



USC | School of Social Work

Social Work 612

PSYCHOPATHOLOGY AND DIAGNOSIS OF MENTAL DISORDERS

3 Units

Instructor: Shannon Mayeda, PhD, LCSW, CRADC
E-Mail: shannond@usc.edu **Course Day:**
Office: SWC221 **Course Time:**
Office Hours: By phone, email and **Course Location:**
appointment
310-529-8011

I. COURSE PREREQUISITES

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

II. CATALOGUE DESCRIPTION

Assessment of psychopathology, and the rationale and organization of the system for diagnosis of mental disorders. Emphasis is on developing differential diagnostic skills.

III. COURSE DESCRIPTION

This course will provide the student with advanced exposure to several issues in the area of adult psychopathology and diagnostics. First, the mental status exam will be covered as the basic tool for gathering information on psychopathology. Second, the logic and method of diagnostic classification will be covered, as well as the diathesis / stress model of mental illness. Third, the majority of the course will consist of using the DSM-IV as the model for in-depth exposure and practice in the diagnosis of mental disorders. The major emphasis of the course will be on developing the differential diagnostic skills of the student through didactic and experiential modalities. Finally, there will be discussion of cross-cultural diagnostic issues, and the most effective treatment approaches used for each of the major diagnostic categories.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	Teach clusters of psychiatric symptoms and robustly categorize them into DSM-IV-TR diagnostic categories, using the multiaxial assessment.
2	Provide opportunities to assert and defend differential diagnoses, according to the DSM-IV-TR.
3	Recognize the uses, limitations, and misuses of assigning psychiatric diagnoses.
4	Recognize how culture and class can influence psychiatric symptoms, misdiagnosis, and access to mental health services.

Objective #	Objectives
5	Develop an understanding of etiology of various mental health symptoms and illnesses.
6	Identify medical, psychodynamic, and alternative methods of treatment for specific mental health symptoms and illnesses.
7	Become familiar with the history of mental health treatment delivery in the United States.
8	Discern how various symptoms can be ego syntonic and ego dystonic.
9	Construct a comprehensive and concise biopsychosocial assessment, including a mental status exam.
10	Develop familiarity with the usual clinical course of each specific mental illness.
11	Ability to identify evidence based interventions designed to treat the various categories of diagnostic symptom clusters.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

Classes will be based on didactic and interactive lectures, and class discussions. Students are expected to come to class prepared to discuss the material and are encouraged to share brief, relevant, clinical experiences. Appropriate videos and case vignettes will be used to illustrate class content.

VI. STUDENT LEARNING OUTCOMES

Student learning for this course relates to one or more of the following ten social work core competencies:

	Social Work Core Competencies	SWK 612	Course Objective
1	Professional Identity	*	1-11
2	Ethical Practice	*	1-11
3	Critical Thinking	*	1-11
4	Diversity in Practice	*	1-11
5	Human Rights & Justice	*	1-11
6	Research Based Practice	*	1-11
7	Human Behavior	*	1-11
8	Policy Practice	*	1-11
9	Practice Contexts	*	1-11
10	Engage, Assess, Intervene, Evaluate	*	1-11

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p>Professional Identity—Identify as a professional social worker and conduct oneself accordingly.</p> <p>Social workers competent in Professional Identity:</p> <ul style="list-style-type: none"> ▪ Serve as representatives of the profession, its mission, and its core values. ▪ Know the profession’s history. ▪ Commit themselves to the profession’s enhancement and to their own professional conduct and growth. 	<ol style="list-style-type: none"> 1. Advocate for client access to the services of social work. 2. Practice personal reflection and self-correction to ensure continual professional development. 3. Attend to professional roles and boundaries. 4. Demonstrate professional demeanor in behavior, appearance, and communication. 5. Engage in career-long learning. 6. Use supervision and consultation. 	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions
<p>Ethical Practice—Apply social work ethical principles to guide professional practice.</p> <p>Social workers competent in Ethical Practice:</p> <ul style="list-style-type: none"> ▪ Fulfill their obligation to conduct themselves ethically and to engage in ethical decision-making. ▪ Are knowledgeable about the value base of the profession, its ethical standards, and relevant law. 	<ol style="list-style-type: none"> 7. Recognize and manage personal values in a way that allows professional values to guide practice. 8. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics. 9. Tolerate ambiguity in resolving ethical conflicts. 10. Apply strategies of ethical reasoning to arrive at principled decisions. 	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions
<p>Critical Thinking—Apply critical thinking to inform and communicate professional judgments.</p> <p>Social workers competent in Critical Thinking:</p> <ul style="list-style-type: none"> ▪ Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. ▪ Use critical thinking augmented by creativity and curiosity. ▪ Understand that critical thinking also requires the synthesis and communication of relevant information. 	<ol style="list-style-type: none"> 11. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom. 12. Analyze models of assessment, prevention, intervention, and evaluation. 13. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues. 	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions

<p>Diversity in Practice—Engage diversity and difference in practice.</p> <p>Social workers competent in Diversity in Practice:</p> <ul style="list-style-type: none"> ▪ Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. ▪ Recognize that the dimensions of diversity reflect intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. ▪ Appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. 	<p>14. Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.</p> <p>15. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.</p> <p>16. Recognize and communicate understanding of the importance of difference in shaping life experiences.</p> <hr/> <p>17. View themselves as learners and engage those with whom they work as informants.</p>	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions
<p>Human Rights & Justice—Advance human rights and social and economic justice.</p> <p>Social workers competent in Human Rights & Justice:</p> <ul style="list-style-type: none"> ▪ Acknowledge that each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. ▪ Recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. ▪ Incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice. 	<p>18. Understand the forms and mechanisms of oppression and discrimination.</p> <p>19. Advocate for human rights and social and economic justice.</p> <hr/> <p>20. Engage in practices that advance social and economic justice.</p>	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions

<p>Research Based Practice—Engage in research-informed practice and practice-informed research.</p> <p>Social workers competent in Research Based Practice:</p> <ul style="list-style-type: none"> Use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. 	<p>21. Use practice experience to inform scientific inquiry.</p> <p>22. Use research evidence to inform practice.</p>	<ul style="list-style-type: none"> Complex Clinical Case Formulation Final Assignment Class Discussions
<p>Human Behavior—Apply knowledge of human behavior and the social environment.</p> <p>Social workers competent in Human Behavior:</p> <ul style="list-style-type: none"> Are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. Apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. 	<p>23. Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation.</p> <p>24. Critique and apply knowledge to understand person and environment.</p>	<ul style="list-style-type: none"> Complex Clinical Case Formulation Final Assignment Class Discussions
<p>Policy Practice—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.</p> <p>Social workers competent in Policy Practice:</p> <ul style="list-style-type: none"> Understand that policy affects service delivery, and they actively engage in policy practice. Know the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. 	<p>25. Analyze, formulate, and advocate for policies that advance social well-being.</p> <p>26. Collaborate with colleagues and clients for effective policy action.</p>	<ul style="list-style-type: none"> Complex Clinical Case Formulation Final Assignment Class Discussions

<p>Practice Contexts—Respond to contexts that shape practice.</p> <p>Social workers competent in Practice Contexts:</p> <ul style="list-style-type: none"> ▪ Are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. ▪ Recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively. 	<p>27. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services.</p>	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions
<p>28. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.</p>		

<p>Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities.</p> <p>Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities.</p> <ul style="list-style-type: none"> ▪ Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals ▪ Using research and technological advances ▪ Evaluating program outcomes and practice effectiveness ▪ Developing, analyzing, advocating, and providing leadership for policies and services ▪ Promoting social and economic justice 	<p>29. Engagement:</p> <p>Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities.</p> <p>Use empathy and other interpersonal skills.</p> <p>Develop a mutually agreed-on focus of work and desired outcomes.</p>	<ul style="list-style-type: none"> • Complex Clinical Case Formulation • Final Assignment • Class Discussions Presentation
	<p>30. Assessment:</p> <p>Collect, organize, and interpret client data.</p> <p>Assess client strengths and limitations.</p> <p>Develop mutually agreed-on intervention goals and objectives.</p> <p>Select appropriate intervention strategies.</p>	
	<p>31. Intervention:</p> <p>Initiate actions to achieve organizational goals.</p> <p>Implement prevention interventions that enhance client capacities.</p> <p>Help clients resolve problems.</p> <p>Negotiate, mediate, and advocate for clients.</p> <p>Facilitate transitions and endings.</p>	
	<p>32. Evaluation: Critically analyze, monitor, and evaluate interventions.</p>	

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

All students are expected to regularly attend class and be on time. **A STUDENT WITH MORE THAN TWO UNEXCUSED ABSENCES DURING THE COURSE OF THIS CLASS MAY RECEIVE A NO CREDIT. A STUDENT WHO IS TARDY THREE OR MORE TIMES TO CLASS MAY RECEIVE A GRADE OF NO CREDIT.** If a student receives a no credit grade in this class, they will be required to repeat this class.

All writing assignments should be constructed with APA 7th edition format style. Publication Manual of the American Psychological Association, Seventh Edition. (2009). American Psychological Association.

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-

Assignment	Due Date	% of Final Grade
Class Participation	Each class session	10%
DSM-5 Presentation	Content -Week 5 Presentation- Corresponding to syllabus	20%
Complex Clinical Case Formulation	1-Session 7 2-Session 12	20% 30%
Final Exam	Session 15	20%

Each of the major assignments is described below.

Class Participation – 10% - Due Date = Each class session.

Student is expected to come to and remain in class for entire sessions. Student is expected to participate in class discussions. Texting and working on anything other than course material is considered not participating and participations points will be deducted accordingly.

DSM-5 Assignment – 20% - Content Due Date = Week 5; Presentation Due Date = See course schedule.

In the Spring of 2013, the new DSM-V will be made available to the public. That said, clinicians will need information in the transition from utilizing DSM-IV-TR to DSM – 5. Additionally, by the time you, the student, are eligible to take the LCSW exam, you will be using the DSM-V. This assignment will give students a head start toward comprehending the differences in the reference books and efficient utilization of the content.

- 1) Students will form small groups of 2-3.
- 2) Each group will choose a diagnostic category.
- 3) Each group will research and present how the DSM-5 describes each diagnostic category. Information about DSM-5 should be accessed at www.dsm5.org. Additional information should be compared to this official website.
 - a. Each group will present a Powerpoint to the class on the corresponding date on syllabus.
 - b. Each group will post the PPT to Blackboard, on the Discussion Board.
- 4) Content of presentations (Powerpoint) are due during Week 5. Actual presentations will occur during the week of the given diagnostic category. (For example, when Personality Disorders is scheduled on the syllabus, the group who chose the diagnostic category of Personality Disorders will present.)

Complex Clinical Case Formulation - Due Weeks 7 (20%) & 12 (30%).

Two written Complex Clinical Case Formulation on adult clients that the student is currently or has worked with in his/her field placement will be required in this course.. Citations, using APA style, will be used to support the perspective and assertions that the student is making. The Complex Clinical Case Formulation will include the following information: *PLEASE USE ALL THESE HEADINGS.*

- Brief Psychosocial Information (*USE TEMPLATE FROM OUR CLASS*). Use all headings.
 - Mental Status Exam (*USE TEMPLATE FROM OUR CLASS*). Use all headings.
- Multiaxial Diagnoses (*Use proper format discussed in class.*)
 - Include at least 1 differential diagnosis. Write this in the form of Rule Out.
- Justification of Primary and Differential Diagnoses.
 - Copy the DSM-IV-TR diagnostic criteria, in bold. Then write a very brief description of how this client's symptoms meet these criteria.
 - Example
 - "More talkative than usual or pressure to keep talking.
 - Mr. B talks non-stop for the duration of the interview. He will not be interrupted by clinician. He talks in a tangential manner about the most recent basketball game.
 - Remaining questions: When referring to differential diagnoses, list questions you still have or information that you still need to acquire to be able to rule in or rule out these diagnoses. This may be the remaining diagnostic criteria that client has not yet met. There may be additional questions that you have.

All names must be changed to protect client confidentiality. Write a minimum of 9 pages per summary. If the paper is over 9 pages, the instructor will read all work. However, make every attempt to write concisely.

Final Assignment – 20% - (Will be given on last day of class. Take home exam.)

The final exam will consist of a onetime viewing of a 60 minute video of a client interview that will be shown on the last day of class. No recorders are allowed. The student will derive and justify DSM-IV-TR diagnoses and answer several questions that pertain to the biopsychosocial circumstances of the client. The paper will be due during exam week. To maximize your grade, **follow all instructions on Final Exam Handout** that will be given during the last class. The work that social workers do with our clients is very sensitive and can have a significant impact on the lives of the people that we serve. For this reason, social workers make it our professional practice to consult with other professionals to insure comprehension and preciseness. You may consult with your colleagues about this client interview and final exam.

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES**Required Textbooks**

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, DC: Author. (*Pocket size DSM-IV-TR is acceptable.*)

Andreasen, N. & Black, D. (2010). *Introductory textbook of psychiatry*. Washington, DC: American Psychiatric Press, Inc.

Tarascon Pharmacopoeia. (most recent annual publication).

Articles and other readings are available through Blackboard.

- <http://blackboard.com>
- <http://sowk.wordpress.com/>

Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none"> ■ Introduction <ul style="list-style-type: none"> ▷ Introduction to course ▷ Format, syllabus, assignments, objectives and overview of course material ▷ DSM-IV-TR and the Multi-axial Assessment Format ▷ Critique of use of diagnostic frameworks 	
2	<ul style="list-style-type: none"> ■ The Mental Status Exam ■ V-Codes 	
3	<ul style="list-style-type: none"> ■ Common Effects of Trauma 	
4	<ul style="list-style-type: none"> ■ Common Effects of Trauma - continued ■ 	
5	<ul style="list-style-type: none"> ■ Schizophrenia and Other Psychotic Disorders 	
6	<ul style="list-style-type: none"> ■ Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence 	
7	<ul style="list-style-type: none"> ■ Substance Related Disorders and Addiction 	<i>Complex Clinical Case Formulation</i>
8	<ul style="list-style-type: none"> ■ Mood Disorders - Depression 	
9	<ul style="list-style-type: none"> ■ Mood Disorders - Bipolar Disorder 	
10	<ul style="list-style-type: none"> ■ Anxiety Disorders 	
11	<ul style="list-style-type: none"> ■ Personality Disorders – Borderline Personality Disorder 	
12	<ul style="list-style-type: none"> ■ Personality Disorders - Clusters A, B, & C 	<i>Complex Clinical Case Formulation</i>
13	<ul style="list-style-type: none"> ■ Dissociative Disorders ■ Adjustment Disorders 	
14	<ul style="list-style-type: none"> ■ Eating Disorders ■ Somataform Disorders: Body Dysmorphic Disorders ■ Factitious Disorders 	
15	<ul style="list-style-type: none"> ■ Wrap-Up ■ Course Evaluations 	<i>Final Exam Video</i>
STUDY DAYS / NO CLASSES		
FINAL EXAMINATIONS		

Course Schedule

Unit 1:■ Introduction

- Introduction to course
- Format, syllabus, assignments, objectives and overview of course material
- DSM-IV-TR and the Multi-axial Assessment Format
- Critique of use of diagnostic frameworks

Required Readings

Andreason & Black. (2006). Chapters 2 and 5.

DSM-IV-TR. (2000). pages 1-37; Appendix A: 745-757; Appendix I: pages 897-898.

Widiger, T.A. and Sankis, L.M. (2000). Adult psychopathology: Issues and controversies. *Annual Review of Psychology*, 51, 377-404.

Unit 2:■ The Mental Status Exam■ V-Codes**Required Readings**

Kagawa-Singer, M. and Blackhall, L.J. (2001). Negotiating cross-cultural issues at the end of life: "You got to go where he lives." *Journal of the American Medical Association*, 286(23), 2993-3001.

Lopez, S.R. (1997). Cultural competence in psychotherapy: A guide for clinicians and their supervisors. In C.Z. Watkins, Jr. (Ed.), *Handbook of Psychotherapy Supervision*, (570-588). New York: John Wiley & Sons, Inc.

Lopez, S.R., and Guarnaccia, P.J. (2000). Cultural psychopathology: uncovering the social world of mental illness. *Annual Review of Psychology*. 51, 571-598.

Recommended Readings

Cooper, M. & Lesser, J.G. (2002). Chapter 5. The psychosocial study: The product of assessment. In *Clinical Social Work Practice: An Integrated Approach*. Needham Heights, MA: Allyn & Bacon.

Unit 3:■ Common Effects of Trauma**Required Readings**

DSM-IV-TR. (2000). pages 463-475.

Terr. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*. 148:1. January. (classic)

Unit 4:■ Common Effects of Trauma - continued**Unit 5:**■ Schizophrenia and Other Psychotic Disorders**Required Readings**

DSM-IV-TR. (2000). pages 297-343.

Andreason & Black. (2006). Chapters 7 & 8.

Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services*. 51, 879-884.

Hertz, P (2002). The psychoses, with a special emphasis on schizophrenia. In J. Berzoff, L. M. Flanagan, & P. Hertz (Eds.) *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts*, (pp. 267-298). Lanham, MD: Jason Aronson.

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

Weiser, M., Reichenberg, A., Rabinowitz, J., Kaplan, Z., Mark, M., Bodner, E., Nahon, D., and Davidson, M. (2001). Association between nonpsychotic psychiatric diagnoses in adolescent males and subsequent onset of schizophrenia. *Archives of General Psychiatry*, 58, 959-964.

Unit 6:

■ Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

Required Readings

DSM-IV-TR. (2000). pages 39-134.

Andreasen, N. & Black, D. (2006). Chapter 23.

Unit 7:

■ Substance Related Disorders and Addiction

Required Readings

DSM-IV-TR. (2000). pages 191-295.

Andreasen, N. & Black, D. (2006). Chapters 14 & 15.

Burke, B.L., Vassilev, G., Kantchelov, A., & Zweben, A. (2002). Motivational Interviewing with couples. In W. R. Miller and S. Rollnick (Eds.), *Motivational Interviewing: Preparing People for Change* (2nd edition, pp. 347-361). NY: Guilford Press

Covington, S. (1999). *Helping women recover: A program for treating addiction* (with a special edition for the criminal justice system). San Francisco: Jossey-Bass.

Montross, L., Barrio, C., Yamada, A-M., Lindamer, L., Golshan, S., Garcia, P., Fuentes, D., Hough, R.L., and Jeste, D.V. (2005). Tri-ethnic variations of co-morbid substance and alcohol use disorders in Schizophrenia. *Schizophrenia Research*, 79, 297-305.

Mayeda, S. & Sanders, M. (2008). Mirror of possibilities, nurturer, or enemy: The importance of the mother – daughter relationship among substance abusing adolescent girls. *Counselor Magazine for Addiction Professionals*. December.

Unit 8:

■ Mood Disorders - Depression

Required Readings

Andreason & Black. (2006). Chapter 9.

DSM-IV-TR. (2000). pages 345-428.

Brown, C., Abe-Kim, J., and Barrio, C. (2003). Depression in ethnically diverse women: Implications for treatment in primary care settings. *Professional Psychology: Research & Practice*, 34 (1), 10-19.

Fields, S.R. (2007). Losing it. *Mothering*. 142, 54-61.

Hartman, C.E. (2002). Life as death: Hope regained with ECT. *Psychiatric Services*. 53(4), 413-414.

Jacobs, D.G. (2000). A 52-year-old suicidal man. *Journal of the American Medical Association*, 283(20), 2693-2699.

Unit 9:

■ Mood Disorders - Bipolar Disorder

Required Readings

DSM-IV-TR. (2000). pages 382-401.

Andreason & Black. (2006). Chapter 9.

Mukherjee, S., Shukla, S., Woodle, J., Rosen, A.M., & Olarte, S. (1983). Misdiagnosis of Schizophrenia in Bipolar patients: A multiethnic comparison. *American Journal of Psychiatry*. 140:1571-1574. (classic)

Unit 10:

■ Anxiety Disorders

Required Readings

DSM-IV-TR. (2000). pages 429-484.

Andreason & Black. (2006). Chapters 10 & 11.

Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71, 53–61.

Cusack, K.J., Grubaugh, A.L., Knapp, R.G., and Frueh, B.C. (2006). Unrecognized trauma and PTSD among public mental health consumers with chronic and severe mental illness, *Community Mental Health Journal*, 42(5), 487- 500.

Foy, DW., Schnurr, PP., Weiss, DS., Wattenberg, MS., Glynn, SM., Marmar, CR., Gusman, FD. (2001). Group psychotherapy for PTSD. In Wilson JP, Friedman MJ, Lindy JD (Eds.), *Treating psychological trauma and PTSD* (pp. 183–202). The Guilford Press; New York.

Unit 11:

■ Personality Disorders - Cluster B - Borderline Personality Disorder

Required Readings

Andreason & Black. (2006). Chapter 16.

Conklin, C. Z., & Westen, D. (2005). Borderline Personality Disorder in clinical practice, *American Journal of Psychiatry*, 162, 867-875.

DSM-IV-TR. (2000). pages 685-730.

Golier, J.A., Yehuda, R., Bierer, L.M., Mitropoulou, V., New, A.S., Schmeidler, J., Silverman, J.M., and Siever, L.J. (2003). The relationship of Borderline Personality Disorder to Posttraumatic Stress Disorder and traumatic events. *American Journal of Psychiatry*, 160, 2018-2024.

Linehan, Marsha M. (1993). *Cognitive-Behavioral treatment of Borderline Personality Disorder*. New York: Guilford Press. (Classic)

www.behavioraltech.org (Marsha Linehan website – trainings)

Mangnall, J & Yurkovich, E. (2008). A literature review of deliberate self-harm. *Perspectives in Psychiatric Care*, 44 (3), 175 -185.

Unit 12:

- Personality Disorders - Clusters A, B, & C

Required Readings

Andreason & Black. (2006). Chapter 16.

DSM-IV-TR. (2000). pages 685-730.

Deiter, Pamela. J., Nicholls, Sarah. S., & Pearlman, Laurie. A. (2000). Self-injury and self capacities: Assisting an individual in crisis, *Journal of Clinical Psychology*, 56, 9, 1173-91.

Shedler, J. and Westen, D. (2004). Refining personality disorder diagnosis: Integrating science and practice, *American Journal of Psychiatry*, 161, 1350-1365.

Unit 13:

- Dissociative Disorders
- Adjustment Disorders

Required Readings

Andreason & Black. (2006). Chapter 13

DSM-IV-TR. (2000). pages 519-534.

DSM-IV-TR. (2000). pages 679-684.

Unit 14:

- Eating Disorders
- Somataform Disorders: Body Dysmorphic Disorder
- Factitious Disorders

Required Readings

DSM-IV-TR. (2000). pages 485-512, 513-518, 583-596.

Andreason & Black. (2006). Chapters 12, 18 & 19.

Pike, K.M., Dohm, F-A., Striegel-Moore, R.H., Wilfley, D.E., and Fairburn, C.G. (2001). A comparison of Black and White women with binge eating disorder. *American Journal of Psychiatry*, 158(9), 455-1460.

Unit 15:**Topics**

- Final Exam Video
- Wrap-Up
- Course Evaluations

STUDY DAYS / NO CLASSES

April 30 – May 3

FINAL EXAMINATIONS

May 4 – May 11

WEBSITES OF INTEREST

CNMHC (California Network of Mental Health Clients) www.Californiaclients.org

Copeland Center www.mentalhealthrecovery.com

NAMI (National Alliance on Mental Illness) www.nami.org

National Association of Social Workers (NASW) www.nasw.org

NEC (National Empowerment Center) www.Power2u.org

Interational Society for the Psychological Treatment of the Schizophrenias and Related Psychosis – USA Chapter
www.isps-us.org/

National Empowerment Center
www.power2u.org

NIMH website on Schizophrenia
www.nimh.nih.gov/healthinformation/schizophreniamenu.cfm

NIMH website on Bipolar Disorder
www.nimh.nih.gov/healthinformation/bipolarmenu.cfm

PRPSN (Project Return Peer Support Network) www.mhala.org

Schizophrenia Research Forum
www.schizophreniaforum.org/

The neurobiology of stress by Bruce McEwen
Marold and Margaret Miliken Hatch
Laboratory of Neuroendocrinology
The Rockefeller University
www.biopsychiatry.com/stress.html

Law Project for Psychiatric Rights
<http://psychrights.org/index.htm>

Psychiatric Times (a good psychiatric periodical)
www.psychiatrictimes.com

Center for Mindfulness in Medicine, Health Care, and Society
www.umassmed.edu/cfm

Support Coalition International
www.mindfreedom.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.org

University Policies and Guidelines

IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the Unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (shannond@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class, without penalty, for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

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

X. STATEMENT ON ACADEMIC INTEGRITY

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

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

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

XII. EMERGENCY RESPONSE INFORMATION

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

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

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

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

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

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building (12 th & Olive)	Orange County	Faculty Parking Lot
MRF	Lot B	San Diego	Building Parking Lot
SWC	Lot B	Skirball	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

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

XIII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official “Incomplete Completion Form.”

XIV. POLICY ON LATE OR MAKE-UP WORK

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. Students who wish to have extensions on deadlines based on disabilities are required to register with the Office of Student Disabilities *before* the due date of the assignment.

XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

*Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly
<http://www.socialworkers.org/pubs/Code/code.asp>*

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and

ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the sequence or concentration. If you do not receive a satisfactory response or solution, contact your advisor and/or the Director of the Virtual Academic Center, June Wiley, at (213) 821-0901 or june.wiley@usc.edu for further guidance.

XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.
