

**The University of Texas  
School of Social Work**

<b>Course Number:</b>	SWN393R1	<b>Instructor:</b>	Arlene Montgomery, Ph.D. LCSW
<b>Unique Number:</b>	64385	<b>E-mail:</b>	<a href="mailto:yerzaborzoi@aol.com">yerzaborzoi@aol.com</a> (not to be used for turning in assignments)
<b>Semester:</b>	Spring 2014	<b>Phone:</b>	Home (512) 480-8086; Office (512) 474-8317
<b>Class Time:</b>	Monday 2:30-5:30	<b>Office:</b>	Adjunct Faculty Office, 2 <sup>nd</sup> Floor North
<b>Meeting Place:</b>	Room 2.118	<b>Office Hours:</b>	By appointment

**CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS  
THE UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF SOCIAL WORK**

**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.

**EP 2.1.1. Identify as a professional social worker and conduct oneself accordingly.**

**CL/APB1** Evaluate professional roles and boundaries

Objectives 5

Assignment: Group presentation (b., g.); Paper (g.)

**EP2.1.3. Apply critical thinking to inform and communicate professional judgments.**

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

Objectives 1, 4, 5

Assignment: Group presentation; Paper Examinations #1 & #2

**EP2.1.5. Advance human rights and social and economic justice.**

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

Objectives 4, 5

Assignment: Group presentation (c.); Examinations #1 paper examining readings on cultural issues and considerations in diagnosis and evidence-based practice in mental health care to ethnic minority communities

**EP2.1.10b. Assessment**

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

Objectives 2, 3, 6

Assignment: Examination of selected assessment tools; Examinations #1 & #2/ assessment instruments

## I. Teaching Methods

The methods include lecture, discussion, experiential exercises, group presentation, guest clinicians demonstrating clinical interviewing skills, clinical cases, and video/DVD materials.

## II. Required and Optional Texts/Materials

Required material: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, Fifth edition (DSM-5)*. Washington, DC: Author.

Buelow, H., Hebert, S. & Buelow, S. (2000). *Psychotherapist's resources on psychiatric medications: Issues of treatment and referral (2<sup>nd</sup> ed.)* Belmont, CA: Brooks/Cole.

### Grade Ranges Corresponding to Letter Grades

We had a grade appeal this summer because the student's grade was a fraction that fell between two numeric grade ranges corresponding to letter grades. The student has an average of 73.2 when 70-73 was a C- and 74-76 was a C. We can minimize the likelihood of this occurring again by adding decimal fractions to our grading scales, such as the following:

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

**PROFESSIONAL CONDUCT IN CLASS.** The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

**POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION.** Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to, commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image. Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including any information that might lead to the identification of a client or compromise client confidentiality in any way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as the University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

**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://deanofstudents.utexas.edu/sjs/>).

**DOCUMENTED DISABILITY STATEMENT.** Any student who requires special accommodations must obtain a letter that documents the disability from the Services for

Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

**RELIGIOUS HOLIDAYS.** By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day,

**USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS.** Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time- sensitive. Students can find UT Austin’s policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

**SAFETY.** As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

**BEHAVIOR CONCERNS ADVICE LINE (BCAL).** If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual’s behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

**EMERGENCY EVACUATION POLICY.** Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor’s instructions.

- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention officials.

### **Attendance**

Students are expected to attend all classes; this is particularly important as the experiential component is critical to learning the material. Should a student have to be absent, please communicate with the instructor prior to the class, if possible. One unexcused absence will be permitted; any other unexcused absences will result in a deduction from the final grade. Late material may also result in deduction in points, depending on the circumstances.

### **Course Assignments**

The assignments include the following: worksheets (primarily done together either with fellow class-mates or in class); a two take-home examinations; a group presentation which includes a group generated handout for classmates (summary of important points from assigned clinical articles and from the texts); a discussion of clinical issues from film clips to illustrate important points from the assigned material and a one page reaction paper; and a 3-5 page critique addressing assessment issues for the role play clinical interviews.

At least 85% of the material on the exams will be taken from the worksheets, summarized material from presentations, texts, and particularly, the practice exercises in class in assessing cases.

## **Panel Presentation** {25% of final grade}

The videos/DVDs can be rented in video stores; on-line, and many are available in the Undergraduate Library. There will be exam questions about examples on the videos which would be difficult to answer correctly without having seen the videos.

The class will be led in a discussion of clinical material illustrated by clips from films such as WHAT'S EATING GILBERT GRAPE; LIKE WATER FOR CHOCOLATE, TAXI DRIVER, FATAL ATTRACTION, AS GOOD AS IT GETS, AND SYBIL and possible other films. Each student panel will lead a discussion on one of the videos as they illustrate certain technical material from the texts and other assigned material.

The role play will be of a character or characters from the films that illustrate the assessment process of the clinical unit of attention, such as a couple, individual, or family as well as the diagnostic entities. The role play will be conducted by a professional Clinical Social Worker; students may volunteer to conduct the interview if they wish, but this is not a requirement.

Each panel will summarize **briefly** the clinical points in material assigned to their particular video. Each classmate will be provided with a copy of the summaries. *The purpose of the summary is to provide an outline for the discussion. The panel is expected to have mastered those points in order to integrate the material in a class discussion.*

Note: the assigned material from the DSM- 5 should not be outlined in detail; further instructions will be provided on the first class day.

**The group presentation should include the following:**

Examples from movie illustrating

- a. 10 defenses (5%)
- b. examples of at least 2 ethical dilemmas, as defined by NASW Code of Ethics; quote the ethical standard(2%)
- c. in the assigned film material, identify ways the factors of age, class, culture, race, ethnicity, country of origin, language(s), educational attainment, religious back ground, sexual orientation, clinician value conflict and/or physical disability may influence (limit, compromise, or enhance) the clinical diagnostic effort and the diagnosis (4%)
- d. the effect of trauma and economic/social oppression on the diagnostic process and on the diagnosis (5%)
- e. a brief example of a research question generated by the effort to diagnosis a film figure (1%)
- f. psychometric measurement tool(1%){ each panel will discuss with instructor}
- g. preparation for role play (2%)
- h. one page reaction **paper** (5%)  
{the reaction paper is intended to reflect the student's educational experience of his/her own panel presentation: The reaction paper should address the student's experience of applying the diagnostic process to a person(s); a value, clinical, and ethical dilemma of the student's toward the diagnostic interview role play {re: the ethical concern, cite the ethical standard from Code of Ethics}; and an emotional experience had by the student regarding the prospect of diagnosing and/or interviewing the "client" in question and a defense mechanism which the student might likely erect to cope with that emotional reaction. Reaction paper is due next class day following the role play.

## Paper

The 5 page paper (15% of final grade) will discuss one of the **role play** experiences, including a providing an assessment (**15%**) of one the interviewees and is to include the following:

- a. a brief discussion of the *assessment* of the client systems with a *sample* of the client's interpersonal behavior and emotional processes that can either support or qualify inferences from the history and examination (*make an inference*)(4%)
- b. the following information from a mental status examination: ways the client(s) minimize(s) or exaggerate(s) certain aspects of his or her history, particular topics/questions that evoke hesitation or signs of discomfort, and the general style of relating (2%)
- c. client's ability to communicate about emotional issues with *sample of behavior illustrating that ability(or compromised ability)*(2%)
- d. *example* of 1 defense mechanism *typical of this "client's" diagnosis* including examples of the following: the coping style, the function, inferred cognition, and the diagnostic language (make a chart)(3%)
- e. 4 examples from the clinical interview that contained 4 of elements of a mental status **exam (3)**
- f. An error made by the clinician with the *correction from the assigned literature (.5%)*
- g. An example of your personal reaction to the interview including a value conflict, a clinical concern, an ethical concern, and a counter-transference reaction (quote the ethical standard from NASW Code of Ethics)(.5%).

Format for Examination #1 {25% of final grade} (use a.- g. above): For this paper, the first role play experience provides the clinical data.

For Examination #2, the questions will be distributed in April and will address, among other issues, a case assessment with a focus on cultural influences upon the diagnostic process, analyzing hidden strengths which affect the diagnosis, and professional judgment, boundary and ethical issues.

For Examination #2 {30% of final grade}, choose 2 references from the Reference List at back of this syllabus to answer the following questions (a.,b.):

- a. list two strengths and two weaknesses of the assessment measure
- b. suggest a theoretical approach to address any symptom, stating why you make that choice.

Additionally, answer c., d.

- c. speculate on the part of the brain which may be compromised by one of the symptoms/criteria exhibited (Buelow, et al.)
- d. speculate on a class of medications which might address one of the symptoms/criteria and briefly discuss; give the page number(s) from Buelow, et al.

## **Grading**

Per cent of final grade

25%	Group Presentation, role play paper, and summaries
5%	Worksheets (1 point per worksheet; should we not complete 5 worksheets, the points will be added to final examination)
15%	Role play paper
25%	Examination #1 (due February 14)
30%	Examination #2 (due May 5)

**January 13, 20 & 27(Role play, first ½ of class)**  
**Film: What's Eating Gilbert Grape**

Illustrations of course requirements utilizing film & case study  
Illustration and hand-outs on definitions of defenses and their function

**Lecture:** an introduction to psychopathology including neurological issues, clinical assessment, history of theoretical influence on clinical social work and ethics as found in the NASW Code of Ethics

**Text:**

DSM-5 Classification (xiii-xiiv); Introduction 5-17; Glossary of Technical Terms 817-831; Table 3 Definition of DSM-5 personality disorder trait domains and facets 779-781; Conditions for further Study(Attenuated Psychosis Syndrome) 783-786

{Defensive Functioning Scale (807-810); Glossary of Specific Defense Mechanisms and Coping Styles (811-813); GARF Scale (814); SOFAS Scale (817) all in DSM-IV-TR on reserve in LRC}

**Hand-outs:**

Valliant, G. E. (1974). *Adaptation to life*. Boston: Little, Brown & Co. (75-91)

Montgomery, A. (2013). *Neurobiology Essentials: What Every Therapist Should Know*, Chapter 2, NY: Norton.

**Text:**

Neurodevelopmental Disorders 31-86

WHODAS 2.0(World Health organization Disability Assessment Schedule 2.0, 36-item version, self-administered, DSM-5, 747-748)

Table 2 Parent-guardian-rated DSM-5 level1 Cross-Cutting Symptom measure for child 6-17: 12 domains, thresholds for further inquiry, and associated level 2 measures, DSM-5 p. 736

**Articles:**

Mailick, M. D. (1991). Re-assessing assessment in clinical social work practice. *Smith College Studies in Social Work*, 3-19.

Gottlieb, M.B., Chapter 2, Some Ethical Implications of Relational Diagnoses. (1996). In Florence Kaslow, (Ed.) *Handbook of relational diagnosis and dysfunctional family patterns* (pp.19-34). Canada: John Wiley and Sons.

Notes on Masterson, J. F. (2000). Chapter one, The Role of the Mother or Primary Caretaker in the Development of the Normal Self—25 years later. In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, AZ: Zeig, Tucker & Co., Inc., 7-32. (provided by instructor)

**Assessment tools:** In Scarf, M. (1995). *Intimate worlds, life inside the family*. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5 (provided by instructor)

;

SOFAS, DSM IV-TR (817-818); Defensive Functioning Scale, DSM IV-TR (807-810); Relational Problems, DSM IV-TR(736-742)

**Examination#1**

**Role play paper: What is Eating Gilbert Grape: (all students) to be turned in Friday, February 14 @ 4:45 PM to Student Services Desk**

**January 27 (last ½ of class), February 3 & 10 (Role Play)**

**Film: Like Water for Chocolate**

**Text:**

Cultural Formulation 749-759; Glossary of Cultural Concepts of Distress 833-837;; Selective Mutism, 195-197; Posttraumatic Stress Disorder, 271-280; Acute Stress Disorder, 281-286; Other Specified Trauma-and Stressor-Related Disorder, 289-290; Depersonalization/Derealization Disorder, 302-306  
Buelow, et al., Appendix A: the Nervous System

**Articles:**

Greenberg, G. (July 2001). The Serotonin Surprise. *Discover*, 22(7). 64-69.

Aisenberg, E. (2008). Evidence-Based practice in mental health care to ethnic minority communities: Has practice fallen short of its evidence? *Social Work*, 53(4), 297-306.

Freed, A.O. (June, 1985). Linking developmental, family and life cycle theories. *Smith College Studies in Social Work*, 169-182.

Chapter 10 Cultural issues in Relational Diagnosis: Hispanics in the United States and Chapter 11 Cultural Considerations in Diagnosis (152-170), Florence W. Kaslow (Ed.) *Handbook of relational diagnosis and dysfunctional family patterns*. (1996). Canada: John Wiley and Sons. (provided by instructor)

Gottlieb, M.B., Chapter 2, Some Ethical Implications of Relational Diagnoses. (1996). In Florence Kaslow, (Ed.) *Handbook of relational diagnosis and dysfunctional family patterns* (pp.19-34). Canada: John Wiley and Sons. (provided by instructor)

Notes on Masterson, J. F. (2000). Chapter one, The Role of the Mother or Primary Caretaker in the Development of the Normal Self—25 years later. In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, AZ: Zeig, Tucker & Co., Inc., 7-32. (provided by instructor)

**Assessment tool:** In Scarf, M. (1995). *Intimate worlds, life inside the family*. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5)(provided by instructor);  
SOFAS, DSM IV-TR (817-818); Defensive Functioning Scale, DSM IV-TR (807-810); Relational Problems, DSM IV-TR(736-742  
Beck Hopelessness Scale (BHS) A. T. Beck, A. Weissman, D. Lester, and L. Trexler (provided by instructor)

**As Good as it Gets writes paper on Like Water for Chocolate, due Friday, February 21, 4:45 at Student Services Desk**

February 17 & 24

Role Play: March 3 (first ½ of class)

Film: **Taxi Driver**

**Text:**

Schizophrenia Spectrum and Other Psychotic Disorders, 87-154; Substance-related and Addictive Disorders, 481-590; Posttraumatic Stress Disorder, 271-280; Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Bipolar and Related Disorders, 123-154

Buelow, et al., Chapter 4, Psychosis and the Antipsychotics, 103-132.

Clinician-Rated Dimensions of Psychosis Symptom Severity, 743-744;

**Articles:**

Elson, M. (March, 1989). Kohut and Stern: Two views of infancy and early childhood. *Smith College Studies in Social Work*, 131-145.

Gabriel, M.A. (Summer, 1992). Anniversary Reactions: Trauma Revisited. *Clinical Social Work Journal*, 20 (2), 179-192.

Notes on selected chapters from *The clinical and forensic assessment of psychopathy: A practitioner's guide*. Carl B. Gacano, Ed. (2000).(provided by instructor)

**Assessment tool:** PCL-R Checklist and Forensic Interview Schedule. The Psychopathy Check-list Revised and Screening Version Robert H. Bodholdt, Henry R. Richards, & Carl B. Gacano. ).(provided by instructor)

**Sybil presentation group writes paper on Taxi Driver role play, due Friday, March 21**

**March 3 (first ½ of class)**

**{Reminder: March 4 is Social Work Student Day at the legislature, 9:00}**

**March 17 & 24 (Role play, first ½ of class)**

**Film: As Good As It Gets**

**Text:**

Personality Disorders 591-644; Anxiety Disorders, 189-234; Obsessive-Compulsive and Related Disorders, 235-164; Alternative DSM-5 model for Personality Disorders ,761-782; Buelow, et al., Anxiety and the Anxiolytics: Sleep Disorders and the Hypnotics (79-102)

**Articles:**

McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press. 1-8.

Appleby, G.A. & Anastas, J.W. (1998). Mental health and substance abuse. In *Not just a passing phase: Social work with gay, lesbian, and bisexual people*. New York: Columbia University Press, 271-300.

Notes on: Masterson J.F. (2000). Chapter Three, Diagnosis—A Psychodynamic Approach to the Borderline, Narcissistic, and Schizoid Personality Disorders (59-74). In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, Az: Zeig, Tucker & Co. Inc., 59-74 (instructor provided)

**Assessment tool:** Yale Brown Obsessive Compulsive Scale (instructor provided)

**Like Water for Chocolate presentation group (& Fatal Attraction, if studied this semester) writes paper on As Good As It Gets role play, due Friday, April 11**

**March 24 (2<sup>nd</sup> ½ of class),**  
**Role Play: April 7 & April 14 (1<sup>st</sup> ½ of class)**  
**Film: Sybil**

**Text:**

Depressive Disorders, 155-189; Anxiety Disorders, 189-253; Dissociative Disorders;  
Trauma- and Stressor-Related Disorders; Somatic Symptom and Related Disorders;  
Sleep-Wake Disorders, 361-422

Buelow, et al.: Pain and Analgesics

**Article:**

van der Kolk, B. A. (1987). The psychological consequences of overwhelming life experiences. In *Psychological trauma*. Bessel A. van der Kolk (Ed.). USA: American Psychiatric Association, 1-30.

**Assessment tool:** Steinberg, M., Rounsaville, B., et al., (1994). Distinguishing between multiple personality disorder (dissociative identity disorder) and schizophrenia using the Structured Clinical Interview for DSM IV Dissociative Disorders. *Journal of Nervous and Mental Disorders*, 182, 495-502.(provided by instructor)

**Taxi Driver presentation groups write paper on Sybil role play, due Friday, April 25**

**Additional Film****Film: Fatal Attraction****Text: ;\**

Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Personality Disorders, 645-684

Buelow, et al., Chapter 2, Depression and the Antidepressants: Bipolar Disorder and Lithium, 35-78.

Herman, J. L. & van der Kolk, B. A. (1987). Traumatic Antecedents of Borderline Personality Disorder. In *Psychological trauma* (pp. 111-126) Bessel A. van der Kolk. USA: American Psychiatric Association

Price, S.K. (2008). Women and reproductive loss: Client-Worker dialogues designed to break the silence. *Social Work*, 53(4). 367-376.

**Hand-outs** on assessment of post-partum depression; Beck Depression Inventory; Beck Anxiety Inventory

## **Suggested References for Clinical Assessment and Differential Diagnosis**

- Alvarez, L.R. & Ruiz, P. (2001). Substance abuse in the Mexican American population. In Shulamith Lala Asheberg Straussner (Ed.) *Ethnocultural cultural factors in substance abuse treatment*. New York: The Guilford Press. (111-136).
- In Paul M.G. Emmelkamp & Ellen Vedel, *Evidence-based treatment for alcohol and drug abuse: A practitioner's guide to theory, methods, and practice*. Chapter 5 Complicating Factors 157-193. NY: Routledge.
- Applegate, J. S. (1996). The good-enough social worker: Winnicott applied. In J. Edward & J. Sanville (Eds.), *Fostering Healing and Growth: A Psychoanalytic social work approach* (pp.77-96). Northvale New Jersey: Jason Aronson.
- Antokoletz, J. C. (1993). A Psychoanalytic view of cross-cultural passages. *The American Journal of Psychoanalysis*, 53 (1), 35-54.
- Bamford, K. W. (1991). Bilingual issues in mental health assessment and treatment. *Hispanic Journal of Behavioral Sciences*, 13(4), 377-390.
- Bernal, G. & Scharron del Rio, M. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology*, 7(4), 328-342.
- Brabender, V.M. & Fallon, A. (2009). Ethical hot spots of combined individual and group therapy: Applying four ethical standards. *International Journal of Group Psychotherapy*, 59(1).127-147.
- Brandell, J. R. (2002). The marginalization of Psychoanalysis in academic social work. *Psychoanalytic Social Work*, 9(2), 41-50.
- Cassidy, J. & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical application*. New York: Guilford Press.
- Comas-Diaz, & Minrath, M. (1985). Psychotherapy with ethnic minority borderline clients. *Psychotherapy*, 22(2), 418-426.
- Courtois, C. A. & Ford, J.D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.
- Damasio, A. (1999). *The feeling of what happens*. New York: Harcourt, Brace, and Company.
- Dyche, L. & Zayes, L. H. (2001). Cross-cultural empathy and training the contemporary

- psychotherapist. *Clinical Social Work Journal*, 29(3), 245-258.
- Edmond, T., Rubin, A., & Wambach, K. (1999). The effectiveness of EMDR with adult female survivors of childhood sexual abuse. *Social Work Research*, 23, 103-116.
- Fenster, A. (1996). Group therapy as an effective treatment modality for people of color. *International Journal of Group Psychotherapy*, 46(3), 399-416.
- Foster R.P. ((1993, April). The bilingual self. Paper presented at thirteenth annual spring meeting of the Division of Psychoanalysis(39) of the American Psychological Association, New York:NY
- Garzon, F. & Tan, S. (1992). Counseling Hispanics: Cross-cultural and Christian Perspectives. *Journal of Psychology and Christianity*, 11(4), 378-390.
- Gorkin, M. (1986). Countertransference in cross-cultural psychotherapy. The example of Jewish therapist and Arab Patient. *Psychiatry*, 49, 69-79.
- Greenson, R. R.(1950). The mother tongue and the mother. *International Journal of Psycho-Analysis*. 31: 18-23.
- Kail, B.L. & de la Rosa, M. (1998). Challenges to treating the elderly Latino substance abuser: A not so hidden research agenda. *Journal of Gerontological Social Work* (The Haworth Press, Inc.) 30 (1/2).123-141.
- Katsavdakis, K. A., Sayed, M., Bram, Al, & Brand Bartlett, A. (2001). How was this story told in the mother tongue? An integrative perspective. *Bulletin of the Menninger Clinic*.
- Lazar, S.G. (Ed.). (2010). *Psychotherapy is worth it: A comprehensive review of its cost-effectiveness*. Washington, DC: American Psychiatric Press.
- Lee, C., Gavriel, H., Drummond, P., Richards, J., & Greenwald, R. (2002). Treatment of post-traumatic stress disorder: A comparison of stress inoculation training with prolonged exposure and eye movement desensitization and reprocessing. *Journal of Clinical Psychology*, 58, 1071-1089.
- Lenzenweger,M.F. (2010). *Schizotypy and schizophrenia: The view from experimental psychopathology*. New York: The Guilford Press.
- Miller, N.E., Luborsky, L., Barber, J.P., & Docherty, J.P. (Eds.). (1993). *Psychodynamic treatment research*. New York: Basic Books.
- Pawlukewicz, J. (2003). World Trade Center trauma interventions: A clinical model for affected workers. *Psychoanalytic Social Work*, 79-88.

- Pliszka, S.R. (1998). Co-morbidity of attention-deficit/hyperactivity disorder with psychiatric disorder: An overview. *Journal of Clinical Psychiatry*, 59, 50-58.
- Main, M. & Hesse, E. (1990). Parent's unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. Greenberg, D. Cicchetti, & M. Cummings (Eds.). *Attachment in the preschool years: Theory, research and intervention* (pp. 161-182). Chicago: University of Chicago Press.
- Mattison, M. (2000). Ethical decision making: The person in the process. *Social Work* 45(3) 201-212.
- Organista, K. C., Munoz, R. F., & Gonzalez, G. (1994). Cognitive-behavioral therapy for depression in low- income and minority medical outpatients: Descriptions of a program and exploratory analyses. *Cognitive Therapy and Research*, 18(3), 241-259.
- Millon, T., Krueger, R.F., & Simonsen, E. (Eds.). (2010). *Contemporary directions in psychopathology: Scientific foundations of the DSM-V and ICD-11*. New York: The Guilford Press.
- Patterson, J., Albala, A.A., McCahill, M.E., & Edwards, T.M. (Eds.). (2010, revised). *The therapist's guide to psychopharmacology: Working with patients, families, and physicians to optimize care*. New York: the Guilford Press.
- Palombo, J. (1985). The treatment of neurocognitively impaired children: A Perspective from Self Psychology. *Clinical Social Work Journal*, 13, 117-128.
- Post, R. M., Weiss, S. R. B., Smith, M., Li, H., & McCann, U. (1997). Kindling versus quenching: Implications for the evolution and treatment and posttraumatic stress disorder. In R. Yehuda & A. C. McFarlane (Eds.). *Psychobiology of posttraumatic stress disorder*. Annual New York Academy of Sciences, 821, 285-295.

- Rauch, S.L., van der Kolk, B. A., Fislser, R.E.A., Nathaniel, M., Orr, S.P., Savage, C.R., Fischman, A.F., Jeneki, M.A., & Pittman, R.K. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry*, 53, 380-387.
- Reamer, F. G. Boundary issues in social work: Managing dual relationships. *Social Work* 48(1), 121-133.
- Regier, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D.J. (Eds.). (2011). *The conceptual evolution of DSM-5*. Washington, DC: American Psychiatric Publishing.
- Rosenthal, C. (2000). Latino practice outcome research: A review of the literature. *Smith College Studies in Social Work*, 70(2), 217-238.
- Roth, A. & Fonagy, P. (Eds.). (2005). *What works for whom? A critical review of psychotherapy research*. New York: The Guilford Press.
- Saari, C. (2000). *The environment: Its role in psychosocial functioning and psychotherapy*. New York: Columbia University Press.
- Sands, R. G. (2001). *Clinical social work practice in behavioral mental health*. Needham Heights: Allyn and Bacon.
- Sharpe, S. A. (2000). *The ways we love: A developmental approach to treating couples*. New York: The Guilford Press.
- Shonkoff, J. P. & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Solomon, M. & Weiss, N. (1992). Integration of Daniel Stern's developmental theory into a model of couples therapy. *Clinical Social Work Journal*, 29(4), 377-393.
- Strom-Gottfried, K. (2000). Ensuring ethical practice: An examination of NASW code violation, 1986-97. *Social Work* 45(3), 251-261.
- Study cites most reported ethics breaches, (1995, April). NASW News, p.4.
- Sue, S. Zane, N. & Young, K. (1994). Research on psychotherapy with culturally diverse populations. In A.E. Bergin & S. L. Garfield (Eds.). *Handbook of psychotherapy and behavioral change (4<sup>th</sup> ed)*( pp. 783-817), New York: Wiley.
- Tronik, E.Z. & Weinberg, M.K. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L. Murray & P. J. Cooper (Eds.). *Post partum depression and child development* (pp. 54-81). New York: Guilford Press.
- van der Kolk, B.A. (2002). Beyond the talking cure: Somatic experience and subcortical

imprints in the treatment of trauma. In F. Shipiro (Ed.) *EMDR as an integrative psychotherapy approach: Experts of diverse orientations explore the paradigm prism* (pp. 57-83). Washington, DC: American Psychological Association Press.

van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.