

THE UNIVERSITY OF TEXAS AT AUSTIN
STEVE HICKS SCHOOL OF SOCIAL WORK

Course Number:	SW393 R1	Instructor:	Mercedes Hernandez, Ph.D., LCSW
Unique Number:	59215	E-mail:	mercedeh@utexas.edu
Semester:	Spring 2020	Telephone:	(512) 471-8189
Meeting Time	Tuesday	Office:	3.106F
and Place:	2:30pm- 5:30pm SSW 2.112	Office Hours:	Before or after class & by appointment

CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS

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 most current version of the Diagnostic and Statistical Manual of Mental Disorders. 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. TEACHING METHODS

Class format is both didactic and interactive. Case vignettes, video clips and semi-structured class exercises will accompany lectures, readings, and assignments with emphasis on issues of diversity and its impact on assessment. The combination of these approaches will highlight the process of assessment and differential diagnostic skills.

IV. REQUIRED TEXT AND MATERIALS

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

Note: DSM-5 Update (October 2018)

Available at https://dsm.psychiatryonline.org/pb-assets/dsm/update/DSM5Update_October2018.pdf

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

DSM-5 full version is available to students through the UT library as supplemental to the "hard copy." Available at <https://ebookcentral-proquest-com.ezproxy.lib.utexas.edu:2444/lib/utxa/detail.action?docID=1811753&query=dsm+5+>

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.

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. GRADES

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

VII. 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. Grading Rubric

Guidelines	Grade	
<u>Superior work</u> : 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 90.0 to 93.999	A 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 84.0 to 86.999 80.0 to 83.999	B+ B 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

- 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."

COURSE ASSIGNMENTS

Assignment 1: Article Assessment (10% of Final Grade)

You will select one of the empirical studies found in the recommended reading section of the syllabus and analyze the article to present and lead a class discussion with your group. A detailed guideline for the article assessment will be provided.

Assignment 2: Diagnostic Summary (20% of Final Grade)

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

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. Class discussion will also take place weekly using Canvas Discussions and will count towards your participation grade. For unit 4, Canvas Discussion will be on voice hearing exercise simulation. Additional information and guidelines will be provided.

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

VIII. COURSE SCHEDULE

Unit	Topics	Readings / Assignments Due
<p>1 1/21/20</p>	<p>§ Essentials of Psychiatric Diagnosis § Introduction to the DSM-5</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Introduction. (pp 5-24) ▪ Robbins, 2014 ▪ Yamada, 2013 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Alarcón 2016; Mezzich 2005; Miranda 2008; Möller 2009; Szasz 1961; Watters 2010
<p>2 1/28/20</p>	<p>§ Culture and Diagnosis § Assessing <i>Other Conditions</i> That May be the Focus of Clinical Attention § Mental Status Exam: Behavioral Components</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Cultural formulation and cultural glossary (pp 749-759 & 833-837), ▪ DSM-5: Other Conditions That May be a Focus of Clinical Attention (pp. 715-727) ▪ Morrison 2014, Diagnosis and the Mental Status, pp 119-126 ▪ Morrison 2014, Mental Status Exam I: Behavior aspects, pp 123-135 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Black 2014; Canino 2008; Garcia-Barrera 2013; Lassiter 2011; Lewis-Fernandez et al. 2014; Paniagua 2009; Snyderman & Rovener 2009 ▪ Video – MSE Training_ https://www.youtube.com/watch?v=o_ziBs7jVB_U&list=PLjrSkZjk1CFCSAjlYVEOqnfL1BLPhhQ_xQ

Unit	Topics	Readings / Assignments Due
<p>3 2/4/20</p>	<p>§ Mental Status Exam: Cognitive Components § Psychiatric Assessment Tools § Voice hearing simulation § Schizophrenia Spectrum and other Psychotic Disorders (Part I)</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Schizophrenia spectrum and other psychotic disorders (pp 87-122) ▪ DSM-5: Assessment measures (pp 733-748) ▪ Morrison 2014: Mental Status Exam II: Cognitive aspects ▪ Online assessment measures of cross-cutting symptoms: https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures <i>[Instructor note: Skim]</i> <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Birchwood 2000; Breitborde 2017; de Portugal 2010; Lieberman 2019; Luhrmann 2014; Wasow 2001
<p>4 2/11/20</p>	<p>§ Schizophrenia Spectrum and other Psychotic Disorders (Part II)</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Schizophrenia spectrum and other psychotic disorders (pp 87-122) ▪ Tandon 2013 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Birchwood 2000; Breitborde 2017; de Portugal 2010; Lieberman 2019; Luhrmann 2014; Wasow 2001 <p>Assignment Due: AA</p> <p>Assignment Due: Voice hearing exercise simulation reflection</p>
<p>5 2/18/20</p>	<p>§ Substance-Related and Addictive Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Substance-Related and Addictive Disorders (pp 481-589) <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Caetano 1998; Khokhar 2018; McCrady 2017; Rehm 2015; Vaeth 2017; Witkiewitz 2004 <p>Assignment Due: AA</p>

Unit	Topics	Readings / Assignments Due
<p>6 2/25/20</p>	<p>§ Depressive Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Depressive Disorders (pp 155-188) <p>Recommended:</p> <ul style="list-style-type: none"> ▪ González 2010; Haroz 2017; Hasin 2018; Jacobs 2000; Lackey 2008; Mohlman 2008; Storck 2000; Zimmerman 2015 <p>Assignment Due: AA</p>
<p>7 3/3/20</p>	<p>§ Mental illness stigma and clinical assessment</p> <p>§ Family support/caregiving and assessment process</p> <p>§ Review</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ CFI Supplementary Modules (pp 3,14); Gaebel 2018; Hernandez 2019; Outram 2014 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Baruch 2018; Corrigan 2014; Guarnaccia 1992; Sarkin 2014; Vega 2010 <p>Assignment Due: AA</p>
<p>8 3/10/20</p>	<p>§ Exam 1</p>	
<p>3/17/20</p>	<p>§ Spring Break</p>	
<p>9 3/24/20</p>	<p>§ Bipolar and Related Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Bipolar and Related Disorders (pp 123-154) <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Akinhanmi 2018; Cerimele 2018; Patel 2006; Strakowski 2000 <p>Assignment Due: AA</p>
<p>10 3/31/20</p>	<p>§ Neurodevelopmental Disorders</p> <p>§ Disruptive, Impulse Control, and Conduct Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Neurodevelopmental Disorders (pp 31-86) ▪ DSM-5: Disruptive, Impulse Control and Conduct Disorders (pp 461-480) ▪ Vanegas 2016 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Coccoaro 2012; Magaña 2013; Magaña 2017; Pardini 2010; Salvador-Carulla 2008 <p>Assignment Due: AA</p>

Unit	Topics	Readings / Assignments Due
<p>11 4/7/20</p>	<p>§ Anxiety Disorders § Obsessive-Compulsive and Related Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Anxiety Disorders (pp 189-233) ▪ DSM-5: Obsessive-Compulsive and Related Disorders (pp 235-264) <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Fawcett 2013; Lewis-Fernandez 2002; Marnane 2013; Pertusa 2010; Stein 2016; Szaflarski 2017 <p>Assignment Due: AA</p>
<p>12 4/14/20</p>	<p>§ Trauma and Stressor Related Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Trauma and Stressor Related Disorders (pp 265-290) ▪ Freidman 2011 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ DiMauro 2014; Pai 2017; Stein 2013; Strain 2011 <p>Assignment Due: AA</p>
<p>13 4/21/20</p>	<p>§ Personality Disorders</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Personality Disorders (pp 645-684) ▪ Hopwood 2011 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ Alik 2005; Bourke 2013; Holm 2008; Rammstedt 2007; Sheehan 2016; Silverstein 2007; Strickland 2013 <p>Due: Assignment 2</p>
<p>14 4/28/20</p>	<p>§ Eating Disorders § Diagnostic Trends and Controversies § Review and Wrap-up</p>	<p>Required:</p> <ul style="list-style-type: none"> ▪ DSM-5: Feeding and Eating Disorders (pp 329-354) ▪ Wium-Andersen 2017 <p>Recommended:</p> <ul style="list-style-type: none"> ▪ De Cuyper 2011; Fernandes 2017; Franko 2007; Micali 2017; Reyes-Rodriguez 2019; Stephan 2016; Strother 2012
<p>15 5/5/20</p>	<p>§ Exam 2</p>	

AA = Article Assessment

IX. 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 race, 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. This atmosphere includes working intentionally to recognize and dismantle racism, sexism, heterosexism, and ableism in the classroom. 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.

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 or online at <https://cmhc.utexas.edu/>.

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 (e.g. Facebook, Twitter, Instagram) and other forms of electronic communication (e.g. blogs) 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/>.

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.

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/>.

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.

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 on the basis of sex <https://titleix.utexas.edu/>. Faculty, field instructors, staff, and/or teaching assistants in their supervisory roles are mandated reporters of incidents of sex discrimination, sexual harassment, sexual violence, stalking, dating violence, or any other forms of sexual misconduct. Students who report such incidents will be informed of University resources. Incidents will be reported to the University's Title IX Coordinator. Further information, including student resources related to Title IX, may also be found at <https://titleix.utexas.edu/>.

CAMPUS CARRY POLICY. The University's policy on concealed firearms 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.

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.

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>.

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 have concerns about their behavioral health, or if they are concerned about the behavioral health of someone else, students may use the Behavior Concerns Advice Line to discuss by phone their concerns. 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 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.

X. BIBLIOGRAPHY.

REQUIRED READINGS

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders-5*. Washington, DC: Author.
- American Psychiatric Association. (2013). Assessment measures. In *Diagnostic and statistical manual of mental disorders (5th ed.)*. (pp 733-748). Arlington, VA: American Psychiatric Publishing.
- 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
- Gaebel, W., & Kerst, A. (2018). The debate about renaming schizophrenia: a new name would not resolve the stigma. *Epidemiology and Psychiatric Sciences, 28*(03), 258–261. doi: 10.1017/s2045796018000513
- Hernandez, M., Hernandez, M. Y., Lopez, D., Barrio, C., Gamez, D., & López, S. R. (2019). Family processes and duration of untreated psychosis among US Latinos. *Early Intervention in Psychiatry, 13*(6), 1389–1395. doi: 10.1111/eip.12779
- Hopwood, C. J. (2011). Personality traits in the DSM–5. *Journal of Personality Assessment, 93*(4), 398-405.

- Morrison, J. (2014). Diagnosis and the Mental Status Exam. In *Diagnosis made easier: Principles and techniques for mental health clinicians*. (3rd ed) (pp. 119-126). New York: Guildford Press
- Morrison, J. (2014). Mental Status Exam I: Behavioral aspects. In *The first interview* (4th ed) (pp. 123-135). New York: Guildford Press.
- Morrison, J. (2014). *Mental Status Exam II: Cognitive aspects*. In *The first interview* (4th ed) pp. 136-159. New York, NY: Guildford Press.
- Online assessment measures of cross-cutting symptoms. Retrieved from <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>
[Instructor note: Skim]
- Outram, S., Harris, G., Kelly, B., Cohen, M., Sandhu, H., Vamos, M., ... Loughland, C. (2014). Communicating a Schizophrenia Diagnosis to Patients and Families: A Qualitative Study of Mental Health Clinicians. *Psychiatric Services*, 65(4), 551–554. doi: 10.1176/appi.ps.201300202
- 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, 201-205.
- Tandon, R. (2013). Schizophrenia and other Psychotic Disorders in DSM-5. *Clinical Schizophrenia & Related Psychoses*, 7(1), 16-19.
- Vanegas, S.B., Magaña, S., McNamara, E., Morales, M. (2016). Clinical validity of the ADI-R in US based Latino populations. *Journal of Autism and Developmental Disorders*, 46, 1623-1635.
- Wium-Andersen, I. K., Vinberg, M., Kessing, L. V., & McIntyre, R. S. (2017). Personalized medicine in psychiatry. *Nordic Journal of Psychiatry*, 71(1), 12-19.
- Yamada, A-M. & Marsella, A. J. (2013). The study of culture and psychopathology: Fundamental concepts and historic forces. In F. Paniagua & A-M. Yamada (Eds.), *The Handbook of multicultural mental health: Assessment and treatment of diverse populations*, 2nd ed (pp. 3-23). San Diego, CA: Academic Press.

RECOMMENDED READINGS

- Alarcón, R. D. (2016). Global mental health and systems of diagnostic classification: Clinical and cultural perspectives. *Acta Bioethica*, 22(1), 15-25.
- Akinhanmi, M. O., Biernacka, J. M., Strakowski, S. M., Mcelroy, S. L., Berry, J. E. B., Merikangas, K. R., ... Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: a call to action. *Bipolar Disorders*, 20(6), 506–514. doi: 10.1111/bdi.12638
- Allik, J. (2005). Personality dimensions across cultures. *Journal of Personality Disorders*, 19(3), 212-232.
- Baruch, E., Pistrang, N., & Barker, C. (2018). 'Between a rock and a hard place': family members' experiences of supporting a relative with bipolar disorder. *Social Psychiatry and Psychiatric Epidemiology*, 53(10), 1123–1131. doi: 10.1007/s00127-018-1560-8
- Birchwood, M., Todd, P., & Jackson, C. (1998). Early intervention in psychosis. *International Clinical Psychopharmacology*, 13. doi: 10.1097/00004850-199801001-00006
- Black, D. W. & Andreason, N. C. (2014). *Introductory textbook of psychiatry* (6th ed.). Washington, DC: American Psychiatric Publishing, Inc.
- Bourke, M. E., & Grenyer, B. F. (2013). Therapists' accounts of psychotherapy process associated with treating patients with borderline personality disorder. *Journal of Personality Disorders*, 27(6), 735-745.
- Breitborde, N. J. K., & Moe, A. M. (2017). Early Intervention in Psychosis in the United States. *Policy Insights from the Behavioral and Brain Sciences*, 4(1), 79–87. doi: 10.1177/2372732216683965
- 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.
- 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.
- de Portugal E, González N, Miriam V, (2010). Gender differences in delusional disorder: Evidence from an outpatient sample. *Psychiatry Residency* 177, 235–239.
- Cerimele, J. M., Fortney, J. C., Pyne, J. M., & Curran, G. M. (2018). Bipolar disorder in primary care: A qualitative study of clinician and patient experiences with diagnosis and treatment. *Family Practice*.
- Coccaro, E. F. (2012). Intermittent explosive disorder as a disorder of impulsive aggression for DSM-5. *American Journal of Psychiatry*, 169(6), 577-588.

- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest*, 15(2), 37–70. doi: 10.1177/1529100614531398
- De Cuyper, 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.
- DiMauro, J., Carter, S., Folk, J. B., & Kashdan, T. B. (2014). A historical review of trauma-related diagnoses to reconsider the heterogeneity of PTSD. *Journal of Anxiety Disorders*, 28(8), 774-786.
- Fawcett, J. (2013). Suicide and anxiety in DSM-5. *Depression and Anxiety*, 30(10), 898-901.
- Fernandes, B. S., Williams, L. M., Steiner, J., Leboyer, M., Carvalho, A. F., & Berk, M. (2017). The new field of “precision psychiatry.” *BMC Medicine*, 15(1), 80. doi:10.1186/s12916-017-0849-x
- Franko, D. L., Becker, A. E., Thomas, J. J., & Herzon, D. B. (2007). Cross-ethnic differences in eating disorders symptoms and related distress. *International Journal of Eating Disorders*, 40, 156-164.
- 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. Schwann, (Eds.) *The Oxford Handbook of Child Psychological Assessment* (pp. 423-444). Oxford: Oxford University Press.
- González, H. M., Vega, W. A., Williams, D. R., Tarraf, W., West, B. T., & Neighbors, H. W. (2010). Depression care in the United States: Too little for too few. *Archives of General Psychiatry*, 67(1), 37-46.
- Guarnaccia, P. J., Parka, P., Deschamps, A., Milstein, G., & Argiles, N. (1992). Si Dios Quiere: Hispanic families experiences of caring for a seriously mentally ill family member. *Culture, Medicine and Psychiatry*, 16(2), 187–215. doi: 10.1007/bf00117018
- Haroz, E. E., Ritchey, M., Bass, J. K., Kohrt, B. A., Augustinavicius, J., Michalopoulos, L., ... & Bolton, P. (2017). How is depression experienced around the world? A systematic review of qualitative literature. *Social Science & Medicine*, 183, 151-162.
- Hasin, D. S., Sarvet, A. L., Meyers, J. L., Saha, T. D., Ruan, W. J., Stohl, M., & Grant, B. F. (2018). Epidemiology of adult DSM-5 major depressive disorder and its specifiers in the United States. *JAMA Psychiatry*. 75(4):336-346.
- Holm, A. L., & Severinsson, E. (2008). The emotional pain and distress of borderline personality disorder: A review of the literature. *International Journal of Mental Health Nursing*, 17(1), 27-35.
- Jacobs, D. G. (2000). A 52-year-old suicidal man. *Journal of the American Medical Association*, 283(20), 2693-2699.
- Khokhar, J. Y., Dwiel, L. L., Henricks, A. M., Doucette, W. T., & Green, A. I. (2018). The link between schizophrenia and substance use disorder: A unifying hypothesis. *Schizophrenia Research*, 194, 78–85. doi: 10.1016/j.schres.2017.04.016
- Lackey, G. F. (2008). “Feeling blue” in Spanish: A qualitative inquiry of depression among Mexican immigrants. *Social Science & Medicine*, 67, 228-237.
- Lassiter, B. (2011). The Mental Status Exam. *The Residents’ Journal*, 6, 9.
- Lewis-Fernández, R., Krishan Aggarwal, N., Bäärnhielm, S., Rohlof, H., Kirmayer, L. J., & Weiss, M. G., ... Lu, F. (2014). Culture and psychiatric evaluation: Operationalizing cultural formulation for DSM-5. *Psychiatry*, 77, 130-154.
- 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.
- Lieberman, J. A., Small, S. A., & Girgis, R. R. (2019). Early Detection and Preventive Intervention in Schizophrenia: From Fantasy to Reality. *American Journal of Psychiatry*, 176(10), 794–810. doi: 10.1176/appi.ajp.2019.19080865
- Luhrmann, 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.
- Magaña, S., Lopez, K., Aguinaga, A., & Morton, H. (2013). Access to diagnosis and treatment services among Latino children with autism spectrum disorders. *Intellectual and Developmental Disabilities*, 51(3), 141-153.
- Magaña, S., Vanegas, S.B. (2017). Diagnostic utility of the ADI-R and DSM-5 in the assessment of Latino children and adolescents. *Journal of Autism and Developmental Disorders*, 47, 1278–1287
- 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.

- McCrary, B.S. (2017). Alcohol Use Disorders: Treatment and mechanisms of change. In D. McKay, J.S. Abramowitz, & E.A. Starch (Eds), *Treatments for psychological problems and syndromes* (pp. 235-247). Hoboken, NJ: John Wiley & Sons Ltd.
- Mezzich, J. E., & Berganza, C. E. (2005). Purposes and models of diagnostic systems. *Psychopathology*, 38(4), 162–165.
- Micali, N., Martini, M. G., Thomas, J. J., Eddy, K. T., Kothari, R., Russell, E., ... & Treasure, J. (2017). Lifetime and 12-month prevalence of eating disorders amongst women in mid-life: A population-based study of diagnoses and risk factors. *BMC Medicine*, 15(1),12.
- Miranda, J., McGuire, T. G., Williams, D. R., & Wang, P. (2008). Mental health in the context of health disparities. *American Journal of Psychiatry*, 165(9), 1102-1108.
- Mohlman, J., Cedenio, L. A., Price, R. B., Hekler, E. B., Yan, G. W., & Fishman, D. B. (2008). Deconstructing demons: The case of Geoffrey. *Pragmatic Case Studies in Psychotherapy*, 4(3), 1-39.
- 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.
- Pai, A., Suris, A. M., & North, C. S. (2017). Posttraumatic stress disorder in the DSM-5: Controversy, change, and conceptual considerations. *Behavioral Sciences*, 7(1), 7. doi: 10.3390/bs7010007
- Paniagua, F. (2009). Assessment in a cultural context. In *Multicultural Aspects of Counseling Series 15*. (pp. 65-95). Thousand Oaks, CA: Sage Publications.
- 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.
- Patel, N. C., Delbello, M. P., & Strakowski, S. M. (2006). Ethnic differences in symptom presentation of youths with bipolar disorder. *Bipolar Disorders*, 8(1), 95–99. doi: 10.1111/j.1399-5618.2006.00279.x
- Pertusa, A., Frost, R. O., & Mataix-Cols, D. (2010). When hoarding is a symptom of OCD: A case series and implications for DSM-V. *Behaviour Research and Therapy*, 48(10), 1012-1020.
- Rammstedt, B., & John, O. P. (2007). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*, 41(1), 203-212.
- Rehm, J., & Room, R. (2015). Cultural specificity in alcohol use disorders. *The Lancet*. pii: S0140- 6736(15)00123-3.
- Reyes-Rodriguez, M. L., Watson, H. J., Barrio, C., Baucom, D. H., Silva, Y., Luna-Reyes, K. L., & Bulik, C. M. (2019). Family involvement in eating disorder treatment among Latinas. *Eating Disorders*, 27(2), 205–229. doi: 10.1080/10640266.2019.1586219
- Salvador-Carulla L, Bertelli M: (2008). 'Mental retardation' or 'intellectual disability': Time for a conceptual change. *Psychopathology*, 41, 10–16.
- Sarkin, A., Lale, R., Sklar, M., Center, K. C., Gilmer, T., Fowler, C., ... Ojeda, V. D. (2014). Stigma experienced by people using mental health services in San Diego County. *Social Psychiatry and Psychiatric Epidemiology*, 50(5), 747–756. doi: 10.1007/s00127-014-0979-9
- Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current Psychiatry Reports*, 18(1), 11.
- Silverstein, M. L. (2007). Diagnosis of personality disorders: A case study. *Journal of Personality Assessment*, 89(1), 82-94.
- Snyderman, D. & Rovener, B. (2009). Mental status examination in primary care: A review. *American Family Physician*, 80, p. 809-814.
- Stephan, K. E., Bach, D. R., Fletcher, P. C., Flint, J., Frank, M. J., Friston, K. J., ... & Dayan, P. (2016). Charting the landscape of priority problems in psychiatry, part 1: Classification and diagnosis. *The Lancet Psychiatry*, 3(1), 77-83.
- Stein, D. J., Koenen, K. C., Friedman, M. J., Hill, E., McLaughlin, K. A., Petukhova, M., ... & Bunting, B. (2013). Dissociation in posttraumatic stress disorder: Evidence from the World Mental Health Surveys. *Biological Psychiatry*, 73(4), 302-312.
- Stein, D. J., Kogan, C. S., Atmaca, M., Fineberg, N. A., Fontenelle, L. F., Grant, J. E., ... & Van Den Heuvel, O. A. (2016). The classification of obsessive–compulsive and related disorders in the ICD-11. *Journal of Affective Disorders*, 190, 663-674.
- Storck, M., Csordas, T. J., & Strauss, M. (2000). Depressive illness and Navajo healing. *Medical Anthropology Quarterly*, 14(4), 571-597.
- Strain, J. J., & Friedman, M. J. (2011). Considering adjustment disorders as stress response syndromes for DSM-5. *Depression and Anxiety*, 28(9), 818-823.

- Strakowski, S., & DelBello, M. P. (2000). The co-occurrence of bipolar and substance use disorders. *Clinical Psychology Review, 20*(2), 191–206. doi: 10.1016/s0272-7358(99)00025-2
- Strickland, C. M., Drislane, L. E., Lucy, M., Krueger, R. F., & Patrick, C. J. (2013). Characterizing psychopathy using DSM-5 personality traits. *Assessment, 20*(3), 327-338.
- Strother, E., Lemberg, R., Stanford, S. C., & Turberville, D. (2012). Eating disorders in men: Underdiagnosed, undertreated, and misunderstood. *Eating Disorders, 20*(5), 346-355.
- Szasz, T. S. (1961). The uses of naming and the origin of the myth of mental illness. *American Psychologist, 16*(2), 59 -65. *Instructor's Note: Classic Article*
- Szafarski, M., Cubbins, L. A., & Meganathan, K. (2017). Anxiety disorders among US immigrants: The role of immigrant background and social-psychological factors. *Issues in Mental Health Nursing, 38*(4), 317-326.
- Vaeth, P. A. C., Wang-Schweig, M., & Caetano, R. (2017). Drinking, Alcohol Use Disorder, and Treatment Access and Utilization Among U.S. Racial/Ethnic Groups. *Alcoholism: Clinical and Experimental Research, 41*(1), 6–19. doi: 10.1111/acer.13285
- Vega, W. A., Rodriguez, M. A., & Ang, A. (2010). Addressing stigma of depression in Latino primary care patients. *General Hospital Psychiatry, 32*(2), 182–191. doi: 10.1016/j.genhosppsych.2009.10.008
- Wasow, M. (2001). Personal accounts: Strengths versus deficits, or musician versus schizophrenic. *Psychiatric Services, 52*(10), 1306-1307.
- Wilcox, J. A., & Reid Duffy, P. (2015). The syndrome of catatonia. *Behavioral Sciences, 5*(4), 576-588.
- Watters, E. (2010). The Americanization of mental illness. *New York Times*. Retrieved from <http://www.nytimes.com>
- Witkiewitz, K., & Marlatt, G. A. (2004). Relapse Prevention for Alcohol and Drug Problems: That Was Zen, This Is Tao. *American Psychologist, 59*(4), 224–235. doi: 10.1037/0003-066x.59.4.224
- Zimmerman, M., Ellison, W., Young, D., Chelminski, I., & Dalrymple, K. (2015). How many different ways do patients meet the diagnostic criteria for major depressive disorder? *Comprehensive Psychiatry, 56*, 29–34. doi: 10.1016/j.comppsy.2014.09.007