

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

**Course Number:** SW 393R1

**Unique Number:** 89570

**Semester:** Summer 2021

**Meeting Time/Place:** 5:30-8:30pm T/Th  
via Zoom

**Instructor:** Arlene Montgomery

**Email:** marksak@utexas.edu

**Office:** Virtual

**Phone:** 512-480-8086(home)

**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 to evaluate human functioning throughout the lifecycle. A bio-psycho-social-spiritual and cultural emphasis will be applied to the diagnostic categories within the DSM5. 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;
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**

This course is designed to include a variety of teaching methodologies to achieve the expectation of student mastery of the skills involved in the examination of social work practice as it is

supported by selected scientific findings. Readings, discussion, lecture, experiential exercise, videos, audio CDs, case examples, and presentations are designed to enhance the learning experience.

#### **IV. REQUIRED TEXTS AND MATERIALS**

##### Required and Optional Texts/Materials

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

Optional: Buelow, H., Hebert, S. & Buelow. S. (2000). *Psychotherapist's resources on psychiatric medications: Issues of treatment and referral (2nd ed.)* Belmont, CA: Brooks/Cole.(Several copies will be in Learning Resource Center)

#### **V. COURSE REQUIREMENTS**

##### **Policy on attendance, participation, and due dates for assignments**

Students are expected to log on to class regularly and to participate in the class discussions by contributing meaningful questions and discourse with fellow students and the instructor. Readings are expected to be completed prior to class. Role will be taken; leaving class will be considered an unexcused absence unless arrangements have been made with the instructor for the absence to be excused. Students are expected to be on video 95% of the time, unless arrangements have been made otherwise. Points will be deducted from the final grade for unexcused absences. The student is allowed one unexcused absence without penalty. Students will not be permitted to make up work missed during unexcused absences. Late assignments will not be accepted without penalty; some exceptions may be made by the instructor. Failure to attend class regularly and demonstrate through class discussion that one has read the assigned material will be considered in assigning the final grade.

Evaluation based on:

Reading assignment completion

Class participation

Class attendance

Successful completion of assignments

#### **VI. COURSE ASSIGNMENTS**

The assignments include the following:

a GROUP presentation which includes a handout for classmates (summary of important points from assigned clinical articles and from the texts, emphasizing differential diagnostic issues); a discussion of clinical issues from film clips to illustrate important points from the assigned material; role play illustrating certain diagnostic issues

INDIVIDUAL: a one page reaction paper to the issues elicited from your particular group's topic under study; a clinical assessment of a role play interview based on student's group presentation assignment(see Course Schedule)

All CLASS members write clinical assessment for the first role play(Paper #1) and all CLASS members write clinical interview assessment of written case study (material in Canvas, Sra. Pires Fernandez)

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

The class will be led in a discussion of clinical material illustrated by clips from films such as WHAT'S EATING GILBERT GRAPE; LIKE WATER FOR CHOCOLATE, TAXI DRIVER, FATAL ATTRACTION, AS GOOD AS IT GETS, GIRL INTERRUPTED, AND SYBIL and possibly other films.

Each student or group will lead a discussion on some of the film material as it illustrates certain technical material from the texts and other assigned material. The instructor will participate, as well. The expectation is for all class members to watch the film under study before the discussion in class. The presenter(s) will guide us in attending to selected scenes that illustrate the technical material to be discussed. Scenes will be used for the class to practice telehealth skills.

The role play will be of an approximation of a character or characters from the films that illustrate the assessment process of the clinical unit of attention, such as an individual or family as well as the diagnostic entities. The role play (s)will be conducted by a professional Clinical Social Worker; students may volunteer to conduct the interview if they wish, but this is not a requirement. Students will view the film and film clips with differential diagnostic questions in mind and share with the class during discussions. The class discussions will be treated as if they are a clinical staffing in a clinical setting.

Each panel (or presenter) will summarize briefly the clinical points in material assigned to their particular film example. Each classmate will be provided with a copy of the summaries via email. The purpose of the summary is to provide an outline for the discussion. The panel is expected to have mastered those points in order to integrate the material in a class discussion. Note: the assigned material from the DSM- 5 should not be outlined in detail; further instructions will be provided on the first class day.

### **The individual or group presentation should include the following:**

Examples from movie illustrating

- a. 10 defenses (5%)
- b. examples of at least 2 ethical dilemmas, as defined by NASW Code of Ethics; quote the ethical standard (2%)
- c. in the assigned film material, identify ways the factors of age, class, culture, race, ethnicity, country of origin, language(s), educational attainment, religious background, sexual orientation, clinician value conflict and/or physical ability may influence (limit, compromise, or enhance) the clinical diagnostic effort and the diagnosis (4%)
- d. the effect of trauma and economic/social oppression on the diagnostic process and on the diagnosis (5%)
- e. a brief example of a research question generated by the effort to diagnosis a film figure (1%)
- f. psychometric measurement tool (1%) {each panel will discuss with instructor}
- g. legal issues that might arise (1%)

h. differential diagnosis issues (1%)

### **One-page reaction paper (5%)**

{the reaction paper is intended to reflect the student's educational experience of his/her /their own panel presentation: The reaction paper should address the student's experience of applying the diagnostic process to a person(s); a value, clinical, and ethical dilemma of the student's toward the diagnostic interview role play {re: the ethical concern, cite the ethical standard from Code of Ethics}; and an emotional experience had by the student regarding the prospect of diagnosing and/or interviewing the "client" in question and a defense mechanism which the student might likely erect to cope with that emotional reaction. **Reaction paper is due next class day following the role play.**

### **Papers**

Format for Paper #1 {25% of final grade} {choose 2 references from the Reference List at end of this syllabus and/or on Canvas to support some answers to the following questions; use hand-outs on Mental Status Exam & defense mechanisms found in Canvas; worth 2points} For this paper, the first role play experience(Gilbert Grape), the film, class discussion, and written material of interview provide the clinical data. The paper will provide an assessment of one the interviewees and speculations about the family member not present in the family interview and is to include the following:

- a. a brief discussion of the assessment of the client system(s) with a sample of the client's interpersonal behavior and emotional processes that can either support or qualify inferences from the history and examination (make an inference) (3%)
- b. the following information from a mental status examination: ways the client(s) minimize(s) or exaggerate(s) certain aspects of the client(s) history, particular topics/questions that evoke hesitation or signs of discomfort, and the general style of relating (2%)
- c. client's ability to communicate about emotional issues with sample of behavior illustrating that ability (or compromised ability) (2%)
- d. example of 1 defense mechanism typical of this "client's" diagnosis including examples of the following: the coping style, the function, inferred cognition, and the diagnostic language (make a chart) (3%)
- e. 4 examples from the clinical interview that contained 4 of elements of a mental status exam (2%)
- f. An error made by the clinician with the correction from the assigned literature (.5%)
- g. An example of *your personal reaction* to the interview including a value conflict, a clinical concern, an ethical concern, and a counter-transference reaction (quote the ethical standard from NASW Code of Ethics) (.5%).
- h. Possible diagnoses of client & younger son, including V,T, Z-Codes; give criteria met with examples; mention the possible effect of the younger son's mental health status on diagnosing the client; differential diagnosis issue(s); mention strengths of client and younger son(10%)

**Paper #2** will address a case assessment with a focus on cultural influences upon the diagnostic process, analyzing hidden strengths which affect the diagnosis, and professional judgment, boundary and ethical issues. Case on Senora Pires to be provided. Four references from Reference List or other assigned material required for each ½ of paper(each reference worth .5 points).

For Paper #2 {30% of final grade}, for first ½ of Paper #2, answer all questions like Paper #1 instructions(above), but do not include the diagnosis in the first 1/2;  
 for Paper #2, second ½, address these additional questions, use any material and/or class discussion from Like Water for Chocolate, including the role play, and the case study on Senora Pires Fernandez to inform your answers.

- a. list two strengths and two weaknesses of the assessment interview(for example, they may include boundary issues; professional judgement issues; ethical issues)
- b. suggest a theoretical approach to address any symptom(cite a source), stating why you make that choice;
- c. diagnosis: mention cultural factors affecting the diagnostic process with references; list diagnostic criteria met with examples; list specifiers, if relevant; list possible T,Z,V-Codes with examples; differential diagnosis issues; mention strengths of client.

**Role Play Paper**

The panel presentation group in which a student participates determines which role play is assessed.(See Course Schedule for due dates). The format for this paper is the same as for Paper #1, except only one person is assessed. Three references for Reference List or other assigned material required.

**VII. Grading**

Percent of final grade

30%	Group Presentation, role play reaction paper, and summaries of articles
15%	Role play paper, see course schedule for due dates
25%	Paper #1(due @ 12 noon June19 via email, <a href="mailto:marksak@utexas.edu">marksak@utexas.edu</a> )
30%	Paper #2 (first ½ due 12 noon, Saturday, July 24; second ½ due at end of term at midnight, both via <a href="mailto:marksak@utexas.edu">email {marksak@utexas.edu}</a> )

**GRADING 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

**VIII. UNIVERSITY POLICIES**

**THE UNIVERSITY OF TEXAS HONOR CODE.** The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility.

Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

**PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM.** The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as 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.

## **IX. COURSE SCHEDULE**

Day	Topic	Assignment Due All read	Readings(most in Canvas) Presentation group summarizes unless **; class not required to read
06-03	Introduction to course	<i>All read Intro, 5-17; Glossary, 817-831; Table3, 779-781;783-786 in DSM-5 for next week</i>	Autism treatment may restore.... Autism & the Brain... Depression changes brain structure.... (in Canvas)
06-08	Gilbert Grape	<i>All read DSM-5 Classification(xiii-xiv);</i>	Vaillant(1974) chart and **Montgomery (2013) Ch.2 in Canvas  **Defensive Functioning Scale (807-810); Glossary (811-813); GARF Scale (814); SOFAS Scale (817) in DSM-IV-TR in Canvas
06-10	Gilbert Grape, cont' Role Play	<i>All read Neurodevelopmental Disorders 31-86 WHODAS 2.0(World Health organization Disability Assessment Schedule 2.0, 36-item version, self-administered, DSM-5, 747-748) Table 2 Parent-guardian-rated DSM-5 level1 Cross-Cutting Symptom measure for child 6-17: 12 domains, thresholds for further inquiry, and associated level 2 measures, DSM-5 p. 736; Depressive Disorders, 155-189,</i>	Assessment tool: In Scarf, M. (1995). Intimate worlds, life inside the family. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5 in Canvas  Other presentation suggestions located in Canvas:  Damage control -Brain injury; Differences in Brain Development Dysregulation of the Right Brain;How the Brain Rewires Itself;How Poverty Affects the Brain.

		<p><i>DSM-5; Post-traumatic Stress Disorder, 271-280</i></p> <p><b>Gilbert Grape writes on Sybil role play</b></p>	
<b>06-15</b>	<b>Film: Like Water for Chocolate</b>	<p><i>Cultural Formulation 749-759; Glossary of Cultural Concepts of Distress 833-837; Selective Mutism, 195-197; Posttraumatic Stress Disorder, 271-280; Acute Stress Disorder, 281-286; Other Specified Trauma- and Stressor-Related Disorder, 289-290; Depersonalization/ Derealization Disorder, 302-306</i></p> <p><i>Buelow, et al., Appendix A: the Nervous System</i></p>	<p>Greenberg, G. (July 2001). The Serotonin Surprise. <i>Discover</i>, 22(7). 64-69.</p> <p>Aisenberg, E. (2008). Evidence-Based practice in mental health care to ethnic minority communities: Has practice fallen short of its evidence? <i>Social Work</i>, 53(4), 297-306.</p> <p>Other presentation suggestions(in Canvas): Hallucinations &amp; Trauma; Treating the Dissociative Child; The Pain of Social Disconnection; Truly, Deeply, Madly in Love; Somatoform Disorders; The Body Remembers</p>
<b>06-17</b>	<b>Like Water for Chocolate, con't</b>	<p><b>Paper #1(Gilbert Grape)due Saturday, June 19 at noon via email</b></p> <p><b>(marksak@utexas.edu)</b></p>	<p>Chapter 10 Cultural issues in Relational Diagnosis: Hispanics in the United States and Chapter 11 Cultural Considerations in Diagnosis (152-170), Florence W. Kaslow (Ed.) <i>Handbook of relational diagnosis and dysfunctional family patterns</i>. (1996). Canada: John Wiley and Sons. In Canvas.</p>
<b>06-</b>			

22	<p><b>Like Water for Chocolate, con't Role Play</b></p> <p><b>Begin Taxi Driver</b></p>	<p><i>As Good as it Gets or Fatal Attraction or Girl Interrupted writes paper on Like Water for Chocolate, due one week after role play</i></p>	
06-24	<p><b>Taxi Driver</b></p>	<p><i>Schizophrenia Spectrum and Other Psychotic Disorders, 87-154; Substance-related and Addictive Disorders, 481-590; Posttraumatic Stress Disorder, 271-280; Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Bipolar and Related Disorders, 123-154</i></p> <p><i>Buelow, et al., Chapter 4, Psychosis and the Antipsychotics, 103-132. Clinician-Rated Dimensions of Psychosis Symptom Severity, 743-744;</i></p>	<p><i>Gabriel, M.A. (Summer, 1992). Anniversary Reactions: Trauma Revisited. Clinical Social Work Journal, 20 (2), 179-192.</i></p> <p><i>The clinical and forensic assessment of psychopathy: A practitioner's guide. Carl B. Gacano, Ed. (2000)</i></p> <p>Assessment tool: PCL-R Checklist and Forensic Interview Schedule. The Psychopathy Check-list Revised and Screening Version Robert H. Bodholdt, Henry R. Richards, &amp; Carl B. Gacano.</p> <p>Other presentation suggestions(in Canvas): The Bonds of War, PTSD; Severity of combat related...;Revisiting Duty to Warn; The Psychology of Shame...;Tetris;Systemic Racism and Racial...;Comparing Cleckly...;Paranoia and Suicidality</p>
06-29	<p><b>Taxi Driver, cont'd</b></p>		<p>);</p>

<b>07-01</b>	<b>Taxi Driver, con't Role Play</b>	<i>Sybil presentation group writes paper on Taxi Driver, due one week after role play</i>	
<b>07-06 &amp; 07-08</b>	<b>As Good as It Gets OR Fatal Attraction or Girl Interrupted</b>	<p><i>Personality Disorders 591-644; Anxiety Disorders, 189-234; Obsessive-Compulsive and Related Disorders, 235-164; Alternative DSM-5 model for Personality Disorders ,761-782; Buelow, et al., Anxiety and the Anxiolytics: Sleep Disorders and the Hypnotics (79-102); Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Personality Disorders, 645-684</i></p> <p><i>Buelow, et al., Chapter 2, Depression and the Antidepressants: Bipolar Disorder and Lithium, 35-78.</i></p>	<p>Assessment tool: Yale Brown Obsessive Compulsive Scale OR Hand-outs on assessment of post-partum depression; Beck Depression Inventory; Beck Anxiety Inventory;</p> <p>Herman, J. L. &amp; van der Kolk, B. A. (1987). Traumatic Antecedents of Borderline Personality Disorder. In Psychological trauma (pp. 111-126) Bessel A. van der Kolk. USA: American Psychiatric Association</p> <p>Price, S.K. (2008). Women and reproductive loss: Client-Worker dialogues designed to break the silence. Social Work, 53(4). 367-376</p> <p>Other presentation suggestions(in Canvas):Child Abuse affects the Brain;Depression Changes the Brain; Personality Changes During...;Narcissistic Defense...;The Neurobiology of Empathy...;The Internal Saboteur; The Limits of Talk Therapy</p>
<b>07-13</b>	<b>As Good as It Gets OR Fatal Attraction or Girl Interrupted Role Play</b>	<i>Like Water... writes paper on As Good... OR Fatal Attraction or Girl</i>	

		<i>Interrupted, due one week after role play</i>	
07-15	<b>Sybil presentation begins</b>	<p><i>Depressive Disorders, 155-189; Anxiety Disorders, 189-253; Dissociative Disorders; Trauma- and Stressor-Related Disorders; Somatic Symptom and Related Disorders; Sleep-Wake Disorders, 361-422</i></p> <p>First 1/2 paper #2 due noon, Saturday, July 24 to <b>marksak@utexas.edu</b></p>	<p>Presentation suggestions(in Canvas): The Clinician as Neuroarchitect...;The body Remembers...;Scientists Identify Mechanisms...;Tonic Immobility...; Unseen Fear...The Psychology of Shame;the Effects of Child Sexual Abuse...Disorders of Extreme Stress</p>
07-20 07-22	<b>Sybil</b>	<p><i>Taxi Driver presentation groups write paper on Sybil role play, due last class day</i></p>	<p>van der Kolk, B. A. (1987). The psychological consequences of overwhelming life experiences. In Psychological trauma. Bessel A. van der Kolk (Ed.). USA: American Psychiatric Association, 1-30.</p> <p>Assessment tool: Steinberg, M., Rounsaville, B., et al., (1994). Distinguishing between multiple personality disorder (dissociative identity disorder) and schizophrenia using the Structured Clinical</p>

			Interview for DSM IV Dissociative Disorders. Journal of Nervous and Mental Disorders, 182, 495- 502  Buelow, et al.: Pain and Analgesics
07- 27	<b>Last Class Day</b>		
	<b>Second ½ paper #2 due last class day, midnight to marksak@utexas.edu</b>		

## X. BIBLIOGRAPHY

### Suggested References for Clinical Assessment and Differential Diagnosis

Abbeduto, L., Seltzer, M. M., Shattuck, P., Krauss, M. W., Orsmond, G., & Murphy, M. M. (2004). *Psychological well-being and coping in mothers of youths with autism, down syndrome, or fragile X syndrome*. *American Journal on Mental Retardation*, 109(3), 237-254.

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

Alvarez, L.R. & Ruiz, P. (2001). Substance abuse in the Mexican American population. In Shulamith Lala Asheberg Straussner (Ed.) *Ethnocultural cultural factors in substance abuse treatment*. New York: The Guilford Press. (111-136).

Applegate, J. S. (1996). The good-enough social worker: Winnicott applied. In J. Edward & J. Sanville (Eds.), *Fostering Healing and Growth: A Psychoanalytic social work approach* (pp.77-96). Northvale New Jersey: Jason Aronson.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Antokoletz, J. C. (1993). A Psychoanalytic view of cross-cultural passages. *The American Journal of Psychoanalysis*, 53 (1), 35-54.

Ayón, C., & Naddy, M. B. G. (2012). LATINO IMMIGRANT FAMILIES' SOCIAL SUPPORT NETWORKS: STRENGTHS AND LIMITATIONS DURING A TIME OF STRINGENT IMMIGRATION LEGISLATION AND ECONOMIC INSECURITY.

*Journal of Community Psychology*, 41(3), 359–377. <https://doi.org/10.1002/jcop.21542>.

Beaton, B., Davidsen, S., & TerHaar, L.(1993). Fulltext periodicals on CD-ROM. *The Journal of Academic Librarianship*, 19(1), 56.[https://doi.org/10.1016/0099-1333\(93\)90821-1](https://doi.org/10.1016/0099-1333(93)90821-1)

Bamford, K. W. (1991). Bilingual issues in mental health assessment and treatment. *Hispanic Journal of Behavioral Sciences*, 13(4), 377-390.

Bernal, G. & Scharron del Rio, M. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology*, 7(4), 328-342.

Brabender, V.M. & Fallon, A. (2009). Ethical hot spots of combined individual and group therapy: Applying four ethical standards. *International Journal of Group Psychotherapy*, 59(1).127-147.

Brandell, J. R. (2002). The marginalization of Psychoanalysis in academic social work. *Psychoanalytic Social Work*, 9(2), 41-50.

Buelow, M. T. & Brunell, A. B. (2020). Narcissism, the experience of pain, and risky decision making. *Frontiers in Psychology*, 11, 1128-1128.

<https://doi.org/10.3389/fpsyg.2020.01128>

Busch, F. N., Rudden, M., & Shapiro, T. (2004). *Psychodynamic treatment of depression*. American Psychiatric Pub.

Canino, G., Polanczyk, G., Bauermeister, J. J., Rohde, L. A., & Frick, P. J. (2010). Does the Prevalence of CD and ODD Vary across Cultures? *Social Psychiatry and Psychiatric Epidemiology*, 45(7), 695–704.

Cassidy, J. & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical application*. New York: Guilford Press.

Carr, A. (1990). Failure in family therapy: a catalogue of engagement mistakes. *Journal of Family Therapy*, 12(4), 371–386. <https://doi.org/10.1046/j..1990.00403.x>

Comas-Diaz, & Minrath, M. (1985). Psychotherapy with ethnic minority borderline clients. *Psychotherapy*, 22(2), 418-426.

Conte, H. R. & Plutchik, R. (1996). Ego defenses. Theory and measurement. New York: A Wiley-Interscience Publication.

Courtois, C. A. & Ford, J.D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.

Damasio, A. (1999). *The feeling of what happens*. New York: Harcourt, Brace, and Company.

Dyche, L. & Zayes, L. H. (2001). Cross-cultural empathy and training the contemporary psychotherapist. *Clinical Social Work Journal*, 29(3), 245-258.

Edmond, T., Rubin, A., & Wambach, K. (1999). The effectiveness of EMDR with adult female survivors of childhood sexual abuse. *Social Work Research*, 23, 103-116.

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

In Paul M.G. Emmelkamp & Ellen Vedel, *Evidence-based treatment for alcohol and drug abuse: A practitioner's guide to theory, methods, and practice*. Chapter 5 Complicating Factors 157-193. NY: Routledge.

Fadus, M. C., Ginsburg, K. R., Sobowale, K., Halliday-Boykins, C. A., Bryant, B. E., Gray, K. M., & Squeglia, L. M. (2020). Unconscious Bias and the Diagnosis of Disruptive Behavior Disorders and ADHD in African American and Hispanic Youth. *Academic Psychiatry*, 44(1), 95–102.

M., & Squeglia, L. M. (2020). Unconscious Bias and the Diagnosis of Disruptive Behavior Disorders and ADHD in African American and Hispanic Youth. *Academic Psychiatry*, 44(1), 95–102.

Fenster, A. (1996). Group therapy as an effective treatment modality for people of color. *International Journal of Group Psychotherapy*, 46(3), 399-416.

Foster R.P. ((1993, April). The bilingual self. Paper presented at thirteenth annual spring

meeting of the Division of Psychoanalysis(39) of the American Psychological Association, New York: NY.

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

Frey, L. L. (2013). Relational-Cultural Therapy: Theory, Research, and Application to Counseling Competencies. *Professional Psychology: Research and Practice*, 44, (3), 177-185.  
DOI: 10.1037/a0033121.

Garzon, F. & Tan, S. (1992). Counseling Hispanics: Cross-cultural and Christian Perspectives. *Journal of Psychology and Christianity*, 11(4), 378-390.

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

Gorkin, M. (1986). Countertransference in cross-cultural psychotherapy. The example of Jewish therapist and Arab Patient. *Psychiatry*, 49, 69-79.

Great Valley Publishing Company, Inc. (2003, August). *The Complexities of Informed Consent*.  
Social Work Today.

Greenson, R. R.(1950). The mother tongue and the mother. *International Journal of Psycho-Analysis*. 31: 18-23.

Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2016). *Empowerment series: Direct social work practice: Theory and skills*. Nelson Education.

Kail, B.L. & de la Rosa, M. (1998). Challenges to treating the elderly Latino substance abuser: A not so hidden research agenda. *Journal of Gerontological Social Work* (The Haworth Press, Inc.) 30 (½).123-141.

Katsavdakakis, K. A., Sayed, M., Bram, Al, & Brand Bartlett, A. (2001). How was this story told in the mother tongue? An integrative perspective. *Bulletin of the Menninger Clinic*.

Lazar, S.G. (Ed.). (2010). *Psychotherapy is worth it: A comprehensive review of its cost-effectiveness*. Washington, DC: American Psychiatric Press.

Lee, C., Gavriel, H., Drummond, P., Richards, J., & Greenwald, R. (2002). Treatment of post-traumatic stress disorder: A comparison of stress inoculation training with prolonged exposure and eye movement desensitization and reprocessing. *Journal of Clinical Psychology*, 58, 1071-1089.

- Lenzenweger, M.F. (2010). *Schizotypy and schizophrenia: The view from experimental psychopathology*. New York: The Guilford Press.
- Masterson J.F. (2000). Chapter Three, Diagnosis—A Psychodynamic Approach to the Borderline, Narcissistic, and Schizoid Personality Disorders (59-74). In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, Az: Zeig, Tucker & Co. Inc., 59-74.
- McLean J. (2007). Psychotherapy with a Narcissistic Patient Using Kohut's Self Psychology Model. *Psychiatry (Edgmont (Pa. : Township))*, 4(10), 40–47.  
<https://pubmed.ncbi.nlm.nih.gov/20428310/>
- McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press. 1-8.
- Miller, N.E., Luborsky, L., Barber, J.P., & Docherty, J.P. (Eds.). (1993). *Psychodynamic treatment research*. New York: Basic Books.
- Montgomery, A. (2013). *Neurobiology essentials for clinicians: What every therapist needs to know*. New York, NY: W.W. Norton & Company.
- National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Pawlukewicz, J. (2003). World Trade Center trauma interventions: A clinical model for affected workers. *Psychoanalytic Social Work*, 79-88.
- Pliszka, S.R. (1998). Co-morbidity of attention-deficit/hyperactivity disorder with psychiatric disorder: An overview. *Journal of Clinical Psychiatry*, 59, 50-58.
- Plutchik, R., Kellerman, H., & Conte, H. R. (1979). A structural theory of ego defenses and emotions. In C. E. Izard (Ed.), *Emotions in personality and psychopathology* (pp. 227–257). New York: Plenum.
- Main, M. & Hesse, E. (1990). Parent's unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. Greenberg, D. Cicchetti, & M. Cummings (Eds.). *Attachment in the preschool years: Theory, research and*

*intervention* (pp. 161-182). Chicago: University of Chicago Press.

Mattison, M. (2000). Ethical decision making: The person in the process. *Social Work* 45(3) 201-212.

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

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

Organista, K. C., Munoz, R. F., & Gonzalez, G. (1994). Cognitive-behavioral therapy for depression in low- income and minority medical outpatients: Descriptions of a program and exploratory analyses. *Cognitive Therapy and Research*, 18(3), 241-259.

Millon, T., Krueger, R.F., & Simonsen, E. (Eds.). (2010). Contemporary directions in psychopathology: *Scientific foundations of the DSM-V and ICD-11*. New York: The Guilford Press.

Patterson, J., Albala, A.A., McCahill, M.E., & Edwards, T.M. (Eds.). (2010, revised). *The therapist's guide to psychopharmacology: Working with patients, families, and physicians to optimize care*. New York: the Guilford Press.

Palombo, J. (1985). The treatment of neurocognitively impaired children: A Perspective from Self Psychology. *Clinical Social Work Journal*, 13, 117-128.

Post, R. M., Weiss, S. R. B., Smith, M., Li, H., & McCann, U. (1997). Kindling versus quenching: Implications for the evolution and treatment and posttraumatic stress disorder. In R. Yehuda & A. C. McFarlane (Eds.). *Psychobiology of posttraumatic stress disorder*. Annual New York Academy of Sciences, 821, 285-295.

Rauch, S.L., van der Kolk, B. A., Fislser, R.E.A., Nathaniel, M., Orr, S.P., Savage, C.R., Fischman, A.F., Jeneki, M.A., & Pittman, R.K. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. *Archives of General Psychiatry*, 53, 380-387.

Reamer, F. G. Boundary issues in social work: Managing dual relationships. *Social Work* 48(1), 121-133.

Regier, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D.J. (Eds.). (2011). *The conceptual evolution of DSM-5*. Washington, DC: American Psychiatric Publishing.

Rosenthal, C. (2000). Latino practice outcome research: A review of the literature. *Smith College Studies in Social Work*, 70(2)), 217-238.

Roth, A. & Fonagy, P. (Eds.). (2005). *What works for whom? A critical review of*

- psychotherapy research*. New York: The Guilford Press.
- Russell, G.C.(1993). The role of denial in clinical practice. *Journal of Advanced Nursing*, 18(6), 938–940. <https://doi.org/10.1046/j.1365-2648.1993.18060938.x>
- Saari, C. (2000). *The environment: Its role in psychosocial functioning and psychotherapy*. New York: Columbia University Press.
- Sands, R. G. (2001). *Clinical social work practice in behavioral mental health*. Needham Heights: Allyn and Bacon.
- Sharpe, S. A. (2000). *The ways we love: A developmental approach to treating couples*. New York: The Guilford Press.
- Shonkoff, J. P. & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Solomon, M. & Weiss, N. (1992). Integration of Daniel Stern’s developmental theory into a model of couple’s therapy. *Clinical Social Work Journal*, 29(4), 377-393.
- Strom-Gottfried, K. (2000). Ensuring ethical practice: An examination of NASW code violation, 1986-97. *Social Work* 45(3), 251-261.
- Study cites most reported ethics breaches, (1995, April). *NASW News*, p.4.
- Sue, S. Zane, N. & Young, K. (1994). Research on psychotherapy with culturally diverse populations. In A.E. Bergin & S. L. Garfield (Eds.). *Handbook of psychotherapy and behavioral change (4th ed.)* (pp. 783-817), New York: Wiley.
- Tronik, E.Z. & Weinberg, M.K. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L. Murray & P. J. Cooper (Eds.). *Post-partum depression and child development* (pp. 54-81). New York: Guilford Press.
- V Codes (DSM-5) & Z Codes (ICD-10)*. (1, 1 2021). Retrieved from PsychDB: <https://www.psychdb.com/teaching/dsm-v-icd-z-codes#relational>
- van der Kolk, B.A. (2002). Beyond the talking cure: Somatic experience and subcortical imprints in the treatment of trauma. In F. Shipiro (Ed.). *EMDR as an integrative psychotherapy approach: Experts of diverse orientations explore the paradigm prism* (pp. 57-83). Washington, DC: American Psychological Association Press.
- van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.