

# USC Suzanne Dworak-Peck

School of Social Work

**Social Work 612**

**Section # 67234**

**Assessment and Diagnosis of Mental Disorders**

**3 Units**

*Summer 2021*

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<b>Office Hours</b>	TBA	
<b>Course Day(s)</b>	Tuesday	
<b>Course Time(s)</b>	4-5:35 PM	
<b>Course Location(s)</b>	VAC	

## **Course Pre-requisites, Co-requisites, and Concurrent Enrollment**

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

## **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.

## **Course Description**

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

The DSM-5 is used as an organizing framework for reviewing major mental disorders. The ICD-10 will also be addressed. The arrangement of this course follows the lifespan framework of the Manual. Discussion of the strengths and weaknesses of the DSM-5, the role of social workers in psychiatric diagnosis, the relationship of diagnosis to social work assessment and issues of ethical practice are a critical part of the course. The course emphasizes the acquisition of diagnostic skills as they relate to comprehensive social work assessment of individuals through the lifespan. Knowledge the roles social workers occupy within interdisciplinary practice will be covered. This is not a class that will provide skill-based learning in specific clinical interventions.

## **Course 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.

### Course Format / Instructional Methods

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

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

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

### 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, which are the basis of the student learning outcomes in the MSW program:

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

See **Appendix A** for an expanded table, which details the competencies and dimensions of competence highlighted in this course. The table also shows the course objective(s), behaviors/indicators of competence, and course content and assignments related to each competency highlighted in the course.

### Course Assignments, Due Dates, and Grading

Assignment	Due Date	% of Final Grade
1. <b>DSM 5 to APP Transition Presentation</b>	Sign up	15%
2. <b>WEEKLY VIGNETTES</b> There are 10 units that include a vignette. Students are required to complete all 10 of the vignette responses.	Before class starts for units 3-10. The written vignette response must be turned before the start of class each week/unit in order to receive credit.	20% (2 % per vignette response)
3. <b>MIDTERM Cultural Formulation Interview</b>	11:59pm, Pacific Time the night of class on Week 6	20%
4. <b>FINAL Diagnostic Case Study Paper . The case vignette will be provided 1 week before the due date.</b>	11:59pm, Pacific Time the night of class on Week 12	35%
5. <b>Class Participation</b>	Ongoing	10%

Each of the major assignments is described below.

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. Prior approval is at instructor discretion due to emergency circumstances.

- Case Vignettes will not be accepted after the assigned class period begins.

#### Assignment 1

##### **DSM-5 to APP Presentation (15% of Final Grade)**

One 10-minute presentation. Directions/Guidelines will be provided by instructor. This assignment supports the course emphasis on the acquisition of diagnostic skills as they relate to comprehensive social work assessment of adults and older adults. The purpose of this assignment is to reflect on the relationship of diagnosis to social work assessment and the role of social workers in psychiatric diagnosing. Social workers must understand the biopsychosocial aspects of a disorder as it impacts the individual, family and support system. Understanding issues beyond those required to establish a disorder is a critical role for social workers in our interprofessional healthcare system

**Due:** Ongoing, weekly throughout the semester

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

## **Assignment 2**

### **WEEKLY CASE VIGNETTES (20% of Final Grade)**

While this is not a practice course there are many opportunities to apply the material to practice. There will be 12 opportunities to complete small assignments to enrich your learning. These activities are the WEEKLY UNIT VIGNETTES that are in units 4-13. You must complete all 10 of the practice assignments. Each weekly vignette in units 4-13 is worth 2% ( 2 points 2% per unit/week) of final grade. Make sure to answer all questions.. You will receive credit / no credit. The weekly vignette activity **must be turned in before the start of class for each unit in order to receive credit.**

**Due: Weekly before the start of class**

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

## **Assignment 3**

### **Midterm: Cultural Formulation Interview [CFI] (20% of Final Grade)**

Conduct a DSM- 5 cultural formulation interview with an adult. Directions/Guidelines will be provided by instructor. **Choose an adult to conduct interview with an adult using the Cultural Formulation Interview (CFI) on pp. 749-755 in DSM-5) and any optional components as needed** { Available at <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural> <http://www.psychiatry.org/dsm5>} or on pp. 733-739 in DSM-5.

*Note: The CFI is intended as a guide to cultural assessment and should be used flexibly to maintain a natural flow of the interview and rapport with the individual. Follow-up questions may be needed to clarify individuals' answers*

**Due: The CFI interview is due on week 6 by 11:59 PM (PST).**

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

## **Assignment 4**

A case vignette will be provided to students **1 week before due date.** You will respond with short answers to diagnostic questions relevant to the case material in the format of a paper. You will receive a case vignette to diagnose.

**Due: The final paper is due on week 12, the last day of class by 11:59 PM (PST)**

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

## **Class Participation (10% of Course 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.*

Class grades will be based on the following:

Grade Points		Letter Grades	
3.85 – 4.00	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 – 2.89	B-	80 – 82	B-
2.25 – 2.59	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

See **Appendix B** for additional details regarding the definitions of grades and standards established by faculty of the School.

### Attendance and Participation

Students' active and substantive involvement in the class is considered essential to their growth as practitioners. Consistent attendance, preparation for and participation in class discussions and activities, timely completion of coursework and assignments, and personal conduct that fosters a respectful, collegial, and professional learning environment are expected. Having more than 2 unexcused absences in class may result in the lowering of the grade. For VAC and remote/hybrid Ground courses, substantive participation includes maintaining an active screen in live sessions and completing all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete 2 or more asynchronous units before the live class, without prior instructor permission, also may result in a lowered grade.

#### Class participation will be assessed according to the following criteria:

“A” grade range: Very Good to Outstanding Participation: Contributions in class reflect thorough preparation, and participation is substantial. Ideas offered are always substantive. Regularly provides one or more major insights and comments that provoke deeper thought. If this person were not a member of the class, the quality of discussion and class activities would be diminished markedly.

“B” grade range: Good Participation: Contributions in class reflect solid preparation. Ideas offered are usually substantive, and participation is regular. Provides generally useful insights and some comments that provoke thought. If this person were not a member of the class, the quality of discussion would be diminished somewhat.

“C+” or “C”: Adequate Participation: Contributions in class reflect some preparation. Ideas offered are somewhat substantive. Provides some insights, but seldom offers comments that provoke deeper thought. Participation is somewhat regular. If this person were not a member of the class, the quality of discussion would be diminished slightly. Please note: The minimum passing grade at the graduate level is “C”.

“C-” or “D”: Inadequate Participation: Says little in class and does not adequately participate in activities or present insights or ideas. Does not appear to be engaged. Submits late work. If this person were not a member of the class, the quality of discussion would not be affected.

**“F”:** Nonparticipant/Unsatisfactory Participation: Misses class. When present, contributions in class, if any, reflect inadequate preparation. Ideas offered are seldom substantive, and behavior may be inappropriate and/or disrespectful. Unable to work effectively on in-class assignments/activities and detracts from the learning process. Regularly misses assignment deadlines, if work is submitted at all.

## Required Instructional Materials and 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 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 as supplemental to the “hard copy” Available at <https://libproxy.usc.edu/login?url=http://www.psychiatryonline.org/>

#### Electronic Resources Required

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

Available at <http://psychiatryonline.org/guidelines>

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

DSM-5 Update (February 2020)

Available at

[https://psychiatryonline.org/pb-assets/dsm/update/DSM5Update\\_February2020-1582028854240.pdf](https://psychiatryonline.org/pb-assets/dsm/update/DSM5Update_February2020-1582028854240.pdf)

#### *Notes:*

- Additional required and recommended readings may be assigned by the instructor throughout the course.
- See **Appendix C** for recommended instructional materials and resources

Course Overview (Summer) –

Week #	Date	Topics	Asynchronous Content Unit #	Assignments
1	Week 1	<ul style="list-style-type: none"> <li>Introduction and Critical Evaluation of the DSM 5</li> </ul>	ASYNC UNIT 1	Sign up for presentations
2	Week 2	<ul style="list-style-type: none"> <li>The Mental Status Exam</li> <li>Critique of Standardized Assessment: Diagnostic screens and Symptoms Monitoring</li> <li>Cultural Formulation of Diagnosis</li> <li>Assessing Other conditions That May be the Focus of Clinical Attention</li> </ul>	Async Units 2 & 3	Sign up for presentations
3	Week 3	<ul style="list-style-type: none"> <li>Schizophrenia Spectrum and Other Psychotic Disorders</li> </ul>	Async Unit 4	Vignette 1 Presentation
4	Week 4	<ul style="list-style-type: none"> <li>Bipolar and Related Disorders</li> <li>Depressive Disorders</li> </ul>	Async Unit 5 and 6	Vignette 2 and 3 Presentation
5	Week 5	<ul style="list-style-type: none"> <li>Anxiety Disorders</li> <li>Obsessive-compulsive and Related disorders</li> </ul>	Async Unit 7	Vignette 4 Presentation
6	Week 6	<ul style="list-style-type: none"> <li>Trauma and Stress-related Disorders</li> <li>Dissociative Disorders</li> </ul>	Async Unit 8	CFI Paper Due the night of class.by 11:59 pm (PST)  Vignette 5 Presentation
7	Week 7	<ul style="list-style-type: none"> <li>Somatic Symptom and Related Disorders</li> <li>Feeding and Eating Disorders</li> <li>Elimination Disorders</li> <li>Sleep-wake Disorders</li> </ul>	Async Units 9	Vignette 6 Presentations
8	Week 8	<ul style="list-style-type: none"> <li>Sexual Dysfunction</li> <li>Gender Dysphoria</li> <li>Substance related and Addictive Disorders</li> </ul>	Async Unit 10	Vignette 7 Presentation
9	Week 9	<ul style="list-style-type: none"> <li>Disruptive, Impulse Control and Conduct Disorders</li> <li>Neurocognitive and Age-Related Disorders</li> </ul>	Async Unit 11 and 12	Vignette 8 and 9 Presentation
10	Week 10	<ul style="list-style-type: none"> <li>Personality Disorders</li> </ul>	Async Unit 13	Vignette 10 Presentation

11	Week 11	<ul style="list-style-type: none"> <li>▪ Paraphilic Disorders</li> <li>▪ Other Mental Disorders</li> <li>▪ Medication Induced Movement Disorders and Other Adverse Effects of Medication</li> </ul>	Async Unit 14	Presentation
12	Week 12	<ul style="list-style-type: none"> <li>▪ Neurodevelopmental Disorders</li> <li>▪ Wrap-up</li> </ul>	Async Unit 15	Diagnostic Case Study Due the night of class by 11:59 pm

## Course Schedule—Detailed Description

### Unit 1 – Week 1

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#### Topics

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

This Unit relates to course objective(s) 1, 2, 3, 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](http://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM5-transition-to-ICD10.pdf)**

**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.**

#### Recommended Readings

Alarcón, R. D. (2016). Global mental health and systems of diagnostic classification: Clinical and cultural perspectives. *Acta Bioethica*, 22(1), 15-25.

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.

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*, 38,162–165.

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. JvandenBos, D. K. Freedheim, & Pole, N. (Eds). *APA handbook of clinical psychology: Psychopathology and Health*, Vol. 4, (pp. 3-28). Washington, DC: American Psychological Association.

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)

Wakefield, J. C. (2015). DSM-5, psychiatric epidemiology and the false positives problem. *Epidemiology and Psychiatric Sciences*, 24(3), 188-196.

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

## Unit 2 – Week 2

### Topics

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

This unit relates to course objective(s) 1,2,3,4

### Required Readings

- 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. (Instructor's note: Classic article.)

### 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* (6<sup>th</sup> ed.), (pp. 17-56). Washington, DC: American Psychiatric Press. [Instructor note: E-version available through ARES or library]
- Lassiter, B. (2011). The Mental Status Exam. *The Residents' Journal*, 6, 9.
- Morrison, J. (2014). Mental Status Exam I: Behavioral aspects. In *The first interview* (4rd ed) (pp. 123-135). New York: Guildford Press.
- Snyderman, D. & Rovener, B. (2009). Mental status examination in primary care: A review. *American Family Physician*, 80, p. 809-814.
- Soltan, M. & Girguis, M. (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 – Week 2

### 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, 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.[Instructor note: Skim through the tools useful in diagnostic formulation]
- American Psychiatric Association. (2013). Cautionary statement for forensic use of DSM-5. In *Diagnostic and statistical manual of mental disorders* (5th ed.), (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.). (pp.749-759; 833-838). Arlington, VA: American Psychiatric Publishing. [Instructor note: Skim through the tool useful in diagnostic formulation].
- 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. 715-727). Arlington, VA: American Psychiatric Publishing
- Online assessment measures of cross-cutting symptoms. Retrieved from <https://psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>

## 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., Rohlof, 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](http://www.who.int/classifications/icf/WHODAS2.0_36itemsSELF.pdf) (also available in print book)

## Unit 4 – Week 3

### 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

This unit relates to course objectives 1,2,3,4

## Required Readings

- American Psychiatric Association. (2013) Schizophrenia spectrum and other psychotic disorders. In *Diagnostic and statistical manual of mental disorders-5* (pp. 31-86). Washington, DC: Author
- 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.
- Tandon, R. (2013). Schizophrenia and other Psychotic Disorders in DSM-5. *Clinical Schizophrenia & Related Psychoses, 7*(1), 16-19.
- Taylor, E. (2015). *Assessing, diagnosis, and treatment of serious mental disorders. Chapter 3: The comprehensive continuous assessment* (pp. 79-99). Oxford, UK: Oxford University Press.

## Unit 5 – Week 4

### Topics

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

This unit relates to course objective(s) 1,2,3,4

### Required Readings

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

Wasow, M. (2001). Personal accounts: Strengths versus deficits, or musician versus schizophrenic. *Psychiatric Services*, 52(10), 1306-1307.

## Unit 6 – Week 4

### Topics

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

This unit relates to course objective(s) 1,2,3,4

### 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

- 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.
- Phillips, M. L., & Kupfer, D. J. (2013). Bipolar disorder diagnosis: Challenges and future directions. *The Lancet*, 381(9878), 1663-1671.
- Phillips, M. L., & Vieta, E. (2007). Identifying functional neuroimaging biomarkers of bipolar disorder: toward DSM-V. *Schizophrenia Bulletin*, 33(4), 893-904.

## Unit 7 – Week 5

### 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 objective(s) 1,2,3,4.

### 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*

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.

### **Obsessive Compulsive and Related Disorders**

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.

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.

## **Unit 8 – Week 6**

### **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 objective(s) 1,2,3,4.

### **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

### **Recommended Readings**

#### **Trauma and Stress-Related Disorders**

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.

#### **Dissociative Disorders**

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

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.000000000000100

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.

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 9 – Week 7

### 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

This unit relates to course objective(s) 1,2,3,4.

### 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.

### 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.

#### 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

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.

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

#### Elimination Disorders

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

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

## Sleep-Wake Disorders

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

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

## Unit 10 – Week 8

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

This unit relates to course objective(s) 1,2,3,4.

### 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.

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

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.

### Recommended Readings

#### Sexual Dysfunction

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.

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.

#### Substance Related and Addictive Disorders

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](https://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 11 – Week 9

### 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

This unit relates to course objective(s) 1,2,3,4.

### 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.
- 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

#### 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.

## Unit 12 – Week 9

### Topics

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

This unit relates to course objective(s) 1,2,3,4.

### 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

- .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 13 – Week 10

### Topics

- 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 objective(s) 1,2,3,4.

### 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

- 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 14 – Week 11

### Topics

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

This unit relates to course objective(s) 1,2,3,4.

### 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

- Beech, A. R., & Harkins, L. (2012). DSM-IV paraphilia: Descriptions, demographics and treatment interventions. *Aggression and Violent Behavior*, 17(6), 527-539.
- Cantor, J. M. (2012). Is homosexuality a paraphilia? The evidence for and against. *Archives of Sexual Behavior*, 41(1), 237-247.
- McManus, M. A., Hargreaves, P., Rainbow, L., & Alison, L. J. (2013). Paraphilias: definition, diagnosis and treatment. *F1000Prime Reports*, 5.
- Yakeley, J., & Wood, H. (2014). Paraphilias and paraphilic disorders: diagnosis, assessment and management. *Advances in Psychiatric Treatment*, 20(3), 202-213.

## Unit 15 – Week 12

### Topics

- Description of Neurodevelopmental Disorders
  - Assessment of Neurodevelopmental Disorders
  - Diagnostic Coding of Neurodevelopmental Disorders
- COURSE WRAP-UP
  - Learning Experience Evaluations

*Learning Experience Evaluations will be conducted on the last day of class. This will be your opportunity to provide feedback about your learning experience in the class. This feedback helps instructors determine whether students are having the intended learning experience for the class. It is important to remember that the learning process is collaborative and requires significant effort from the instructor, individual students, and the class as a whole. Students should provide a thoughtful assessment of their experience, as well as of their own effort, with comments focused on specific aspects of instruction of the course. Comments on personal characteristics of the instructor are not appropriate and will not be considered. For this feedback to be as comprehensive as possible, all students should complete the evaluation.*

This unit relates to course objective(s) 1,2,3,4.

### **Required Readings**

- American Psychiatric Association. (2013). Neurodevelopmental disorders .In *Diagnostic and statistical manual of mental disorders*, (pp. 31-86) Washington, DC: Author
- North, C. S., & Surís, A. M. (2017). Advances in psychiatric diagnosis: Past, present, and future. *Behavioral Sciences*, 7, 27.
- 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**

- Bishop-Fitzpatrick, L., Mazefsky, C. A., Minshew, N. J., & Eack, S. M. (2015). The relationship between stress and social functioning in adults with autism spectrum disorder and without intellectual disability. *Autism Research*, 8(2), 164-173.
- Carlew, A. R., & Zartman, A. L. (2016). DSM nosology changes in neuropsychological diagnoses through the years: A look at ADHD and mild neurocognitive disorder. *Behavioral Sciences*, 7(1), 1.
- Salvador-Carulla, L., & Bertelli, M. (2008). 'Mental retardation or 'intellectual disability': Time for a conceptual change. *Psychopathology*, 41(1), 10-16.

### **List of Appendices**

- A. Detailed Descriptions of Social Work Core Competencies Highlighted in this Course
- B. Definitions of Grades and Standards Established by Faculty of the School
- C. Recommended Instructional Materials and Resources
- D. Suzanne Dworak-Peck School of Social Work DEI Statement
- E. Statement on Academic Conduct and Support Systems

**Appendix A: Detailed Description of Social Work Core Competencies Highlighted in this Course**

Competency	Objective(s)	Behavior(s)	Dimension(s)	Content
<p><b>Competency 1: Demonstrate Ethical and Professional Behavior</b></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</p>	<p><b>1.</b> 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.</p> <p><b>2.</b> 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.</p> <p><b>3.</b> Demonstrate the importance and value of ethnocultural and gender factors in diagnosis, providing</p>	<p><b>1a.</b> 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> <hr/> <p><b>1b.</b> 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>1a. Values</p> <hr/> <p>1b. Reflection</p>	<p>Assignments: 1,2, 3, &amp; 4</p> <p>Class Participation</p>

<p>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>	<p>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. <b>4.</b> Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam.</p>			
<p><b>Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</b></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</p>	<p><b>1.</b> 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.</p>	<p><b>7a.</b> 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,</p>	<p>7a. Knowledge</p>	<p>Assignments: 1,2, 3, &amp; 4  Class Participation</p>

<p>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>	<p><b>2.</b> 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.</p> <p><b>3.</b> 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.</p>	<p>including individuals, families, and groups.</p> <hr/> <p><b>7b.</b> Understand how their personal experiences and affective reactions may affect their assessment and decision-making and seek reflection through supervision and consultation</p>	<hr/> <p>7b. Reflection</p>	
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	<p>4. Teach the theoretical foundation needed for constructing a comprehensive and concise biopsychosocial assessment, including a mental status exam</p>			
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## **Appendix B: Definitions of Grades and Standards Established by Faculty of the School**

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.

## Appendix C: Recommended Instructional Materials and Resources

### *Recommended Guidebook for APA Style Formatting*

Publication Manual of the American Psychological Association, 7<sup>th</sup> ed. (2019).

### 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.

Pomeroy, E. (2014). *The clinical assessment workbook: Balancing strengths and differential diagnosis* (2<sup>nd</sup> ed.). Boston, MA: Cengage Learning

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

**Note:** Additional recommended readings will be assigned by the instructor See. <https://reserves.usc.edu/ares/> USC Libraries, ARES; SOWK 612, Fall 20xx, instructor; Password SOWK612

## **Appendix D: Suzanne Dworak-Peck School of Social Work Diversity, Equity, and Inclusion Statement**

At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote diversity, equity and inclusion in our courses and professional practice. We value the diverse backgrounds and perspectives that our students bring into the classroom as strengths and resources that enrich the academic and learning experience. We offer and value inclusive learning in the classroom and beyond. We integrate readings, materials and activities that are respectful of diversity in all forms, including race, ethnicity, culture, gender identity and expression, sexual orientation, age, ability and disability, socioeconomic status, religion, and political perspectives. Collectively, we aspire to co-create a brave space with students and instructors to critically examine individual and collective sources of bias, prejudice, discrimination, and systematic oppression that affect the ability of people and communities to thrive. In this way, we fulfill our professional responsibility to practice the [NASW Code of Ethics](#), abide by the [CSWE Educational Policy and Accreditation Standards](#), and address the [American Academy of Social Work and Social Welfare, Grand Challenges for Social Work](#).

## **Appendix E: University Policies and Guidelines**

### **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 ([xxx@usc.edu](mailto:xxx@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 School of Social Work Policies and Procedures](#) for additional information on attendance policies.

### **Statement on 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. Recording a university class without the express permission of the instructor and an announcement to the class, as well as distributing or using recordings of university lectures or classes without the express permission of the instructor, for purposes other than individual or group study, also constitute violations of the USC Student Conduct Code.

Please familiarize yourself with the discussion of plagiarism, unauthorized recording of university classes, and other forms of academic dishonesty and misconduct in SCampus, Part B, Section 11, "Behavior Violating University Standards," as well as information in SCampus and in the university policies on scientific misconduct.

### **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."

### **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.

### **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.

### **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.

### **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.

### **Complaints**

Please direct any concerns about the course with the instructor first. If you are unable to discuss your concerns with the instructor, please contact the faculty course lead. Any concerns unresolved with the course instructor or faculty course lead may be directed to the student's advisor and/or the Chair of your program.

### **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.

## Appendix F: Statement on Academic Conduct and Support Systems

### 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. Recording a university class without the express permission of the instructor and an announcement to the class, as well as distributing or using recordings of university lectures or classes without the express permission of the instructor, for purposes other than individual or group study, also constitute violations of the USC Student Conduct Code.

Please familiarize yourself with the discussion of plagiarism, unauthorized recording of university classes, and other forms of academic dishonesty and misconduct in SCampus, Part B, Section 11, “Behavior Violating University Standards,” as well as information in SCampus and in the university policies on scientific misconduct.

### Support Systems:

#### Counseling and Mental Health

<https://studenthealth.usc.edu/counseling/>

Phone number (213) 740-9355

On call 24/7

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

#### National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Phone number 1 (800) 273-8255

On call 24/7

Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

#### Relationship and Sexual Violence Prevention Services (RSVP)

<https://studenthealth.usc.edu/sexual-assault/>

Phone Number (213) 740-9355(WELL), press “0” after hours

On call 24/7

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

## **USC Office of Equity, Equal Opportunity, and Title IX**

<https://eeotix.usc.edu/>

Phone number (213) 740-5086

Title IX Office (213) 821-8298

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

## **Reporting Incidents of Bias or Harassment**

[https://usc-advocate.symplicity.com/care\\_report/index.php/pid422659?](https://usc-advocate.symplicity.com/care_report/index.php/pid422659?)

Phone number (213) 740-5086 or (213) 821-8298

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

## **The Office of Disability Services and Programs**

<https://dsp.usc.edu/>

Phone number (213) 740-0776

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

## **USC Campus Support and Intervention**

<https://campussupport.usc.edu/>

Phone number (213) 821-4710

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

## **Diversity at USC**

<https://diversity.usc.edu/>

Phone number (213) 740-2101

Information on events, programs and training, the Provost's Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

**USC Emergency**

<https://dps.usc.edu/>

UPC phone number (213) 740-4321

HSC phone number (323) 442-1000

On call 24/7

Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

**USC Department of Public Safety**

<https://dps.usc.edu/>

UPC phone number (213) 740-6000

HSC phone number (323) 442-120

On call 24/7

Non-emergency assistance or information.