

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

**Course Number: SW 393R1**

**Unique Number: 88560**

**Semester: Summer 2023**

**Meeting Time/Place: 5:30-8:00pm  
SSW 2.116**

**Instructor: Arlene Montgomery**

**Email: marksak@utexas.edu**

**Office:**

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

**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-TR. Students will develop an advanced understanding of people from diverse backgrounds, affirming, and respecting their strengths and differences. The course is built on the identification, analysis, and implementation of empirically-based assessment tools that have incorporated statistically valid reliability and validity studies. Major classification systems, such as Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, and other schemes for assessing and understanding human behavior, will be covered.

**II. STANDARDIZED COURSE OBJECTIVES**

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

1. Demonstrate an in-depth understanding of biological, psychosocial, and cultural theories on the etiology of mental health and mental illness;
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, 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. (2022). *Diagnostic and statistical manual of mental disorders, 6th edition (DSM-5-TR)*. 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 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 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 -TR 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 (1%)
- 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 (2%)
- 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 (1%)

### **One-page reaction paper 2(%)**

{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. In the summer, the due date is one week from 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(located on syllabus and Canvas).

Format for all 3 papers:

- 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 diagnose(s) of Sra. Pires-Fernandez, including V-T-Z Codes; give criteria met with examples; mention the possible effect of the mother’s mental health status on clinical judgment of social worker in diagnosing the client;

- list two strengths and two weaknesses of the assessment interview(1%)

- 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(7%)
- differential diagnosis issues(2%).

For Paper #2 on Gilbert Grape film: Same format plus possible diagnoses of client & younger son, including T-Z Codes; give criteria met with examples; mention the possible effect of the younger son’s mental health status on clinical judgment of social worker 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 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 of 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 of week assigned. When you are on presentation panel, you do not do this assignment.

### 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
30%	Paper #2 {first part due mid-night, July 22, second part due July 27 at mid-night)

ALL ASSIGNMENTS TURNED IN TO MARKSAK@UTEXAS.EDU

### 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.

**DISABILITY ACCOMODATION STATEMENT.** If you are a student with a disability, or think you may have a disability, and need accommodations please contact Disability and Access (D&A). You may refer to D&A's website for contact and more information: <http://diversity.utexas.edu/disability/> . If you are already registered with D&A, please deliver your Accommodation Letter to me as early as possible in the semester so we can discuss your approved accommodations and how they apply in my class.

**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
06-01	<p><b>Introduction to course</b></p> <p><i>For all papers:</i> Vaillant chart and Montgomery (2013) Ch.2 in Canvas</p> <p>Defensive Functioning Scale (807-810); Glossary</p>		



	(811-813); GARF Scale (814); SOFAS Scale (817) in DSM-IV-TR in Canvas		
06-06	<b>Film: Like Water for Chocolate</b>	<p><b>All read:</b>  <b>DSM-5:</b>  <i>Cultural Formulation 859-871; Glossary of Cultural Concepts of Distress 871-879</i>  <i>Mutism &amp; catatonic behavior, 102, -224,234; Selective Mutism, 51,66,215,222-224;234</i></p>	<p><b>On hand-out from presentation:</b>  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>
06-08	<b>Like Water for Chocolate, con't</b>	<p><i>Posttraumatic Stress Disorder, 301-313; Acute Stress Disorder, 313-319; Other Specified Trauma-and Stressor-Related Disorder, 327-328and Unspecified trauma- and Stressor-related Disorder328; Depersonalization/ Derealization Disorder, 343-</i></p> <p><i>As Good as it Gets or Fatal Attraction or Girl Interrupted writes role play paper on Like Water for Chocolate, due one week after role play</i></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>

06-13	Like Water for Chocolate, Role Play	<u>Preston &amp; Johnson, Ch. 2</u> <u>Depression</u> 347 <i>Trauma- and Stressor-Related Disorders, 295-328;</i> <i>Somatic Symptom and Related Disorders, 349-370</i>	
06-15	Taxi Driver, begins	<i>Schizophrenia Spectrum and Other Psychotic Disorders, 101-138; Substance-related and Addictive Disorders, 543-665</i>	Psychopathy as an Emergent Interpersonal syndrome: further Reflections and future Directions, Lilienfeld, et al., 2019
06-20	Taxi Driver	<i>Disruptive, Impulsive-Control, and Conduct Disorders, 521-541; Bipolar and Related Disorders, 139-216</i>  <u>Preston &amp; Johnson, Ch.5</u> <u>Psychotic Disorders</u>  <i>DSM-5: Clinician-Rated Dimensions of Psychosis Symptom Severity, 881-901</i>  <i>Sybil &amp; Gilbert Grape presentation group writes role play paper on Taxi Driver, due one week after role play</i>  <b><i>Paper #1 on Sra. Pires-Fernandez due Sunday, June 25 at noon</i></b>	<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 practitioner's guide. Carl B. Gacano, Ed. (2000)</i>  <i>Duty to warn; materials in Canvas</i> Assessment tool: PCL-R Checklist and Forensic Interview

			<p>Schedule. The Psychopathy Check-list Revised and Screening Version Robert H. Bodholdt, Henry R. Richards, &amp; Carl B. Gacano.</p> <p>A Developmental Approach to Complex PTSD: Childhood and Adult Cumulative Trauma as Predictors of Symptom Complexity, Cloitre, et al.(2009)</p> <p>New Insights into Paranoia(Psychology Today, (2017)</p> <p>All above in Canvas</p>
06-22	Taxi Driver role play	<p><i>For Personality Disorder presentation: Personality Disorders 733-778; Anxiety Disorders, 215-262; Obsessive-Compulsive and Related Disorders, 263-294; Alternative DSM-5 model for Personality Disorders ,881-902</i></p>	<p>For Personality Disorder presentation: 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).</p>

			<p>Traumatic Antecedents of Borderline Personality Disorder. In Psychological trauma (pp. 111-126) Bessel A. van der Kolk. USA: American Psychiatric Association</p> <p>Personality Disorders: A Dimensional Defense Mechanism Approach, Brown, 2010</p> <p>Perturbed Personalities, Meyer-Lindenberg, 2009</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>
06-27	<p><b>As Good as It Gets OR Fatal Attraction OR Girl Interrupted (Personality Disorders film)</b></p>	<p><u>Preston &amp; Johnson, comment on BPD in Miscellaneous Disorders</u> <i>Disruptive, Impulsive-Control, and Conduct Disorders, 461-480; Personality Disorders, 733-748</i></p>	<p>Shame and Implicit Self-Concept in Women with Borderline Personality Disorder, Rusch, et al. 2007.</p>
06-29	<p><b>Personality Disorders</b></p>	<p><i>Personality Disorders, 748-764</i></p>	

07-06	<p style="text-align: center;"><b>Personality Disorders Role Play</b></p> <p style="color: red; text-align: center;"><b>Sybil begins</b></p>	<p><i>Personality Disorders, 764-778</i></p> <p style="text-align: center;"><u>Preston &amp; Johnson, Ch4 Anxiety Disorders</u> <i>Like Water for Chocolate writes role play paper on personality disorder film</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 Interview for DSM IV Dissociative Disorders. Journal of Nervous and Mental Disorders, 182, 495-502.</p>
07-11	<b>Sybil</b>	<p><i>REVIEW; Trauma- and Stressor-Related Disorders, 295-328; Somatic Symptom and Related Disorders, 349-370; Sleep-Wake Disorders, 407-476 For Sybil: Depressive Disorders, 177-214; Anxiety Disorders, 215-</i></p>	<p>For Sybil presentation: Tonic Immobility during Sexual Assault: A Common Reaction Predicting Post-</p>

		<p>261; <i>Dissociative Disorders</i> 329-348</p> <p><i>Taxi Driver presentation group writes paper on Sybil role play, due one week after role play</i></p>	<p>traumatic Stress Disorder and Severe Depression, Moller, et al., 2017</p> <p>Re-Collections of Childhood Sexual Abuse: A Biopsychosocial Perspective, Gasker, 1999</p> <p>For Sybil presentation: Dissociation and the Fragmentary Nature of Traumatic Memories: Overview &amp; Exploratory Study, van der Kolk, &amp; Fishler(1995)</p>
07-13	Sybil role play		
07-18	Gilbert Grape	<p><i>Neurodevelopmental Disorders 35-99; WHODAS 2.0(World Health organization Disability Assessment Schedule 2.0, 36-item version, self-administered, 854-857</i></p> <p><u>Preston &amp; Johnson, ADHD comment in Ch 6 Miscellaneous Disorders</u></p> <p><i>Review Depressive disorders</i> 117-2145</p>	<p>Approaches to Treatment of PTSD, van der Kolk, van der Hart, &amp; Burbridge(1995)</p>
7-20	Gilbert Grape continued	<p><b>All read</b></p> <p><i>Assessment Measures</i>, 841-843;</p> <p><i>Tables 1 &amp; 2 (844-845);</i></p>	<p>Assessment tool: In Scarf, M. (1995). Intimate worlds, life inside</p>

<p>7-25</p>	<p><b>Gilbert Grape role play</b></p> <p><b>Gilbert Grape group may chose to write their role paper <u>reaction</u> paper to any role play, including Gilbert Grape role play</b></p> <p><b>Gilbert Grape paper due July 27, midnight to marksak@utexas.edu</b></p>	<p><i>Parent-guardian-rated DSM-5 level1 Cross-Cutting Symptom measure for child 6-17,849-850; for adult,847-848; Depressive Disorders, 177-216</i></p> <p><i>Separation Anxiety Disorder, Panic Disorder, Panic Attack Specifier, Agoaphobis, Generalized Anxiety Disorder, etc.229-261</i></p>	<p>the family. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5)</p> <p>Autism Treatment May Restore Brain connections</p> <p>Autism and the Brain</p>
-------------	---	--	---

**Case for Paper #1**

**Family Center of Eagle Pass, A United Way Agency**

(draft of report to be presented at staffing and case consultation)

Staff: Clara Benevides, LCSW

Client: Senora Elena Pires Fernandez

Referral Sources: John Ruiz, MD and Josephina Vargas, LCSW

**Identifying Information and Referral Information**

The client, Senora Pires Fernandez, was initially referred or “invited” in her words, to participate in a family assessment precipitated by the case of “nervios” of her daughter, Tita who is 30 years old.

After a consultation with Ramon DeRosario, LCSW, over treatment recommendations for Senorita Tita Pires, Dr. John Ruiz, the family physician, recommended that all family members be evaluated to determine whether the family system had influence on the origins of Tita Pires' symptoms and possibly could be a source of strength toward the improvement of her emotional well-being. To this end the individual family members were evaluated with a family consultation/assessment scheduled after all evaluations were completed and staffed at the Family Center.(For the sake of clarity, the family members will be referred to by their first names for the remainder of this report.)

Ms.Annette del Canto,LCSW, had previously evaluated Tita's sister and brother-in-law, Rosaura and Pedro Soldado. Tita's other sister, Gertrudes Pires, was "a disgrace to the family and we do not speak of her," according to Senora Pires Fernandez. According to Ms. del Canto, Gertrudes was reputed to have become a prostitute (according to Rosaura) or to have fallen in love with a wild, exciting drug dealer(according to Tita).

Although Tita currently is in Eagle Pass (recovering from shock from death of infant nephew) at the home of an aunt, Tita is reluctant to return to Mexico and resume living on her mother's ranch. Her sister, Gertrudis, is estranged from the family, having run away with a man. Living on the ranch are Rosaura and her husband. Tita's emotional problems seemed in response to the death of Rosaura and Pedros' baby, Roberto, who died when the couple had just moved to San Antonio, Texas. Additionally, there seems to have been some sort of relationship between Tita and Pedro prior to his marriage to Rosaura, but the details are vague.

### **History and Assessment of Client**

Senora Pires Fernandez is a 57 year old citizen of Mexico whose husband died of a sudden heart attack a few days after Tita was born (30 years ago). She took over the operation of their large cattle and sheep ranch in Northern Mexico with the help of servants from the nearby village and men whose families had lived on the ranch for generations.

The client appeared for the interview formally dressed as if for church, with a large hat for shading the sun. She seemed fit and healthy in appearance, though somewhat reserved in demeanor. She began the interview by stating firmly that she hoped that the Spanish of the interviewer (speaking about me in the third person) was adequate because, though she spoke perfect English, she preferred Spanish.

Though the client was reluctant to discuss her own family of origin in much detail, the following information was related about her past. She is the eldest of six girls from Mexico City. Her father, a famous art dealer, decided that she would marry at the age of 20 to a man who was considerably older who was a successful landowner. Her two younger sisters were already engaged. She alluded to the fact that she was surprised that her father made that decision. She was happy in Mexico City attending the art institute and socializing with many friends.

She said, "At the time, Papa announced at Sunday evening dinner that I would be leaving my studies and marrying Senor Pires. I will never forget my mother's face; she turned white and tears fell out of her eyes. Papa scolded her right there in front of all of us, including Father Tomas. I would not humiliate my father by such a display. I was a bit shocked, though, as my mother had always told me that Papa intended for me and whoever I married to run his



business....eventually. Anyway, I was glad to get away from frivolous friends, especially one man who believed himself to be my suitor. Perhaps, Papa was right..”

At this point in the interview, she stopped talking freely and abruptly asked what I was ”scribbling” on my notepad. I turned my notes to her so she could see that I was quoting her describing her life. She shrugged and sat back in her chair, resuming her more formal manner, in contrast to her almost reverie when describing her father’s decision for her to marry.

She said that was enough about her. She had a wonderful family, all sisters were married with excellently behaved children, except, of course, for her younger sister who took care of her parents until their deaths. At that point, that sister married an art dealer and now helps her artist husband run their father’s business in Mexico City. She directed the interviewer to discuss her daughter, Tita.

“You should ask me questions about my daughter, who had behaved like a lunatic recently. And now she won’t come home where she belongs. After all, she has a serious responsibility to take care of me in my older age, though I have certainly not reached an older age at *this* point. I hope that she can manage to be sensible, however. Once, she had the absurd idea that she would marry. And her being the youngest daughter!”

The client seemed truly shocked and even outraged at the idea that Tita would want to marry instead of care for her mother in her older age.

”What is wrong with the girl? I am asking all of the doctors and social workers, and no one seems to have any answers. I sometimes wonder if any of you paid attention in school? I can tell you all you need to know. Thanks to God that some one of you finally had the sense to ask me for advice. Anyway, she has always been slow and stupid even, burning things she irons, cooking ridiculous food in the kitchen with the dim-witted servant girls, and being sly.”

When asked what she meant by ‘sly” she hesitated, and then spoke very rapid Spanish, saying that Tita had the idea that she was entitled to marry Pedro. She then stopped talking abruptly, for the second time.

I then asked her to explain, as I was confused because I had thought Pedro was Rosaura’s husband. Not responding directly, Senora Pires Fernandez said emphatically that she thought that Tita’s just had a case of “nervios” from being influenced by the servants. They all seemed to indulge themselves in headaches, crying, something always wrong with their body, walking around at night and poor sleep.

The client was asked again to clarify about Tita marrying Pedro.

The client finally said that originally Tita had planned on marrying Pedro, who was now married to Rosaura, but that (marrying at all) was not allowed. Tita was, after all the youngest daughter, and she knew quite well that she was not to marry anyone.

“Anyway, Rosaura was already old at age 21 and it was past time for marriage responsibilities, so I made the decision that was mine to make, to be sure, “ which was that Rosaura was available for marriage to Pedro, but not Tita.

At this point in the interview, the client seemed to take on a challenging attitude toward me. For much of the session, the client seemed to keep trying to take control of the line of questioning and of the subject, which I allowed in order to obtain as much information as possible.

As the interview was concluding, the client remarked, “I certainly hope that you can read your own writing so the facts will be accurate. The others that have been interviewed leave a great deal to be desired in their ability to tell the truth. I can’t imagine what lies they may have told all of you about our family. Especially Tita. Who but me would tell you that her sly ways were the reason that I sent her sister to Texas, her sneaking around all of the time with that weak-spined son-in-law of mine. I was exhausted from having to watch what they were doing together. And with her sister’s husband. And then, God rest his soul, Roberto’s dying like that.”

When the I tried to comment that I was sorry for the loss of her grandchild, the client looked away out of the window and said calmly and matter-of-factly, “ Well, I am sure that the baby is in Heaven with Jesus.” Senora Pires Fernandez quickly grabbed her hat and handbag and left the room.

Note: The interviewer did conduct most of the interview in Spanish though the client lapsed into English once when describing the ranch business and another time, when she seemed quite emotional (sad and, yet, somewhat nostalgic with some resentment) when discussing her hopes to work in the art world earlier in her life. Once, when the client became really excited and spoke rapidly, the interviewer had a difficult time understanding everything that she said, but decided that the client might think it rude to interrupt her for clarification.

The interviewer was unable to ask for information on several issues, such as how Senora Pires Fernandez felt about Tita returning to the ranch, what her relationship was like with Tita, or how she was feeling about the series of crises that her family had recently experienced.

However, in consultation with the agency supervisor, a tentative differential diagnosis will be made for the client and reported to the referring clinicians. There needs to be an additional effort to address the above issues, as they bear directly upon an appropriate recommendation for Tita Pires Fernandez’ place of residence.

Signed: Clara Benevides, LCSW

## **X. BIBLIOGRAPHY**

### **Suggested References for Clinical Assessment and Differential Diagnosis**

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).

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.

- 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.
- Antokoletz, J. C. (1993). A Psychoanalytic view of cross-cultural passages. *The American Journal of Psychoanalysis*, 53 (1), 35-54.
- 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.
- Cassidy, J. & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical application*. New York: Guilford Press.
- Comas-Diaz, & Minrath, M. (1985). Psychotherapy with ethnic minority borderline clients. *Psychotherapy*, 22(2), 418-426.
- 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.
- 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.
- 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.
- Greenson, R. R.(1950). The mother tongue and the mother. *International Journal of Psycho-Analysis*. 31: 18-23.
- 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.
- Katsavdakis, 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
- 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.
- 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.
- 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., Fisler, 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.

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.

van der Kolk, B.A. (2002). Beyond the talking cure: Somatic experience and subcortical imprints in the treatment of trauma. In F. Shapiro (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.