

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

Course Number: SW 393R

Unique Number: 59980

Semester: Spring 2022

**Meeting Time/Place: 2:30-5:30 Monday
SSW2.118**

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Office Hours: By appointment on zoom

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.(University Co-op only has electronic copies available; March 2022 new edition hard-copy becomes available).

Preston, J. & Johnson, J.(2015). *Clinical psychopharmacology made ridiculously simple, edition 8, updated for DSM-5*, Miami, Florida: MedMaster, Inc.

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 the excused. 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.

Course Assignments

The assignments include the following:

Notes on reading assignments; a group panel **presentation** which includes a handout for classmates (summary of important points from assigned clinical articles and from the texts, emphasizing differential diagnostic issues) including a discussion of clinical issues from film clips to illustrate important points from the assigned material including a **one-page reaction paper**; and a 3-5-page **critique** addressing assessment issues **for the role play clinical interviews and 2 papers**.

Panel Presentation(group) {20% 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 & SYBIL and possibly other films. Each student or group will lead a discussion on some of the film material as they illustrate 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.

The role play will be 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. 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 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 (1%). Each classmate and the instructor will be provided with a copy of the summaries via email before the class. 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. All students except the presenters will submit brief notes on assigned readings to the instructor by the end of the week of the presentation.

The group presentation should include the following:

Examples from movie illustrating (provide hand-out for class with this information)

- 10 defenses (5%)
- examples of at least 2 ethical dilemmas, as defined by NASW Code of Ethics; quote the ethical standard (2%)
- 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%)
- the effect of trauma and economic/social oppression on the diagnostic process and on the diagnosis (4%)
- a brief example of a research question generated by the effort to diagnosis a film figure (.5%)
- psychometric measurement tool (1%) {each panel will discuss with instructor}
- legal issues that might arise (1%)
- differential diagnosis issues (1%)
- strengths of client or client system (.5%)

One-page reaction paper (.1%)

{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. Each student will write only one reaction paper.**

Papers

Format for Papers: choose 2 references(1%) 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 located in Canvas file.

For all 3 papers, the role play experience, the film, class discussion(s), assigned readings, and interview provide the clinical data. Additionally, for Senora Pires-Fernandes paper, the case transcript is a source of information.

Format:

- 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) (4%)
- 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%)
- client's ability to communicate about emotional issues with sample of behavior illustrating that ability (or compromised ability) (2%)
- 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%)(note: these categories are found in Canvas files as hand-out on defense mechanisms)
- 4 examples from the clinical interview that contained 4 of elements of a mental status exam (3%)
- An error made by the clinician with the correction from the assigned literature (.5%)
- An example of your personal reaction to the interview including a value conflict, a clinical concern, a counter-transference reaction, and an ethical concern (quote the ethical standard from NASW Code of Ethics) (.5%).
- speculate on the part of the brain which may be compromised by one of the symptoms/criteria exhibited (Preston, et al.) & speculate on a class of medications which might address one of the symptoms/criteria and briefly discuss of those being diagnosed; give the page number(s) from Preston, et al.(2 %)

Paper #1 on Senora Pires-Fernandez(use any material from Like Water for Chocolate film & presentation): Possible diagnoses of client & mother, including V-T-Z Codes; give criteria met

with examples; mention the possible effect of the mother's mental health status on clinical judgment in diagnosing the client; differential diagnosis issue(s);

- list two strengths and two weaknesses of the assessment interview(.5%)
- suggest a theoretical approach to address any symptom of daughter, stating why you make that choice (1%)
- mention cultural factors affecting the diagnostic process with references(1.5%)
- list criteria met with examples; list specifiers, if relevant; list possible V-T-Z Codes with examples(8%)
- differential diagnosis issues; suggest medication and rationale for it for one symptom(2%).

For Paper #2 on Gilbert Grape film: 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 clinical judgment in diagnosing the client; differential diagnosis issue(s) and suggest medication for on symptom for mother and child and rationale for medication(13%)

For Role Play paper (each student only writes one of these): diagnose film character of role play interview. Possible diagnoses of client, including V-T-Z Codes; give criteria met with examples; differential diagnosis issue(s); suggest medication and rationale for one symptom {each section worth ½ of points for other 2 papers: 15% total points)

For assigned reading summaries: for each presentation under "All Read", choose 5 points important to your learning from the material and send via email by Saturday noon following completed presentation

Grading

Percent of final grade

20%	Group or Individual Presentation, role play reaction paper, and summary
15%	Role play paper, see course schedule for due dates
5%	Assignment summaries, due on Saturday noon at end of completed presentation
30%	Paper #1(due Saturday, March 12
30%	Paper #2 due mid-night, May 6 via email)

VI. GRADING

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

Policy on attendance, participation, and due dates for assignments.

Students are expected to attend 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 at the break will be considered an unexcused absence unless arrangements have been made with the instructor for the absence to be excused. 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. Use of a laptop computer should only pertain to class and not personal matters/interests.

VIII. UNIVERSITY POLICIES

COVID-19 RELATED INFORMATION. The University's policies and practices related to the pandemic may be accessed at: <https://protect.utexas.edu/>

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 ACADEMIC INTEGRITY. Students who violate University rules on academic 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 academic dishonesty will be strictly enforced. For further information, please visit the Student Conduct and Academic Integrity website at: <http://deanofstudents.utexas.edu/conduct>.

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.

UNIVERSITY ELECTRONIC MAIL STUDENT NOTIFICATION. Electronic mail (email), like postal mail, is a mechanism for official University communication to students. The University will exercise the right to send email communications to all students, and the University will expect that email communications will be received and read in a timely manner. Students can find UT Austin's policies and instructions for updating their e-mail address at <https://it.utexas.edu/policies/university-electronic-mail-student-notification-policy>.

RELIGIOUS HOLY DAYS. A student who misses classes or other required activities, including examinations, for the observance of a religious holy day should inform the instructor as far in advance of the absence as possible so that arrangements can be made to complete an assignment within a reasonable period after the absence. A reasonable accommodation does not include substantial modification to academic standards, or adjustments of requirements essential to any program of instruction. Students and instructors who have questions or concerns about academic accommodations for religious observance or religious beliefs may contact the [Office for Inclusion and Equity](#). The University does not maintain a list of religious holy days.

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 campus carry may be found here: <https://campuscarry.utexas.edu>.

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 and COVID-19 ADVICE LINE (BCCAL). 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 and COVID-19 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 <https://safety.utexas.edu/behavior-concerns-advice-line>. The Behavior Concerns and COVID-19 Advice Line has been expanded to support The University of Texas at Austin community during the COVID-19 pandemic. By calling 512-232-5050 - Option 2 for COVID-19, students, faculty and staff can be assisted in English and Spanish with COVID-19 support.

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

Date	Topic	Assignment Due	Readings
01-24	<p>Introduction to course</p> <p><i>For all papers:</i> Vaillant chart and Montgomery (2013) Ch.2 in Canvas</p> <p>Defensive Functioning Scale (807-810); Glossary (811-813); GARF Scale (814); SOFAS Scale (817) in DSM-IV-TR in Canvas</p>		

02-07	Film: Like Water for Chocolate	<i>All read: DSM-5: 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>	On hand-out from presentation: Greenberg, G. (July 2001). The Serotonin Surprise. <i>Discover</i> , 22(7). 64-69. 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.
02-14	Like Water for Chocolate, con't	<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>	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
02-21	Like Water for Chocolate, con't Role Play Begin Taxi Driver	<u>Preston & Johnson, Ch. 2 Depression</u>	
02-28	Taxi Driver, con't		
03-07	Taxi Driver Role Play	<i>Schizophrenia Spectrum and Other Psychotic Disorders, 87-154; Substance-related and Addictive Disorders, 481-590; Posttraumatic</i>	<i>Gabriel, M.A. (Summer, 1992). Anniversary Reactions: Trauma Revisited. Clinical Social Work Journal, 20 (2), 179-192.</i> <i>The clinical and forensic assessment of psychopathy: A</i>

		<p><i>Stress Disorder, 271-280; Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Bipolar and Related Disorders, 123-154</i></p> <p><u>Preston & Johnson, Ch.5 Psychotic Disorders</u></p> <p><i>DSM-5: Clinician-Rated Dimensions of Psychosis Symptom Severity, 743-744;</i> <i>Sybil & Gilbert Grape presentation group writes paper on Taxi Driver, due one week after role play</i></p> <p><i>Paper #1 on Sra. Pires-Fernandez due Saturday, March 12 at noon</i></p>	<p><i>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, & Carl B. Gacano.</p> <p>All above in Canvas</p>
03-21	<p>As Good as It Gets OR Fatal Attraction OR Girl Interrupted (Personality Disorders film)</p>	<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; Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Personality Disorders, 645-684</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. & 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>

			Price, S.K. (2008). Women and reproductive loss: Client-Worker dialogues designed to break the silence. <i>Social Work</i> , 53(4). 367-376.\
03-28	Personality Disorders film, con't	<u>Preston & Johnson, comment on BPD in Miscellaneous Disorders</u>	
04-04	Personality Disorders Role Play Sybil presentation begins	<i>For Sybil: 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> <u>Preston & Johnson, Ch4 Anxiety Disorders</u>	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. Assessment tool: Steinberg, M., Rounsaville, B., et al., (1994). Distinguishing between multiple personality disorder (dissociative identity disorder) and schizophrenia using the Structured Clinical Interview for DSM IV Dissociative Disorders. <i>Journal of Nervous and Mental Disorders</i> , 182, 495-502.
04-11	Sybil. con't		
04-19	Sybil role play Gilbert Grape begins	<i>Taxi Driver presentation group writes paper on Sybil role play, due one week after role play</i>	
04-26	Gilbert Grape con't	<u>Preston & Johnson, ADHD comment in Ch 6 Miscellaneous Disorders</u>	
05-02	Gilbert Grape role play		

	<p>Gilbert Grape Paper due Friday, May 6 at midnight</p>	<p><i>All read</i> <i>Neurodevelopmental Disorders</i> 31-86 <i>WHODAS</i> 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; <i>Depressive Disorders, 155-189, DSM-5; Post-traumatic Stress Disorder, 271-280</i></p> <p><i>Duty to warn; materials in Canvas</i></p>	<p>Assessment tool: In Scarf, M. (1995). <i>Intimate worlds, life inside the family</i>. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5 in Canvas</p>
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X. BIBLIOGRAPHY

Suggested References for Clinical Assessment and Differential Diagnosis

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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

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Association, New York: NY.

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