Social Work 612
60674
3 units

Assessment and Diagnosis of Mental Disorders

Fall 2021

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Class Location: MRF 204

Class Day & Times: Thursday, 4:10pm- 7pm

Office Hours & Location: Available By Appointment

I. COURSE PREREQUISITES

This elective course is open to School of Social Work students who have completed their foundation year 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 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. Discussion of the strengths and weaknesses of the DSM-5, the role of social workers in psychiatric diagnosis, the relationship of diagnosis to social work assessment and issues of ethical practice are a critical part of the course. The course emphasizes the acquisition of diagnostic skills as they relate to comprehensive social work assessment of individuals through the lifespan. Knowledge the roles social workers occupy within interdisciplinary practice will be covered. This is not a class that will provide skill-based learning in specific clinical interventions.

IV.   COURSE OBJECTIVES

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

V. COURSE FORMAT / INSTRUCTIONAL METHODS

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

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

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

VI. STUDENT LEARNING OUTCOMES

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

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.

VII.   COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
1. DSM-5 App Presentation	Per Sign up	15%
2. WEEKLY Vignettes There are 10 units that include a vignette or similar learning tool.	11:59pm, Pacific Time the night before class for units 3-13 (except unit 8).	20% (2% per vignette response)

Assignment	Due Date	% of Final Grade
3. **MIDTERM Cultural Formulation Interview**	11:59pm, Pacific Time the night before class on Unit 7	20%
4. **FINAL Diagnostic Case Study.** The case vignette will be provided at least1 week before the due date.	11:59pm, Pacific Time the night before class on Unit 15	35%
5. **Class Participation**	Ongoing	10%

Each assignment 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 <u>up to 3 points</u> per each 24 hours late** without prior approval. Prior approval is at instructor discretion due to emergency circumstances.

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

Vignettes– WEEKLY (20% of Final Grade)
While this is not a practice course there are many opportunities to apply the material to practice. <u>There will be 10 opportunities to complete small assignments to enrich your learning</u>. These activities are the WEEKLY UNIT VIGNETTES that are in units 3-13 (except unit 8). Each vignette 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 vignette **must be turned in by 11:59pm Pacific Time the night before class for each unit in order to receive credit.**
This assignment relates to student learning outcomes 1, 2, 3 and 4 and EPAS Diversity in practice; critical thinking; and Engage, Assess, Intervene, Evaluate

Midterm: Cultural Formulation Interview [CFI] (20% of Final Grade)
Conduct a DSM- 5 cultural formulation interview with an adult via zoom or phone. Directions/Guidelines will be provided by instructor. **Choose an adult to conduct an interview 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. The CFI interview is due on week 7 by 11:59 PM (PST) the day before class. **Clients are best; friends of friends acceptable; no family or personal friends/coworkers etc**.

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

Final: Diagnostic Case Study (35% of Final Grade)
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. You will receive a case vignette to diagnose. The final case study is due on week 15, the day before class by 11:59 PM (PST)

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.

DSM-5 App Presentation (15% of Final Grade)

<u>One</u> 10-minute presentation in class. Directions/Guidelines will be provided by instructor. This assignment supports the course emphasis on the acquisition of 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.

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-

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

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

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. **For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions.** For online courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

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.).

> *Pocket version or APP is not acceptable as a substitute for the DSM5, as the full version contains much more necessary information.*
>
> DSM-5 E-book 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). Psych Products Press.

Electronic Resources Required

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

DSM-5 Updates
Available at https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm-5

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

Unit / *date*	Topics	Assignments
1 *8/24 & 8/26*	🟫 Essentials of Assessment and Psychiatric Diagnosis 🟫 Diagnostic Considerations for Social Workers	Sign up for App presentation
2 *8/31 & 9/2*	🟫 Introduction and Critical Evaluation of the DSM 5 🟫 The Mental Status Exam: Appearance and Behavior	
3 *9/7 & 9/9*	🟫 Critique of Standardized Assessment: Diagnostic Screens 🟫 Cultural Formulation of Diagnosis 🟫 Assessing Other Conditions That May be the Focus of Clinical Attention	(V1)
4 *9/14 & 9/16*	🟫 Substance-related and Addictive Disorders	(V 2) Presentation
5 *9/21 & 9/23*	🟫 Depressive Disorders	(V 3) Presentation
6 *9/28 & 9/30*	🟫 Anxiety Disorders	(V 4) Presentation Presentation
7 & 8 *10/5 & 10/7* *10/12 & 10/14*	🟫 Psychotic Disorders 🟫 *The Mental Status Exam: Cognitive Components* 🟫 Schizophrenia Spectrum Disorders **Fall Recess Oct 14-15**	CFI Paper Due the night before class by 11:59 pm (PST) (V 5)
9 *10/19 & 10/21*	🟫 Bipolar and Related Disorders	(V 6) Presentation
10 *10/26 & 10/28*	🟫 Trauma and Stress-related Disorders	(V 7) Presentation
11 *11/2 & 11/4*	🟫 Somatic Symptom and Related Disorders 🟫 *Other Medical Conditions and Other Adverse Effects of Medication* 🟫 Feeding and Eating Disorders	(V 8) Presentation Presentation
12 *11/9 & 11/11*	🟫 Obsessive-compulsive and Related Disorders	(V 9) Presentation Presentation
13 *11/16 & 11/18*	🟫 Personality Disorders 🟫 Case Study Review	(V 10) Presentation Diagnostic Case Study provided
14 *11/23 & 11/25*	🟫 Age Related Disorders/Neurocognitive Disorders **Thanksgiving Holiday Nov 24-28**	
15 *11/30 & 12/2*	🟫 Assessment & Diagnostic Considerations for Social Workers Reprise 🟫 Course Wrap-up	Diagnostic Case Study Due the night before class by 11:59 pm (PST).

Note. V= Vignette

Course Schedule—Detailed Description

Unit 1: • **Essentials of Assessment and Psychiatric DIagnosis** • **Diagnostic Considerations for Social Workers**	

Topics
> ➢ Why assessment is important
> ➢ Essentials of psychiatric diagnosis
> ➢ Why psychiatric diagnosis is difficult

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

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.

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

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*, *4*1(2), 184-191.

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

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Unit 2:
- **Introduction and Critical Evaluation of the DSM 5**
- **The Mental Status Exam: Appearance and Behavior**

Topics
➢ History of the Diagnostic and Statistical Manual
➢ A tour of the DSM-5
➢ How to conduct a Mental Status Exam
➢ The Mental Status Exam components
➢ Importance of culture in assessment

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

American Psychiatric Association. Organization of DSM 5. Retrieved from https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM_Organization-of-DSM-5.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). Guildford Press

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

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 138-140). Psych Products Press.

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 Psychi*atry, *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,* 9.

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.

Morrison, J. (2014). Mental Status Exam I: Behavioral aspects. In *The first interview* (4rd ed) (pp. 123-135). New York: Guildford Press.

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.

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:
- **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.[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

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 5, 88, 150-153). Psych Products Press.

Recommended Readings

Carlo, A. D., Barnett, B. S., & Cella, D. (2021). Computerized Adaptive Testing (CAT) and the Future of Measurement-Based Mental Health Care. Administration and Policy in Mental Health and Mental Health Services Research, 1-3.

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 (also available in print book)

Unit 4:
- **Substance-Related Disorders**

Topics
- 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 Disorder

Required Readings
American Psychiatric Association. (2013). Substance-Related and Addictive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (481-590). [Instructor note: Read pp 481-503.]

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 12-23). Psych Products Press.

https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

Recommended Readings

https://www.campusdrugprevention.gov/drugs (Identifying Drugs - Optional)

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.

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.

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.

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*]

Unit 5:
- **Depressive Disorders**

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

Required Readings

American Psychiatric Association. (2013). Depressive Disorders. In *Diagnostic and statistical manual of mental disorders-5.* (pp. 155; 160-171; 184-88). [Instructor note: FOCUS on MDD]

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 [Instructor note: Skim for main ideas regarding the diversity in depression diagnoses]

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 44-47). Psych Products Press.

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 6:
- **Anxiety Disorders**

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

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

Required Readings

American Psychiatric Association. (2013). Anxiety Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (189-234) [Instructor note: Read intro and sections on Generalized anxiety disorder, Panic Disorder, Panic Attack pp.189-190; 197-221].

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 48-57, 68-75). Psych Products Press.

Recommended Readings

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.

Unit 7 & 8:
- **Psychotic Disorders**
- **Mental Status Exam: Cognitive Components**
- **Schizophrenia Spectrum Disorder**
- **Medication Induced Movement Disorders**

Topics

- Psychotic Disorders Overview
  - Description of Psychotic Disorders
  - Assessment of Psychotic Disorders
  - Diagnostic Coding of Psychotic Disorders
- Cognitive Aspects of the MSE
- Schizophrenia Spectrum
  - Description of Schizophrenia Spectrum
  - Assessment of Schizophrenia Spectrum
  - Diagnostic Coding of Schizophrenia Spectrum
- Medication Induced Movement Disorders

These Units relate to course objectives 1, 2, 3 and 4.

Required Readings Unit 7

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: Guildford Press.

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 24-31). Psych Products Press.

Required Readings Unit 8

American Psychiatric Association. (2013) Schizophrenia spectrum and other psychotic disorders. In Diagnostic and statistical manual of mental disorders-5 (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

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*]

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 9
- **Bipolar Related Disorders**

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

Required Readings

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

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 32-39). Psych Products Press.

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 10:
- **Trauma and Stress-related 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

Required Readings

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

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 58-67). Psych Products Press.

Recommended Readings

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

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.

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 11:
- **Somatic Symptom and Related Disorders**
- **Feeding and Eating Disorders**

Topics

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

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

Required Readings

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

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

D'Souza RS, Hooten WM. Somatic Syndrome Disorders. [Updated 2020 Jul 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK532253/

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 8-11, 78-80). Psych Products Press.

Recommended Readings

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

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.

Warren, C. S., & Akoury, L. M. (2020). Emphasizing the "Cultural" in Sociocultural: A Systematic Review of Research on Thin-Ideal Internalization, Acculturation, and Eating Pathology in US Ethnic Minorities. Psychological Research and Behavior Management, 13, 319–330. doi: 10.2147/PRBM.S20427

Unit 12:
- ### Obsessive-Compulsive and Related Disorders

Topics
- 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

Required Readings

American Psychiatric Association. (2013). Obsessive-Compulsive and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (235-264) [Instructor note: Read pp.235-242].

Recommended Readings

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 13:
- ### Personality Disorders

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

Required Readings
American Psychiatric Association. (2013). Personality Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp.644-684).

Zimmermann, M. (2013*). Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination* (2nd ed) (pp. 106-137). Psych Products Press.

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*, *4*1(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:
▪ Neurocognitive Disorders

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

Required Readings
American Psychiatric Association. (2013). Neurocognitive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 591-643). [Instructor Note: read 591-614].
Sachdev, P. S., Mohan, A., Taylor, L., & Jeste, D. V. (2015). DSM-5 and mental disorders in older individuals: An overview. Harvard Review of Psychiatry, 23(5), 320–328.
Skim these sections: Depressive Disorders; Neurocognitive disorders

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 15:
▪ Wrap-up

Topics
- 🟫 COURSE WRAP-UP
  - ➢ Learning Experience Evaluations

Required Readings

American Psychiatric Association. (2013). Other Mental Disorders. In Diagnostic and statistical manual of mental disorders-5.(pp. 707-708.) Washington, DC: Author.
Carlo, A. D., Barnett, B. S., & Cella, D. (2021). Computerized Adaptive Testing (CAT) and the Future of Measurement-Based Mental Health Care. Administration and Policy in Mental Health and Mental Health Services Research, 1-3.
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.

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.

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
F. Support Systems and Additional Resources / Emergency Preparedness and Response Resources

APPENDIX A: DETAILED DESCRIPTION OF SOCIAL WORK CORE COMPETENCIES HIGHLIGHTED IN THIS COURSE

Competency	Objectives	Behaviors	Dimensions	Content
Competency 1: Demonstrate Ethical and Professional Behavior 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,	**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.	**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. **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.	Values Reflection	Assignments: 1,2, 3, & 4 Class Participation

behavioral health, integrated care, and other settings serving adults and older adults.

Competency	Objectives	Behaviors	Dimensions	Content
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities 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.	**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.	**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.	Knowledge	Assignments: 1,2, 3, & 4 Class Participation
		7b. Understand how their personal experiences and affective reactions may affect their assessment and decision-making and seek reflection through supervision and consultation.	Reflection	

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

Paniagua, F., & Yamada, A.-M. (Eds.). (2013). *Handbook of multicultural mental health*: *Assessment and treatment of diverse populations* (2nd ed.). Academic Press.

Pomeroy, E. (2014). *The clinical assessment workbook: Balancing strengths and differential diagnosis* (2nd ed.). Cengage Learning.

Recommended Guidebook for APA Style Formatting

American Psychological Association (2019). *Publication manual of the American Psychological Association*, (7th ed.).

Note: Additional required/recommended readings will be assigned by the instructor and will be posted on BlackBoard and in the detailed weekly course description document to be provided. See BlackBoard ARES; Link https://reserves.usc.edu; Search for:
SOWK 612 Assessment and Diagnosis of Mental Disorders, Fall 2021;Yamada, Ann

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 (bcharles@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: SUPPORT SYSTEMS AND ADDITIONAL RESOURCES

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?
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 Student Accessibility Services
https://osas.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.

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.

Emergency Preparedness and Response Resources
USC Earthquake Procedures:
https://fsep.usc.edu/usc-emergency-procedures/emergency-procedures-for/during-an-earthquake/

USC Emergency Procedures Video:
https://usc.edu/emergencyvideos

Campus Building Emergency Information Fact Sheets:
https://fsep.usc.edu/emergency-planning/building-emergency-fact-sheets/

USC ShakeOut Drill: (morning of October 21, 2021)
https://fsep.usc.edu/shakeout/

Personal Preparedness Resources, such as preparing your home, etc.
https://fsep.usc.edu/personal-preparedness/