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:


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.** 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**

**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 5-8 page clinical assessment of the main character in the book chosen using the outline provided in “The Clinical Assessment Workbook.” At the end of the assessment an AXIS 1-5 diagnosis should be provided. 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). Paper is worth 100 pts.

100 points maximum, paper

Homework Assignments:
Case assessments will be assigned on a daily basis and graded on the accuracy and thoroughness of cases. The cases must be turned in on time at the beginning of class to be given points. Late homework assignments will not be accepted, no exceptions.

6 points each (2 Cases are worth 5 points each) for a total of 100 pts. maximum, homework

Final grades:
A total of 400 points may be earned for the above activities. Grades will be assigned as follows:

<table>
<thead>
<tr>
<th>Points Range</th>
<th>Grade</th>
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<tbody>
<tr>
<td>376-400</td>
<td>A</td>
</tr>
<tr>
<td>360-375</td>
<td>A-</td>
</tr>
<tr>
<td>348-359</td>
<td>B+</td>
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<tr>
<td>336-347</td>
<td>B</td>
</tr>
<tr>
<td>320-335</td>
<td>B-</td>
</tr>
<tr>
<td>308-319</td>
<td>C+</td>
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<tr>
<td>296-307</td>
<td>C</td>
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<tr>
<td>280-295</td>
<td>C-</td>
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<tr>
<td>268-279</td>
<td>D+</td>
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<tr>
<td>256-267</td>
<td>D</td>
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<tr>
<td>240-255</td>
<td>D-</td>
</tr>
<tr>
<td>239 points or below</td>
<td>F</td>
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Graduate students must earn a minimum grade of C in the course for credit; also, graduate students must maintain an overall B average.

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).
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Assignment/Readings Due</th>
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</table>
| June 9, 2010 | Introduction to Assessment and Classification Systems:                      | Required: DSM-IV (pp. 1-37) DSM-IV (pp. xxii-xxxvii) CAW- Chap. 1 (pp. 1-13)  
(Wakefield, 1992). Disorder as Harmful Dysfunction: Conceptual Critique of DSM Definition of Mental Disorder. (Wehmeyer, 1995). How self-determined are people with Mental Retardation? Begin reading: Look Me in the Eye or The Quiet Room |
| June 14, 2010 | Disorders usually diagnosed in Infancy, childhood or adolescence.            | Required: DSM-IV (pp. 39-134) CAW- Chap. 2 (pp. 14-67)  
Case study 2.3 due |
| June 16, 2010 | ADHD, Oppositional Disorders, Conduct Disorders                              | Required: DSM IV—Childhood disorders (con’t.) CAW- Chap. 2  
Case study 2.2 due |
| June 21, 2010 | Childhood and Adolescent Disorders  
Separation Anxiety  
Selective Mutism  
Reactive Attachment Disorder  
Stereotypic Movement Disorder | Required:  
DSM IV—Childhood disorders (con’t.)  
CAW- Chap. 2  
(Cunningham et al, 2006.) Social phobia, anxiety, oppositional behavior, social skills, and self-concept in children with specific selective mutism, generalized selective mutism, and community controls.  
Case study 2.8 due |
| June 23, 2010 | Schizophrenia & other psychotic disorders  
Anti-psychotic medications | Required:  
DSM-IV (pp. 297-343)  
CAW- Chap. 5 (pp. 118-142)  
(Radomsky, 1999). Suicidal Behavior in Patients with Schizophrenia and Other Psychotic Disorders.  
Case study 5.2 due |
| June 28, 2010 | Mental Status Examinations  
Alzheimers  
Delirium, Dementia, Amnestic, and other Cognitive Disorders  
Mental Disorders due to a General Medical Condition  
Receive take-home portion of Exam I | Required:  
DSM-IV (pp. 135-190)  
CAW- Chap. 3 (pp. 69-87)  
(Kennedy, 2010). Proposed revisions for Diagnostic Categories for Dementia in the DSM-5  
Case study 3.2 due |
| June 30, 2010 | Mood Disorders  
Antidepressant & Anti-manic medications | Required:  
DSM-IV (pp. 345-428)  
CAW- Chap. 6 (pp. 143-172)  
(Brown, 2001.) Reliability of DSM-IV Anxiety and Mood Disorders: Implications for the Classification of Emotional Disorders  
(Kessler, 2001). Mood disorders in children and adolescents: an epidemiologic perspective  
Case study 6.2, 7.2 due |
| July 5, 2010 | **Take-home portion of Exam I due**  
| Anxiety Disorders  
| Anxiolytic medications | **Required:**  
| DSM-IV (pp. 429-463; 469-484)  
| CAW- Chap. 7 (pp. 173-207)  
| (Degnan, 2010). *Temperament and the environment in the etiology of childhood anxiety*  
| *No case study due today* |
| July 7, 2010 | **Substance-related Disorders**  
| PTSD  
| Dissociative Disorders  
| **Guest Lecturer** | **Required:**  
| DSM-IV (pp. 191-296)  
| DSM-IV (pp. 463-468; 519-533)  
| CAW- Chap. 4 (pp. 88-117)  
| CAW- Chap. 9 (pp. 226-229)  
| (Lehman, 2000). *ASSESSMENT AND CLASSIFICATION OF PATIENTS WITH PSYCHIATRIC AND SUBSTANCE ABUSE SYNDROMES*  
| (Dunmore, 2001). *A prospective investigation of the role of cognitive factors in persistent Posttraumatic Stress Disorder (PTSD) after physical or sexual assault*  
| *Case study 9.2, 4.2 due* |
| July 12, 2010 | **Eating Disorders**  
| Impulse control disorders NOS  
| **DUE: Psychosocial Assessment: The Quiet Room or Look Me In the Eye** | **Required:**  
| DSM-IV (pp. 583-595; 663-678)  
| CAW- Chap. 11 (pp. 257-261)  
| CAW - Chap. 13 (pp. 293-303)  
| (Didie, 2005). *Binge eating and psychological distress: Is the degree of obesity a factor?*  
| *Case study 11.2, 15.2 due* |
| July 14, 2010 | **Personality Disorders** | **Required:**  
| DSM-IV (pp. 685-730)  
| CAW- Chap. 14 (pp. 305-311)  
| (Torgersen, 2001). *Prevalence of Personality Disorders in a Community Sample*  
| *Case study 14.1, 14.4 due* |
**July 19, 2010**

- Somatoform Disorders
- Factitious Disorders
- Sleep Disorders
- Sexual and Gender Identity Disorders

**Receive Take Home Portion of Exam II**

**Required:**
- 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). *The DSM diagnostic criteria for GID in adolescents and adults*

**Case study 12.1, 10.3 due**

**July 21, 2010**

- Adjustment Disorders
- Other Conditions that may be a Focus of Clinical Attention (V-codes)

**Required:**
- DSM-IV (pp. 679-684; 743-744)
- CAW-Chap. 15 (pp. 329-360)

(Portzy, 2005). *Adjustment Disorder and the course of the suicidal process in adolescents (Jones, 2001). Readmission rates for adjustment disorders*

**Case study 8.2, 12.2 due**

**July 26, 2010**

**LAST CLASS DAY:**

- Take-home portion of Exam II due
- In-class portion of Exam II due

**VII. Bibliography**


Ancoli-Israel, S. (2005) Long-term use of sedative hypnotics in older patients with insomnia, Sleep Medicine, Volume 6, Issue 2, Pages 107-113


Bass, C., Jones, D. (2006); *Fabricated or induced illness*, Psychiatry, Volume 5, Issue 2, Psychological medicine 1, 1, Pages 60-65
Relationship Between Hopelessness and Ultimate Suicide: A Replication With Psychiatric 
Outpatients. Focus 4: 291-296

bisexual men seeking mental health services: An observational study. AIDS Patient Care & 
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Garcia-Lopez, L., Jose Olivares, Deborah Beidel, Anne-Marie Albano, Samuel Turner, Ana I. Rosa, 

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and preliminary validation of parent and child scales. Research on Social Work Practice, 9(1), 
61-75.

Adolesc Med.;159(8):775-785

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Janca, A., Isaac, M., & Ventouras, J. (2006, February). Towards better understanding and 


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Kessler, Ronald C.; Patricia Berglund; Olga Demler; Robert Jin; Kathleen R. Merikangas; Ellen E. 
Walters (2005) Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the 
National Comorbidity Survey Replication Arch Gen Psychiatry;62(6):593-602.

Disorder in Males From a Clinical Assessment in Childhood. Journal of Consulting and Clinical 
Psychology, 73(3), 389-399.


Taylor, C. B.; Prevention of Eating Disorders in At-Risk College-Age Women Arch Gen Psychiatry. 2006;63(8):881-888.

Tazaki, M., & Landlaw, K. (2006). Behavioural mechanisms and cognitive-behavioural interventions of


