

**THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK**

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| Course Number: | SW 393R1 | Instructor's name: | Beth Pomeroy, PhD bpomeroy@mail.utexas.edu |
| Unique Number: | 62835 | Office Number: | SSW 3.106B |
| Semester: | Spring, 2012 | Office Phone: | 232-3405 |
| Meeting Time/Place: | Tues. 2:30-5:30pm Room 2.132 | Office Hours: | Tuesdays 5:30-6:30 or by appointment. |
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| | | TA Office Hours: | by appointment |

**CLINICAL ASSESSMENT AND DIFFERENTIAL
DIAGNOSIS**

I. Standardized Course Description

This course will focus on the incidence, etiology, and assessment of health and mental health issues with children, adolescents, adults, and families. The framework of the course is based on social work values and the ethical decision making process, as illuminated by the [NASW Code of Ethics](#). Students will learn models of assessment to evaluate human functioning throughout the lifecycle. A bio-psycho-social-spiritual and cultural emphasis will be applied to the diagnostic categories within the DSM-IV TR. Students will develop an advanced understanding of people from diverse backgrounds, affirming, and respecting their strengths and differences. The course is built on the identification, analysis, and implementation of empirically-based assessment tools that have incorporated statistically valid reliability and validity studies. Major classification systems, such as Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, and other schemes for assessing and understanding human behavior, will be covered.

II. Standardized Course Objectives By the end of the semester, students should be able to:

1. Demonstrate an in-depth understanding of biological, psychosocial, and cultural theories on the etiology of mental health and mental illness; **(CL/APB3)**
2. Demonstrate the ability to apply methods of empirically-based assessment tools and techniques, including those developed through classificatory schemes, standardized measures, and qualitative typologies; **(CL/APB10b)**
3. Demonstrate an advanced clinical knowledge of the relationship between assessment and intervention as it relates to the strengths, capacities and resources of individuals and families; **(CL/APB10b)**
4. Demonstrate the ability to adapt assessment models to reflect an understanding, of persons from diverse backgrounds, including (but not limited to) race, ethnicity, culture, class, gender, sexual orientation, religion, physical or mental ability, age, and national origin; **(CL/APB3; CL/APB 5;)**
5. Critically evaluate and analyze different theoretical and assessment models as to their efficacy in given situations. This includes: a) the adequacy of the research and knowledge base; b) the range of applicability; c) the value and ethical issues, including the student's own value system, and d) the policy implications involved in assessment and delivery of services; **(CL/APB1; CL/APB3; CL/APB 5)**

6. Demonstrate an understanding of the limitations in using classification schemes in understanding human behavior and the danger of mislabeling people, particularly those from at-risk populations. Demonstrate advanced knowledge of social work values and the ethical decision making processes as they relate to ethical dilemmas in clinical assessment and practice (**CL/APB10b**).

The School of Social Work has been continuously accredited by the Council on Social Work Education (CSWE) since 1952. In order to maintain our accreditation status, we engage in ongoing curriculum assessment to demonstrate compliance with CSWE's Education Policies and Accreditation Standards (EPAS). Several required courses in our curriculum are part of this ongoing assessment, including this course. Below is a list of the specific Educational Policies (EP) and Practice Behaviors (PB) that are assessed in this course. The complete EPAS can be optioned from your Student Handbook.

CL/APB1 Evaluate professional roles and boundaries

Objectives 5

Assignment: Homework Case Assignments and Take Home exams

CL/APB3 Utilize multiple perspectives to analyze client's strengths and problems

Objectives 1, 4, 5

Assignment: Case Assessment papers

CL/APB5 Determine practice delivery and policies to promote social and economic justice and equity at multiple levels

Objectives 4, 5

Assignment: Home Work Case Assessments and Take Home Exams

CL/APB10b Design and conduct a multi-level case assessment based on a systematic and conceptually-driven process

Objectives 2, 3, 6

Assignment: Case Assessment papers

III. Teaching Methods

The primary teaching methods will be lectures, discussion, and group exercises. Guest lecturers, group presentations, and audio-visual presentations will also be utilized.

IV. Required and Recommended Texts, and Materials

Required:

American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders* (4th ed, Text Revision). Washington, DC: Author.

Pomeroy, E. C. & Wambach, K. G. (2003). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*. Belmont, CA: Wadsworth.

Robison, John Elder. (2008). *Look Me in the Eye: My Life with Asperger's*. Three Rivers Press. ISBN: 978-0307396181 (Available at Barnes and Noble or Amazon.com or other online bookstore).

Schiller, Lori & Bennett, Amanda (1996). *The Quiet Room: A journey out of the torment of madness*. Warner Books. ISBN: 0446671339 (Available at Barnes and Noble or Amazon.com or other online bookstore).

Assigned Readings posted on UT Blackboard Class website.

Optional:

Verghese, Abraham (1999). *The Tennis Partner*. Perennial. ISBN: 0060931132

Buelow, G., Hebert, S., & Buelow, S. (2000). *Psychotherapist's resource on psychiatric medications: Issues of treatment and referral*. Belmont, CA: Brooks/Cole.

Jordan, C. & Franklin, C. (2003) *Clinical Assessment for Social Workers*. 2nd Ed. Chicago, Ill: Lyceum Books.

V. Course Requirements

The following course requirements will be completed during the semester, with points given for each course requirement. Grading will be based on total points accrued by the end of the course. **Blackboard assigned readings will be posted for each class session and should be considered part of your required reading assignments.**

Examinations:

Two examinations will be given during the course of the semester (see course schedule for due dates). All exams will consist of both a take-home (50 pts. per take-home portion) and an in-class portion (50 pts. per in-class portion). Students will receive the take-home exam questions at least one week prior to their due date. This portion may include case materials (for assigning diagnoses), short answer, and/or essay questions. **Take home examinations must be TYPED, 12 font, double-spaced.** The in-class portions of the exams will be similar to the licensing exam questions and will give the student an opportunity to practice the necessary test-taking skills needed to pass that exam. Combined mid-term in-class and take home exams are worth 100 points, while the combined final in-class and take home exams are worth 100 points.

200 points maximum, exams

Psychosocial Assessment Paper:

One Psychosocial Assessment Paper on one of the Following Books:

- ***The Quiet Room***
- ***Look Me in the Eye: My Life with Asperger's***

Each student will complete a 6-8 page clinical assessment of the main character in one of the above books, using the outline provided in "The Clinical Assessment Workbook." Include a description/assessment of the family situation. In the final section of the paper, write a summary of how this individual and family affected you personally and in your role as a social worker (i.e. what were your initial reactions to this person's disorder; what were your reactions to the family and/or friends' ability to handle this illness; what were the most difficult parts of the story for you to deal with emotionally; what kinds of questions did it create for you; how did you feel about this person and those impacting him/her at the conclusion of the story; as a social worker, did you feel there were other things that could've been done to assist this person and their family or friends). The paper is worth 100 pts.

100 points maximum, paper

Homework Assignments:

A critical piece to this class is practicing your new assessment skills throughout the semester. Prepared vignettes taken from your *Clinical Assessment Workbook* (Pomeroy & Wambach, 2003) will allow you to immediately apply and practice your understanding of the *DSM-IV-TR* readings for that week. Ten case assessments will be assigned throughout the course (see syllabus). These will be graded on the accuracy and thoroughness of not only your diagnostic assessments, but the short answers provided for each case vignette. This is an extremely valuable and important way for you to explain the reasoning for your answers. **Complete the short answers thoroughly!** These assignments are carefully evaluated as a way of making sure everyone is understanding the material.

The cases must be turned in **on time at the beginning of class** to be given points. Late homework assignments will not be accepted without prior approval.

50 points maximum, homework assignments

Critical Analysis Paper:

Each student will select one diagnosis that is included in the *DSM-IV-TR*, and assigned class readings (see syllabus). You will complete a 4-6 page Critical Analysis of the diagnosis you have chosen, focusing your paper on evidence-based treatment interventions. Your resources must consist of a minimum of 4 peer-reviewed journal articles. Include in your critical analysis a thorough discussion of the strengths and limitations of the current research. (Suggestions) > Discuss other possible interventions that could be beneficial for clients with this diagnosis; ~ What are they, what are the main tenets and why do you think they would fit with your diagnosis? ~ Does the intervention comprehensively address the complexity of the diagnosis? And if so, how? Are there interventions that you believe from either research or practical clinical experience, that you think may work with this diagnosis? Based on your research, what are some of the implications for practice?

IMPORTANT: You must be sure to back up your analysis/ argument(s) with PEER-REVIEWED journals (i.e., "cited" scholarly literature.)

The topic (Diagnosis) for your paper is due in writing at the beginning of class, Feb. 14.

50 points maximum, analysis paper

Helpful Notes and Resources for Writing your Critical Analysis Paper

NREPP: SAMHSA's National Registry of Evidence-based Interventions, Programs and Practices

This resource is a very helpful tool to aid in your understanding of what goes into the developing of Evidence-based treatment interventions.

<http://www.nrepp.samhsa.gov/SubmissionCourse.aspx>

<http://www.dshs.wa.gov/dasa/services/research/CurrentEfforts/EBP.shtml>

- **Research.** The practice has been studied in randomized clinical trials, quasi-experimental studies, or in some cases, a less rigorously controlled research design. Research results are published in peer reviewed journals.
- **Meaningful outcomes.** The practice has resulted in benefits to the individuals receiving the service. It has helped consumers achieve positive outcomes related to treatment goals and objectives.
- **Standardization.** The practice has been standardized so that it can be replicated. Preference is given to programs which have developed a manual or similar documentation.
- **Replication.** The intervention has been studied in more than one setting and findings have yielded consistent results.
- **Fidelity measure.** A fidelity measure either exists or could be developed from available information. Such measures allow practitioners to verify that an intervention is being implemented in a manner consistent with the protocol evaluated in the research.

*** Differences Between Qualitative and Quantitative Research Methods**

http://www.orau.gov/cdcynergy/demo/Content/phase05/phase05_step03_deeper_qualitative_and_quantitative.htm

Differences Between Qualitative and Quantitative Research Methods

| Qualitative Methods | Quantitative Methods |
|---|---|
| Methods include focus groups, in-depth interviews, and reviews of documents for types of themes | Surveys, structured interviews & observations, and reviews of records or documents for numeric information |
| Primarily inductive process used to formulate theory or hypotheses | Primarily deductive process used to test pre-specified concepts, constructs, and hypotheses that make up a theory |
| More subjective: describes a problem or condition from the point of view of those experiencing it | More objective: provides observed effects (interpreted by researchers) of a program on a problem or condition |
| Text-based | Number-based |
| More in-depth information on a few cases | Less in-depth but more breadth of information across a large number of cases |
| Unstructured or semi-structured response options | Fixed response options |
| No statistical tests | Statistical tests are used for analysis |
| Can be valid and reliable: largely depends on skill and rigor of the researcher | Can be valid and reliable: largely depends on the measurement device or instrument used |
| Time expenditure lighter on the planning end and heavier during the analysis phase | Time expenditure heavier on the planning phase and lighter on the analysis phase |
| Less generalizable | More generalizable |

Final grades: A total of 400 points may be earned for the above activities. Grades will be assigned as follows: (Graduate students must earn a minimum grade of C in the course for credit; also, graduate students must maintain an overall B average.)

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| 376-400 points | = | A |
| 360-375 points | = | A- |
| 348-359 points | = | B+ |
| 336-347 points | = | B |
| 320-335 points | = | B- |
| 308-319 points | = | C+ |
| 296-307 points | = | C |
| 280-295 points | = | C- |
| 268-279 points | = | D+ |
| 256-267 points | = | D |
| 240-255 points | = | D- |
| 239 points or below | = | F |

VI. Class Policies

1. It is important for social work practitioners to be punctual in both attendance and in meeting

deadlines. Therefore, class attendance is expected, as is handing in assignments on time. Students will lose 3 points for each day that an assignment is late. Homework assignments will not be accepted late. Any adjustments in due dates MUST be discussed with the instructor at least 24 hours PRIOR to the regularly scheduled date.

2. Students who fail to attend class on a regular basis (missing more than one class without a valid excuse, e.g., medical documentation) may receive one course grade lower than their final grade when points are totaled. Students who are one point below the cut-off for a letter grade may receive the higher grade at the end of the semester based on attendance/participation.
3. Social work practitioners assume responsibility for themselves. Therefore, it is expected that work handed in will be your own. Scholastic dishonesty, including plagiarism and cheating during examinations, violates social work values and will result in recommendation for dismissal from the social work program and a referral to the Dean of Student's Office (see MSW Handbook).
4. Social work practitioners are assertive and function as team members. Therefore, feedback about the course is welcome and the course will be viewed as a joint effort between students and the instructor.
5. Social work practitioners respect others. Therefore, differences in values, opinions, and feelings of class members and guest speakers will be respected.

Special Accommodations for Students with a Disability

The University of Texas at Austin provides upon request appropriate academic accommodations for qualified students with disabilities. For more information, contact the Office of the Dean of Students at 471-6259; 471-4641 TTY. Please notify the professor of any special accommodations that you may need prior to the end of the second week of class.

Policy on Scholastic Dishonesty

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://www.utexas.edu/depts./dos/sjs>).

Course Schedule

| DATE | DESCRIPTION / ASSIGNMENTS DUE | ASSIGNED READINGS...on blackboard |
|----------------|--|---|
| Jan. 17 | Introduction Overview of Syllabus Overview of Theory Introduction to Assessment and Classification Systems: DSM Multi-axial system & Background for understanding medications | (Corrigan, 2000). <i>MH Stigma as Social Attribution: Implications for Research Methods and Attitude Change.</i> (Mann, 2004). <i>Factors associated with Stigmatization of Persons with Mental Illness.</i> |

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| <p>Jan. 24</p> | <p>Begin Mental Retardation/ Disorders usually diagnosed in infancy, childhood or adolescence</p> <p>Autism / Asperger's</p> <p>Review of Clinical Assessment (CAW) Case Work Homework Assignments</p> | <p>DSM-IV-TR (pp. 1-37) (pp. xxii-xxxvii) CAW- Chap. 1 (pp. 1-13)</p> <p>DSM-IV-TR (pp. 39-134)...begin CAW- Chap. 2 (pp. 14-67)</p> <p>(Wehmeyer, 1995). <i>How self-determined are people with Mental Retardation?</i> (Manning-Courtney, 2003). <i>Diagnosis and Treatment of Autism Spectrum Disorders</i> (Macintosh & Dissanayake, 2004). <i>The Similarities and differences between autistic dx and Asperger's dx: a review of the empirical evidence.</i></p> |
| <p>Jan. 31</p> | <p><u>Continue:</u> Disorders usually diagnosed in infancy, childhood or adolescence.</p> <p>Pervasive Developmental Disorder; Feeding & Elimination Disorders; Tics / Tourettes; Stereotypic Movement Disorder</p> <p>Medications used with children</p> | <p>DSM IV-TR—Childhood disorders (con't.)</p> <p>DSM-IV-TR (pp. 39-134) CAW- Chap. 2 (pp. 14-67)</p> <p>(Jankovic, J., Oct. 18, 2001). <i>Tourette's Syndrome.</i> (Linscheid, TR., 2006 Jan.). <i>Behavioral treatments for pediatric feeding disorders.</i></p> <p>CAW/Case study 2.3 due</p> |
| <p>Feb. 7</p> | <p><u>Continue:</u> Disorders usually diagnosed in infancy, childhood or adolescence.</p> <p>ADHD, Oppositional & Conduct Disorders</p> | <p>DSM IV-TR—Childhood disorders (con't.) CAW- Chap. 2</p> <p>(Abikoff, 1992). <i>Attention-Deficit Hyperactivity and Conduct Dx: Comorbidity and Implications for Treatment.</i> (Maughan et al, 2004). <i>Conduct Dx and ODDx in a national sample.</i></p> <p>CAW/Case study 2.2 due</p> |
| <p>Feb. 14</p> | <p>Childhood and Adolescent Disorders</p> <p>Separation Anxiety Selective Mutism Reactive Attachment Disorder</p> <p>Due: Topic for Critical Analysis Paper in</p> | <p>DSM IV-TR—Childhood disorders (con't.) CAW- Chap. 2</p> <p>(Cunningham et al, 2006.) <i>Social phobia, anxiety, oppositional behavior, social skills, and self-concept in children with specific selective mutism,</i></p> |

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| | <p>writing at beginning of class.</p> <p>Discussion of Evidence-Based Interventions</p> | <p><i>generalized selective mutism, and community controls.</i> (Shaw, 2007). <i>Reactive Attachment Disorder: Recognition, Action, and Considerations for School Social Workers.</i></p> <p>Case study 2.8 due</p> |
| Feb. 21 | <p>Schizophrenia & other Psychotic Disorders</p> <p>Anti-psychotic medications</p> | <p>DSM-IV-TR (pp. 297-343) CAW- Chap. 5 (pp. 118-142)</p> <p>(Radomsky, 1999). <i>Suicidal Behavior in Patients with Schizophrenia and Other Psychotic Disorders.</i> (Taylor, 2010). <i>The Subjective Experience of Participation in Schizophrenia Research: A Practical and Ethical Issue.</i></p> <p>Case study 5.2 due</p> |
| Feb. 28 | <p>Mental Status Examinations</p> <p>Alzheimers, Delirium, Dementia, Amnestic, and other Cognitive Disorders</p> <p>Mental Disorders due to a General Medical Condition</p> <p>Due: Psychosocial Assessment Paper for :</p> <p>“Look Me in the Eye: My Life with Asperger’s” or “The Quiet Room” at beginning of class.</p> | <p>DSM-IV-TR (pp. 135-190) CAW- Chap. 3 (pp. 69-87)</p> <p>(Kennedy, 2010). <i>Proposed revisions for Diagnostic Categories for Dementia in the DSM-5</i> (Walker, Pomeroy et al, 1994). <i>A Psycho-educational Model for Caregivers of Patients with Alzheimer’s Disease.</i></p> <p>No case study this week</p> |
| Mar. 6 | <p>Mood Disorders</p> <p>Antidepressant & Anti-manic medications</p> <p>Anxiety Disorders</p> <p>Anxiolytic medications</p> <p>Receive: Take-home portion of Exam I</p> | <p>DSM-IV-TR (pp. 345-428) CAW- Chap. 6 (pp. 143-172)</p> <p>DSM-IV-TR (pp. 429-463; 469-484) CAW- Chap. 7 (pp. 173-207)</p> <p>(Kessler, 2001). <i>Mood disorders in children and adolescents: an epidemiologic perspective</i></p> <p>Case study 6.2 due , 7.2 due</p> |
| Mar. 13 | Spring Break - NO CLAS | |
| Mar. 20 | <p>Take-home portion of Exam I due In-class portion of Exam I</p> | <p>DSM-IV-TR (pp. 463-468; 519-533) CAW- Chap. 9 (pp. 226-229)</p> |

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| | PTSD Dissociative Disorders | (Dunmore, 2001) . <i>A prospective investigation of the role of cognitive factors in persistent Posttraumatic Stress Disorder (PTSD) after physical or sexual assault</i> No case study this week |
| Mar. 27 | Substance-related Disorders Substance abuse and older adults Guest Lecturer | DSM-IV-TR (pp. 191-296) CAW- Chap. 4 (pp. 88-117) (Lehman, 2000) . <i>Assessment and Classification of Patients with Psychiatric and Substance Abuse Syndromes</i> Case study 4.2 due |
| April 3 | Eating Disorders Impulse control disorders NOS | DSM-IV-TR (pp. 583-595; 663- 678) CAW- Chap. 11 (pp. 257-261) CAW - Chap. 13 (pp. 293-303) (Didie, 2005) . <i>Binge eating and psychological distress: Is the degree of obesity a factor?</i> Case study 11.2 due |
| April 10 | Personality Disorders DUE: Critical Assessment Paper beginning of class | DSM-IV (pp. 685-730) CAW- Chap. 14 (pp. 305-311) (Torgersen, 2001) . <i>Prevalence of Personality Disorders in a Community Sample</i> No case study this week |
| April 17 | Somatoform Disorders Factitious Disorders Sleep Disorders Sexual and Gender Identity Disorders Receive Take Home Portion of Exam II | DSM-IV (pp. 485-512; 513-518; 597-662; 535-582) CAW- Chap. 8 (pp. 209-213); CAW Chap. 10 (pp.237-241). CAW Chap. 12 (pp. 281-285); (Cohen-Kettenis, 2009) . <i>The DSM diagnostic criteria for GID in adolescents and adults</i> Case study 8.2 due |

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| April 24 | Adjustment Disorders Other Conditions that may be a Focus of Clinical Attention (V-codes) | DSM-IV (pp. 679-684; 743-744) CAW- Chap. 15 (pp. 329- 360) (Portzy, 2005) . <i>Adjustment Disorder and the course of the suicidal process in adolescents</i> (Jones, 2001) . <i>Readmission rates for adjustment disorders</i> Case study 15.2 due |
| May 1 | LAST CLASS DAY: Take-home portion of Exam II due beginning of class In-class portion of Exam II | |

VII. Bibliography

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