

THE UNIVERSITY OF TEXAS AT AUSTIN

SCHOOL OF SOCIAL WORK

Clinical Assessment and Differential Diagnosis

SW 393R 1

Spring 2017

Instructor:	Mercedes Hernandez, Ph.D., LCSW Assistant Professor		
E-Mail:	mercedeh@utexas.edu	Course Day:	Thursdays
Telephone:	(512) 471-8189	Course Time:	5:30-8:30pm
Office:	3.106F	Course Location:	SSW 2.122
Office Hours: Before or after class and by appointment			

I. 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 with which 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-5. 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 the 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. COURSE OBJECTIVES

The Clinical Assessment and Differential Diagnosis course (SW 393R 1) will:

Objective #	Objectives
1	Demonstrate an in-depth understanding of biological, psychosocial, and cultural theories on the etiology of mental health and mental illness;
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;
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;
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;
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;
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.

III. COURSE FORMAT / INSTRUCTIONAL METHODS

Class format is both didactic and interactive. Case vignettes, video clips and semi-structured class exercises will accompany lectures and assigned readings. The combination of these approaches will highlight the process of assessment and differential diagnostic skills.

Class grades will be based on the following scale:

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

Guidelines	Grade
Superior work: The assignment significantly exceeds expectations listed in the syllabus. Student does more than is required in the assignment and demonstrates a high level of in-depth critical thinking and analysis (i.e., coherence and integration of ideas).	94.0 and Above A 90.0 to 93.999 A-

<u>Good Work:</u> The assignment meets all the requirements and demonstrates evidence of in-depth critical thinking and analysis.	87.0 to 89.999	B+
	84.0 to 86.999	B
	80.0 to 83.999	B-
<u>Average Work:</u> The assignment meets the requirements, has minor gaps, and/or lacks evidence of in-depth critical thinking and analysis.	77.0 to 79.999	C+
	74.0 to 76.999	C
	70.0 to 73.999	C-
<u>Poor Work:</u> The assignment has important gaps, both in terms of not meeting the requirements and lacking in-depth critical thinking and analysis.	67.0 to 69.999	D+
	64.0 to 66.999	D
	60.0 to 63.999	D-
	Below 60.0	F

IV. CLASS POLICIES

1. You are expected to read the assigned readings (some students use study groups), attend each class meeting, remain in class for the duration of the session, contribute to class discussions, and participate in skill-building exercises. Failure to attend class regularly (missing more than two class sessions) may result in a lower grade for the course, at the instructor's discretion. As soon as you know that you will not be able to attend class, you should e-mail or call the instructor.
2. You should expect to spend an additional three hours (for each hour of class or lecture per week) of your own time in course-related activities, including reading required materials, completing assignments, preparing for assignments or exams, reviewing online content, etc.
3. You are encouraged to fully participate in class, especially if you do not understand the material. This course should be a fully interactive one. No question will be regarded as insignificant by the instructor. However, the instructor will reserve the prerogative of asking students to meet separately if discussion or questioning is so extensive that it infringes on the topics that other students need to have covered. The classroom should be an open forum for the liberal exchange of differences of opinion and for discussion of these different perspectives, and for promoting understanding.
4. No late assignments will be accepted except in extreme emergencies and then only with permission of the instructor. If you are in an emergency situation you should contact the instructor and negotiate a new due date. All late assignments will be assessed point penalties at a rate of 5 points a day.
5. You should be especially careful not to contribute unwittingly to myths about mental illness and disability in the conduct of practice, research, interpretation of data, and use of terms. The integrity of persons being addressed should be maintained by avoiding language that pathologizes or equates persons with the conditions they have (such as "a schizophrenic," "a borderline," "addicts," "epileptics," or "the disabled") or language that implies that the person as a whole is disordered or disabled, as in the expression "chronics," "psychotics," or "disabled persons." Terms are preferred that preserve the integrity of the person, as in "persons [or people] with disabilities," "a person diagnosed with schizophrenia." Terms conveying negative overtones should be replaced with more neutral expressions. For example, instead of "confined to a wheelchair," state "uses a wheelchair."

V. COURSE REQUIREMENTS

The grade for the course will be based on your ability to demonstrate knowledge and apply assessment skills presented in class including differential diagnosis. Class attendance, participation, and promptness in completing assignments are considered when assigning the grade. This is a professional practice class and each student is expected to demonstrate behavior that meets the criteria of the National Association of Social Workers code of ethics and meets the standards for professional practice of social work.

VI. REQUIRED TEXT

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

(Pocket version is not acceptable as a substitute for the DSM-5, as the full version contains much more necessary information.)

- Required Online Readings: All additional readings are available on Canvas.

Recommended

Black, D. W. & Andreason, N. C. (2014). *Introductory textbook of psychiatry* (6th ed.). Washington, DC: American Psychiatric Publishing, Inc.

VII. COURSE ASSIGNMENTS

Assignment 1: Article Assessment (15% of Final Grade) Due Week 4

You will select from one of three articles (found on Canvas) and write a short answer paper (4-5 pages) addressing the DSM-5 and considerations for practice as social workers. A detailed guideline for the article assessment will be provided.

Assignment 2: Diagnostic Summary (15% of Final Grade) Due Week 12

The diagnostic summary (6-7 pages) will be the presentation of a case that you are currently or have worked with in your field placement. I will provide a detailed guideline for the summary.

Exams (30% Each; 60% of Final Grade)

There will be two in-class exams. The first exam will be given at midterm consisting of multiple choice questions and case studies. The second exam will be given during the last day of class. It is comprehensive and will be similar in format to the first exam.

Class Participation (10% of Final Grade)

Class participation grade includes attendance, punctuality, and informed class discussion.

Note: Any information contained in this course outline (including, topics, readings, assignments, and dates) is subject to change as deemed necessary by the instructor.

Course Overview

Unit	Topics	Assignments
1 1/19/17	▪ Essentials of Psychiatric Diagnosis ▪ Introduction to the DSM-5	
2 1/26/17	▪ The Mental Status Exam ▪ Culture and Diagnosis	
3 2/2/17	▪ Psychiatric Assessment Tools ▪ Neurocognitive Disorders	
4 2/9/17	▪ Schizophrenia Spectrum and other Psychotic Disorders	Assignment 1
5 2/16/17	▪ Substance-Related and Addictive Disorders ▪ Medication Induced Movement Disorders	
6 2/23/17	▪ Depressive Disorders ▪ Somatic Symptoms and Related Disorders	
7 3/2/17	▪ Bipolar and Related Disorders	
8 3/9/17	▪ Exam 1	
3/16/17	▪ Spring Break	
9 3/23/17	▪ Neurodevelopmental Disorders ▪ Disruptive, Impulse Control, and Conduct Disorders	
10 3/30/17	▪ Anxiety Disorders	
11 4/6/17	▪ Obsessive-Compulsive and Related Disorders ▪ Trauma and Stressor Related Disorders	
12 4/13/17	▪ Personality Disorders	Assignment 2
13 4/20/17	▪ Eating Disorders ▪ Dissociative Disorders	
14 4/27/17	▪ Sexual Dysfunctions ▪ Gender Dysphoria ▪ Paraphilic Disorders ▪ Assessing <i>Other Conditions</i> That May be the Focus of Clinical Attention ▪ Review and Wrap-up	
15 5/4/17	▪ Exam 2	

Course Schedule – Detailed Description

Unit 1 – Jan 19

- Introduction to the DSM-5

Topics

- History of the Diagnostic and Statistical Manual
- Why diagnosis is important
- Why psychiatric diagnosis is difficult
- Essentials of psychiatric diagnosis
- A tour of the DSM-5

Required Readings

American Psychiatric Association. (2013). Introduction. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 5-24). Washington, DC: Author.

Zisman-Ilani, Y., Roe, D., Flanagan, E. H., Rudnick, A., & Davidson, L. (2012). Psychiatric diagnosis: What the recovery movement can offer the DSM-5 revision process. *Psychosis*, 1-10.

Recommended Readings

Mezzich, J. E., & Berganza, C. E. (2005). Purposes and models of diagnostic systems. *Psychopathology*, 38,162–165.

Möller, H. (2009). Development of DSM-V and ICD-11: Tendencies and potential of new classifications in psychiatry at the current state of knowledge. *Psychiatry and Clinical Neurosciences*, 63, 595-612.

Robbins, S. P. (2014). From the Editor—The DSM-5 and its role in social work assessment and research. *Journal of Social Work Education*, 50(2), 201-205.

Szasz, T. S. (1961). The uses of naming and the origin of the myth of mental illness. *American Psychologist*, 16(2), 59.

Unit 2 – Jan 26

- **Mental Status Exam**
- **Culture and Mental Illness**

Topics

- How to conduct a Mental Status Exam
- The Mental Status Exam components
- Importance of culture in assessment

Required Readings

Black, D. W. & Andreason, N. C. (2014). Interviewing and assessment (Chapter 2). In *Introductory textbook of psychiatry*. (pp. 17-56).

Black, D. W. & Andreason, N. C. (2014). The neurobiology and genetics of mental illness (Chapter 3). In *Introductory textbook of psychiatry*. (pp. 57-81).

Garcia-Barrera, M.A. & Moore, W. (2013). History taking, clinical interviewing and the mental status exam in child assessment. In D.H. Saklofske, C.R. Reynolds, & V.L. Schwab, (Eds.) *The Oxford Handbook of Child Psychological Assessment* (pp. 423-444). Oxford: Oxford University Press.

Lewis-Fernández, R., Krishan Aggarwal, N., Bäärnhielm, S., Rohlf, H., Kirmayer, L. J., & Weiss, M. G., ... Lu, F. (2014). Culture and psychiatric evaluation: Operationalizing cultural formulation for DSM-5. *Psychiatry*, 77, 130-154.

Paniagua, F. (2009). Assessment in a cultural context. In *Multicultural Aspects of Counseling Series 15*. (pp. 65-95). Thousand Oaks, CA: Sage Publications.

Trzepacz, P. T. & Baker, W. (1993). What is a Mental Status Exam? In *The Psychiatric Mental Status Examination* (pp. 3-12). Oxford: Oxford University Press.

Recommended Readings

Canino, G. & Alegria, M. (2008). Psychiatric diagnosis – is it universal or relative to culture? *The Journal of Child Psychology and Psychiatry*, 49(3), 237-250.

Lassiter, B. (2011). The Mental Status Exam. *The Residents' Journal*, 6, 9.

Snyderman, D. & Rovner, B. (2009). Mental status examination in primary care: A review. *American Family Physician*, 80, p. 809-814.

Unit 3 – Feb 2

- Psychiatric Assessment Tools
- Neurocognitive Disorders

Topics

- Neurocognitive Disorders
 - Description of Neurocognitive Disorders
 - Assessment of Neurocognitive Disorders
 - Diagnostic Coding of Neurocognitive Disorders

Required Readings

American Psychiatric Association. (2013). Neurocognitive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 591-643). Washington, DC: Author.

Recommended Readings

Blazer, D. (2013). Neurocognitive Disorders in DSM-5. *American Journal of Psychiatry*, 170(6), 585-587.

Goodkin, K., Fernandez, F., Forstein, M., Miller, E. N., Becker, J. T., Douaihy, A. & Singh, D. (2011). A perspective on the proposal for neurocognitive disorder criteria in DSM-5 as applied to HIV-associated neurocognitive disorders. *Neuropsychiatry*, 1(5), 431-440.

Remington, R. (2012). Neurocognitive Diagnostic Challenges and the DSM-5: Perspectives from the front lines of clinical practice. *Issues in Mental Health Nursing*, 33(9), 626-629.

Unit 4 – Feb 9

- Schizophrenia and other Psychotic Disorders
- Assignment 1 Due

Topics

- Schizophrenia Spectrum Disorders
 - Description of Schizophrenia Spectrum and Other Psychotic Disorders
 - Assessment of Schizophrenia Spectrum and Other Psychotic Disorders
 - Diagnostic Coding of Schizophrenia Spectrum and Other Psychotic Disorders

Required Readings

American Psychiatric Association. (2013) Schizophrenia spectrum and other psychotic disorders. In *Diagnostic and statistical manual of mental disorders-5* (pp. 31-86). Washington, DC: Author.

Tandon, R. (2013). Schizophrenia and other Psychotic Disorders in DSM-5. *Clinical Schizophrenia & Related Psychoses*, 7(1), 16-19.

Luhmann, R., Padmavati, H., Tharoor, H., & Osei, A. (2014). Differences in voice-hearing experiences in people with psychosis in the USA, India, and Ghana: Interview-based study. *The British Journal of Psychiatry*, 1-4.

Recommended Readings

de Portugal E, González N, Miriam V, (2010). Gender differences in delusional disorder: Evidence from an outpatient sample. *Psychiatry Residency* 177, 235–239.

Unit 5 – Feb 16

- **Substance-Related and Addictive Disorders**
- **Medication Induced Movement Disorders**

Topics

- Substance-Related and Addictive Disorders
 - Description of Substance-Related and Addictive Disorders
 - Assessment of Substance-Related and Addictive Disorders
 - Diagnostic Coding of Substance-Related and Addictive Disorders
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication
 - Description of Medication-Induced Movement Disorders and Other Adverse Effects of Medication
 - Assessment of Medication-Induced Movement Disorders and Other Adverse Effects of Medication
 - Diagnostic Coding of Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Required Readings

American Psychiatric Association. (2013). Substance-Related and Addictive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (481-590). Washington, DC: Author.

American Psychiatric Association. (2013). Medication-Induced Movement Disorders and Other Adverse Effects of Medication. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 709-714). Washington, DC: Author.

Recommended Readings

Caetano, R., Clark, C. L., & Tam, T. (1998). Alcohol consumption among racial/ethnic minorities: Theory and research. *Alcohol Health and Research World*, 22(4), 233-241.

Denis, C., Fatséas, M., & Auriacombe, M. (2012). Analyses related to the development of DSM-5 criteria for substance use related disorders: 3. An assessment of Pathological Gambling criteria. *Drug and alcohol dependence*, 122(1), 22-27.

Martin, C. S., Steinely, D. L., Verges, A., & Sher, K. J. (2011). The proposed 2/11 symptom algorithm for DSM-5 substance-use disorders is too lenient. *Psychological medicine*, 41(9), 2008-2010.

Unit 6 – Feb 23

- **Depressive Disorders**
- **Somatic Symptom and Related Disorders**

Topics

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

Required Readings

American Psychiatric Association. (2013). Depressive Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (155-188). Washington, DC: Author.

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

Recommended Readings

Copeland, W. E., Angold, A., Costello, E. J., & Egger, H. (2013). Prevalence, comorbidity, and correlates of DSM-5 proposed disruptive mood dysregulation disorder. *American Journal of Psychiatry*, 170(2), 173-179.

Dimsdale, J. E. (2013). Somatic symptom disorders: A new approach in DSM-5. *Die Psychiatrie*, 10, 30-32.

Epperson, C. N., Steiner, M., Hartlage, S. A., Eriksson, E., Schmidt, P. J., Jones, I., & Yonkers, K. A. (2012). Premenstrual dysphoric disorder: Evidence for a new category for DSM-5. *The American Journal of Psychiatry*, 169(5), 465.

Frances, A., & Chapman, S. (2013). DSM-5 somatic symptom disorder mislabels medical illness as mental disorder. *Australian and New Zealand Journal of Psychiatry*, 47(5), 483-484.

Lackey, G. F. (2008). "Feeling blue" in Spanish: A qualitative inquiry of depression among Mexican immigrants. *Social Science & Medicine*, 67, 228-237.

Unit 7 – Mar 2

- **Bipolar and Related Disorders**

Topics

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

Required Readings

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

Recommended Readings

Phelps, J., & Ghaemi, S. N. (2012). The mistaken claim of bipolar 'overdiagnosis': Solving the false positives problem for DSM-5/ICD-11. *Acta Psychiatrica Scandinavica*, 126(6), 395-401.

Pinto, O. (2012). The upcoming DSM-5: Changes for bipolar II disorder and minor bipolar disorder. *International Clinical Psychopharmacology*, 28, e25-e26.

Unit 8 – Mar 9

- **Exam 1**

Unit 9– Mar 23

- **Neurodevelopmental Disorders**
- **Disruptive, Impulse-Control, and Conduct Disorders**

Topics

- Neurodevelopmental Disorders
 - Description of Neurodevelopmental Disorders
 - Assessment of Neurodevelopmental Disorders
 - Diagnostic Coding of Neurodevelopmental Disorders
- Disruptive, Impulse Control and Conduct Disorders
 - Description of Disruptive, Impulse Control and Conduct Disorders
 - Assessment Disruptive, Impulse Control and Conduct Disorders
 - Diagnostic Coding of Disruptive, Impulse Control and Conduct Disorders

Required Readings

American Psychiatric Association. (2013). Neurodevelopmental disorders. In *Diagnostic and statistical manual of mental disorders*, (pp. 31-86) Washington, DC: Author.

American Psychiatric Association. (2013). Disruptive, Impulse Control and Conduct Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (461-480). Washington, DC: Author.

Recommended Readings

Coccaro, E. F. (2012). Intermittent explosive disorder as a disorder of impulsive aggression for DSM-5. *American Journal of Psychiatry*, 169(6), 577-588.

Pardini, D. A., Frick, P. J., & Moffitt, T. E. (2010). Building an evidence base for DSM-5 conceptualizations of oppositional defiant disorder and conduct disorder: Introduction to the special section. *Journal of abnormal psychology*, 119(4), 683.

Salvador-Carulla L, Bertelli M: (2008). Mental retardation' or 'intellectual disability': Time for a conceptual change. *Psychopathology* 41, 10–16.

Swedo, S. E., Baird, G., Cook, E. H., Happé, F. G., Harris, J. C., Kaufmann, W. E., & Wright, H. H. (2012). Commentary from the DSM-5 workgroup on neurodevelopmental disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(4), 347-349.

Unit 10 – Mar 30

- **Anxiety Disorders**

Topics

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

Required Readings

American Psychiatric Association. (2013). Anxiety Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (189-234) Washington, DC: Author.

Fawcett, J. (2013). Suicide and Anxiety in DSM-5. *Depression and Anxiety*, 30, 898–901.

Marnane, C., & Silove, D. (2013). DSM-5 allows separation anxiety disorder to grow up. *Australian and New Zealand Journal of Psychiatry*, 47(1), 12-15.

Recommended Readings

Lewis-Fernandez, G., Guarnaccia, P. J. Martinez, I. E., Salman, E., Schmidt, A., & Liebowitz, M. (2002). Comparative phenomenology of ataques de nervios, panic attacks, and panic disorder. *Culture, Medicine, and Psychiatry*, 26, 199-223.

Unit 11 – Apr 6

- **Obsessive-Compulsive and Related Disorders**
- **Trauma and Stressor Related Disorders**

Topics

- Obsessive-Compulsive and Related Disorders
 - Description of Obsessive-Compulsive and Related Disorders
 - Assessment of Obsessive-Compulsive and Related Disorders
 - Diagnostic Coding of Obsessive-Compulsive and Related Disorders
- Trauma and Stressor-Related Disorders
 - Description of Trauma and Stressor-Related Disorders
 - Assessment of Trauma and Stressor-Related Disorders
 - Diagnostic Coding of Trauma and Stressor-Related Disorders

Required Readings

American Psychiatric Association. (2013). Obsessive-Compulsive and Related Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (235-264) Washington, DC: Author.

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

Friedman, M. J., Resick, P. A., Bryant, R. A., Strain, J., Horowitz, M., & Spiegel, D. (2011). Classification of trauma and stressor-related disorders in DSM-5. *Depression and Anxiety*, 28(9), 737-749.

Recommended Readings

Pertusa, A., Frost, R. O., & Mataix-Cols, D. (2010). When hoarding is a symptom of OCD: A case series and implications for DSM-V. *Behavior research and therapy*, 48(10), 1012.

Phillips, K. A., Hart, A. S., Simpson, H. B., & Stein, D. J. (2013). Delusional versus nondelusional body dysmorphic disorder: Recommendations for DSM-5. *CNS spectrums*, 1-11.

Strain, J. J., & Friedman, M. J. (2011). Considering adjustment disorders as stress response syndromes for DSM-5. *Depression and Anxiety*, 28(9), 818-823.

Unit 12 – Apr 13

- **Personality Disorders**
- **Assignment 2 Due**

Topics

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

Required Readings

American Psychiatric Association. (2013). Personality Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp.644-684). Washington, DC: Author.

Hopwood, C. J. (2011). Personality traits in the DSM–5. *Journal of Personality Assessment*, 93(4), 398-405.

Recommended Readings

Miller, J. D., & Levy, K. N. (2011). Personality and personality disorders in the DSM-5. *Personality Disorders: Theory, Research, and Treatment*, 2(1), 1-3.

Skodol, A. E. (2012). Personality disorders in DSM-5. *Annual Review of Clinical Psychology*, 8, 317-344.

Widiger, T. A. (2011). The DSM-5 dimensional model of personality disorder: Rationale and empirical support. *Journal of Personality Disorders*, 25(2), 222-234.

Unit 13 – Apr 20

- Eating Disorders
- Dissociative Disorders

Topics

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

Required Readings

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

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

Fairburn, C. G., & Cooper, Z. (2011). Eating disorders, DSM–5 and clinical reality. *The British Journal of Psychiatry*, 198(1), 8-10.

Spiegel, D., Loewenstein, R. J., Lewis-Fernández, R., Sar, V., Simeon, D., Vermetten, E., Cardena, E., & Dell, P. F. (2011). Dissociative disorders in DSM-5. *Depression and Anxiety*, 28(12), E17-E45.

Recommended Readings

Franko, D. L., Becker, A. E., Thomas, J. J., & Herzog, D. B. (2007). Cross-ethnic differences in eating disorders symptoms and related distress. *International Journal of Eating Disorders*, 40, 156-164.

Unit 14 – Apr 27

- Sexual Dysfunctions
- Gender Dysphoria
- Paraphilic Disorders
- Other Mental Disorders
- Other Conditions That May be the Focus of Clinical Attention
- Wrap-up

Topics

- Sexual Dysfunctions
 - Description of Sexual Dysfunctions
 - Assessment of Sexual Dysfunctions
 - Diagnostic Coding of Sexual Dysfunctions
- Gender Dysphoria
 - Description of Gender Dysphoria
 - Assessment of Gender Dysphoria
 - Diagnostic Coding of Gender Dysphoria
- Paraphilic Disorders
 - Description of Paraphilic Disorders
 - Assessment of Paraphilic Disorders
 - Diagnostic Coding of Paraphilic Disorders
- Other Mental Disorders
- Other Conditions That May Be a Focus of Clinical Attention
 - Description of Other Conditions That May Be a Focus of Clinical Attention
 - Assessment of Other Conditions That May Be a Focus of Clinical Attention
 - Diagnostic Coding of Other Conditions That May Be a Focus of Clinical Attention
- Wrap-up

Required Readings

American Psychiatric Association. (2013). Sexual Dysfunctions. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 423-450). Washington, DC: Author.

American Psychiatric Association. (2013). Gender Dysphoria. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 451-460). Washington, DC: Author.

American Psychiatric Association. (2013). Paraphilic Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 685-706). Washington, DC: Author.

American Psychiatric Association. (2013). Other Mental Disorders. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 707-708.) Washington, DC: Author.

American Psychiatric Association. (2013). Other Conditions That May be a Focus of Clinical Attention. In *Diagnostic and statistical manual of mental disorders-5*. (pp. 715-727). Washington, DC: Author.

Recommended Readings

Sexual Dysfunctions

Marvin, R. (2010). Proposed DSM-5 revisions to sexual and gender identity disorder criteria. *Virtual Mentor*, 12(8), 673.

Zonana, H. (2011). Sexual disorders: New and expanded proposals for the DSM-5 - Do we need them? *Journal of the American Academy of Psychiatry and the Law Online*, 39(2), 245-249.

Gender Dysphoria

De Cuypere, G., Knudson, G., & Bockting, W. (2011). Second Response of the World Professional Association for Transgender Health to the Proposed Revision of the Diagnosis of Gender Dysphoria for DSM 5. *International Journal of Transgenderism*, 13(2), 51-53.

Kamens, S. R. (2011). On the proposed sexual and gender identity diagnoses for DSM-5: History and controversies. *The Humanistic Psychologist*, 39(1), 37-59.

Paraphilic Disorders

Wollert, R. (2011). Paraphilic coercive disorder does not belong in DSM-5 for statistical, historical, conceptual, and practical reasons. *Archives of Sexual Behavior*, 40(6), 1097-1098.

Unit 15 - May 4

- *Exam 2*

VIII. UNIVERSITY POLICIES

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 AND CIVILITY IN THE CLASSROOM. 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. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. Social Work also deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues. In this environment we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

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). A student should present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed and followed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://diversity.utexas.edu/disability/>

UNANTICIPATED DISTRESS. Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the professor. The professor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students may contact a service provider of their choosing, including the UT Counseling Center at [512-471-3515](tel:512-471-3515) or online at <https://cmhc.utexas.edu/>

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/>).

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.

USE OF COURSE MATERIALS. The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This sharing includes, among other things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

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, examination, work assignment, or project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

CAMPUS CARRY POLICY. The University's policy on concealed fire arms may be found here: <https://campuscarry.utexas.edu>. You also may find this information by accessing the Quick Links menu on the School's website.

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 for keeping the university informed about a change of 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>.

CLASSROOM CONFIDENTIALITY. Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

TITLE IX REPORTING. In accordance with Title IX of the Education Amendments of 1972, the University of Texas at Austin is committed to maintaining a learning environment that is free from discriminatory conduct based on gender. Faculty, instructors, staff, and/or teaching assistants in their supervisory roles are mandated reporters of incidents of sex discrimination, sexual harassment, sexual violence, or sexual misconduct. Students who report such incidents will be informed of University resources. Incidents will be reported to the University's Title IX Coordinator and/or the Title IX Deputy for the SSW, Professor Tanya Voss. Students, faculty and staff may contact Professor Voss to report incidents or to obtain information. Further information, including student resources related to Title IX, may also be found at <http://socialwork.utexas.edu/dl/files/academic-programs/other/qrg-sexualharassment.pdf>.

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 between 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](tel: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 in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering 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 Services office.