



COURSE TITLE/SECTION: SOCW 7397/35334—Clinical Applications of the DSM

TIME: Mondays 1:30 PM – 4:30 PM **ROOM:** TBA

FACULTY: Luis R. Torres, PhD **OFFICE HOURS:** Mondays, 8:30am–12:30pm
& by appointment (SW-315)

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I. Course

A. Catalog Description

Cr.3. Prerequisite: Foundation or consent of instructor. Development of assessment and diagnostic skills, and critical analysis of social work clinical applications based on the DSM IV-TR Required Clinical Track course.

B. Purpose

This is an advanced practice course that focuses on critically analyzing the categories in the DSM-IV-TR, or its newest version, and utilizing the DSM diagnostic guide to design assessment for clients in a variety of social work settings.

II. Course Objectives

Upon completion of this course, students will be able to:

1. Critically analyze the political, economic and historical backgrounds of the DSM emphasizing its application in clinical social work practice;
2. Communicate with clients, family members and other professionals regarding major mental disorders and their applicable criteria;
3. Connect social work principles to the DSM diagnostic process;
4. Develop accurate DSM diagnoses in an ethical manner;

5. Demonstrate cultural competence based on the DSM diagnostic criteria in diverse clinical settings and in collaboration with other professionals;
6. Critically review the DSM diagnostic multi-axial statements prepared by other professionals;
7. Describe objectively the strengths and limitations of the DSM system; and
8. Use the DSM as a guide to evaluate clinical practice in diverse social work settings.

SKILLS Addendum: This course is a required clinical track course. Students may anticipate furthering their clinical social work skills to:

1. Think objectively about the strengths and limitations of the DSM system within a bio-psycho-social framework;
2. Develop an understanding of what a mental disorder is, and is not;
3. Develop an understanding of what clinical diagnosis is, and is not;
4. Use the DSM IV-TR as a primary tool in the assessment and treatment/service planning processes;
5. Assess a client's presentation of behaviors, thoughts and feelings to determine if the client meets criteria for a diagnosable mental disorder;
6. Use the information gathered during the assessment to write a DSM IV-TR diagnostic multi-axial formulation for a client;
7. Increase their ability to frame relevant diagnostic questions for clients, and in collaboration with other professionals;
8. Read the DSM IV-TR diagnostic multi-axial statements prepared by other professionals with greater understanding;
9. Increase their ability to describe major mental disorders and their criteria to clients, family members and other professionals;
10. Appreciate the treatment planning implications involved in DSM diagnosis;
11. Apply DSM IV-TR diagnosis in a clinically accurate & ethical manner.

III. Course Content

This course will include the following topical (content) areas:

1. A historical review of mental illness and the DSM system.
2. A thorough review of all 17 major DSM IV-TR diagnostic categories.
3. An introduction on how to use the DSM IV-TR as an assessment and treatment planning guide, including the selection and use of evidence-based practices.
4. An introduction to the roles of social work in medication management.
5. An integrated review of DSM socio-gender-political processes and limitations.
6. A critical review of the portrayal of mental illness in the popular media and its implications for seeking services, treatment, and policy.

IV. Course Structure

The fall 2008 semester course will consist of 14 three-hour classes, plus outside readings and assignments. Classes will include lectures facilitated by the professor; large and small group discussions using video and written case vignettes and case studies; experiential exercises; and student presentations. The focus of the course is a bio-psycho-social approach to understanding psychopathology, assessing its presentation, using the current psychiatric nomenclature to categorize it, and linking psychiatric diagnosis to treatment/service planning decisions. Class attendance, student participation and reading the texts and journal articles are required in order to improve your understanding and assessment of complex mental disorders.

V. Textbooks

Required Texts & Reading. Textbooks 1 through 5 are required and have been ordered through the campus bookstore. Copies have also been requested for placement in the reserve section of the library.

1. American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, D.C.: American Psychiatric Press.

2. Bentley, K. & Walsh, J. (2006). *The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Mental Health Clients, Families, and Providers*, Third Edition. Brooks/Cole Publishing.
3. Corrigan, P. W. (Editor, 2005). *On the Stigma of Mental Illness: Practical Strategies for Research & Social Change*. American Psychological Association Press: Washington DC.
4. Dziegielewski, S. F. (2002). *DSM-IV-TR in action*. New York: John Wiley & Sons, Inc.
5. First, M. B. & Tasman, A. (2006). *Clinical Guide to the Diagnosis and Treatment of Mental Disorders*. West Sussex, England: John Wiley & Sons, Ltd.
6. Journal articles as assigned. Additional peer-reviewed journal articles will be required for presentations and written assignments. Students are expected to find their own recent & relevant journal articles, but may use instructor recommended texts or supplemental references.

Recommended Texts/Supplemental References. These are additional recommended textbooks. Students who plan to pursue a career in psychiatric assessment and treatment might want to add some of these texts to their personal library. In addition, they will be useful resources for the required paper and final take-home exam. Copies will also be requested for purchase by the library and placement in the reserve section. Those titles with an asterisk (*) will have assigned chapters for reading. The list is sorted by assessment, diagnosis and treatment; evidence-based practices; and mental illness and the media.

Assessment, Diagnosis & Treatment:

1. *Barlow, D. (Editor, 2008). *Clinical Handbook of Psychological Disorders: A Step-by-step Treatment Manual*, Fourth Edition. New York: The Guilford Press.
2. Hersen, M. & Turner, S. M. (2003). *Diagnostic Interviewing*, Third Edition. New York: Kluwer Academic/Plenum Publishers.
3. Hersen, M., Turner, S. M., & Beidel, D. C. (Editors, 2007). *Adult Psychopathology and Diagnosis*, Fifth Edition. New Jersey: John Wiley & Sons.

4. Kupfer, D., First, M., & Reiger, D. (Editors, 2002). A Research Agenda for DSM-V. American Psychiatric Press: Washington DC.
5. Millon, T., Grossman, S, Millon, C., Meagher, S., & Ramnath, R. (2004). Personality Disorders in Modern Life, Second Edition. New Jersey: John Wiley & Sons, Inc.
6. *Morrison, J. (2006). DSM-IV Made Easy: The Clinician's Guide to Diagnosis. New York: Guilford Press.
7. Munson, C. E. (2001). The Mental Health Diagnostic Desk Reference: Visual Guides and More for Learning to Use the Diagnostic and Statistical Manual (DSM -IV-TR), Second Edition. New York: Haworth Press, Inc.
8. Othmer, E. & Othmer, S. C. (2002). The Clinical Interview Using DSM-IV-TR, Volume 1: Fundamentals. Arlington, VA: American Psychiatric Press, Inc.
9. Othmer, E. & Othmer, S. C. (2002). The Clinical Interview Using DSM-IV-TR, Volume 2: The Difficult Patient. Arlington, VA: American Psychiatric Press, Inc.
10. Satcher, D. (Dec 1999). Mental Health: A Report of the Surgeon General. Available at <http://www.mentalhealth.samhsa.gov/cmhs/surgeongeneral/surgeongeneralt.asp>.
11. Sperry, L. (2003). Handbook of Diagnosis & Treatment of DSM-IV-TR Personality Disorders, Second Edition. New York: Brunner/Mazel.

Evidence-Based Practices:

1. Barrett, P. M. & Ollendick, T. H. (Editors, 2004). Handbook of Interventions that Work with Children and Adolescents: Prevention and Treatment. West Sussex, England: John Wiley & Sons Ltd.
2. Freeman, C. & Power, M. (Editors, 2007). Handbook of Evidence-Based Psychotherapies: A Guide for Research and Practice. West Sussex, England: John Wiley & Sons Ltd.
3. Nathan, P. E. & Gorman, J. M. (Editors, 2002). A Guide to Treatments that Work, Second Edition. New York: Oxford University Press.

4. Norcross, J. C. (Editor, 2002). *Psychotherapy Relationships That Work: Therapist Contributions and Contributions and Responsiveness to Patients*. New York: Oxford University Press.
5. O'Donohue, W., Fisher, J. E. & Hayes, S. C. (2003). *Cognitive Behavior Therapy: Applying Empirically Supported Techniques in Your Practice*. New Jersey: John Wiley & Sons, Inc.
6. Roberts, A. R. & Yeager, K. R. (Editors, 2004). *Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services*. New York: Oxford University Press.
7. Roth, A. & Fonagy, P. (2005). *What Works for Whom?: A Critical Review of Psychotherapy Research, Second Edition*. New York: The Guilford Press.
8. Stout, C. E. & Hayes, R. A. (Editors, 2005). *The Evidence-Based Practice: Methods, Models, and Tools for Mental Health Professionals*. Hoboken, New Jersey: John Wiley & Sons, Inc.

Mental Illness and the Media:

1. Gabbard, G. O. & Gabbard, K. (1999). *Psychiatry and the Cinema, Second Edition*. Arlington, VA: American Psychiatric Publishing, Inc.
2. Hesley, J. W. & Hesley, J. G. (2001). *Rent Two Films and Let's Talk in the Morning: Using Popular Films in Psychotherapy, Second Edition*. New York: John Wiley & Sons.
3. Robinson, D. J. (2003). *Reel Psychology: Movie Portrayals of Psychiatric Conditions*. Port Huron, Michigan: Rapid Psychler Press.
4. *Wedding, D., Boyd, M. A., & Niemiec, R. M. (2005) *Movies And Mental Illness: Using Films To Understand Psychopathology, Second Revised and Expanded Edition*. Cambridge, MA: Hogrefe.

VI. Course Requirements

1. **Course Assignments.** Students are required to complete all readings from the DSM IV-TR and comprehend its contents. Course assignments are designed to assist in this learning process and include:
 - a. Attendance and class participation (**10%** of grade);
 - b. In-class presentation on clinical and additional features of a specific diagnostic category (assigned or selected by the student) using class readings/materials and clips from popular media such as movies or TV shows (due as per presentation schedule; **20%** of grade);
 - c. Written paper on a case formulation, including multi-axial diagnostic format and recommended evidence-based treatment plan for their assigned or selected diagnostic category (**due October 6th**; **20%** of grade);
 - d. In-class quizzes on class readings, including journal articles that are highlighted with an asterisk (*). There will be 8 – 10 quizzes, unannounced (**10%** of grade);
 - e. In-class mid-term examination (**October 13th**; **20%** of grade);
 - f. Take-home final examination, multiple choice and essay format (due **December 8th**; **20%** of grade).

2. Attendance and class participation

Due to our limited time together, attendance and class participation are important components for effective learning in this class. Attendance and class participation are factored into the final grade at 10% of the grade, and may also be taken into consideration should a student's grade be marginal. If a student misses a quiz due to an absence or lateness, the quiz cannot be made up. In addition, each absence will result in a 5 point loss, unless the absence was cleared a priori with the professor and excused; students are expected to call/email Professor Torres **ahead of time**, whenever possible, to inform him of lateness and/or any absence. More than 3 absences may automatically result in a lower letter grade, and the professor reserves the right to ask the student to withdraw.

To avoid disrupting class, students will turn off pagers and cell phones during class. If a special circumstances merits leaving a cell phone or beeper on, or using a laptop computer, please discuss with the professor prior to the start of class.

VII. Evaluation and Grading

1. Grade Distribution

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| A = 96 to 100 points | C+ = 76 to 79 |
| A - = 92 to 95 | C = 72 to 75 |
| B + = 88 to 91 | C- = 68 to 71 |
| B = 84 to 87 | D = 64 to 67 |
| B- = 80 to 83 | F = below 64 points |

2. Incomplete Grades

An Incomplete grade is a conditional, temporary grade given when students are passing but, for reasons beyond their control, have not completed requirements. Incomplete status will be discouraged for this particular course since this is a practice-related course. If unavoidable circumstances create a major barrier for students and they must seek "incomplete" status, it is the responsibility of the student to make the request from the professor for incomplete status. Then mutually agreeable arrangements must be worked out to complete the course no later than by the middle of the following semester.

3. Late Assignments

Late assignments will only be considered for acceptance IF: (1) the student has significant reasons why the assignment must be late; (2) the student has requested and received a later deadline from the professor; and (3) the student understands that any late submission of an assignment may result in the automatic lowering of the earned grade, at the discretion of the professor.

VIII. Consultation

I am available to speak with students before or after class, or by appointment. I can also be reached by email: LTRTorres@uh.edu or by phone at the office (713-743-8512) or cell phone (914-260-2076). My office hours for the fall semester will be on Monday mornings and by appointment. My office is SW-315.

IX. Addendums

1. Whenever possible, and in accordance with 504/ADA guidelines, the University of Houston will attempt to provide reasonable academic accommodations to students who request and require them. For further assistance, please call 713-743-5400.
2. Students are expected to abide by the University and GSSW honor code system with all assignments.
3. Syllabus & Class Schedule are subject to modification if & when necessary.
4. Dr. Torres reserves the right to revise parts of the syllabus content & schedule after class starts for time management or topical reasons.
5. It is possible that not all topics listed below will be covered in class due to time limitations or guest lecturers; students are still responsible for the readings.
6. Slides will be provided for most topics not covered in class.
7. If Dr. Torres needs to be away during class time for professional reasons (e.g., conferences), advanced notice will be given and the necessary arrangements made, including guest lecturers and adjusting the class schedule.

X. Week-by-Week Class Schedule

| DATE | TOPICS/READINGS |
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| <p>Week 1: Aug 25</p> | <p>Topics: Course Overview: Review of syllabus and use of WebCT Introduction to the Mental Status Examination Writing “SMART” Goals & Objectives Introduction to DSM-IV-TR</p> <p>Readings: <i>Dziegielewski</i>: Chs. 1-4 & Appendix B, Treatment Plans</p> <p><i>DSM-IV-TR</i>: pp. xxiii- xxxvii and 1-38</p> <p><i>Corrigan</i>: Chs. 1 – 2</p> <p><i>Handouts</i>: Mental Status, Categories of Symptoms, Writing SMART Objectives, Outline for Semi-structured Interview, Outline for Intake Interview</p> <p><i>Journal Articles</i>: Kessler, R. C., Demler, O., Frank, R. G., Olsson, M., Pincus, H. A., Walters, E. E., et al. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. <i>New England Journal of Medicine</i>, 352 (24), 2515-2523.</p> <p>Malgady, R. G., & Zayas, L. H. (2001). Cultural and Linguistic Considerations in Psychodiagnosis with Hispanics: The Need for an Empirically Informed Process Model. <i>Social Work</i>, 46(1), 39-49.</p> <p>*Minsky, S., Vega, W., Miskimen, T., Gara, M., & Escobar, J. (2003). Diagnostic Patterns in Latino, African American, and European American Psychiatric Patients. <i>Archives of General Psychiatry</i>, 60(6), 637-644.</p> <p>*Pilgrim, D. (2007). The survival of psychiatric diagnosis. <i>Social Science & Medicine</i>, 65, 536-547.</p> |
| <p>Week 2: Sep 8</p> | <p>Topics: Introduction to DSM-IV-TR (Continued) Mood Disorders (<i>Major Depression, Dysthymia, Depressive Disorder NOS</i>)</p> <p>Readings: <i>Dziegielewski</i>: Ch. 11</p> |

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| | <p><i>DSM-IV-TR</i>: pp. 345-428</p> <p><i>First & Tasman</i>: Ch. 26</p> <p><i>Corrigan</i>: Ch. 3</p> <p><i>Handouts</i>: PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles</i>:</p> <p>*Arean, P. A., & Alvidrez, J. (2001). Treating depressive disorders: who responds, who does not respond, and who do we need to study? <i>Journal of Family Practice</i>, 50 (6), E2.</p> <p>Hasin, D. S., Goodwin, R. D., Stinson, F. S., & Grant, B. F. (2005). Epidemiology of major depressive disorder: results from the National Epidemiologic Survey on Alcoholism and Related Conditions. <i>Archives of General Psychiatry</i>, 62 (10), 1097-1106.</p> <p>Ialongo, N., McCreary, B. K., Pearson, J. L., Koenig, A. L., Schmidt, N. B., Poduska, J., et al. (2004). Major depressive disorder in a population of urban, African-American young adults: prevalence, correlates, comorbidity and unmet mental health service need. <i>Journal of Affective Disorders</i>, 79(1-3), 127-136.</p> <p>*Williams, D. R., Gonzalez, H. M., Neighbors, H., Nesse, R., Abelson, J. M., Sweetman, J., et al. (2007). Prevalence and Distribution of Major Depressive Disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites: Results From the National Survey of American Life. <i>Archives of General Psychiatry</i>, 64 (3), 305-315.</p> <p><i>Multimedia</i>: Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 3: Sep 15</p> | <p>Topics: Mood Disorders (<i>Bipolar I, Bipolar II, Cyclothymia, Bipolar Disorder NOS, Mood Disorder due to a General Medical Condition, Substance-Induced Mood Disorder, Mood Disorder NOS</i>)</p> <p>Readings: <i>Dziegielewski</i>: Ch. 11</p> <p><i>DSM-IV-TR</i>: pp. 345-428</p> <p><i>First & Tasman</i>: Ch. 28</p> <p><i>Corrigan</i>: Ch. 4</p> |

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| | <p><i>Bentley & Walsh: Ch. 1</i></p> <p><i>Handouts: PowerPoint Slides, Copies of Assessment Scales</i></p> <p><i>Journal Articles:</i> Baldassano, C. F. (2006). Illness course, comorbidity, gender, and suicidality in patients with bipolar disorder. <i>Journal of Clinical Psychiatry, 67 Suppl 11</i>, 8-11. Hilty, D. M., Brady, K. T., & Hales, R. E. (1999). A review of bipolar disorder among adults. <i>Psychiatric Services, 50(2)</i>, 201-213. Kowatch, R. A., Fristad, M., Birmaher, B., Wagner, K. D., Findling, R. L., & Hellander, M. (2005). Treatment guidelines for children and adolescents with bipolar disorder. <i>Journal of the American Academy of Child and Adolescent Psychiatry, 44(3)</i>, 213-235. Krishnan, K. R. (2005). Psychiatric and medical comorbidities of bipolar disorder. <i>Psychosomatic Medicine, 67(1)</i>, 1-8. *Phillips, M. L., & Frank, E. (2006). Redefining Bipolar Disorder: Toward DSM-V. <i>American Journal of Psychiatry 163(7)</i>, 1135-1136. Phillips, M. L., & Vieta, E. (2007). Identifying Functional Neuroimaging Biomarkers of Bipolar Disorder: Toward DSM-V. <i>Schizophrenia Bulletin, 33(4)</i>, 893-904. *Vieta, E., & Phillips, M. L. (2007). Deconstructing Bipolar Disorder: A Critical Review of its Diagnostic Validity and a Proposal for DSM-V and ICD-11. <i>Schizophrenia Bulletin, 33(4)</i>, 886-892.</p> <p><i>Multimedia: Video Vignette; Movie clip as per student presentation</i></p> |
| <p><i>Week 4: Sep 22</i></p> | <p><i>Topics:</i> Substance Related Disorders (<i>Alcohol</i>)</p> <p><i>Readings:</i> <i>Dziegielewski: Ch. 7</i></p> <p><i>DSM-IV-TR: pp. 191 – 223</i></p> <p><i>First & Tasman: Chs. 13 – 14</i></p> <p><i>Morrison: Ch. 3</i></p> <p><i>Corrigan: Chs. 9 – 10</i> <i>Bentley & Walsh: Ch. 2</i></p> <p><i>Handouts: PowerPoint Slides, Copies of Assessment Scales</i></p> |

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| | <p><i>Journal Articles:</i></p> <p>Beseler, C. L., Aharonovich, E., Keyes, K. M., & Hasin, D. S. (2008). Adult Transition From At-Risk Drinking to Alcohol Dependence: The Relationship of Family History and Drinking Motives. <i>Alcoholism: Clinical and Experimental Research</i>, 32(4), 607-616.</p> <p>Caetano, R., Ramisetty-Mikler, S., Wallisch, L. S., McGrath, C., & Spence, R. T. (2008). Acculturation, Drinking, and Alcohol Abuse and Dependence Among Hispanics in the Texas-Mexico Border. <i>Alcoholism: Clinical and Experimental Research</i>, 32(2), 1-8.</p> <p>*Hasin, D. (2007). Alcohol Use Disorders in the DSM-V: The Task Ahead. <i>Addiction</i>, 102(10), 1535-1537.</p> <p>Hasin, D. S., Stinson, F. S., Ogburn, E., & Grant, B. F. (2007). Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Alcohol Abuse and Dependence in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. <i>Archives of General Psychiatry</i>, 64(7), 830-842.</p> <p>*Moss, H. B., Chen, C. M., & Yi, H.-y. (2007). Subtypes of alcohol dependence in a nationally representative sample. <i>Drug and Alcohol Dependence</i>, 91(2-3), 149-158.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 5: Sep 29</p> | <p>Topics: Substance Related Disorders (<i>Amphetamines, Caffeine, Cannabis, Cocaine, Hallucinogens, Inhalants, Nicotine, Opioids, Phencyclidines, Sedatives, Hypnotics, & Anxiolytics</i>)</p> <p>Readings: <i>Dziegielewski:</i> None</p> <p><i>DSM-IV-TR:</i> pp. 223 – 295</p> <p><i>First & Tasman:</i> Chs. 15 – 24</p> <p><i>Morrison:</i> Ch. 3</p> <p><i>Corrigan:</i> Chs. 9 – 10</p> <p><i>Bentley & Walsh:</i> Ch. 3</p> <p><i>Handouts:</i> PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles:</i> Fothergill, K. E., Ensminger, M. E., Green, K. M., Crum, R. M., Robertson,</p> |

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| | <p>J., & Juon, H.-S. (2008). The impact of early school behavior and educational achievement on adult drug use disorders: A prospective study. <i>Drug and Alcohol Dependence</i>, 92(1-3), 191-199.</p> <p>Hasin, D., Hatzenbuehler, M. L., Keyes, K., & Ogburn, E. (2006). Substance use disorders: Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) and International Classification of Diseases, tenth edition (ICD-10). <i>Addiction</i>, 101(s1), 59-75.</p> <p>*Helzer, J. E., van den Brink, W., & Guth, S. E. (2006). Should there be both categorical and dimensional criteria for the substance use disorders in DSM-V? <i>Addiction</i>, 101(Suppl. 1), 17-22.</p> <p>*Muthen, B. (2006). Should substance use disorders be considered as categorical or dimensional? <i>Addiction</i>, 101(Suppl. 1), 6-16.</p> <p>*Saunders, J. B., & Schuckit, M. A. (2006). The development of a research agenda for substance use disorders diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V). <i>Addiction</i>, 101(Suppl. 1), 1-5.</p> <p>Schuckit, M. A., & Saunders, J. B. (2006). The empirical basis of substance use disorders diagnosis: research recommendations for the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V). <i>Addiction</i>, 101(Suppl. 1), 170-173.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 6: Oct 6</p> | <p>Topics: Anxiety Disorders (<i>Panic Attacks, Agoraphobia, Panic Disorder, Specific Phobias, Social Phobia, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, Anxiety Disorder Due to a General Medical Condition, Substance-Induced Anxiety Disorder, & Anxiety Disorder NOS</i>)</p> <p>Readings:</p> <p><i>Dziegielewski:</i> Ch. 10</p> <p><i>DSM-IV-TR:</i> pp. 429 – 463, 472 – 484</p> <p><i>First & Tasman:</i> Chs. 29 – 31</p> <p><i>Corrigan:</i> Chs. 5 – 6</p> <p><i>Bentley & Walsh:</i> Ch. 4</p> <p><i>Handouts:</i> PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles:</i></p> |

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| | <p>*Conway, K. P., Compton, W., Stinson, F. S., & Grant, B. F. (2006). Lifetime comorbidity of DSM-IV mood and anxiety disorders and specific drug use disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. <i>Journal of Clinical Psychiatry</i>, 67(2), 247-257.</p> <p>*Wang, P. S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., Borges, G., Bromet, E. J., et al. (2007). Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys. <i>The Lancet</i>, 370(9590), 841-850.</p> <p>Watson, D. (2005). Rethinking the Mood and Anxiety Disorders: A Quantitative Hierarchical Model for DSM-V. <i>Journal of Abnormal Psychology</i>, 114(4), 522-536.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 7: Oct 13</p> | <p>Topics: Anxiety Disorders (<i>Acute Stress Disorder & Post Traumatic Stress Disorder</i>) Adjustment Disorders</p> <p>Readings:</p> <p><i>Dziegielewski:</i> None.</p> <p><i>DSM-IV-TR:</i> pp. 463 – 472, 679 – 683</p> <p><i>First & Tasman:</i> Ch. 32, 41</p> <p><i>Bentley & Walsh:</i> Ch. 5</p> <p><i>Handouts:</i> PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Corrigan:</i> Chs. 5 – 6</p> <p><i>Journal Articles:</i></p> <p>Back, S. E., Brady, K. T., Sonne, S. C., & Verduin, M. L. (2006). Symptom improvement in co-occurring PTSD and alcohol dependence. <i>Journal of Nervous and Mental Disorders</i>, 194(9), 690-696.</p> <p>*Driessen, M., Schulte, S., Luedecke, C., Schaefer, I., Sutmann, F., Ohlmeier, M., et al. (2008). Trauma and PTSD in Patients With Alcohol, Drug, or Dual Dependence: A Multi-Center Study. <i>Alcoholism: Clinical and Experimental Research</i>, 32(3), 481-488.</p> <p>*Miles, J. N. V., Marshall, G. N., & Schell, T. L. (2008). Spanish and English Versions of the PTSD Checklist–Civilian Version (PCL-C): Testing for Differential Item Functioning. <i>Journal of Traumatic Stress</i>, 21(4), 1-8.</p> |

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| | <p>Norman, S. B., Norman, S. B., Tate, S. R., Anderson, K. G., & Brown, S. A. (2007). Do trauma history and PTSD symptoms influence addiction relapse context? <i>Drug & Alcohol Dependence</i>, 90(1), 89-96.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 8: Oct 20</p> | <p>Topics: Schizophrenia (<i>Paranoid, Disorganized, Catatonic, Undifferentiated, and Residual</i>) Other Psychotic Disorders (<i>Schizophreniform, Schizoaffective, Delusional, Brief Psychotic Disorder, Shared Psychotic Disorder, Psychotic Disorder Due to a General Medical Condition, Substance-Induced Psychotic Disorder, & Psychotic Disorder NOS</i>) Delirium, Dementia, and Amnestic and Other Disorders</p> <p>Readings:</p> <p><i>Dziegielewski:</i> Ch. 9</p> <p><i>DSM-IV-TR:</i> pp. 297 – 343, 135 – 180</p> <p><i>First & Tasman:</i> Ch. 11</p> <p><i>Corrigan:</i> Ch. 7</p> <p><i>Bentley & Walsh:</i> Ch. 6</p> <p><i>Handouts:</i> PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles:</i></p> <p>*McCabe, R., & Priebe, S. (2004). Explanatory models of illness in schizophrenia: Comparison of four ethnic groups. <i>British Journal of Psychiatry</i>, 185(1), 25-30.</p> <p>*Pyne, J. M., McSweeney, J., Kane, H. S., Harvey, S., Bragg, L., & Fischer, E. (2006). Agreement Between Patients With Schizophrenia and Providers on Factors of Antipsychotic Medication Adherence. <i>Psychiatric Services</i>, 57(8), 1170-1178.</p> <p>Wilk, J., Marcus, S. C., West, J., Countis, L., Hall, R., Regier, D. A., et al. (2006). Substance abuse and the management of medication nonadherence in schizophrenia. <i>Journal of Nervous and Mental Disorders</i>, 194(6), 454-457.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |

Week 9:
Oct 27

Topics:

Somatoform Disorders (*Somatization, Undifferentiated, Conversion, Pain, Hypochondriasis, Body Dysmorphic, NOS*)

Factitious Disorders

Dissociative Disorders (*Dissociative Amnesia, Fugue, Dissociative Identity Disorder, Depersonalization Disorder, Dissociative Disorder NOS*)

Readings:

Dziegielewski: None.

DSM-IV-TR: pp. 485 – 533

First & Tasman: Chs. 34 – 36

Corrigan: Ch. 11

Bentley & Walsh: Ch. 7

Handouts: PowerPoint Slides, Copies of Assessment Scales

Journal Articles:

*Bowman, E. S., & Coons, P. M. (2000). The differential diagnosis of epilepsy, pseudoseizures, dissociative identity disorder, and dissociative disorder not otherwise specified. *Bulletin of the Menninger Clinic*, 64(2), 164.

*Cohen, A. (2004). Dissociative Identity Disorder: Perspectives and Alternatives. *Ethical Human Psychology & Psychiatry*, 6(3), 217-230.

Piper, A., & Merskey, H. (2004). The Persistence of Folly: A Critical Examination of Dissociative Identity Disorder. Part I. The Excesses of an Improbable Concept. *Canadian Journal of Psychiatry*, 49(9), 592-600.

Piper, A., & Merskey, H. (2004). The Persistence of Folly: Critical Examination of Dissociative Identity Disorder. Part II. The Defence and Decline of Multiple Personality or Dissociative Identity Disorder. *Canadian Journal of Psychiatry*, 49(10), 678-683.

Shaffer, M. J., & Oakley, J. S. (2005). Some epistemological concerns about dissociative identity disorder and diagnostic practices in psychology. *Philosophical Psychology*, 18(1), 1-29.

*Stickley, T., & Nickeas, R. (2006). Becoming one person: living with dissociative identity disorder. *Journal of Psychiatric & Mental Health Nursing*, 13(2), 180-187.

Multimedia: Video Vignette; Movie clip as per student presentation

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| <p>Week 10: Nov 3</p> | <p>Topics: Personality Disorders (<i>Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive-Compulsive, and NOS</i>)</p> <p>Readings:</p> <p><i>Dziegielewski</i>: Ch. 12</p> <p><i>DSM-IV-TR</i>: 685 – 729</p> <p><i>First & Tasman</i>: Ch. 42</p> <p><i>Corrigan</i>: Ch. 8</p> <p><i>Bentley & Walsh</i>: Ch. 8</p> <p><i>Handouts</i>: PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles</i>:</p> <p>Grant, B. F., Hasin, D. S., Stinson, F. S., Dawson, D. A., Chou, S. P., Ruan, W. J., et al. (2004). Prevalence, correlates, and disability of personality disorders in the United States: results from the national epidemiologic survey on alcohol and related conditions. <i>Journal of Clinical Psychiatry</i>, 65(7), 948-958.</p> <p>Grilo, C. M., Sanislow, C. A., Skodol, A. E., Gunderson, J. G., Stout, R. L., Bender, D. S., et al. (2007). Longitudinal Diagnostic Efficiency of DSM-IV Criteria for Borderline Personality Disorder: A 2-Year Prospective Study. <i>Canadian Journal of Psychiatry</i>, 52(6), 357-362.</p> <p>*Hopwood, C. J., Morey, L. C., Grilo, C. M., Sanislow, C. A., McGlashan, T. H., Markowitz, J. C., et al. (2008). A Comparison of Interview and Self-Report Methods for the Assessment of Borderline Personality Disorder Criteria. <i>Psychological Assessment</i>, 20(2), 81-85.</p> <p>*Lord, S. A. (2007). Systemic work with clients with a diagnosis of Borderline Personality Disorder. <i>Journal of Family Therapy</i>, 29(3), 203-221.</p> <p>*O'Donohue, W., & Cucciare, M. A. (2007). Identifying and treating psychological factors in medical settings: The example of borderline personality disorder. <i>International Journal of Clinical Health & Psychology</i>, 7(3), 807-821.</p> <p><i>Multimedia</i>: Video Vignette; Movie clip as per student presentation</p> |
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Week 11:
Nov 10

Topics:

Eating Disorders (*Anorexia Nervosa, Bulimia Nervosa, Eating Disorder NOS*)

Impulse-Control Disorders Not Elsewhere Classified (*Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, NOS*)

Readings:

Dziegielewski: Ch. 8

DSM-IV-TR: 583 – 595, 663 – 677

First & Tasman: Ch. 38, 40

Corrigan: Ch. 12

Bentley & Walsh: Ch. 9

Handouts: PowerPoint Slides, Copies of Assessment Scales

Journal Articles:

*Cunningham-Williams, R. M., Ostmann, E. L., Spitznagel, E. L., & Books, S. J. (2007). Racial/Ethnic Variation in the Reliability of DSM-IV Pathological Gambling Disorder. *The Journal of Nervous and Mental Disease, 195*(7), 551-559.

*Currin, L., Schmidt, U., & Waller, G. (2007). Variables that influence diagnosis and treatment of the eating disorders within primary care settings: A vignette study. *International Journal of Eating Disorders, 40*(3), 257-262.

*Geller, J., Brown, K. E., Bates, M. E., Zaitsoff, S. L., Menna, R., & Dunn, E. C. (2008). Assessing Readiness for Change in Adolescents With Eating Disorders. *Psychological Assessment, 20*(2), 63-69.

Strong, D. R., & Kahler, C. W. (2007). Evaluation of the continuum of gambling problems using the DSM-IV. *Addiction, 102*(5), 713-721.

Welte, J. W., Barnes, G. M., Tidwell, M.-C. O., & Hoffman, J. H. (2008). The Prevalence of Problem Gambling Among U.S. Adolescents and Young Adults: Results from a National Survey. *Journal of Gambling Studies, 24*, 119-133.

Wonderlich, S. A., Crosby, R. D., Mitchell, J. E., & Engel, S. G. (2007). Testing the validity of eating disorder diagnoses. *International Journal of Eating Disorders, 40*, S40-S45.

Multimedia: Video Vignette; Movie clip as per student presentation

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| <p>Week 12: Nov 17</p> | <p>Topics: Sexual and Gender Identity Disorders <i>Sexual Dysfunctions (Hypoactive Sexual Desire Disorder, Sexual Aversion Disorder, Female Sexual Arousal Disorder, Male Erectile Disorder, Female Orgasmic Disorder, Male Orgasmic Disorder, Premature Ejaculation, Dyspareunia, Vaginismus, Sexual Dysfunction Due to a General Medical Condition, Substance-Induced Sexual Dysfunction, Sexual Dysfunction NOS)</i> <i>Paraphilias (Exhibitionism, Fetishism, Frotteurism, Pedophilia, Sexual Masochism, Sexual Sadism, Transvestic Fetishism, Voyeurism)</i> <i>Gender Identity Disorder</i></p> <p>Readings:</p> <p><i>Dziegielewski: None.</i></p> <p><i>DSM-IV-TR: pp. 535 – 582</i></p> <p><i>First & Tasman: Ch. 37</i></p> <p><i>Corrigan: Ch. 13</i></p> <p><i>Handouts: PowerPoint Slides, Copies of Assessment Scales</i></p> <p><i>Journal Articles:</i></p> <p>*Althof, S. E., Dean, J., Derogatis, L. R., Rosen, R. C., & Sisson, M. (2005). Current Perspectives on the Clinical Assessment and Diagnosis of Female Sexual Dysfunction and Clinical Studies of Potential Therapies: A Statement of Concern. <i>Journal of Sexual Medicine, 2</i>, 147-154.</p> <p>*Fink, P. J. (2005). Sexual and Gender Identity Disorders: Discussion of Questions for DSM-V. <i>Journal of Psychology & Human Sexuality, 17</i>(3/4), 117-123.</p> <p>Frank, J. E., Mistretta, P., & Will, J. (2008). Diagnosis and Treatment of Female Sexual Dysfunction. <i>American Family Physician, 77</i>(5), 635-645.</p> <p>*Lev, A. I. (2005). Disorder of Gender Identity: Gender Identity Disorder in the DSM-IV-TR. <i>Journal of Psychology & Human Sexuality, 17</i>(3/4), 35-69.</p> <p>*Sivalingam, S., Hashim, H., & Schwaibold, H. (2006). An Overview of the Diagnosis and Treatment of Erectile Dysfunction. <i>Drugs, 66</i>(18), 2339-2355.</p> <p>Zucker, K. J., & Spitzer, R. L. (2005). Was the Gender Identity Disorder of</p> |

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| | <p>Childhood Diagnosis Introduced into DSM-III as a Backdoor Maneuver to Replace Homosexuality? A Historical Note. <i>Journal of Sex & Marital Therapy</i>, 31(1), 31-42.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 13: Nov 24</p> | <p>Topics:</p> <p>Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence</p> <ul style="list-style-type: none"> • <i>Mental Retardation (Mild, Moderate, Severe, Profound, & Unspecified)</i> • <i>Learning Disorders (Reading, Mathematics, Written Expression, NOS)</i> • <i>Motor Skills Disorder (Developmental Coordination Disorder)</i> • <i>Communication Disorders (Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder, Stuttering, NOS)</i> • <i>Pervasive Developmental Disorders (Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, NOS)</i> • <i>Attention-Deficit and Disruptive Behavior Disorders (ADHD, ADHD NOS, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior NOS)</i> • <i>Feeding and Eating Disorders of Infancy or Early Childhood (Pica, Rumination Disorder, Feeding Disorder of Infancy or Early Childhood)</i> • <i>Tic Disorders (Tourette's, Chronic Motor or Vocal Tic Disorder, Transient Tic Disorder, NOS)</i> • <i>Elimination Disorders (Encopresis, Enuresis)</i> • <i>Other Disorders of Infancy, Childhood or Adolescence (Separation Anxiety Disorder, Selective Mutism, Reactive Attachment Disorder, Stereotypic Movement Disorder, Disorder of Infancy, Childhood or Adolescence NOS)</i> <p>Readings:</p> <p><i>Dziegielewski:</i> Chs. 5 – 6</p> <p><i>DSM-IV-TR:</i> pp. 39 – 134</p> <p><i>First & Tasman:</i> Chs. 2 – 10</p> <p><i>Corrigan:</i> Ch. 14</p> |

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| | <p><i>Handouts:</i> PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles:</i></p> <p>*Harvard Mental Health Letter. (2007). Preschool attention deficit disorder. (Cover story). <i>Harvard Mental Health Letter</i>, 24(3), 1-3.</p> <p>Landa, R. J. (2008). Diagnosis of autism spectrum disorders in the first 3 years of life. <i>Nature Clinical Practice Neurology</i>, 4(3), 138-147.</p> <p>*Landa, R. (2007). Early communication development and intervention for children with autism. <i>Mental Retardation & Developmental Disabilities Research Reviews</i>, 13(1), 16-25.</p> <p>*Mayo Foundation for Medical Education and Research. (2007). Attention deficit disorder: It's Not Just for Children. <i>Mayo Clinic Health Letter</i>, 25, 6-6.</p> <p>*Waite, R. (2007). Women and attention deficit disorders: A great burden overlooked. <i>Journal of the American Academy of Nurse Practitioners</i>, 19(3), 116-125.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| <p>Week 14: Dec 1</p> | <p>Topics:</p> <p>Sleep Disorders</p> <p>Other Conditions That May Be a Focus of Clinical Attention</p> <p>Decision Trees for Differential Diagnosis</p> <p>Outline for Cultural Formulation & Glossary of Culture-Bound Syndromes</p> <p>Readings:</p> <p><i>Dziegielewski:</i> None</p> <p><i>DSM-IV-TR:</i> pp. 597 – 661, 731 – 743, 745 – 757, 897 – 903</p> <p><i>First & Tasman:</i> Ch. 39, 43</p> <p><i>Corrigan:</i> Ch. 15</p> <p><i>Handouts:</i> PowerPoint Slides, Copies of Assessment Scales</p> <p><i>Journal Articles:</i></p> <p>*Alverson, H. S., Drake, R. E., Carpenter-Song, E. A., Chu, E., Ritsema, M., & Smith, B. (2007). Ethnocultural Variations in Mental Illness Discourse: Some Implications for Building Therapeutic Alliances. <i>Psychiatric Services</i>, 58(12), 1541-1546.</p> <p>*Dinges, D., Ball, E., Fredrickson, P., Kiley, J., Kryger, M. H., Richardson, G. S., et al. (1999). Recognizing Problem Sleepiness in Your</p> |

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| | <p>Patients: National Center on Sleep Disorders Research Working Group. <i>American Family Physician</i>, 59(4), 937-944.</p> <p>*Escobar, J. I., & Vega, W. A. (2006). Cultural issues and psychiatric diagnosis: providing a general background for considering substance use diagnoses. <i>Addiction</i>, 101(Suppl. 1), 40-47.</p> <p>*Kleinman, A., & Benson, P. (2006). Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It. <i>PLoS Medicine</i>, 3(10), 1673-1676.</p> <p>Leuenberger, C. (2007). Cultures of Categories: Psychological Diagnoses as Institutional and Political Projects before and after the Transition from State Socialism in 1989 in East Germany. <i>Osiris</i>, 22(1), 180-204.</p> <p>Lewis-Fernández, R., & Díaz, N. (2002). The Cultural Formulation: A method for assessing cultural factors affecting the clinical encounter. <i>Psychiatric Quarterly</i>, 73(4), 271-295.</p> <p><i>Multimedia:</i> Video Vignette; Movie clip as per student presentation</p> |
| Dec 8 | Final take-home exam due. |