

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

Course Number:	SW 393R1	Instructor:	Christine Winston, LCSW-S
Unique Number:	87625	Email:	christinewinston@utexas.edu
Semester:	Summer 2020	Office:	Online
Meeting Time/Place:	M/W 2:30-5:00 pm Via Zoom	Office Phone:	512.289.5802
		Office Hours:	By appointment

CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS

I. STANDARDIZED COURSE DESCRIPTION

This course will focus on the incidence, etiology, and assessment of health and mental health issues with children, adolescents, adults, and families. The framework of the course is based on social work values and the ethical decision-making process, as illuminated by the [NASW Code of Ethics](#). Students will learn models of assessment with which to evaluate human functioning throughout the lifecycle. A bio-psychosocial-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. STANDARDIZED COURSE OBJECTIVES

By the end of the semester, students will be able to:

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

The primary teaching approach in this course is collaborative learning. Course materials are presented primarily through decision case study and in class discussions. Small group work, readings, and lectures are incorporated. The goal is to stimulate students' critical thinking, defensible decision-making, intellectual creativity, and sharing of knowledge and skills the class. Students are responsible for material presented through all these activities. Students are required to complete the assigned readings for each week and be prepared to discuss them.

IV. REQUIRED TEXT AND MATERIALS

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

Corcoran, J and J. Walsh. (2016). *Clinical Assessment and Diagnosis in Social Work Practice* (3rd Edition). New York, NY. Oxford University Press.

DSM-5 full version is available at no cost to students through the UT library as supplemental to the "hard copy." Available at <https://catalog.lib.utexas.edu/record=b8979769>

V. COURSE REQUIREMENTS

Case-Based Take Home Exam 1	10%
Case-Based Take Home Exam 2	10%
Case Assessment Paper	20%
Group Presentation	20%
Participation	20%
Total	100%

Take home case-based exams (each worth 10% of Final Grade)

Due by 2:30 pm on Canvas on due date. Exam 1 is due 7/8, Exam 2 is due 7/22

This case based, take home exam will offer you the opportunity to apply what you have learned from the course material, including readings, lectures, guest presentations, class presentations, and discussion material. The test will consist of both content and application-oriented material.

Clinical Assessment Paper (20% of Final Grade)
Paper is due by 2:30pm on Canvas on 6/29

Each student will complete a 5-7 page clinical assessment of a client you have worked with, or a main character in a book or film following the general assessment interview outline form provided as an basic guide.

The following specific aspects must also be included in the clinical assessment:

1. Identification of 3-5 **defenses** displayed by the client and family members
2. An example of at least 1 **ethical dilemma**, i.e. a circumstance when two or more core social work values as defined by the NASW code of ethics are in conflict.
3. Where relevant in the available reading material, identify **how age, class, culture, race, ethnicity, country of origin, language(s), educational attainment, religious background, sexual orientation, clinician value conflict & physical disability** may influence (limit, compromise, or enhance) the clinical diagnostic effort and the diagnosis
4. The effect of **trauma and economic/social oppression** on the diagnostic process and on the diagnosis
5. A **complete DSM diagnosis** with codes and suspected etiology of diagnosis.
6. Suggestions for areas for further testing or assessment, if needed

In the final section of the paper, write a **very brief** 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; what were your reactions to the family and/or friends' ability to handle this illness; what were the most difficult parts of the narrative for you to deal with emotionally; what kinds of questions did it create for you; 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).

Group presentation on Mental Health Assessment and Diagnosis topic (20% of Final Grade)

Presentations will be given during class on 7/27

This assignment will give groups an opportunity to dive deeper into a topic or diagnosis that we were not able to fully explore during the semester. Students will research a focused area of mental health assessment and diagnosis that interests them and create and in class presentation to offer material in an engaging and educational way and a 4-5 page fact sheet that summarizes the literature you researched and provides any pertinent details to assist fellow students to apply the material presented. The fact sheet will go beyond what the presentation slides include and should be organized in a publication-oriented, informational format. The fact sheet will be made available electronically to students. Presentation topics might be focused on identified populations, specific treatment options, or particular problem areas. Topic areas require approval from the professor in order to meet the expectations for this assignment. Treatment and interventions for mental health may be integrated into presentations. Fact sheets are due by class time. Please submit via Canvas.

Class Participation (20% of Final Grade)

Even though we may be meeting online, it is important to attend class on time, remain awake,

remain for the entire class, and be actively and meaningfully present for effective learning and demonstration of professional behavior. Because you are graduate level social work students, it is expected that you will be able to participate on a deeper level in class discussions, taking healthy risks to work outside of your comfort zone. In order to receive the highest level of participation points, healthy risk-taking for professional growth must be demonstrated. Participation points will be determined by attendance, level of interest, respect for others' learning needs and contributions to classroom discussions and activities. Being prepared for class by reading assigned material is part of this professional expectation as well. Please challenge yourself to participate.

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

VI. GRADES

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. Students are expected to attend **ALL** class meetings, to read **ALL** the assigned readings, and to participate in class discussions.
2. There are no "excused" absences. Students missing two or more class sessions may receive a 10% reduction in their overall course grade. Students missing three (3) or more class sessions may receive an "F" for the course. The instructor may use her/his discretion. Students should not register for this class if he/she has a conflict with the schedule, however emergencies are understandable. As soon as you know that you will not be attending class because of an emergency, please let your instructor know by email.
3. Coming to class late or leaving class early may count as an absence.
4. Assignments are to be submitted according to the schedule. For assignments that are turned in during class periods, these assignments are due at the *beginning* of the class period. Assignments turned in during or after the beginning of class will be considered late and will receive a ten (10%) penalty per day (weekend days are included in the reduction). The instructor may use her/his discretion.
5. The Publication Manual of the American Psychological Association (APA 7th Edition) is the style manual to be used for all assignments. Incorrect APA style results in a deduction of points on assignments.
6. Appropriate referencing is required. Student failure to use quotation marks for direct quotes or citation for indirect quotations and/or others ideas may result in a "0" for the paper and/or an "F" for the course.

7. All papers are to be word-processed or typewritten, double-spaced, 10 – 12 point font, and 1 inch margins.
8. Any modifications, amendments, or changes to the syllabus and or assignments are the discretion of the instructor. Changes will be announced in class. It is the responsibility of the student to inquire about any changes that might have been made in his/her absence.
9. Instructor teaching notes to decision cases are available to instructors. These teaching notes are NOT to be used by students for any purposes. The use of these notes is considered an infraction of the University policies governing scholastic dishonesty will result in the initiation of a level three student review and may result in the student's failure in this class or the program. In addition, it is expected that students will produce original work for feedback and analysis. Therefore, utilizing any past case analyses is not acceptable.
10. Students who have difficulty with the course materials, assignments, or class activities should schedule an appointment with the instructor as soon as possible so that, where appropriate, additional assistance can be provided.
11. This course is part of a professional training program. The behavior that is expected of social workers in professional practice settings is also expected of students in this course. Students are expected to arrive at class punctually, to remain in class for its duration, and to maintain focus upon course content during class. Eating in class is permitted only during breaks. Cell phones, smart phones, and laptops must be turned off during the duration of the class. While it is expected that course content will include examination of a diverse array of ideas and opinions, the professor does require that students engage one another with respect and professionalism.

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.

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/>.

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.

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>.

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.

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.

IX. SCHEDULE

1 6/8 m	<p>Overview of Syllabus Introduction to Assessment and Diagnosis</p> <p>Controversies in Assessment and Diagnosis</p> <p>Culture and Diagnosis</p>	<p>DSM 5 Introduction Other Conditions that may be a Focus (Z-Codes) Cultural formulation and cultural glossary Corcoran and Walsh: Ch 1-2</p> <p>Optional readings on Canvas: McWilliams, Why Diagnose?</p> <p>Martinez (2013) Conducting the Cross-Cultural Clinical Interview</p> <p>Paniagua (2013) Culture-Bound Syndromes, Cultural Variations, and Psychopathology</p>
---------------	--	--

2 6/10 w	<p>Mental Status Examinations</p> <p>Neurocognitive Disorders</p> <p>Mental Disorders due to a General Medical Condition</p> <p>Assessments: Mini-Mental Status Exam (MMSE) and the Mental Status Exam</p>	<p>DSM 5 Major and Mild Neurocognitive Disorders Corcoran and Walsh: Neurocognitive Disorders Ch 18 http://www.heardalliance.org/resources/screening-tools</p> <p>Optional readings on Canvas</p> <p>Montoro-Rodriguez and Gallagher-Thompson (2020) Stress and Coping: Conceptual Models for Understanding Dementia Among Latinos</p> <p>Chavez-Dueñas et al (2020) Contextual, Cultural, and Sociopolitical Issues in Caring for Latinxs with Dementia: When the Mind Forgets and the Heart Remembers</p>
3 6/15 m	<p>Neurodevelopmental Disorders</p> <p>Disorders typically diagnosed in Childhood and Adolescence</p> <p>Defense Mechanisms https://dmrs-q.com/</p> <p>Assessments: Modified Checklist for Autism in Toddlers (MCHAT)</p>	<p>DSM-5 Neurodevelopmental Disorders Disruptive, Impulse Control and Conduct Disorders Corcoran and Walsh: Ch 3-6</p> <p>Optional readings on Canvas:</p> <p>Garcia-Barrera and Moore (2013) History Taking, Clinical Interviewing, and the Mental Status Examination in Child Assessment</p> <p>Magaña et al (2013) Access to Diagnosis and Treatment Services Among Latino Children With Autism Spectrum Disorders</p> <p>Pardini (2010) Building an Evidence Base for <i>DSM-5</i> Conceptualizations of Oppositional Defiant Disorder and Conduct Disorder: Introduction to the Special Section Cases</p>
	Depressive Disorders	

<p>4 6/17 w</p>	<p>Adjustment Disorders</p> <p>Bipolar spectrum disorders</p> <p>Assessing for suicidality, Beck Depression Inventory (BDI-2) Patient Health Questionnaire (PHQ-9)</p>	<p>DSM 5–Depressive Disorders Bipolar and Related Disorders Adjustment Disorder pp 286 Corcoran and Walsh: Ch 12, 15</p> <p>Optional readings on Canvas; Cerimele et al (2019) --Bipolar Disorder in Primary care</p> <p>Leong et al (2000) Suicide among Racial and Ethnic Groups: Implications for Research and Practice</p> <p>Lackey (2008) Feeling blue” in Spanish- A qualitative inquiry of depression among Mexican immigrants</p> <p>Haroz et al (2016) How is depression experienced around the world? A systematic review of qualitative literature</p>
<p>5 6/22 m</p>	<p>Anxiety Disorders</p> <p>Obsessive Compulsive and Related Disorders</p> <p>Assessment tool: Yale Brown Obsessive Compulsive scale (YBOCS)</p>	<p>DSM 5 Anxiety Disorders Obsessive Compulsive and Related disorders Corcoran and Walsh: Ch 7-8</p> <p>Optional readings on Canvas: Fernandez et al (2002) Comparative Phenomenology Of <i>Ataques De Nervios</i>, Panic Attacks, And Panic Disorder</p> <p>Szaflarski et al (2012) Anxiety Disorders among US Immigrants: The Role of Immigrant Background and Social-Psychological Factors</p>
<p>6 6/24 w</p>	<p>Schizophrenia Spectrum and other Psychotic Disorders</p> <p>Malingering</p> <p>Assessments: Brief Psychiatric Rating Scale (BPRS), Positive and Negative Syndrome Scale (PANSS)</p>	<p>DSM 5: Schizophrenia Spectrum and other Psychotic Disorders) Substance-Induced Disorders (Not Including Dependence and Abuse) Medication-Induced Movement Disorders and Other Adverse Effects of Medication.</p> <p>Corcoran and Walsh: Ch 17</p> <p>Optional readings on Canvas: Wilcox and Duffy (2015) The Syndrome of Catatonia</p>

		Luhrmann et al (2015) Differences in Hearing Voices of people with psychosis in the USA, India and Ghana: interview-based study
7 6/29 m	Catch Up Day Small Group Differential Diagnosis exercises	<u>Case assessment Due</u> No new reading!
8 7/1 w	Medications for Treatment of Mental Health Guest Lecture: Dr. Vijay Gorrepati, Psychiatrist with Integral Care <u>Receive take home exam</u>	https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Types-of-Medication
9 7/6 m	Trauma and Stressor Related Disorders Dissociative Disorders Somatoform Disorders Factitious Disorders Assessments: Dissociative Experiences Scale (DES) PTSD Check List (PCL-5)	. DSM 5 sections: Trauma and Stressor Related Disorders Dissociative Disorders Somatic Symptom and Related Disorders Corcoran and Walsh: Ch 9 Optional readings on Canvas: Lutton and Swank (2018) The Importance of Intentionally in Untangling Trauma From Severe Mental Illness Saxe et al (2002) Self-Destructive Behavior in Patients with Dissociative Disorders Bryant-Davis and Ellis (2013) Therapeutic Treatment Approaches for Ethnically Diverse Survivors of Interpersonal Trauma Schore (2009) Attachment Trauma and the Developing Right Brain: Origins of Pathological Dissociation

		https://utexas.kanopy.com/video/ace-study-i-childhood-trauma-and-adult-health
10 7/8 w	Personality disorders	<p><u>Take home exam 1 due</u></p> <p>DSM 5: Personality Disorders Corcoran and Walsh: Ch 16</p> <p>Optional readings on Canvas: Lingiardi and McWilliams (2017) Chapter 1</p> <p>Blair (2001) Neurocognitive models of aggression, the antisocial personality disorders, and psychopathy</p>
11 7/13 m	<p>Personality Disorders, Continued</p> <p>Guest Lecture: Shannon Huggins, LCSW-S, BCD</p>	<p>Canvas: Paris and Black (2015) Borderline Personality Disorder and Bipolar Disorder</p> <p>Optional readings on Canvas:</p> <p>Kernberg and Yeomans (2013) Borderline personality disorder, bipolar disorder, depression, attention deficit/hyperactivity disorder, and narcissistic personality disorder: Practical differential diagnosis</p>
12 7/15 w	<p>Substance-related and Addictive Disorders</p> <p>Guest Lecture: Julie Falchuk, LCSW</p> <p>Assessments: SASSI, CAGE</p> <p><u>Receive take home exam 2</u></p>	<p>DSM 5 sections: Substance-related and Addictive Disorders Corcoran and Walsh: Ch 13</p> <p>Optional readings on Canvas: Room (2006) Taking account of cultural and societal influences on substance use diagnoses and criteria</p> <p>Jones et al (2015) A Qualitative Study of Black Women's Experiences in Drug Abuse and Mental Health Services</p>

<p>13 7/20 m</p>	<p>Eating Disorders</p>	<p>DSM-5 sections: Feeding and Eating Disorders</p> <p>Corcoran and Walsh: Ch 11</p> <p>Optional readings on Canvas: Strother et al (2012) Eating Disorders in Men: Underdiagnosed, Undertreated, and Misunderstood</p> <p>Lipsman (2013) Neurocircuitry of limbic dysfunction in anorexia nervosa</p> <p>Franco et al (2007) Cross-Ethnic Differences in Eating Disorder Symptoms and Related Distress</p>
<p>14 7/22 w</p>	<p>Panel of Social Workers Working in Community Mental Health</p>	<p><u>Take home exam 2 due</u></p> <p>Optional readings on Canvas:</p> <p>Huey and Jones (2002) Improving Treatment Engagement and Psychotherapy Outcomes for Culturally Diverse Youth and Families</p>
<p>15 7/27 m</p>	<p>Group Presentations</p> <p>Online course evaluations-- on your own</p>	<p>Please turn in fact sheets via Canvas by class time</p>

X. BIBLIOGRAPHY

Alarcón, R. D. (2016). Global mental health and systems of diagnostic classification: Clinical and cultural perspectives. *Acta Bioethica*, 22(1), 15-25

Allen, L. A.; Woolfolk, R.; Escobar, J.; Gara, M.; Hamer, R. (2006) Cognitive- Behavioral Therapy for Somatization Disorder: A Randomized Controlled Trial *Arch Intern Med.*;166 (14):1512-1518.

Allik, J. (2005). Personality dimensions across cultures. *Journal of Personality Disorders*, 19(3), 212-232.

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

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

Baethge, Christopher, Baldessarini, Ross J., Khalsa, Hari-Mandir Kaur, Hennen, John, Salvatore, Paola, Tohen, Mauricio (2005). Substance Abuse in First- Episode Bipolar I Disorder: Indications for Early Intervention, *Am J Psychiatry* 162: 1008-1010

Barkley, R. A. (1998). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment (2nd ed.)*. New York: Guilford.

Barlow, D. H., & Durand, M. V. (1999). *Abnormal psychology: An integrative approach (2nd ed.)*. Pacific Grove, CA: Brooks/Cole. [Chp. 1, Abnormal behavior in historical context]

Bass, C., Jones, D. (2006); Fabricated or induced illness, *Psychiatry*, Volume 5, Issue 2, *Psychological medicine* 1, 1, Pages 60-65

Beck, Aaron T., Brown, Gary, Berchick, Robert J., Stewart, Bonnie L., Steer, Robert A. (2006) Relationship Between Hopelessness and Ultimate Suicide: A Replication With Psychiatric Outpatients, *Focus* 4: 291-296

Berg, M.B., Mimiaga, M.J., & Safren, S.A. (2004). Mental health concerns of HIV- infected gay and bisexual men seeking mental health services: An observational study. *AIDS Patient Care & STDs*, 18(11), 635-643.

Bockting, W. O., & Coleman, E. (1993). *Gender dysphoria: Interdisciplinary approaches in clinical management*. *Journal of psychology & human sexuality*, v. 5, no. 4. New York: Hayworth Press.

Bobo, W. V., Voort, J. L. V., Croarkin, P. E., Leung, J. G., Tye, S. J., & Frye, M. A. (2016). Ketamine for treatment-resistant unipolar and bipolar major depression: Critical review and implications for clinical practice. *Depression and Anxiety*, 33(8), 698-710.

Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating fact from fiction: An empirical examination of six myths about dissociative identity disorder. *Harvard Review of Psychiatry*, 24(4), 257–270.

Buelow, G., Hebert, S., & Buelow, S. (2000). *Counselor's resource on psychiatric medications: Issues of treatment and referral (2nd Ed.)*. Pacific Grove, CA: Brooks/Cole.

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.

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*.

Chavez-Dueñas N.Y., Adames H.Y., Perez-Chavez J.G., Smith S.N. (2020) Contextual, Cultural, and Sociopolitical Issues in Caring for Latinxs with Dementia: When the Mind Forgets and the Heart Remembers. In: Adames H., Tazeau Y. (eds) *Caring for Latinxs with Dementia in a Globalized World*. Springer, New York, NY

Cook, J M, & O'Donnell, C. (2005). Assessment and psychological treatment of posttraumatic stress disorder in older adults. *Journal of Geriatric Psychiatry & Neurology*, 18, 2. p.61(11).

Corcoran, J and J. Walsh. (2016). *Clinical Assessment and Diagnosis in Social Work Practice* (3rd Edition). New York, NY. Oxford University Press.

Cozolino, L. (2006). *The Neuroscience of Human Relationships*. New York: Norton.

DuPaul, G. J., & Stoner, G. (1998). *Assessing ADHD in the schools*. New York: Guilford.

Frances, A and Ross, R. (2001) *DSM-IV-TR Case Studies: A Clinical Guide to Differential Diagnosis*. Washington, DC. American Psychiatric Press.

Franklin, C., & Jordan, C. (1999). *Family practice: Brief systems methods for social work*. Pacific Grove, CA: Brooks/Cole. [Chp. 9, Rapid Assessment in family practice

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.

Fonagy, P, Gergley G, Elliott J., Target, M. (2004) *Affect Regulation, Mentalization and Development of the Self*. New York: Other Press.

Gabbard, G. O. (2007). *Gabbard's treatments of psychiatric disorders*. Washington, DC: American Psychiatric Pub.

Garcia-Lopez, L., Jose Olivares, Deborah Beidel, Anne-Marie Albano, Samuel Turner, Ana I. Rosa, (2006) Efficacy of three treatment protocols for adolescents with social anxiety disorder: A 5-year follow-up assessment, *Journal of Anxiety Disorders*, Volume 20, Issue 2, Pages 175-191

Gillberg, C., Harrington, R., & Steinhausen, H.-C. (2006). *A clinician's handbook of child and adolescent psychiatry*. Cambridge, UK: Cambridge 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.

Greenwald, R., & Rubin, A. (1999). Assessment of posttraumatic symptoms in children: Development and preliminary validation of parent and child scales. *Research on Social Work Practice*, 9(1), 61-75.

Guilleminault, C.; Lee, J.; Chan, A. (2005) Pediatric Obstructive Sleep Apnea Syndrome *Arch Pediatr Adolesc Med.*;159(8):775-785

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.

Hinson, VK., Haren, WB. (2006) Psychogenic movement disorders, *The Lancet Neurology*, Volume 5, Issue 8, Pages 695-700

Janca, A., Isaac, M., & Ventouras, J. (2006, February). Towards better understanding and management of somatoform disorders. *International Review of Psychiatry*, 18(1), 5-12.

Kamphaus, R. W., & Frick, P. J. (2005). *Clinical assessment of child and adolescent personality and behavior*. New York, NY: Springer.

Kaplan, H. I., & Sadock, B. J. (1998). *Clinical psychiatry*. Baltimore: Williams & Wilkens. [Chp. 2, Typical signs and symptoms of psychiatric illness defined]

Kernberg, Otto K. (1993). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, CT: Yale University Press.

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.

Lahey, B., Loeber, R., Burke, J., & Applegate, B. (2005). Predicting Future Antisocial Personality Disorder in Males From a Clinical Assessment in Childhood. *Journal of Consulting and Clinical Psychology*, 73(3), 389-399.

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, Jeffrey A.(2005), Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia, *N Engl J Med* 353: 1209-1223

Lingiardi, V., & McWilliams, N. (Eds.). (2017). *Psychodynamic diagnostic manual: PDM-2* (2nd ed.). Guilford Press.

Lock, J. & Steiner, H. (1999). Gay, lesbian, and bisexual youth risks for emotional, physical, and social problems: Results from a community-based survey. *Journal of the American Academy for Child and Adolescent Psychiatry*, 38(3), 297-304.

Lukas, S. 1993. *Where to Start and What to Ask*. New York, NY. Norton.

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.

March, J. S., & Mulle, K. (1998). *OCD in children and adolescents: A cognitive- behavioral treatment manual*. New York: Guilford.

Mash, E., & Terdal, L. G. (Eds). (1997). *Assessment of childhood disorders* (3rd ed.). New York: Guilford Press.

Mc Williams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press.

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

Morrison, J. (2014). Mental Status Exam I: Behavioral aspects. In *The first interview* (4rd ed) (pp. 123-135). New York: Guildford Press.

Nicholls, D., Viner, R. (2005) Eating disorders and weight problems *BMJ* 2005;330:950-953.

Nasrallah, Henry A., Targum, Steven D., Tandon, Rajiv, McCombs, Jeffrey S., Ross, Ruth (2005). Defining and Measuring Clinical Effectiveness in the Treatment of Schizophrenia, *Psychiatr Serv* 56: 273-282.

Nathan, P. E., & Gorman, J. M. (Eds). (1998). *A guide to treatments that work*. New York: Oxford University Press.

Newman, Louise K. (2002) Sex, Gender and Culture: Issues in the Definition, Assessment and Treatment of Gender Identity Disorder, *Clinical Child Psychology and Psychiatry* 7: 352-359

Nuttall, E. V., Romero, I., & Kalesnik, J. (Eds.) (1999). *Assessing and screening preschoolers: Psychological and educational dimensions* (2nd ed.). Boston, MA: Allyn & Bacon

Othmer, E. & Othmer S. C. (2002). *The Clinical Interview Using DSM-IV-TR, Vol. 1: Fundamentals*. Washington DC: American Psychiatric Press, Inc.

Paniagua, F. (1998). *Assessing and treating culturally diverse clients* (2nd ed.). Thousand Oaks, CA: Sage.

Paniagua and Yamada eds (2013) Handbook of Multicultural Mental Health (Second Edition): Assessment and Treatment of Diverse Populations, Elisker.

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.

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis* (2nd edition). Boston, MA: Cengage Learning

Paul, R. (2006). *Language disorders from infancy through adolescence: Assessment & intervention*. St. Louis, Mo: Mosby Elsevier.

Pelham, William E., Fabiano, Gregory A. & Massetti, Greta M. (2005). Evidence- Based Assessment of Attention Deficit Hyperactivity Disorder in Children and Adolescents. *Journal of Clinical Child & Adolescent Psychology*, 34 (3), 449-476.

Pomeroy, E (2000). *The Clinical Assessment Workbook* (2nd edition). Cengage.

Portzky, G., Audenaert, K., Heeringen, K. (2005) Adjustment disorder and the course of the suicidal process in adolescents, *Journal of Affective Disorders*, Volume 87, Issues 2-3, Pages 265-270

Preston, JD, JH O'Neal, M. C. Talaga. (2008) Handbook of Clinical Psychopharmacology for Therapists, 5th edition. New Harbinger Publications.

Rappley, Marsha D (2005). Attention Deficit-Hyperactivity Disorder, *N Engl J Med* 352: 165-173

Rehm, J., & Room, R. (2015). Cultural specificity in alcohol use disorders. *The Lancet*. pii: S0140-6736(15)00123-3.

Roberts, A. R. (2005). *Crisis intervention handbook: Assessment, treatment, and research*. Oxford: Oxford University Press.

Romero, I. (1999). Individual assessment procedures with preschool children. In

E. Nuttall, I. Romero, & J. Kalesnik (Eds.), *Assessing and screening preschoolers* (2nd Ed). Boston: Allyn & Bacon.

Room, R. (2006). Taking account of cultural and societal influences on substance use diagnoses and criteria. *Addiction*, 101(s1), 31-39.

Schore, A.N. (2003). *Affect dysregulation and disorders of the self*. New York: W.W. Norton and Company, Inc.

Schore, A. (2009) Attachment Trauma and the Developing Right Brain: Origins of Pathological Dissociation. In Dell, Paul, and J. O'Neil eds. *Dissociation and the Dissociative Disorders : DSM-V and Beyond.*, Taylor & Francis Group, 2009. ProQuest Ebook Central, <https://ebookcentral-proquest-com.ezproxy.lib.utexas.edu/lib/utxa/detail.action?docID=614744>.

Smith, Y., Van Goozen, S., Kuiper, A., Cohen-Kettenis, P., (2005). Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine*, **35**, pp 89-99

Strother, E., Lemberg, R., Stanford, S. C., & Turberville, D. (2012). Eating disorders in men: Underdiagnosed, undertreated, and misunderstood. *Eating Disorders*, 20(5), 346-355.

Szaflarski, 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.

Tasman, Allan, et al. *The Psychiatric Interview : Evaluation and Diagnosis*, John Wiley & Sons, Incorporated, 2013. ProQuest Ebook Central, <https://ebookcentral-proquest-com.ezproxy.lib.utexas.edu/lib/utxa/detail.action?docID=1187749>.

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 somatoform disorders. *International Review of Psychiatry*, 18(1), 67-73.

Tronik, E.Z. & Weinberg, M.K. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L. Murray & P. J. Cooper (Eds.). *Post partum depression and child development* (pp. 54-81). New York: Guilford Press

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

van der Kolk, B. A. (2002). The Assessment and Treatment of Complex PTSD. In R. Yehuda (Editor) Treating Trauma Survivors with PTSD. Washington, DC: American Psychiatric Press, Inc.

van der Kolk, (2006). Clinical Implications of Neuroscience Research in PTSD *Annals of the New York Academy of Sciences*, pp. 1-17

Wallin, D.J., (2007). Attachment in Psychotherapy. New York, NY: Guilford Press.

Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, A & King, M. (2004). Rates and predictors of mental illness in gay men, lesbians and bisexual men and women: Results from a survey based in England and Wales. *The British Journal of Psychiatry*, 185, 479-485.

Widiger, T., & Samuel, D. (2005). Evidence-based assessment of personality disorders. *Psychological Assessment*, 17(3), 278-287.

Wilcox, J. A., & Reid Duffy, P. (2015). The syndrome of catatonia. *Behavioral Sciences*, 5(4), 576-588.

Wilson, G. Terence (2005) Psychological Treatment of Eating Disorders *Annual Review of Clinical Psychology* 1, 439-465

Zarit, S. H., & Zarit, J. M. (2007). Mental disorders in older adults: Fundamentals of assessment and treatment. New York: Guilford Press.

Zucker, K. J., & Bradley, S. J. (1995). Gender identity disorder and psychosexual problems in children and adolescents. New York: Guilford Press.

Zucker, Kenneth J. (2005) Gender Identity Disorder in Children and Adolescents, *Annual Review of Clinical Psychology* 1, 467-492