p>Reflection</p>	<p>Assignments: 1, 2, 3, & 4.</p> <p>Class Participation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</p> <p>Social workers in health, behavioral health and integrated care settings understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of, diverse individuals, and groups. Social workers understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups. Social workers collect, organize, and interpret client data with a primary focus of assessing client's strengths. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<ol style="list-style-type: none"> 1. Provide an understanding of appropriate professional conduct and responsibilities regarding the assessment and diagnosis of mental disorders among adults and older adults, 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 among adults and older adults, the process for ruling out alternative explanations for observed symptoms, and the value of standardized assessment tools for differentiating among disorders. 3. Demonstrate the importance and value of ethnocultural and gender factors in diagnosis, providing opportunities for students to consider and increase awareness about the subjective experience of mental illness and clinical conditions among adults and older adults. 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. 	<p>7a. Understand theories of human behavior and the social environment, person in environment, and other multi-disciplinary frameworks, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, and groups.</p> <p>7b. Understand how their personal experiences and affective reactions may affect their assessment and decision-making and seek reflection through supervision and consultation.</p>	<p>Knowledge</p> <p>Reflection</p>	<p>Assignments: 1,2,3, & 4.</p> <p>Class Participation</p>

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignments	Due Date	% of Final Grade
1. Practice Enrichment Activities [PE]	Units 3-6, 8, 9	20%
2. Cultural Formulation Interview [CFI]	Unit 7	20%
3. Exam: Diagnostic Case Study	Unit 15	35%
4. Presentation [P]	Sign Up; Units 4-13	15%
5. Class Participation	Ongoing	10%

Each of the major assignments is highlighted below and details of the assignment will be provided and discussed in class. NOTE: Late assignments are penalized 3 points per 24 hours late without prior approval. PE Activities will not be accepted after the class discussion.

Practice Enrichment [PE] Activities (20% of Final Grade)

While this is not a practice course there are many opportunities to apply the material to practice. There will be 6 opportunities to complete small assignments to enrich your learning. You must complete 5 of the 6 practice assignments [4 points each].

This assignment relates to student learning outcomes 1, 2, 3 and 4 and EPAS Diversity in practice; critical thinking; and Engage, Assess, Intervene, Evaluate

Cultural Formulation Interview [CFI] (20% of Final Grade)

Choose a client with whom you are/have worked with and conduct a DSM- 5 cultural formulation interview.

This assignment relates to student learning outcomes 1, 2, 3 and 4 and EPAS Diversity in practice; critical thinking; and Engage, Assess, Intervene, Evaluate

Exam: Diagnostic Case Study (35% of Final Grade)

A case vignettes will be provided. You will respond with short answers to diagnostic questions relevant to the case material in the format of a paper.

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.

Presentation (15% of Final Grade)

One 10 minute presentation [15 points].

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.

Class Participation (10% of Final Grade)

In general, class involvement is determined as follows below:

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
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 USC Suzanne Dworak-Peck 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* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Pocket version or APP is not acceptable as a substitute for the DSM-5, as the full version contains much more necessary information.

DSM-5 full version is available at no cost to student through the USC library as supplemental to the "hard copy" Available at <https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/>

Zimmermann, M. (2013). *Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed). East Greenwich, RI: Psych Products Press.

Electronic Resources Required

American Psychiatric Association. (Ed.). (2016). *The APA practice guidelines for the psychiatric evaluation of adults*, (3rd Ed). Arlington, VA: American Psychiatric Publishing. 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>

Paniagua, F., & Yamada, A. (Eds.). (2013). *Handbook of multicultural mental health: Assessment and treatment of diverse populations* (2nd ed.). San Diego, CA: Academic Press. Online access at: [EBSCOhost Ebooks](#)

Note: Additional recommended readings will be assigned by the instructor See. <https://reserves.usc.edu/ares/>
USC Libraries, ARES; SOWK 612, Fall 2018, instructor; Password SOWK612

Course Overview

Unit	Topics	Assignments
1 8/23/18	<ul style="list-style-type: none"> ■ Essentials of Assessment and Psychiatric Diagnosis ■ Diagnostic Considerations for Social Workers 	Presentation Signup
2 8/30/18	<ul style="list-style-type: none"> ■ Introduction and Critical Evaluation of the DSM-5 ■ The Mental Status Exam: Behavioral Components 	
3 9/06/18	<ul style="list-style-type: none"> ■ Critique of Standardized Assessment Approaches <ul style="list-style-type: none"> ➤ Diagnostic Screens and Symptoms Monitoring ■ Cultural Formulation of Diagnosis ■ Assessing Other Conditions That May be the Focus of Clinical Attention 	P.E. Activity 1
4 9/13/18	<ul style="list-style-type: none"> ■ Substance-related and Addictive Disorders ■ <i>Other Medical Conditions and Other Adverse Effects of Medication</i> 	P.E. Activity 2 [P]
5 9/20/18	<ul style="list-style-type: none"> ■ Psychotic Disorders Overview ■ Mental Status Exam: Cognitive Components 	P.E. Activity 3 [P]
6 9/27/18	<ul style="list-style-type: none"> ■ Schizophrenia Spectrum Disorders ■ <i>Medication Induced Movement Disorders</i> 	P.E. Activity 4 [P]
7 10/04/18	<ul style="list-style-type: none"> ■ Depressive Disorders 	CF Interview Paper Due [P]
8 10/11/18	<ul style="list-style-type: none"> ■ Bipolar and Related Disorders ■ Somatic Symptoms <i>and</i> Related Disorders 	P.E. Activity 5 [P]
9 10/18/18	<ul style="list-style-type: none"> ■ Anxiety Disorders ■ <i>Obsessive-Compulsive and Related Disorders</i> 	P.E. Activity 6 [P]
10 10/25/18	<ul style="list-style-type: none"> ■ Personality Disorders 	[P]
11 11/01/18	<ul style="list-style-type: none"> ■ Dementia ■ <i>Age Related Disorders</i> 	[P]
12 11/08/18	<ul style="list-style-type: none"> ■ Trauma and Stress Related Disorders ■ <i>Dissociative Disorders</i> 	[P]
13 11/15/18	<ul style="list-style-type: none"> ■ Diagnostic Trends and Controversies ■ Review 	[P]
14 11/22/18	<ul style="list-style-type: none"> ■ Eating Disorders Overview (Independent Study of Materials) ■ <i>THANKSGIVING Holiday</i> 	
15 11/29/18	<ul style="list-style-type: none"> ■ Clinical Vignette Exam in class 	Exam
Finals Week	Summative Review	

*Secondary topics shown in italics; Practice Enrichment Activities [PE] & Presentation [P]; Cultural Formulation Interview [CFI];

Course Schedule—Detailed Description

Unit 1:

- **Essentials of Assessment and Psychiatric Diagnosis**
- **Diagnostic Considerations for Social Workers**

Topics

- Why assessment is important
- Why psychiatric diagnosis is difficult
- Social work influences on psychiatric diagnosis

This Unit relates to course objectives 1, 2, 3 and 4.

Readings should be read before class.

Required Readings

- Phillips, D. G. (2013). Clinical social workers as diagnosticians: Legal and ethical Issues. *Clinical Social Work Journal*, 41, 1-7.
- Robbins, S. P. (2014). From the editor—the DSM-5 and its role in social work assessment and research. *Journal of Social Work Education*, 50, 201-205.
- Yamada, A-M. & Marsella, A. J. (2013). The study of culture and psychopathology: Fundamental concepts and historic forces. In F. Paniagua & A-M. Yamada (Eds.), *The Handbook of multicultural mental health: Assessment and treatment of diverse populations*, 2nd ed (pp. 3-23). San Diego, CA: Academic Press.

Recommended Readings

- Alarcón, R. D. (2016). Global mental health and systems of diagnostic classification: Clinical and cultural perspectives. *Acta Bioethica*, 22(1), 15-25.
- 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.
- Mezzich, J. E., & Berganza, C. E. (2005). Purposes and models of diagnostic systems. *Psychopathology*, 38(4), 162–165.
- Miranda, J., McGuire, T. G., Williams, D. R., & Wang, P. (2008). Mental health in the context of health disparities. *American Journal of Psychiatry*, 165(9), 1102-1108.
- Szasz, T. S. (1961). The uses of naming and the origin of the myth of mental illness. *American Psychologist*, 16(2), 59 -65. *Instructor's Note: Classic Article*
- Watters, E. (2010). The Americanization of mental illness. *New York Times*. Retrieved from <http://www.nytimes.com>

Unit 2:

- **Introduction and Critical Evaluation of the DSM-5**
- **The Mental Status Exam: Behavioral Components**

Topics

- History and Critique of the Diagnostic and Statistical Manual
- A tour of the DSM-5
- The Mental Status Exam Behavioral components

This Unit relates to course objectives 1, 2, 3 and 4.

Required Readings

- American Psychiatric Association. (2013). Introduction. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp. xli-xliv; 5-25; 810). Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association. *Guide to using DSM-5 in the transition to ICD-10*. Retrieved from www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM5-transition-to-ICD10.pdf

- Morrison, J. (2014). Diagnosis and the Mental Status Exam. In *Diagnosis made easier: Principles and techniques for mental health clinicians*. (3rd ed) (pp. 119-126). New York: Guildford Press
- 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.
- Wakefield, J. C. (2015). DSM-5, psychiatric epidemiology and the false positives problem. *Epidemiology and Psychiatric Sciences*, 24(3), 188-196.

Recommended Readings

- American Psychiatric Association. *Using DSM-5 in the Transition to ICD-10*. Retrieved from <https://vimeo.com/134304901>.
- Black, D., & Andreasen, N. (2014). Interviewing and assessment. In *Introductory textbook of psychiatry* (6th ed.), (pp. 17-56). Washington, DC: American Psychiatric Press. [Instructor note: E-version available through ARES or library]
- First, M. B., Reed, G. M., Hyman, S. E., & Saxena, S. (2015). The development of the ICD-11 clinical descriptions and diagnostic guidelines for mental and behavioural disorders. *World Psychiatry*, 14(1), 82-90.
- Kawa, S. & Giordano, J. (2012). A brief historicity of the Diagnostic and Statistical Manual of Mental Disorders: Issues and implications for the future of psychiatric canon and practice. *Philosophy, Ethics, and Humanities in Medicine*, 7(2) doi: 10.1186/1747-5341-7-2.
- Lassiter, B. (2011). The Mental Status Exam. *The Residents' Journal*, 6(2), 9.
- Morrison, J. (2014). *Mental Status Exam I: Behavioral aspects*. In *The first interview* (4rd ed) (pp. 123-135). New York: Guildford Press.
- Probst, B. (2013). "Walking the tightrope:" Clinical social workers' use of diagnostic and environmental perspectives. *Clinical Social Work Journal*, 41(2), 184-191.
- Reed, G. M., Robles, R., & Domínguez-Martínez, T. (2016). Classification of mental and behavioral disorders. In J. C. Norcross, G. R. J. VandenBos, D. K. Freedheim, & Pole, N. (Eds). *APA handbook of clinical psychology: Psychopathology and health*, Vol. 4, (pp. 3-28). Washington, DC: American Psychological Association.
- Snyderman, D. & Rovener, B. (2009). Mental Status Examination in primary care: A review. *American Family Physician*, 80(8), 809-814.
- Soltan, M. & Girguis, J. (2017). How to approach the Mental State Examination. *Student BMJ*. doi: 10.1136/sbmj.j1821.
- Surís, A., Holliday, R., & North, C. S. (2016). The evolution of the classification of psychiatric disorders. *Behavioral Sciences*, 6(1), 5.

Unit 3:

- Critique of Standardized Assessment: Diagnostic Screens and Symptoms Monitoring
- Cultural Formulation of Diagnosis
- Assessing Other Conditions That May be the Focus of Clinical Attention

Topics

- Critique of Standardized Assessment
 - Diagnostic Screens
 - Symptoms Monitoring
- Cultural Formulation of Diagnosis
- Other Conditions That May Be a Focus of Clinical Attention

This Unit relates to course objectives 1, 2, 3 and 4.

Required Readings

- American Psychiatric Association. (2013). Assessment measures. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp 733-748). Arlington, VA: American Psychiatric Publishing.

- American Psychiatric Association. (2013). Cautionary statement for forensic use of DSM-5. In *Diagnostic and statistical manual of mental disorders* (5th ed.), (*Instructor note: Read p. 25*). Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association. (2013). Cultural formulation and cultural glossary. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (*Instructor note: Read pp.749-760; 833-838*). Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association. (2013). Other conditions that may be a focus of clinical attention. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp. 715-732). Arlington, VA: American Psychiatric Publishing
- Online assessment measures of cross-cutting symptoms. Retrieved from <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures> [*Instructor note: Skim*]

Recommended Readings

- Kirmayer, L. J., Thombs, B. D., Jurcik, T., Jarvis, G. E., & Guzder, J. (2008). Use of an expanded version of the DSM-IV outline for cultural formulation on a cultural consultation service. *Psychiatric Services*, 59(6), 683-686.
- Lewis-Fernández, R., Aggarwal, N. K., Bäärnhielm, S., Rohloff, H., Kirmayer, L. J., Weiss, M. G., ... & Groen, S. (2014). Culture and psychiatric evaluation: Operationalizing cultural formulation for DSM-5. *Psychiatry: Interpersonal and Biological Processes*, 77(2), 130-154.
- US Department of Health and Human Services. (2013). National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice. *Rockville, MD: Office of Minority Health*. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
- Ustun, T. B, Kostanjsek, N, Chatterji, S., & Rehm, J. (2010). *Manual for WHO Disability Assessment Schedule* (WHODAS 2.0). Geneva: World Health Organization.
- WHODAS 2.0 (*World Health Organization Disability Schedule 2.0*, 36-item version, self-administered). Retrieved from www.who.int/classifications/icf/WHODAS2.0_36itemsSELF.pdf (also available in print book)

Unit 4:

- Substance-related and Addictive Disorders
- Other Medical Conditions and Other Adverse Effects of Medication

Topics

- Substance-related and Addictive Disorders
- Other Medical Conditions and Other Adverse Effects of Medication

This Unit relates to course objectives 1, 2, 3 and 4.

Required Readings

American Psychiatric Association. (2013). Substance-related and addictive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.481-590). Arlington, VA: American Psychiatric Publishing. [*Instructor note: Read pp 481-503 and the section assigned to you on BB*]

American Society of Addiction Medicine (ASAM). (2013). Terminology related to addiction, treatment, and recovery. Retrieved from <https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/01/terminology-related-to-addiction-treatment-and-recovery>

Robinson, S. M., & Adinoff, B. (2016). The classification of substance use disorders: Historical, contextual, and conceptual considerations. *Behavioral Sciences*, 6(3), 18
doi:10.3390/bs6030018.[23 pages]

Recommended Readings

Cleary, M., & Thomas, S. P. (2017). Addiction and mental health across the lifespan: An overview of some contemporary issues. *Issues in Mental Health Nursing*, 38, 2-8.

- Connor, J. P., Haber, P. S., & Hall, W. D. (2016). Alcohol use disorders. *The Lancet*, 387(10022), 988-998. dx.doi.org/10.1016/S0140-6736(15)00122-1.
- Davis, D., & Hawk, M. (2015). Incongruence between trauma center social workers' beliefs about substance use interventions and intentions to intervene. *Social Work in Health Care*, 54(4), 320-344.
- Rehm, J., & Room, R. (2015). Cultural specificity in alcohol use disorders. *The Lancet. pii: S0140-6736(15)00123-3*. doi: 10.1016/S0140-6736(15)00123-3
- Room, R. (2006). Taking account of cultural and societal influences on substance use diagnoses and criteria. *Addiction*, 101(s1), 31-39.

Unit 5:

- **Psychotic Disorders Overview**
- **Mental Status Exam: Cognitive Components**

Topics

- Psychotic Disorders Overview
 - Description of Psychotic Disorders
 - Assessment of Psychotic Disorders
 - Diagnostic Coding of Psychotic Disorders
- Cognitive Aspects of the MSE

This Unit relates to course objectives 1, 2, 3 and 4.

Required Readings

- American Psychiatric Association. (2013) Schizophrenia spectrum and other psychotic disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp. 87-122). Arlington, VA: American Psychiatric Publishing. [Instructor note: Read pp 87-99; 105-122]
- Morrison, J. (2008). *Mental Status Exam II: Cognitive aspects*. In *The first interview* (3rd ed) pp. 130-150. New York, NY: Guilford Press.

Recommended Readings

- Rognli, E. B., Bramness, J. G., Skurtveit, S., & Bukten, A. (2017). Substance use and sociodemographic background as risk factors for lifetime psychotic experiences in a non-clinical sample. *Journal of Substance Abuse Treatment*, 74, 42-47.
- Taylor, E. H. (2014). *Assessing, diagnosis, and treatment of serious mental disorders: A bioecological approach*. Oxford, UK: Oxford University Press. [Instructor note: Read pp 79-99 *The comprehensive continuous assessment*]

Unit 6:

- **Schizophrenia Spectrum Disorders**
- **Medication Induced Movement Disorders**

Topics

- Schizophrenia Spectrum
 - Description of Schizophrenia Spectrum
 - Assessment of Schizophrenia Spectrum
 - Diagnostic Coding of Schizophrenia Spectrum
- Medication Induced Movement Disorders

This Unit relates to course objectives 1, 2, and 3.

Required Readings

- American Psychiatric Association. (2013) Schizophrenia spectrum and other psychotic disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. [Instructor note: Read pp. 99-105]
- Hamilton, J. E., Heads, A. M., Meyer, T. D., Desai, P. V., Okusaga, O. O., & Cho, R. Y. (2018). Ethnic differences in the diagnosis of schizophrenia and mood disorders during admission to an academic safety-net psychiatric hospital. *Psychiatry Research*, 267, 160-167.

Recommended Readings

- Tandon, R. (2013). Schizophrenia and other psychotic disorders in DSM-5: Clinical implications of revisions from DSM-IV. *Clinical Schizophrenia & Related Psychoses*, 7(1), 16-19.
- Wasow, M. (2001). Personal accounts: Strengths versus deficits, or musician versus schizophrenic. *Psychiatric Services*, 52(10), 1306-1307.
- Wilcox, J. A., & Reid Duffy, P. (2015). The syndrome of catatonia. *Behavioral Sciences*, 5(4), 576-588.

Unit 7:

• Depressive Disorders

Topics

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

This Unit relates to course objectives 1, 2, and 3.

Required Readings

- American Psychiatric Association. (2013). Depressive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.155-188). Arlington, VA: American Psychiatric Publishing.
- Fried, E. I., & Nesse, R. M. (2015). Depression sum-scores don't add up: Why analyzing specific depression symptoms is essential. *BMC Medicine*, 13(1), 72. doi: 10.1186/s12916-015-0325-4

Recommended Readings

- Bobo, W. V., Voort, J. L. V., Croarkin, P. E., Leung, J. G., Tye, S. J., & Frye, M. A. (2016). Ketamine for treatment-resistant unipolar and bipolar major depression: Critical review and implications for clinical practice. *Depression and Anxiety*, 33(8), 698-710.
- González, H. M., Vega, W. A., Williams, D. R., Tarraf, W., West, B. T., & Neighbors, H. W. (2010). Depression care in the United States: Too little for too few. *Archives of General Psychiatry*, 67(1), 37-46.
- Haroz, E. E., Ritchey, M., Bass, J. K., Kohrt, B. A., Augustinavicius, J., Michalopoulos, L., ... & Bolton, P. (2017). How is depression experienced around the world? A systematic review of qualitative literature. *Social Science & Medicine*, 183, 151-162.
- Hasin, D. S., Sarvet, A. L., Meyers, J. L., Saha, T. D., Ruan, W. J., Stohl, M., & Grant, B. F. (2018). Epidemiology of adult DSM-5 major depressive disorder and its specifiers in the United States. *JAMA Psychiatry*. 75(4):336-346. doi:10.1001/jamapsychiatry.2017.4602
- Jacobs, D. G. (2000). A 52-year-old suicidal man. *Journal of the American Medical Association*, 283(20), 2693-2699.
- Mohlman, J., Cedeno, L. A., Price, R. B., Hekler, E. B., Yan, G. W., & Fishman, D. B. (2008). Deconstructing demons: The case of Geoffrey. *Pragmatic Case Studies in Psychotherapy*, 4(3), 1-39.
- Storck, M., Csordas, T. J., & Strauss, M. (2000). Depressive illness and Navajo healing. *Medical Anthropology Quarterly*, 14(4), 571-597.
- Ward, E. C. (2007). Examining differential treatment effects for depression in racial and ethnic minority women: A qualitative systematic review. *Journal of the National Medical Association*, 99(3), 265-274.
- Zimmerman, M., Ellison, W., Young, D., Chelminski, I., & Dalrymple, K. (2015). How many different ways do patients meet the diagnostic criteria for major depressive disorder?. *Comprehensive Psychiatry*, 56, 29-34.

Unit 8:

- **Bipolar and Related Disorders**
- ***Somatic Symptom 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
- Somatic Symptoms 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

This Unit relates to course objectives 1, 2, 3 and 4.

Required Readings

American Psychiatric Association. (2013). Bipolar and Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.123-154). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (2013). Somatic Symptom and Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp. 309-328).Arlington, VA: American Psychiatric Publishing.

Recommended Readings

Bortolato, B., Köhler, C. A., Evangelou, E., León-Caballero, J., Solmi, M., Stubbs, B., ... & Vieta, E. (2017). Systematic assessment of environmental risk factors for bipolar disorder: An umbrella review of systematic reviews and meta-analyses. *Bipolar Disorders*. doi: 10.1111/bdi.12490

Cerimele, J. M., Fortney, J. C., Pyne, J. M., & Curran, G. M. (2018). Bipolar disorder in primary care: A qualitative study of clinician and patient experiences with diagnosis and treatment. *Family Practice*. doi: 10.1093/fampra/cmy019

Dimsdale, J. E. (2013). Somatic symptom disorders: A new approach in DSM-5. *Die Psychiatrie-Grundlagen und Perspektiven*, 10(1), 30-32.

Gurevich, M. I., & Robinson, C. L. (2016). An Individualized approach to treatment-resistant bipolar disorder: A case series. *Explore: The Journal of Science and Healing*, 12(4), 237-245.

Unit 9:

- **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 1, 2, and 3.

Required Readings

- American Psychiatric Association. (2013). Anxiety disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). [Instructor note: Read pp.189-190; 197-221]. Arlington, VA: American Psychiatric Publishing.
- American Psychiatric Association. (2013). Obsessive-compulsive and related disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). [Instructor note: Read pp.235-242]. Arlington, VA: American Psychiatric Publishing.

Recommended Readings

- Fawcett, J. (2013). Suicide and anxiety in DSM-5. *Depression and Anxiety*, 30(10), 898-901.
- 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), 1012-1020.
- Stein, D. J., Kogan, C. S., Atmaca, M., Fineberg, N. A., Fontenelle, L. F., Grant, J. E., ... & Van Den Heuvel, O. A. (2016). The classification of obsessive-compulsive and related disorders in the ICD-11. *Journal of Affective Disorders*, 190, 663-674.
- Szaflarski, M., Cubbins, L. A., & Meganathan, K. (2017). Anxiety disorders among US immigrants: The role of immigrant background and social-psychological factors. *Issues in Mental Health Nursing*, 38(4), 317-326.

Unit 10:

• Personality Disorders

Topics

- Personality Disorders
 - Description of Personality Disorders
 - Assessment of Personality Disorders
 - Diagnostic Coding of Personality Disorders

This Unit relates to course objectives 1, 2, and 3.

Required Readings

- American Psychiatric Association. (2013). Personality Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.644-684). Arlington, VA: American Psychiatric Publishing.

Recommended Readings

- Allik, J. (2005). Personality dimensions across cultures. *Journal of Personality Disorders*, 19(3), 212-232.
- Bourke, M. E., & Grenyer, B. F. (2013). Therapists' accounts of psychotherapy process associated with treating patients with borderline personality disorder. *Journal of Personality Disorders*, 27(6), 735-745.
- Holm, A. L., & Severinsson, E. (2008). The emotional pain and distress of borderline personality disorder: A review of the literature. *International Journal of Mental Health Nursing*, 17(1), 27-35.
- Rammstedt, B., & John, O. P. (2007). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*, 41(1), 203-212.
- Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current Psychiatry Reports*, 18(1), 11. doi: 10.1007/s11920-015-0654-1
- Silverstein, M. L. (2007). Diagnosis of personality disorders: A case study. *Journal of Personality Assessment*, 89(1), 82-94.
- Strickland, C. M., Drislane, L. E., Lucy, M., Krueger, R. F., & Patrick, C. J. (2013). Characterizing psychopathy using DSM-5 personality traits. *Assessment*, 20(3), 327-338.

Unit 11:

- **Dementia**
- **Age Related Disorders**

Topics

- Dementia
 - Description of Dementia
 - Assessment of Dementia
 - Diagnostic Coding of Dementia
- Age Related Disorders

This Unit relates to course objectives 1, 2, and 3.

Required Readings

American Psychiatric Association. (2013). Neurocognitive Disorders. . In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp. 591-643). Arlington, VA: American Psychiatric Publishing.

Recommended Readings

- Ludvigsson, M., Milberg, A., Marcusson, J., & Wressle, E. (2014). Normal aging or depression? A qualitative study on the differences between subsyndromal depression and depression in very old people. *The Gerontologist*, 55(5), 760-769
- 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.
- Sano, M. (2006). Neuropsychological testing in the diagnosis of dementia. *Journal of Geriatric Psychiatry and Neurology*, 19(3), 155-159.
- Selbæk, G., Engedal, K., & Bergh, S. (2013). The prevalence and course of neuropsychiatric symptoms in nursing home patients with dementia: A systematic review. *Journal of the American Medical Directors Association*, 14(3), 161-169.
- Yu, J., Rawtaer, I., Fam, J., Jiang, M. J., Feng, L., Kua, E. H., & Mahendran, R. (2016). Sleep correlates of depression and anxiety in an elderly Asian population. *Psychogeriatrics*, 16(3), 191-195.

Unit 12:

- **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

This Unit relates to course objectives 1, 2, and 3.

Required Readings

American Psychiatric Association. (2013). Trauma and Stressor Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.265-290). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (2013). Dissociative Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.291-308.) Arlington, VA: American Psychiatric Publishing.

Recommended Readings

- Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating fact from fiction: An empirical examination of six myths about dissociative identity disorder. *Harvard Review of Psychiatry, 24*(4), 257–270. doi: 10.1097/HRP.0000000000000100
- Cusack, K., Jonas, D. E., Forneris, C. A., Wines, C., Sonis, J., Middleton, J. C., ... & Weil, A. (2016). Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Clinical Psychology Review, 43*, 128-141.
- DiMauro, J., Carter, S., Folk, J. B., & Kashdan, T. B. (2014). A historical review of trauma-related diagnoses to reconsider the heterogeneity of PTSD. *Journal of Anxiety Disorders, 28*(8), 774-786.
- Pai, A., Suris, A. M., & North, C. S. (2017). Posttraumatic stress disorder in the DSM-5: Controversy, change, and conceptual considerations. *Behavioral Sciences, 7*(1), 7. doi: 10.3390/bs7010007
- Spiegel, D., Lewis-Fernández, R., Lanius, R., Vermetten, E., Simeon, D., & Friedman, M. (2013). Dissociative disorders in DSM-5. *Annual Review of Clinical Psychology, 9*, 299-326.
- Stein, D. J., Koenen, K. C., Friedman, M. J., Hill, E., McLaughlin, K. A., Petukhova, M., ... & Bunting, B. (2013). Dissociation in posttraumatic stress disorder: Evidence from the World Mental Health Surveys. *Biological Psychiatry, 73*(4), 302-312.

Unit 13:

- Diagnostic Trends and Controversies
- Review

Topics

- Trends
 - Controversies
- Review

This Unit relates to course objectives: 1, 2, 3 and 4.

Required Readings

- North, C. S., & Suris, A. M. (2017). Advances in psychiatric diagnosis: Past, present, and future. *Behavioral Sciences, 7*, 27 doi:10.3390/bs7020027
- Wium-Andersen, I. K., Vinberg, M., Kessing, L. V., & McIntyre, R. S. (2017). Personalized medicine in psychiatry. *Nordic Journal of Psychiatry, 71*(1), 12-19.

Recommended Readings

- Althof, S. E., Rosen, R. C., Perelman, M. A., & Rubio-Aurioles, E. (2013). Standard operating procedures for taking a sexual history. *The Journal of Sexual Medicine, 10*(1), 26-35.
- 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.
- Fernandes, B. S., Williams, L. M., Steiner, J., Leboyer, M., Carvalho, A. F., & Berk, M. (2017). The new field of "precision psychiatry." *BMC Medicine, 15*(1), 80. doi:10.1186/s12916-017-0849-x
- Stephan, K. E., Bach, D. R., Fletcher, P. C., Flint, J., Frank, M. J., Friston, K. J., ... & Dayan, P. (2016). Charting the landscape of priority problems in psychiatry, part 1: Classification and diagnosis. *The Lancet Psychiatry, 3*(1), 77-83.

Unit 14:

- THANKSGIVING Holiday
- Eating Disorders Overview (*Independent Study of Materials*)

Topics

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

This Unit relates to course objectives 1, 2, 3, and 4.

Required Readings

American Psychiatric Association. (2013). Feeding and eating disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). (pp.329-354). Arlington, VA: American Psychiatric Publishing.

Recommended Readings

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

Micali, N., Martini, M. G., Thomas, J. J., Eddy, K. T., Kothari, R., Russell, E., ... & Treasure, J. (2017). Lifetime and 12-month prevalence of eating disorders amongst women in mid-life: A population-based study of diagnoses and risk factors. *BMC Medicine*, 15(1), 12. doi: 10.1186/s12916-016-0766-4

Strother, E., Lemberg, R., Stanford, S. C., & Turberville, D. (2012). Eating disorders in men: Underdiagnosed, undertreated, and misunderstood. *Eating Disorders*, 20(5), 346-355.

Unit 15:

- Clinical Vignette Exam in class

STUDY DAYS / NO CLASSES

FINALS WEEK SUMMATIVE REVIEW

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 (amyamada@usc.edu) 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 Suzanne Dworak-Peck 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 Part B, Section 11, "Behavior Violating University Standards" <https://policy.usc.edu/scampus-part-b/>. 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>.

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. engemannshc.usc.edu/counseling

National Suicide Prevention Lifeline - 1-800-273-8255

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. www.suicidepreventionlifeline.org

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. engemannshc.usc.edu/rsvp

Sexual Assault Resource Center

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: sarc.usc.edu

Office of Equity and Diversity (OED)/Title IX Compliance – (213) 740-5086

Works with faculty, staff, visitors, applicants, and students around issues of protected class. equity.usc.edu

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. <https://studentaffairs.usc.edu/bias-assessment-response-support>

The Office of Disability Services and Programs

Provides certification for students with disabilities and helps arrange relevant accommodations. dsp.usc.edu

USC Support and Advocacy (USCSA) – (213) 821-4710

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. studentaffairs.usc.edu/ssa

Diversity at USC

Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students. diversity.usc.edu

USC Emergency Information

Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible. emergency.usc.edu

USC Department of Public Safety – UPC: (213) 740-4321 – HSC: (323) 442-1000 – 24-hour emergency or to report a crime. Provides overall safety to USC community. dps.usc.edu

XII. ADDITIONAL RESOURCES

Students enrolled in the Virtual Academic Center can access support services for themselves and their families by contacting Perspectives, Ltd., an independent student assistance program offering crisis services, short-term counseling, and referral 24/7. To access Perspectives, Ltd., call 800-456-6327.

XIII. 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.”

XIV. POLICY ON LATE OR MAKE-UP WORK

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

XV. 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.

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

Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Preamble

The primary mission of the social work profession is to enhance human well-being 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 well-being in a social context and the well-being 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.

XVII. ACADEMIC DISHONESTY SANCTION GUIDELINES

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

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 your department. If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

XVIII. 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.
