USC Suzanne Dworak-Peck
School of Social Work

SOWK 612 Assessment and Diagnosis of Mental Disorders

Section 67120D
3 Units
Summer 2024, Mondays 6:00-7:35pmPST
Location: VAC

SYLLABUS
(Subject to change)

Instructor Photo	**Instructor:**	Meggan Thompson, LCSW
	*E-Mail:	Megganth@usc.edu **Replies can be expected within 2 business days*
	Office Location:	Virtual
	Office Hours Days & Times:	By Appointment
	Zoom Meeting Link:	See Canvas
	Course Lead:	Dr. Ann Marie Yamada
	Email:	amyamada@usc.edu
	IT Help Hours of Service:	24 hours, 7 days/week
	IT Help Contact Information:	UPC: Brightspace: 888-895-2812, brightspace@usc.edu
		VAC: USC Canvas: 833-713-1200, support@online.usc.edu

Date: 12-6-23

I. Course Prerequisites and/or Co-Requisites

This course is open to School of Social Work students who have completed their foundation course requirements.

II. Catalogue Description

SOWK 612 Assessment and Diagnosis of Mental Disorders (3 units). Social work role in assessment and differential diagnosis of major mental disorders in the context of interprofessional practice with diverse adults and older adults.

III. Course Description

This course will provide the student with exposure to major issues in the areas of assessment and diagnosis of adults and older adults. Emphasis is placed on understanding biopsychosocial influences on the assessment and diagnosis of the most commonly presented mental disorders and the differential effect of these factors on diverse populations. Current research regarding the impact of poverty, race/ethnicity, class, and labeling theories and the stress and health disparities models are highlighted.

The DSM-5-TR is used as an organizing framework for reviewing major mental disorders. The ICD-10 and ICD-11 will also be addressed. Discussion of the strengths and weaknesses of the DSM-5-TR, 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 adults and older adults. The assessment and diagnostic roles that 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

By the completion of this course, students will be able to:

1. Engage in professional conduct, including use of technology, supervision, consultation, and advocacy 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. (all assignments)

2. Demonstrate 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. (assignment 2, assignment 4)

3. Demonstrate the importance and value of intersectionality frameworks 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. (all assignments)

4. Identify and implement culturally responsive evaluation to inform and improve assessment practices across myriad complex settings (all assignments)

Date: 12-6-23

5. Construct a comprehensive and concise culturally responsive biopsychosocial diagnostic assessment, based on use of a variety of tools such as a mental status exam, standardized assessments, collateral information, technology, and record review. (assignment 2, assignment 4)

V. CSWE Core Competencies Addressed in this Course

The following table lists the social work competencies, as established by the Council on Social Work Education (CSWE, 2022), that are highlighted and evaluated in this course.

CSWE Core Competencies Highlighted in this Course:
Competency 1. Demonstrate Ethical and Professional Behavior 1a. Make advanced ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession across populations, settings, and systems, particularly when working with adults, older adults and family members in complex settings such as health, mental health, community-based and integrated care settings. b. Demonstrate advanced professional behavior; appearance; and oral, written, and electronic communication behavior across populations, settings, and systems, particularly when working with adults and older adults in complex settings such as health, mental health, community-based and integrated care settings. c. Use technology ethically and appropriately to facilitate practice outcomes behavior across populations, settings, and systems, particularly when working with adults, older adults and caregivers in complex settings such as health, mental health, community-based and integrated care settings. d. Use supervision and consultation to guide professional judgment and behavior across populations, settings, and systems, particularly when working with adults and older adults in complex settings such as health, mental health, community-based and integrated care settings.
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.

Competency 9. Evaluate Practice with Individuals, Families, Groups, Organizations and Communities

9a. Elevate the use of culturally responsive methods for evaluation of outcomes across populations, settings, and systems, particularly when working with adults and older adults in complex settings such community-based and integrated care settings.

9b. Critically analyze outcomes and apply evaluation findings to improve practice effectiveness with individuals, families, groups, organizations, and communities across populations, settings, and systems, particularly with adults and older adults in complex settings such as community-based and integrated care settings.

VI. Course Format & Instructional Methods

This is a letter graded course offered in-person as well as online in the Virtual Academic Center (VAC). The Digital Campus virtual platform, Canvas, will support access to course-related materials, communication, and live Zoom sessions for VAC students. The course will encompass a combination of diverse instructional methods, which may include, but are not limited to, the following: didactic presentations by the instructor, small- and large-group discussions, case studies, experiential exercises, videos, guest speakers, experiential exercises, and computer-based, online activities.

*Please note: It may be necessary for the instructor to adjust the syllabus and/or course during the semester. In such an instance, the instructor will inform the class both verbally and in writing.

Professional standards and confidentiality: Students are expected to adhere to all the core principles contained in the NASW Code of Ethics (2021) and are cautioned to use their professional judgment in protecting the confidentiality of clients in class discussions and written work. Confidentiality of material shared in class will be maintained. As class discussion and asynchronous homework are 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.

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").

4

VII. Technology Proficiency & Hardware/Software Required

This course requires the use of an online learning management system (LMS), as well as Microsoft Office (e.g., Word, PPT) and virtual meeting (e.g., Zoom) applications. The following links for USC technology support may be useful: Zoom information for students, Software available to USC Campus. VAC students should contact VAC tech support for assistance with Canvas: 833-713-1200, support@online.usc.edu.

VIII. Course Assignments, Due Dates & Percent of Final Grade

The table below presents all course assignments, due dates, and the percent of the final grade that each assignment is worth.

Assignment	Course Objectives Assessed by Assignment	Unit Due[1]	% of Grade
Assignment 1 **APP Assessment Presentation**	1,3 & 4	Per Sign up	15%
Assignment 2 **10 WEEKLY Vignettes**	1, 2, 3, 4 & 5	**Due before class** for units 3-11	20% (2% each)
Assignment 3 **Cultural Formulation Interview**	1, 3 & 4	Due before class **Unit 7**	20%
Assignment 4 **FINAL Diagnostic Case Study (vignette).** provided 1 week before the due date.	1, 2, 3, 4 & 5	Due before class **Unit 12**	35%
Active & Proactive Learning, & Meaningful Participation	1, 2, 3, 4 & 5	Ongoing	10%

 [1] Please note that in some instances assignment due dates may differ slightly among sections of this course. In those instances, due dates have been adapted to reflect the number of lesson weeks and University holidays for particular course sections.

Each of the major assignments is highlighted below. 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 (due to emergency circumstances)) is at instructor discretion.

- **Weekly vignettes will not be accepted after the assigned class period begins**. No Exceptions.

Descriptions of Assignments

An overview of each assignment is presented below. Detailed instructions and grading guidelines for each assignment will be disseminated by the instructor.

Assignment 1 – App Assessment Evaluation and Presentation (15% of course grade) Due: Per Sign up

Students will complete one 5-7-minute presentation in class and submit a written evaluation and slide deck presentation on a smartphone App. Directions/Guidelines will be provided by your 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 the ongoing assessment of clients. 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.

Assignment 2 – Vignettes – 10 weeks (20% of course grade) Due: Units 3-11

While this is not a practice course there are many opportunities to apply the material to practice. There will be 10 opportunities to complete small assignments to enrich your learning. These activities are the UNIT VIGNETTES that are in units 3-11. Each vignette is worth 2% (2 points per unit/week) of the final grade. Make sure to answer all prompts. You will receive credit / no credit. No credit may be given if all required prompts are not addressed. The vignette **must be turned in before class begins for each unit in order to receive credit.** You are expected to have a copy of your response in class; failure to do so could lower your participation grade.

Assignment 3 – Cultural Formulation Interview Paper (20% of course grade) Due: before class Unit 7

Conduct a DSM- 5-TR Cultural Formulation interview with an adult or older adult in person, via Zoom or phone. Directions/Guidelines will be provided by instructor. **Choose an adult/older adult to conduct an interview using the Cultural Formulation Interview (CFI) found on pp. 749-755 in the DSM-5-TR) and any optional components as needed** {Available at Cultural Formulation Interview Supplementary Modules} or on pp. 733-739 in the DSM-5-TR. The CFI interview is due before class Unit 7. **Clients are best; friends of friends acceptable; no family or personal friends/coworkers etc**.

Assignment 4 – Final (35% of course grade) Due: before class Unit 12

A case vignette will be provided to students 1-2 weeks before the due date. You will respond with short answers to diagnostic questions relevant to the vignette. The Final is due before class on week 12.

Active and Proactive Learning, & Meaningful Participation (10% of course grade) Due: Units 1 – 12 Students are expected to be active and proactive participants in their learning and meaningful contributors to a positive learning environment. This will require mental, physical and perhaps emotional effort, both inside and outside the formal classroom.

Active learning involves completing required readings, activities, and/or asynchronous materials prior to class, and engaging in the class session with thoughtful comments, reflections or questions about concepts, readings and assignments. For VAC courses, active learning also includes remaining visibly onscreen throughout the duration of the live session, unless one has the permission of the instructor to mute the screen.

Date: 12-6-23

Proactive learning involves assuming responsibility for learning, anticipating workload and challenges, being organized and meeting deadlines, and taking the initiative to reach out to the instructor with any questions or concerns.

Meaningful participation consists of thoughtful and substantive participation that not only contributes to but enhances class discussion and activities. Meaningful participation also includes efforts that **contribute to a positive learning environment**; that is, one that is open, respectful, professional, engaging, fun, challenging, supportive, and effective. "Environment" refers to the formal classroom, small group settings, other settings, in-person or virtual/remote, in which learning or teaching might occur, including office hours and communications with the instructor and fellow students, and the overall climate and culture of the class.

Please note: Course readings and classroom discussions will often focus on mature, difficult, and potentially challenging topics. As with any course in social work, course topics may at times be political and/or personal in nature. Course content, class discussions, and self-reflection might trigger strong feelings. Every member of the class is responsible for creating a space that is both civil and intellectually rigorous. Even when strongly disagreeing with another's point of view, it is important to remain respectful and mindful of the ways that personal identities shape lived experiences. Disrespectful language or behavior based on protected class (e.g., ability, age, race, ethnicity, sex, gender identity, sexual orientation, religion, pregnancy, etc.) disrupts and detracts from the learning environment and will not be tolerated. All such behavior will be reported to the *Office for Equity, Equal Opportunity, and Title IX (EEO-TIX)*. An inclusive learning environment values the diversity in the class as an asset to the educational experience. Students should inform the instructor of any concerns that they have in this regard.

Furthermore, it is each student's responsibility and right to determine how much personal information they disclose in class discussions, activities, and assignments. Students should be aware that complete privacy or confidentiality cannot be guaranteed in an on-line platform or classroom setting. Students also should note that since this is an academic and professional setting, the instructor may follow up with any student that discloses safety concerns. Students are encouraged to review the list of support resources at the end of the syllabus and to contact the instructor with any questions or concerns.

Please refer to the rubric below for the **criteria that will be used to determine the participation grade**. For each of five criteria, between 0 and 2 points can be earned, for a maximum of 10 points.

Criteria	Never or Rarely	Regularly	Often or Always
a. Student demonstrates active learning.	0	1.5	2
b. Student demonstrates proactive learning.	0	1.5	2
c. Student meaningfully participates.	0	1.5	2
d. Student contributes to a positive learning environment.	0	1.5	2
e. Student's participation aligns with course expectations inside and outside of the classroom, synchronously and asynchronously.	0	1.5	2

Date: 12-6-23

Grading Scale

Assignment and course grades will be based on the following:

Grade Point Average / Letter Grade		Corresponding Numeric Grade / Letter Grade	
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 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
1.89 & below	C-	70 – 72	C-

Please note: A grade below "C" is considered a failing grade for graduate students at USC.

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.

IX.   Assignment Submissions, Extensions & Extra Credit Policy

By the specified deadlines, assignments should be submitted through the course's learning management system (LMS). Students are responsible for ensuring successful

submission of their assignments and are encouraged to maintain a copy of the submission confirmation for their records.

Prior to the due date, extensions may be granted for extenuating circumstances at the instructor's discretion. The instructor will confirm an extension and revised due date in writing/email. If the instructor accepts a late submission, it could be marked down for each day late. Assignments submitted more than one week past the posted due date may not be accepted for grading; however, this is at the instructor's discretion, assuming extenuating circumstances. The instructor may require documentation of the extenuating circumstance in considering an extension request.

Once an assignment is graded, the grade is final, unless there are extenuating circumstances (e.g., error in determining grade, academic integrity violation). Extra credit on an assignment is not permitted. Re-doing an assignment with the expectation that it will be re-graded is not permitted.

X.   Grading Timeline
Students should expect grading and feedback from the instructor within two weeks of assignment submission. The instructor will notify students of any extenuating circumstances that might affect this grading timeline.

XI.   Statement about Incompletes and In Progress Grades
The grade of Incomplete (IN) can be assigned only if a student is in good standing in the course and there the work left to be completed is due to a documented illness or some other emergency occurring after the 9th 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 by the instructor and reported on the official "Incomplete Completion Form."

XII. Attendance
As a professional school, class attendance and participation are essential to students' professional training and development at the USC Suzanne Dworak-Peck School of Social Work. Students are expected to attend every class and to remain in class for the duration of the class. Students cannot actively, proactively, or meaningfully contribute to a positive learning environment if they are not in attendance. Students are expected to notify the instructor by email of any anticipated absence or reason for tardiness.

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

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

Date: 12-6-23

XIII. Classroom Norms

Class ground rules help to promote a positive learning environment by specifying behaviors that are encouraged and discouraged. The instructor will facilitate a class discussion to generate mutually agreed upon ground rules for the learning environment.

XIV. Zoom Etiquette and Use of Technology in the Classroom

For campus-based students, the use of laptops, tablets, smart phones during class generally is not recommended. Students may use these devices, however, if doing so contributes to their learning and is not disruptive to others in the class. For both campus and VAC students, permitted uses of technology include using laptops, tablets, smart phones to access course readings and materials, to take notes, and to complete small group activities and discussions. Non-permitted uses of technology include using laptops, tablets, smart phones to check email and social media, and to text or communicate with others who are not members of the class. Use of smart phones during class is not permitted except in an emergency or during a break. To minimize disruptions, students should place their phones on mute or in airplane mode before coming to class.

XV. Academic Integrity

The University of Southern California is foremost a learning community committed to fostering successful scholars and researchers dedicated to the pursuit of knowledge and the transmission of ideas. Academic misconduct is in contrast to the university's mission to educate students through a broad array of first-rank academic, professional, and extracurricular programs and includes any act of dishonesty in the submission of academic work (either in draft or final form).

This course will follow the expectations for academic integrity as stated in the USC Student Handbook. All students are expected to submit assignments that are original work and prepared specifically for the course/section in this academic term. Students may not submit work written by others or "recycle" work prepared for other courses without obtaining written permission from the instructor(s). Students suspected of engaging in academic misconduct will be reported to the Office of Academic Integrity (OAI).

Other violations of academic misconduct include, but are not limited to, cheating, plagiarism, fabrication (e.g., falsifying data), knowingly assisting others in acts of academic dishonesty, and any act that gains or is intended to gain an unfair academic advantage.

The impact of academic dishonesty is far-reaching and is considered a serious offense against the university and could result in outcomes such as failure on the assignment, failure in the course, suspension, or even expulsion from the university.

For more information about academic integrity see the Student Handbook, the Office of Academic Integrity's website, and university policies on Research and Scholarship Misconduct.

Date: 12-6-23

Special Note on the Use of AI Generators
AI generators, such as such as ChatGPT4 and Bard, can be useful tools. However, AI programs do not replace human creativity, originality, and critical thinking. AI text generators also may present incorrect or biased information and incomplete analyses. Within limited circumstances, with instructor permission and proper disclosure and attribution (see USC Libraries' generative AI guide), AI generators may be permitted in this course, per the University's academic integrity regulations. Using these tools without the instructor's permission, and without proper attribution and disclosure, constitutes a violation of academic integrity and will be reported to the Office of Academic Integrity.

XVI. Course Content Distribution and Synchronous Session Recordings
USC has policies that prohibit recording and distribution of any synchronous and asynchronous course content outside of the learning environment. Recording a university class without the express permission of the instructor and announcement to the class, or unless conducted pursuant to an Office of Student Accessibility Services (OSAS) accommodation, is prohibited. Recording can inhibit free discussion in the future, and thus infringe on the academic freedom of other students as well as the instructor (Living our Unifying Values: The USC Student Handbook, page 13).

Distribution or use of notes, recordings, exams, or other intellectual property based on university classes or lectures without the express permission of the instructor for purposes other than individual or group study is prohibited. This includes but is not limited to providing materials for distribution by services publishing course materials. This restriction on unauthorized use also applies to all information, which had been distributed to students or in any way had been displayed for use in relationship to the class, whether obtained in class, via email, on the internet, or via any other media (Living our Unifying Values: The USC Student Handbook, page 13).

XVII.   Course Evaluations

The USC Learning Experience evaluation occurs at the end of each semester. This evaluation is an important review of students' experiences in the class. The process and intent of the end-of-semester evaluation will be discussed in class by your instructor. In addition to the end-of-semester evaluation, a mid-semester evaluation is implemented in the School of Social Work. The process and intent of the mid-semester evaluation also will be discussed by your instructor.

XVIII. Required Textbooks

Printed Version Required:

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders, Text revision – DSM-TR* (5th ed.).

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

Date: 12-6-23

The DSM-5-TR E-book version is available at no cost to student through the USC library as supplemental to the "hard copy" Available at DSM-5-TR E-book

Electronic Resources Required

- American Psychiatric Association. (Ed.). (2016). *The APA practice guidelines for the psychiatric evaluation of adults*, (3rd Ed). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890426760 Available at Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition

- **ICD-10CM**

- Updates to DSM-5-TR Criteria and Text

Notes:

- Additional required and recommended readings may be assigned by the instructor throughout the course.

- In addition to the required texts, other required readings are available through USC's online reserves system, ARES, and/or in the USC Libraries. A USC email address and password are required to access the system: ARES. Use the search bar to locate the course by School, course number or Lead Instructor's last name.

XIX. Recommended Materials & Resources

Recommended

American Psychiatric Association. (2023). *Understanding mental disorders: Your guide to DSM-5-TR®*. American Psychiatric Pub.

Guides for Academic Integrity, APA Style Formatting, Writing & Research

American Psychological Association (2020). *Publication manual of the American Psychological Association* (7th ed.). Publisher.

APA formatting and style guide: The OWL at Purdue. https://owl.purdue.edu/

USC guide to avoiding plagiarism: https://libguides.usc.edu/writingguide/plagiarism

USC guide to APA 7th writing style https://libguides.usc.edu/APA7th

Date: 12-6-23

List of Professional Social Work Organizations

National Association of Social Workers. Available at NASW.ORG

Institute for the Advancement of Social Work Research. Available at .iaswresearch.org

Society for Social Work and Research. Available at SSWR.org

Council on Social Work Education (CSWE). Available at CSWE.org

XX. Course Schedule
The table below presents the topics for each unit of instruction. Every unit covers DSM-5-TR diagnostic criteria. <u>Students are expected to attend class having completed the required reading and, if applicable, the asynchronous course material.</u>

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
1: *5/13*	**Essentials of Assessment and Psychiatric Diagnosis** * Micro, Mezzo, and Macro diagnostic considerations for social workers * Course overview, assignments and objectives	**Required** McGoldrick, M., & Hardy, K. V. (2019). The power of naming. (2019). The power of naming. In *Re-envisioning family therapy: Addressing diversity in clinical practice and training.* Guilford Press. [*Instructor Note: this is not a complete book chapter*] 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. Sur, D., Ashcroft, R., Adamson, K., Tanner, N., Webb, J., Mohamud, F., & Shamsi, H. (2022). Examining diagnosis as a component of Social Workers' scope of practice: A scoping review. *Clinical Social Work Journal*, 1-12. https://doi.org/10.1007/s10615-022-00838-y **Recommended** 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.	Sign up for APP presentation

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
		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.	
2: *5/20*	**Comprehensive Diagnostic Assessment: Part 1** * Introduction and Critical Evaluation of the DSM-5-TR * The Mental Status Exam: Appearance and Behavior * Using technology tools such as smart phone apps for screening and assessment	**Required** American Psychiatric Association. (2022). Introduction. In *Diagnostic and statistical manual of mental disorders, Text revision* (5th ed.), (pp. 5-20). American Psychiatric Association. (2022). Cautionary statement for forensic use of DSM-5. In *Diagnostic and statistical manual of mental disorders* (5th ed.), (p. 29). 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.*) **Recommended** 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 Psych*iatry, *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) 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).Guildford Press. Reed, G. M., Robles, R., & Domínguez-Martínez, T. (2016). Classification of mental and behavioral disorders. In J. C.	

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
		Norcross, G. R. J. VandenBos, D. K. Freedheim, & Pole, N. (Eds). *APA handbook of clinical psychology*: *Psychopathology and health*, Vol. 4, (pp. 3-28). American Psychological Association. 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.	
3: **Memorial Day** **May 27** *NO* *IN-CLASS* *ASYNC* *ONLY*	**Comprehensive Diagnostic Assessment: Part 2** • DSM-5-TR approach to culture • Use of *Cultural Formulation Interview* with clients and collateral sources • Purpose and appropriate use of "Z-codes" (*Assessing Other Conditions That May be the Focus of Clinical Attention*)	**Required** American Psychiatric Association. (2022). Culture and Psychiatric Diagnosis. In *Diagnostic and statistical manual of mental disorders, Text revision* (5th ed.) (pp.859-880). American Psychiatric Association. (2022). Other conditions that may be a focus of clinical attention. In *Diagnostic and statistical manual of mental disorders, Text revision* (5th ed.)(pp. 821-840). American Psychiatric Publishing American Psychiatric Association. (2016). APA Practice Guidelines (pp. 4-7 and 27-30). http://psychiatryonline.org/guidelines **Recommended** Lewis-Fernández, R., Aggarwal, N. K., & Kirmayer, L. J. (2020). The Cultural Formulation Interview: Progress to date and future directions. *Transcultural Psychiatry*, *57*(4), 487-496. Shah, A., Anderson, K. G., Li, X., Meadows, J. T., & Breitsprecher, T. B. (2019). Clinical social work scope of practice related to diagnosis. *Clinical Social Work Journa*l, *47*(4), 332–342. https://doi.org/10.1007/s10615-018-0693-2 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. https://thinkculturalhealth.hhs.gov/assets/pdfs/Enhanced NationalCLASStandards.pdf Ustun, T. B, Kostanjsek. N, Chatterji, S., & Rehm, J. (2010). *Manual for WHO Disability Assessment Schedule*	(V1)

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
		(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) 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). Academic Press	
4: *6/3*	**Substance-related and Addictive Disorders** * Functional impairment * Ruling it out * Assessment strategies * Critique of DSM-5-TR criteria	**Required** American Psychiatric Association. (2016). APA Practice Guidelines. pp 15-17. http://psychiatryonline.org/guidelines American Psychiatric Association. (2022). Substance-Related and Addictive Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed)*. (pp. 543-666). [Instructor note: Read pp 543-568 and pages assigned by instructor.] National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2020). Understanding Alcohol Use Disorder. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder **Recommended** https://www.campusdrugprevention.gov/drugs (Identifying Drugs) 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. 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. Griffiths, M. D. (2021). Internet use disorders: What's new and what's not?: Commentary on: How to overcome taxonomical problems in the study of Internet use disorders and what to do with "smartphone	(V 2) Presentation

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
		addiction"?(Montag et al., 2019). *Journal of Behavioral Addictions*, *9*(4), 934-937.	
		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*]	
		Yen, J. Y., Chou, W. P., Liao, H. Y., & Ko, C. H. (2023). Comparing the Approaches and Validity of ICD-11 Criteria for Gaming Disorder and DSM-5 Criteria for Internet Gaming Disorder. *Current Addiction Reports*, *10*(1), 60-68.	
5: *6/10*	**Depressive Disorders** * Critique of Standardized Assessment: Diagnostic Screens * Functional impairment vs symptoms * Severity determination	**Required** American Psychiatric Association. (2022). Assessment measures. In Diagnostic and statistical manual of mental disorders, Text revision (5th ed.)(pp. 841-858). American Psychiatric Association. (2022). Depressive disorders. In *Diagnostic and statistical manual of mental disorders-5.*, Text revision (5th ed.). (pp. 177-214). *[Instructor note: FOCUS on MDD pp 183-192]* American Psychiatric Association. (2016). APA Practice Guidelines. pp 16-23. http://psychiatryonline.org/guidelines Fortney, J. C., Unützer, J., Wrenn, G., Pyne, J. M., Smith, G. R., Schoenbaum, M., & Harbin, H. T. (2018). A tipping point for measurement-based care. *Focus*, *16*(3), 341-350. Online assessment measures of cross-cutting symptoms. **Recommended** Bozzatello, P., Giordano, B., Montemagni, C., Rocca, P., & Bellino, S. (2022). Real-world functioning in psychiatric outpatients: Predictive factors. *Journal of Clinical Medicine*, *11*(15), 4400. Fried, E. I., & Nesse, R. M. (2015). Depression sum-scores don't add up: Why analyzing specific depression symptoms is	(V 3) Presentation

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
		essential. *BMC Medicine*, 13(1), 72. doi: 10.1186/s12916-015-0325-4 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 Rice, S., Seidler, Z., Kealy, D., Ogrodniczuk, J., Zajac, I., & Oliffe, J. (2022). Men's depression, externalizing, and DSM-5-TR: Primary signs and symptoms or co-occurring symptoms? *Harvard Review of Psychiatry*, *30(*5), 317-322. Storck, M., Csordas, T. J., & Strauss, M. (2000). Depressive illness and Navajo healing. *Medical Anthropology Quarterly*, *14*(4), 571-597. 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	
6: *6/17*	**Anxiety Disorders** * Impact of family and societal perspectives * Differential diagnosing * Comorbidity	**Required** American Psychiatric Association. (2022). Anxiety Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed.)* (pp. 215-262). **Recommended** 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.	(V 4) Presentation
7: *6/24*	**Psychotic Disorders** ● The Mental Status Exam: Cognitive Components ● Identifying core	**Required** American Psychiatric Association. (2022) Schizophrenia spectrum and other psychotic disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed)* (pp. 101-138). 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	(V 5) CFI Paper Due Unit 7 before class

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
	symptoms • Family and societal reactions to psychosis **Schizophrenia Spectrum Disorders** • Prognosis • Diagnostic disparities	during admission to an academic safety-net psychiatric hospital. *Psychiatry Research*, *267*, 160-167. Jegarl, A. M., Jegede, O., Isom, J., Ciarleglio, N., & Black, C. (2023). Psychotic misdiagnosis of racially minoritized patients: A Case-based ethics, equity, and educational exploration. *Harvard Review of Psychiatry*, *31*(1), 28-36. Morrison, J. (2008). *Mental Status Exam II:* Cognitive aspects. In *The first interview* (3rd ed) pp. 130-150. New York, NY: Guildford Press. [*Instructor note: Classic reading*] **Recommended** 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 University Press. Wilcox, J. A., & Reid Duffy, P. (2015). The syndrome of catatonia. *Behavioral Sciences*, *5*(4), 576-588 Wasow, M. (2001). Personal accounts: Strengths versus deficits, or musician versus schizophrenic. *Psychiatric Services*, *52*(10), 1306-1307.	
8: *7/1*	**Bipolar and Related Disorders** • MSE concepts	**Required** American Psychiatric Association. (2022). Bipolar and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed).* (pp. 139-175). McIntyre, R. S., Alda, M., Baldessarini, R. J., Bauer, M., Berk, M., Correll, C. U., ... & Maj, M. (2022). The clinical characterization of the adult patient with bipolar disorder aimed at personalization of management. *World Psychiatry*, *21*(3), 364-387.	(V 6) Presentation
9: *7/8*	**Trauma and Stress-related Disorders** • Validity of PGD as new DSM diagnosis • Standardized assessment tools	**Required** American Psychiatric Association. (2022). Trauma and Stressor Related Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed.).* (pp. 295-328). Cacciatore, J., & Francis, A. (2022). DSM-5-TR turns normal grief into a mental disorder. *The Lancet Psychiatry*, *9*(7), e32. Norrholm, S. D., Zalta, A., Zoellner, L., Powers, A., Tull, M. T., Reist, C., ... & Friedman, M. J. (2021). Does COVID-19	(V 7) Presentation

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
	that guide diagnosis ● Appropriate use/ethics of Adjustment disorder ● Advocacy to help society understand trauma related disorders such as PTSD	count?: Defining Criterion A trauma for diagnosing PTSD during a global crisis. *Depression and Anxiety*, *38*(9), 882-885. Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry*, *20(*1), 96-106. **Recommended** American Psychiatric Association. (2022). Dissociative Disorders. In *Diagnostic and statistical manual of mental disorders-5.* Text revision (5th ed.). (pp. 329-348.)). 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. Johns, L., Blackburn, P., & McAuliffe, D. (2020). COVID-19, prolonged grief disorder and the role of social work. *International Social Work*, *63*(5), 660-664. 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.	
10: *7/15*	**Obsessive-compulsive and Related Disorders** ● Prognosis **Personality Disorders** ● General requirement	**Required** American Psychiatric Association. (2022). Obsessive-Compulsive and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed)*. (pp. 263-294). American Psychiatric Association. (2022). Personality Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed)*. (pp. 733-778).	(V 8) (V 9) Presentation

Date: 12-6-23

Unit	Topic/Sub-Topics	Readings	Assignment Due Dates
	to diagnose • Collateral reports • Alternative Model for Personality Disorders • Validity and reliability issues • ICD-11 approach • Nonsuicidal Self-Injury	Clinician-Rated Severity of Nonsuicidal Self-Injury Mulder, R. (2021). The evolving nosology of personality disorder and its clinical utility. *World Psychiatry*, *20*(3), 361. **Recommended** 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. Oldham, J. M. (2022). How will clinicians utilize the Alternative DSM-5-TR Section III Model for Personality Disorders in their clinical work?. *Focus*, *20*(4), 411-412. 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. 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. 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.	

Date: 12-6-23

| 11:
7/22 | **Somatic Symptom and Related Disorders**

● Interprofessional role of social workers
Age Related Disorders
● Interprofessional role of social workers re Neurocognitive Disorders

● Family/loved ones experience

● Depression vs dementia differential

● Advocacy role re older adult disorders in interprofessional settings and community
● Case Study Review | **Required**

American Psychiatric Association. (2022). Neurocognitive Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed).* (pp. 667-732).

American Psychiatric Association. (2022).   DSM-5-TR Neurocognitive Disorders Supplement. https://psychiatryonline.org/pb-assets/dsm/update/DSM-5-TR_Neurocognitive-Disorders-Supplement_2022_APA_Publishing.pdf

American Psychiatric Association. (2022). Somatic Symptom and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed.).* (pp. 349-371)..

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/

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. [*Instructor note: Skim these sections: Depressive Disorders; Neurocognitive disorders*]

Recommended

American Psychiatric Association. (2022). Other mental disorders and additional codes. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed).* (pp. 803-806).

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., & | (V 10)

Diagnostic Case Study provided |

Date: 12-6-23

		Mahendran, R. (2016). Sleep correlates of depression and anxiety in an elderly Asian population. *Psychogeriatrics*, 16(3), 191-195.	
12: *7/29*	**Feeding and Eating Disorders** ● Critical review of standardized screening tools **Advances in Psychiatric Diagnosis** ● Diagnostic Considerations for Social Workers Reprise ● Course Wrap-up	**Required** American Psychiatric Association. (2022). Feeding and Eating Disorders. In *Diagnostic and statistical manual of mental disorders-5, Text revision (5th ed).* (pp. 371-398). American Psychiatric Association. (2016). APA Practice Guidelines. pp 30-35. http://psychiatryonline.org/guidelines **Recommended** 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. Di Vincenzo, M. (2023). New research on validity and clinical utility of ICD-11 vs. ICD-10 and DSM-5 diagnostic categories. *World Psychiatry*, *22*(1), 171-172. Fairburn, C. G., & Cooper, Z. (2011). Eating disorders, DSM–5 and clinical reality. *The British Journal of Psychiatry*, *198*(1), 8-10 McKenzie, E., Matkin, L., Sousa Fialho, L., Emelurumonye, I. N., Gintner, T., Ilesanmi, C., ... & Psychotic Disorders Working Group of the International Consortium for Health Outcomes Measurement. (2022). Developing an international standard set of patient-reported outcome measures for psychotic disorders. *Psychiatric Services*, *73*(3), 249-258. 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. North, C. S., & Surís, A. M. (2017). Advances in psychiatric diagnosis: Past, present, and future. *Behavioral Sciences*, 7, 27. Reed, G. M., First, M. B., Billieux, J., Cloitre, M., Briken, P., Achab, S., ... & Bryant, R. A. (2022). Emerging experience with selected new categories in the ICD-11: Complex PTSD, prolonged grief disorder, gaming disorder, and compulsive sexual behaviour disorder. *World Psychiatry*, *21*(2), 189-213. Strother, E., Lemberg, R., Stanford, S. C., & Turberville, D. (2012). Eating disorders in men: Underdiagnosed,	Diagnostic Case Study Due the night before class by 11:59 pm (PST).

Date: 12-6-23

undertreated, and misunderstood. *Eating Disorders*, *20*(5), 346-355

Türközer, H. B., & Öngür, D. (2020). A projection for psychiatry in the post-COVID-19 era: Potential trends, challenges, and directions. *Molecular Psychiatry*, *25*(10), 2214-2219.

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.

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.

Date: 12-6-23

XXI. University Statement on Academic Conduct And Support Systems

Academic Integrity

The University of Southern California is a learning community committed to developing successful scholars and researchers dedicated to the pursuit of knowledge and the dissemination of ideas. Academic misconduct, which includes any act of dishonesty in the production or submission of academic work, comprises the integrity of the person who commits the act and can impugn the perceived integrity of the entire university community. It stands in opposition to the university's mission to research, educate, and contribute productively to our community and the world.

All students are expected to submit assignments that represent their own original work, and that have been prepared specifically for the course or section for which they have been submitted. Students may not submit work written by others or "recycle" work prepared for other courses without obtaining written permission from the instructor(s).

Other violations of academic integrity include, but are not limited to, cheating, plagiarism, fabrication (e.g., falsifying data), collusion, knowingly assisting others in acts of academic dishonesty, and any act that gains or is intended to gain an unfair academic advantage.

The impact of academic dishonesty is far-reaching and is considered a serious offense against the university. All incidences of academic misconduct will be reported to the Office of Academic Integrity and could result in outcomes such as failure on the assignment, failure in the course, suspension, or even expulsion from the university.

For more information about academic integrity see the student handbook or the Office of Academic Integrity's website, and university policies on Research and Scholarship Misconduct.

Please ask the instructor if unsure about what constitutes unauthorized assistance on an exam or assignment, or what information requires citation and/or attribution.

Students and Disability Accommodations

USC welcomes students with disabilities into all of the University's educational programs. The Office of Student Accessibility Services (OSAS) is responsible for the determination of appropriate accommodations for students who encounter disability-related barriers in the classroom or in practicum. Once a student has completed the OSAS process (registration, initial appointment, and submitted documentation) and accommodations are determined to be reasonable and appropriate, a Letter of Accommodation (LOA) will be available to generate for each course/practicum placement. The LOA must be given to each course/practicum instructor by the student and followed up with a discussion. This should be done as early in the semester as possible, as accommodations are not retroactive. More information can be found at

Date: 12-6-23

osas.usc.edu. Students may contact OSAS at (213) 740-0776 or via email at osasfrontdesk@usc.edu.

Support Systems

Students' health and well-being are important. Reaching out for assistance with physical, emotional, social, academic, spiritual, financial, and professional wellbeing is encouraged. USC has resources and support systems in place to help students succeed. Additional resources can be found on the USC Suzanne Dworak-Peck School of Social Work Website at: https://dworakpeck.usc.edu/student-life/we-care-student-wellness-initiative or by reaching out to the Student Wellness Coordinator in the SDP Office of Associate Dean of Academic Affairs (sdp.adc@usc.edu).

Counseling and Mental Health - (213) 740-9355 – 24/7 on call
Free and confidential mental health treatment for campus-based students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

VAC Students: Uwill Counseling Services
Uwill is a counseling service available to VAC students. It is designed to support students during their time in the program. Uwill is a leading teletherapy platform that enables college students nationwide to receive real-time counseling online from a network of licensed mental health professionals. Students (enrolled or on leave of absence) can access up to six sessions (180 credits) per year with a licensed clinician at no cost to them.

Relationship and Sexual Violence Prevention Services (RSVP) - (213) 740-9355(WELL) – 24/7 on call
Free and confidential therapy services, workshops, and training for situations related to gender- and power-based harm (including sexual assault, intimate partner violence, and stalking).

Office for Equity, Equal Opportunity, and Title IX (EEO-TIX) - (213) 740-5086
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 - (213) 740-5086 or (213) 821-8298
Avenue to report incidents of bias, hate crimes, and microaggressions to the Office for Equity, Equal Opportunity, and Title IX for appropriate investigation, supportive measures, and response.

The Office of Student Accessibility Services (OSAS) - (213) 740-0776
OSAS ensures equal access for students with disabilities through providing academic accommodations and auxiliary aids in accordance with federal laws and university policy.

Date: 12-6-23

Kortschak Center for Learning and Creativity - 213-740-7884, kortschakcenter@usc.edu
The Kortschak Center offers academic coaching and resources.

The Writing Center - 213-740-3691, writing@usc.edu
The Writing Center offers individualized feedback on any kind of writing.

USC Campus Support and Intervention - (213) 740-0411
Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity, Equity and Inclusion - (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 - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call
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 - UPC: (213) 740-6000, HSC: (323) 442-1200 – 24/7 on call
Non-emergency assistance or information.

Office of the Ombuds - (213) 821-9556 (UPC) / (323-442-0382 (HSC)
A safe and confidential place to share your USC-related issues with a University Ombuds who will work with you to explore options or paths to manage your concern.

Occupational Therapy Faculty Practice - (323) 442-2850 or otfp@med.usc.edu
Confidential Lifestyle Redesign services for USC students to support health promoting habits and routines that enhance quality of life and academic performance.

988 Suicide and Crisis Lifeline - 988 for both calls and text messages – 24/7 on call
The 988 Suicide and Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices. The new, shorter phone number makes it easier for people to remember and access mental health crisis services (though the previous 1 (800) 273-8255 number will continue to function indefinitely) and represents a continued commitment to those in crisis.

XXII.   List of Appendices
A.   Suzanne Dworak-Peck School of Social Work ADEI Statement
B.   Preamble to the NASW Code of Ethics
C.   Tips for Maximizing Your Learning Experience

Date: 12-6-23

Appendix A: Suzanne Dworak-Peck School of Social Work Anti-Racism, Diversity, Equity, and Inclusion Statement

At the USC Suzanne Dworak-Peck School of Social Work, we aspire to promote anti-racism, 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 B: National Association of Social Workers Code of Ethics

Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly

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.

Date: 12-6-23

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.

Appendix C: **Tips for Maximizing Your Learning Experience in this Course**

- ✓ Be proactive! TOGETHER, let's do everything we can to make this an educational and enjoyable experience for you. Try to anticipate issues that could present challenges and PLEASE REACH OUT TO ME so that we can problem-solve before rather than after the fact.
- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Create a professional self-care plan.
- ✓ Complete required readings, assignments and activities before coming to class.
- ✓ Keep up with the assigned readings and assignments. Don't procrastinate!!
- ✓ Come to class and participate in an active, respectful and meaningful way.
- ✓ Come to class prepared to ask any questions you might have. If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Stay offline while in class.
- ✓ Form study groups with other students in the class or in another section of the class.
- ✓ Take advantage of office hours and extra review/discussion sessions offered by your instructor. Contact me if you are concerned about or are struggling in class.
- ✓ If you believe it is necessary to receive support from a content tutor or Writing Support, please inform or involve me. I want to be able to help and support you in any way possible, but I need to know that you want/need support!! I am also happy to meet with you and your tutor.
- ✓ Keep an open mind and positive attitude!

Date: 12-6-23