

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

Course Number:	SW 393R1	Instructor:	M. Peterson Armour, Ph.D.
Unique Number:	61035	E-mail:	marmour@mail.utexas.edu
Semester:	Spring 2002	Phone:	471 3197
Meeting Time:	Tues. 2:30-5:30	Office Room:	3.122C
Meeting Place:	2.116	Office Hours:	Tuesday 1:30-2:30, Thursday 4:30-5:30 or by appointment

CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS

1. COURSE DESCRIPTION

This course will focus on the incidence, etiology, and assessment of dysfunctional behavior patterns with children, adolescents, adults, and families. Students will learn models of assessment to evaluate human functioning throughout the life cycle, with emphasis on vulnerable and diverse populations. Major nosological 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.

This course is required of MSSW students in the Clinical concentration.

II. COURSE OBJECTIVES

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

1. Demonstrate familiarity with biological, psychosocial, and cultural theories on the etiology of dysfunctional behavior patterns.
2. Demonstrate the ability to apply multiple methods of assessment, including those developed through classificatory schemes, standardized measures and qualitative typologies.
3. Describe the relationship between assessment and intervention in social work practice;
4. Demonstrate the ability to adapt assessment models to reflect the needs of persons of diverse social, economic, cultural or ethnic backgrounds, including understanding issues of gender, sexual orientation, and ability

5. Critically evaluate 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.

III. TEACHING METHODS

The primary teaching methods will be lectures, discussion, and experiential exercises. Guest lecturers and audio-visual presentations will also be utilized.

IV. REQUIRED AND OPTIONAL TEXTS/MATERIALS

Required Readings

American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders, Fourth Edition Text Revision (DSM-IV-TR). Washington, D.C: Author.

Buelow, G. Hebert, S., & Buelow, S. (2000). Psychotherapist's resource on psychiatric medications: Issues of treatment and referral (2nd ed.). Belmont, CA: Brooks/Cole.

Readings are available in the LRC. They are listed under "Armour" by title of the article. Readings are also available on electronic reserves. To access them, go to <http://www.utexas.edu/>. Click Libraries, click Library Services-Reserves, click Electronic Reserve, click Marilyn Armour on the drop-down menu under Instructor. The password for the class will be given at the first class. Check the Electronic Reserves frequently for important information about the class.

V. COURSE REQUIREMENTS

The following course requirements will be completed during the semester, with points given for each course requirement. Grading will be based on total points accrued by the end of the semester.

1. Examinations

There will be two (2) exams given during the course of the semester (see course schedule for due dates). Each exam will be worth 100 points. All exams will consist of both a take-home and an in-class portion. Brief case vignettes will be provided on the take-home portion. Students will receive the exam questions at least one week prior to their due date. Students will have one week to develop a diagnosis (on all 5 axes of the DSM-IV) and to summarize the most pertinent biological, psychological, social systems and

environmental issues impacting the case. Students will turn in the completed take-home portion at the beginning of the class when the exam is due. Each answer must be typed and in the form of a one page (only) case summary. The in-class portions of the exam will be similar to the state licensing exam questions and will give the student an opportunity to practice the necessary state-taking skills needed to pass that exam.

200 points maximum, Examinations

II. Culture and Mental Illness

The Surgeon General released his report of Culture, Race, and Ethnicity: A Supplement to Mental Health in August, 2001. It can be found on the website: <http://www.surgeongeneral.gov/library/mentalhealth/cre/default.asp> Chapters 3 to 6 deal with different ethnic groups (Chapter 3--African American ; Chapter 4--American Indians and Alaskan Natives; Chapter 5-- Asian Americans and Pacific Islanders; Chapter 6-- Hispanic Americans). Each student is to select one of the groups and read the appropriate chapter. Students will find “fact sheets” on the 4 ethnic groups on Electronic Reserves or the LRC that will help in doing this assignment. Each student is to write a 5 page paper that summarizes the chapter and highlights the key findings.

20 points maximum

II. Assessment Research Paper

Each student is to select a problem area of interest and write a scholarly paper focused on assessment and treatment. A typed, well-written paper is to be submitted. The paper should be written in APA format (4th edition) and should not exceed 15 type written pages (excluding references, title page, and appendices). The search of the literature should include journal articles as well as pertinent book chapters and monographs. Emphasis should be given to the most recent (within the past 5 to 7 years) literature and studies. Of course, seminal pieces that fall outside of this time parameter should still be included. In addition to the formal paper, students will prepare an annotated bibliography for distribution to their classmates. Papers will be graded on both content and writing style: APA format will also be graded. The paper is worth a possible 100 points. An outline of the paper is provided below. Several examples of excellent student papers are available on Electronic-Reserves.

- I. Introduction/ Statement of the problem area. This should include criteria for determining specification of your problem area of interest. For example, “depression” can mean many things. You would need to clarify if, by “depression,” you meant Major Depressive Disorder, Dysthymic Disorder, etc. Also, set parameters (e.g. age, gender, etc.) on the problem you are assessing. For example, “This paper addresses adolescent females, ages 13 to 17, with a diagnosis of Major Depressive Disorder.”)
- II. Critical examination of assessment methods and instruments relevant to the particular problem area.*

- A. What are the preferred methods to assess this problem. If you were a social worker in the field, based on your review of the literature, how would you assess for the existence and severity of this problem in a client system.
- B. Standardized measures, such as rating scales and self-report instruments, and semi-structured interviews.
 - 1. Description (e.g. This is a 25-item standardized self-report instrument, measured on a 5-point Likert scale, that measures level of depression).
 - 2. Summary of reliability (i.e. coefficients, standard error of measurement) and validity (i.e. construct, concurrent known-instruments, know-groups, factor analysis) characteristics of each available instrument.
 - 3. Discussion of clinical utility of assessment tools and how they are being used in assessment and treatment of clients. Identifying that a measurement tool possesses sound psychometric properties does not necessarily preclude its clinical utility. Describe which tool(s) you would use in the field and why.
- III. A review of the literature regarding the efficacy of treatment approaches with the problem area. The primary focus here should be on outcome studies. Discuss which approaches you prefer and why.
- IV. An overview of any relevant contributions of diversity issues to the understanding of the assessment and treatment of the problem area.
- V. Conclusions that summarize the knowledge discussed in the paper and point out criticisms in available assessment methods.

* For this part of the assignment consult the following in the LRC.

- 1) Corcoran, K. & Fischer, J. Measure for Clinical Practice, Vols, I & II: A Sourcebook. New York: Free Press.
- 2) Sajatovic, M. & Ramirex, L.F. (2001). Rating Scales in Mental Health. Hudson, Ohio: Lexi-Comp Inc.
- 3) Health and Psychosocial Instruments—Under Indexes in the UT Library <http://www.lib.utexas.edu/indexes/h.html>

80 points maximum, paper

VI. COURSE GRADING CRITERIA

Examinations	200 points (2 @ 100 points each)
Culture & Mental Illness Paper	20 points
<u>Assessment Research Paper</u>	<u>80 points</u>
TOTAL	300 points

GRADING SCALE

A total of 300 points may be earned for the above assignments. Grades will be assigned as follows.

300-270 points	=	A
269-240 points	=	B
239-210 points	=	C
209-180 points	=	D
179 and below	=	F

Graduate students must earn a minimum grade of C in the course for credit; also, graduate students must maintain an overall B average.

IMPORTANT DATES

February 5	Report on Culture and Mental Illness Paper Topic Due
March 5	Paper Preliminary Bibliography Due
March 19	Exam I: Take Home Portion Given
March 26	Exam I: In-Class Portion Exam I: Take Home Portion Due
March 26	Paper Outline Due
April 16	Paper Due
April 23	Exam II: Take Home Portion Given
April 30	Exam II: In-Class Portion Exam II: Take Home Portion Due

VI. CLASS POLICIES

1. It is important for social work practitioners to be punctual in both attendance and in meeting deadlines. Class attendance and participation is expected, as is handing in assignments on time. Role will be taken each class period and students are expected to attend the full class. If a student leaves class early, the absence will be treated as unexcused. Students are also expected to complete assigned readings prior to each class. Except in case of extreme emergencies, and then only with the permission of the professor, late assignments will not be accepted without penalty. Students are expected to turn in all required assignments on the agreed upon due date at the beginning of class. Students will lose 3 points for each day that an assignment is late. If the due date is a problem, then the student must see the professor and negotiate another due date at least 24 hours PRIOR to the regularly scheduled date.
2. Students who fail to attend class on a regular basis (missing more than one class without a valid excuse, e.g. medical documentation) may receive one course grade lower than their final grade when points are totaled. Students who are one or two points below the cut-off for a letter grade may receive the higher grade at the end of the semester based on attendance/participation.
3. Social work practitioners assume responsibility for themselves. Therefore, it is expected that the work handed in will be your own. Scholastic dishonesty, including plagiarism and cheating during examinations, violates social work values and will result in recommendation for dismissal from the social work program and a referral to the Dean of Student's Office.
4. Social work practitioners are assertive and function as team members. Therefore, feedback about the course is welcome and the course will be viewed as a joint effort between students and the instructor. Students are encouraged to provide feedback during office hours and by appointment if they desire.
5. In compliance with the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act, the instructor will make herself available to discuss appropriate academic accommodations with students with a disability. Students with disabilities who need special accommodations should notify the instructor, prior to the end of the first week of class, by presenting a letter prepared by the Services for Students with Disabilities (SSD) Office. To ensure that the most appropriate accommodations can be provided, students should contact the SSD office at 471-6259 or 471-4641 TTY.
6. At times, the instructor may ask students for a copy of their papers to use as a sample paper for students in future classes. If asked, students have the right to decline without fear of reprisal. They will be asked to sign a form indicating that they have freely given the instructor permission to use their paper as a sample.
7. This class may use Electronic Reserves and Eudora for exchanging e-mail, engaging in class discussions and chats and exchanging files. Also, the instructor may send e-mail to members of the class (as a group) about assignments or to answer questions. If a web site is used, your name will appear on an electric class roster. If e-mail is sent to you and other class members, your name and e-mail address will be known by other class members.

Course Schedule

Date	Description	Text/Readings
1/15/02	Introductions and Class Overview Overview of Syllabus Introduction to Psychopathology & Clinical Assessment DSM Multiaxial system	DSM-IV-TR: pp. xxiii-xxxvii pp. 1-12; : pp. 27-37 Durand and Barlow (1997), Clinical Assessment, diagnosis and research methods (ER & LRC)
1/22/02	Brain Development and the Impact of Attachment and Trauma Neurochemistry, Mental Disorders & Medications	Buelow et al., Chapt 2 Perry (1997), Incubated in Terror (ER & LRC)
1/29/02	Culture, Race, Ethnicity and Mental Illness Guest: Dr. King Davis and the Surgeon General's Report	Canino & Spurlock (1994), Diagnostic Categories (ER & LRC) Surgeon General's Report: Chapter 2 (ER & LRC)
2/5/02	Disorders of Childhood and Adolescence: ADHD & Conduct Disorder Report on Culture and Mental Illness Due Paper Topic Due	DSM-IV-TR: pp. 85-134
2/12/02	Disorders of Childhood and Adolescence: Infancy, Childhood & Adolescence Medications Used With Children	DSM-IV-TR: 39-84
2/19/02	Mental Status Examinations Delirium, Dementia, Amnestic, and other Cognitive Disorders Mental Conditions Due to GMC Other Conditions (V-Codes)	DSM-IV-TR: pp 135-180; 181-190; 731-743 Waldinger,(1990), The Mental Status Exam (ER & LRC)
3/5/02	Schizophrenia and Other Psychotic Disorders Antipsychotic Medications Paper preliminary bibliography due	DSM-IV-TR: pp. 297-343 Buelow et al., Chapter 4: Psychosis and Antipsychotics

	SPRING BREAK	
3/19/02	Mood Disorders Suicidal Risk Antidepressant/Anti-manic Meds Paper preliminary bibliography due Exam I: Take-home portion given	DSM-IV-TR: pp. 345-428 Buelow et al., Chapter 2 Lukas (1993) How to determine whether a client might hurt herself
3/26//02	Anxiety Disorders Anxiolytic Medications Exam I: In-class portion Exam I: Take-home portion due	DSM-IV-TR: pp. 429-484 Buelow et al., Chapter 3: Anxiety and the Anxiolytics (pp. 79-93)
4/2/02	Posttraumatic Stress Disorder and Dissociative Disorders Paper Outline Due	DSM-IV-TR: pp. 519-533 Van der Kolk (1994), The body keeps score (Handout)
4/9/02	Substance-related Disorders Eating Disorders Defense Mechanisms	DSM-IV-TR: pp. 191-295; 811-813; 583-595
4/16/02	Impulse-Control Disorders Personality disorders Paper Due	DSM-IV-TR: pp. 663-677; 685-729
4/23/02	Somatoform Disorders Factitious Disorders Sexual and Gender Identity Disorders Sleep Disorders Exam 2: Take-home portion given	DSM-IV-TR: pp. 485-513; 4513-519; 535-583; 597-661 Buelow et al., Chapt 3, Sleep Disorders & the Hypnotics Buelow et al., Chapt 5, Pain & the Analgesics
4/30/02	Adjustment Disorders Exam II: In-class portion Exam II: Take-home portion due	DSM-IV-TR: pp. 679-685

Bibliography

Required Readings

Books:

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders, Fourth Edition Text Revision (DSM-IV-TR). Washington, D.C: Author.

Buelow, G. Hebert, S., & Buelow, S. (2000). Psychotherapist's resource on psychiatric medications: Issues of treatment and referral (2nd ed.). Belmont, CA: Brooks/Cole.

Required Coursepack (Available through E-Reserves and in the LRC):

Durand, V.M., & Barlow, D.H. (1997). Clinical assessment, diagnosis, and research methods. In Abnormal psychology: An introduction (pp. 69-93). Pacific Grove, CA: Brooks/Cole.

Canino, I.A. & Spurlock, J. (1994). Diagnostic categories. In Culturally diverse children and adolescents: Assessment, diagnosis, and treatment (pp. 87-124). New York, NY: Guilford Press.

Perry, B. D. (1997). Incubated in terror: Neurodevelopmental factors in the "cycle of violence". In J.D. Csofsky (Ed.), Children in a Violent Society (pp. 124-145). New York, NY: Guilford Press.

U.S.Department of Health and Human Services.(2001). Culture Counts:The Influence of Culture and Society on Mental Health. In Mental Health:Culture,Race, and Ethnicity —A Supplement to Mental Health:A Report of the Surgeon General.Rockville,MD:U.S.Department of Health and Human Services,Substance Abuse and Mental Health Services Administration,Center for Mental Health Services. <http://www.mentalhealth.org/cre/ch2.asp>

Waldinger, R.J. (1990). The mental status exam. In Psychiatry for medical students (2nd ed.). Washington, D.C: American Psychiatric Press.

Lukas, S. (1993). How to determine whether a client might hurt herself. In Where to start and what to ask: An assessment handbook. New York: W.W. Norton & Co.

Suggested Readings

Abraham, S., & Lewellyn-Jones, D. (1992). Eating Disorders. New York: Oxford University Press.

Assad, G. (1995). Understanding mental disorders due to medical conditions or substance abuse: What every therapist should know. New York: Bruner/Mazel.

Aust, P.H. (1994). What the problem is not the problem: Understanding attention deficit disorder with and without hyperactivity. Child Welfare, 73, 215-227.

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

Barlow, D.H., Brown, T.A., & Craske, M. G. (1994). Definitions of panic attacks and panic disorder in the DSM-IV: Implications for research. Journal of Abnormal Psychology, 103, 553-564.

Beitchman, J.H., Zucker, K.J., Hood, J.E., Granville, A.D., Akamm, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse and Neglect, 16, 101-118.

Brent, D. A., Perper, J.A., Moritz, G., Liotus, L., Schweers, J., Canobbio, R. (1994). Major depression or uncomplicated bereavement? A follow-up of youth exposed to suicide. Journal of the American Academy of Child and Adolescent Psychiatry, 33(2), 231-239.

Brown, T.C., & Myers, W.C. (1995). Comorbidity among anxiety disorders: Implications for treatment and DSM-IV. Journal of Consulting and Clinical Psychology, 60, 835-844.

Burket, T.C. & Myers, W.C. (1995). Axis I and personality comorbidity in adolescents with conduct disorder. Bulletin of the American Academy of Psychiatry and the Law, 23, 73-82.

Dana, R. (1993). Multicultural assessment perspective for professional psychology. Boston, MA: Allyn & Bacon.

Dublin, W.R. & Weiss, K.J. (1991). Handbook of psychiatric emergencies. Springhouse, PA: Springhouse Corp.

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

Evans, K. & Sullivan, J.M. (1990). Dual diagnosis: Counseling the mentally ill substance abuser. New York: The Guilford Press.

- Figley, C.R. (1989). Helping traumatized families. San Francisco, CA: Jossey-Bass.
- Gaw, A.C. (1993). Culture, ethnicity, and mental illness. Washington, D.C.: American Psychiatric Press.
- Gerstley, L.J., Alerman, A.I., McLellan, A.T., & Woody, G.E. (1990). Antisocial personality disorder in patients with substance abuse disorders: A problematic diagnosis. American Journal of Psychiatry, 147(2), 173-8.
- Giancarlo, T.J. (1991). Multiple personality disorder: A challenge to practitioners. Families in Society, 95-102.
- Giannini, A.J., & Slaby, A.E. (Eds). (1993). The eating disorders. New York: Springer.
- Greenwald, R., & Rubin, A. (1999). Assessment of posttraumatic symptoms in children: Development and preliminary validation of parent and child scales. Research on Social Work Practice, 9(1), 61-75.
- Gregg, D. (1994). Alzheimer's disease. Boston: Harvard Medical School Health Publications Group.
- Holderness, C.C. Broosgunn, J., & Warren, M.P. (1994). Co-morbidity of eating disorders and substance abuse: A literature review. International Journal of Eating Disorders, 16, 1-34.
- Jordan, C., & Franklin, C. (1995). Clinical assessment for social workers: Quantitative and qualitative methods. Chicago, IL: Lyceum Press.
- Karls, J.M., & Wandrei, K.E. (1992). PIE: A new language for social work. SocialWork, 37(1), 80-85.
- Kendall, P.C. & Dobson, K.S. (Eds). (1993). Psychotherapy and cognition. San Diego: Academic Press.
- Kendall, P.C. (1991). Child and adolescent therapy: Cognitive-behavioral procedures. New York: Guilford Press.
- Kirk, S.A. & Kutchins, H. (1988). Deliberate misdiagnosis in mental health practice. Social Service Review, 62(2), 225-237.
- Kirk, S.A., Siporin, M., & Kutchins, H. (1989). The prognosis for social work diagnosis. Social Casework, 70, 295-304.

- Kluft, R.P. (1993). Dissociative disorders: A clinical review. Lutherville, MD: Sidran.
- Koss, J.D. (1990). Somatization and somatic complaint syndromes among Hispanics: Overview and ethnopsychological perspectives. Transcultural Psychiatric Research Review, 27(1), 5-29.
- L'Abate, L., Farrar, J.E., & Serritella, D.A. (Eds). (1992). Handbook of differential treatments for addictions. Boston, MA: Allyn & Bacon.
- Lahey, B.B., Loeber, R., Quay, H.C., Frick, P.J., & Grimm, J. (1992). Oppositional defiant and conduct disorders: Issues to be resolved in DSM-IV. Journal of the American Academy of Child and Adolescent Psychiatry, 31, 539-546.
- Last, C.G. (Ed). (1993). Anxiety across the lifespan: A developmental perspective. New York: Springer Publishing.
- Lefley, H.P., & Wasow, M. (1994). Helping families cope with mental illness. Chur, Switzerland: Harwood Academic Publishers.
- March, J.S., & Mulie, K. (1998). OCD in children and adolescents: A cognitive-behavioral treatment manual. New York: Guilford.
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- Meyer, C.H. (1993). Assessment in social work practice. New York: Columbia University Press.
- Nathan, P.E. & Gorman, J.M. (Eds). (1998). A guide to treatments that work. New York: Oxford University Press.
- Neal, A.M., & Brown, B.J. (1994). Fears and anxiety disorders in African American children. In S. Friedman (Ed.), Anxiety disorders in African Americans. New York: Springer.
- Nuttall, E.V., Romero, I., & Kalesnik, J. (Eds.) (1999). Assessing and screening preschoolers: Psychological and educational dimensions (2nd ed.). Boston, MA: Allyn & Bacon.
- Paniagua, F. (1998). Assessing and treating culturally diverse clients (2nd ed.). Thousand Oaks, CA: Sage.
- Reid, W.H., Balis, G.U., & Sutton, B.J. (1997). The treatment of psychiatric disorders (3rd ed.). Bristol, PA: Bruner/Mazel.

Sattler, J.M. (1992). Assessment of children (3rd ed.). San Diego: Jerome M. Sattler Publisher, Inc.

Schatzberg, A.F., & Cole, J.O. (1991). Manual of clinical psychopharmacology (2nd ed.). Washington, D.C.: American Psychiatric Press.

Spaccerelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. Psychological Bulletin, 116, 340-362.

Spiegel, D. (Ed). (1993). Dissociative disorders, a clinical review. Lutherville, MD: Sidran.

Springer, D. W. (1998). Validation of the Adolescent Concerns Evaluation (ACE): Detecting indicators of runaway behavior in adolescents. Social Work Research, 22(4), 241-250.

Suzuki, L.A., Meller, P.J., & Ponterotto, J.G. (Eds). (1996). Handbook of multicultural assessment: Clinical, psychological, and educational applications. San Francisco, CA: Jossey-Bass.

Turner, F.E. (Ed.) (1995). Differential diagnosis and treatment in social work (4th ed.). New York, NY: The Free Press.

Winokur, G., Coryell, W., Endicott, J., & Hagop, A. (1993). Further distinctions between manic-depressive (bipolar disorder) and primary depressive disorder (unipolar depression). American Journal of Psychiatry, 150(8), 1176-1181.

Yates, A. (1991). Compulsive exercise and the eating disorders: Toward an integrative theory of activity. New York: Bruner/Mazel.

Zanaeini, M.C. (1990). Discriminating borderline personality disorder from the other axis II disorders. American Journal of Psychiatry, 147(2), 161-7.

INTRODUCTION

January 17	Introduction Overview Syllabus Assessment & Classification Systems	
January 24	Brain Functioning Neurotransmitters: Mental Disorders and Medications	Brings together mind body split—Mediates the influence of biological, psychological, and sociological factors on human thot, behavior, and emotion in health and in illness
January 31	Brain Development and the Impact of Attachment and Trauma DSM Multiaxial System	
Feb 7	Childhood & Adolescence	
February 14	Child & Adolescence	
February 21	Cognitive Disorders	
February 28	Schizophrenia and Psychotic Disorders	
March 7	Mood Disorders	
March 14	Spring break	
March 21	Anxiety Disorders	
March 28	PTSD	

April 4	Substance Related Disorders	
April 11	Eating Disorders	
April 18	Personality Disorders Impulse Control Disorders	
April 25	Somatoform Disorders Sexual and Gender Identity Disorders Sleep Disorders	
May 2	Adjustment Disorders	
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TABLE OF CONTENTS

Clinical Assessment and Differential Diagnosis

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Unique #60650

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Durand, V.M., & Barlow, D.H. (1997). Clinical assessment, diagnosis, and research methods. In Abnormal psychology: An introduction (pp. 69-93). Pacific Grove, CA: Brooks/Cole.

Wylie, M.S. (1995). Diagnosing for dollars: The power of DSM IV. Family Therapy Networker (pp. 23-33, 69-89) May/June.

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Perry, B. D. (1997). Incubated in terror: Neurodevelopmental factors in the “cycle of violence”. In J.D. Csofsky (Ed.), Children in a Violent Society (pp. 124-145). New York, NY: Guilford Press.

Waldinger, R.J. (1990). The mental status exam. In Psychiatry for medical students (2nd ed.). Washington, D.C: American Psychiatric Press.

Lukas, S. (1993). How to determine whether a client might hurt herself. In Where to start and what to ask: An assessment handbook. New York: W.W. Norton & Co.

RESOURCES ABOUT MENTAL DISORDERS ON THE WEB
Marilyn Peterson Armour
Clinical Assessment & Differential Diagnosis

1. <http://psychiatry.medscape.com>
2. <http://www.nimh.nih.gov>
3. <http://www.mentalhealthsource.com>
4. <http://www.nmha.org>
5. <http://www.schizophrenia.com>
6. <http://psychom.net/depression.central.html>
7. <http://www.depression.com>
8. <http://www.sleepnet.com/disorder.htm#sleep1>
9. <http://panicdisorder.miningco.com/msub21.htm>
10. <http://www.anxietynetwork.com>
11. <http://inory.lm.com/nab/> (links to other neuroscience related web pages plus material on ADD, Panic Anxiety Disorder, and Alzheimers;
12. <http://pharminfo.com/>
13. <http://www.cmhc.com/sxlist.htm>
14. <http://pages.prodigy.com/alwillen/ocf03a.html> (obsessive compulsive disorder)
15. <http://www.voiceofwomen.com/centerarticle.html> (dissociative disorders)
16. <http://www.mc.vanderbilt.edu/peds/pidl/adolesc/convreac.html> (somatoform disorders)
17. <http://members.aol.com/amanbu/index.html> (eating disorders)
18. <http://www.genderweb.org/medical/psych/dsm3r.html>

19. <http://www.well.com/user/woa/> (addictions)
20. <http://205.139.4.187:80/eggshells/> (borderline personality disorder)
21. <http://www.psych.med.umich.edu/web/aacep> (childhood disorders)
22. <http://web.syr.edu/~jmwobus/autism> (autism)
23. <http://www.chadd.org/> (Attention deficit disorder)
24. <http://www.dyslexiaonline.com>
25. <http://www.alz.org/> (Alzheimers)
26. <http://werple.mira.net.au/~dhs/ad./html> (Alzheimers)

For information on clinical assessment instruments see:

<http://www.unl.edu/buros/>- (The Buros Institute, publishers of The Mental Measurements Yearbook and Tests in Print, provides critical analyses of tests and testing instruments.)

While the web sites are good for orientation and information about the different disorders, students will be expected to use the literature in the bibliography and to research their topics using the data bases from PsycINFO or other related resources.

CLINICAL ASSESSMENT

- I. What is the symptom picture? e.g. auditory hallucinations; agoraphobia; lack of social or emotional reciprocity
- II. What is the relevant history? e.g. previous diagnosis, first degree relative of someone diagnosed with the disorder, trauma history
- III. How does disorder impact occupational and social functioning and/or create marked distress?
- IV. What is your observational assessment of the client's
 - thinking**
 - cognition [vocabulary, concentration, fund of knowledge],
 - thought process [loose associations, tangential, flight of ideas,
 - abstraction,
 - judgment, insight,
 - memory,
 - orientation,
 - self-perception,
 - feeling**
 - affect (flat, labile, constricted, sad, apathetic)
 - mood (depressed, anxious, euphoric)
 - behavior**
 - attitude,
 - appearance,
 - motor activity,
 - speech
- V. Are there other significant variables that impact the presentation?
 - Race and Ethnicity
 - Health
 - Substance Abuse
 - Interpersonal factors (Family, Peers, Work or School,)

Course Schedule

Date	Description	Text/Readings
1/15/02	Introductions and Class Overview Overview of Syllabus Introduction to Psychopathology & Clinical Assessment DSM Multiaxial system	DSM-IV-TR: pp. xxiii-xxxvii pp. 1-12; : pp. 27-37 Durand and Barlow (1997), Clinical Assessment, diagnosis and research methods (ER & LRC)
1/22/02	Brain Development and the Impact of Attachment and Trauma Neurochemistry, Mental Disorders & Medications	Buelow et al., Chapt 2 Perry (1997), Incubated in Terror (ER & LRC)
1/29/02	Culture, Race, Ethnicity and Mental Illness Guest: Dr. King Davis and the Surgeon General's Report	Canino & Spurlock (1994), Diagnostic Categories (ER & LRC) Surgeon General's Report: Chapter 2 (ER & LRC)
2/5/02	Disorders of Childhood and Adolescence: ADHD & Conduct Disorder Report on Culture and Mental Illness Due Paper Topic Due	DSM-IV-TR: pp. 85-134
2/12/02	Disorders of Childhood and Adolescence: Infancy, Childhood & Adolescence Medications Used With Children	DSM-IV-TR: 39-84
2/19/02	Mental Status Examinations Delirium, Dementia, Amnesic, and other Cognitive Disorders Mental Conditions Due to GMC Other Conditions (V-Codes)	DSM-IV-TR: pp 135-180; 181-190; 731-743 Waldinger,(1990), The Mental Status Exam (ER & LRC)
2/26/02	Schizophrenia and Other Psychotic Disorders	DSM-IV-TR: pp. 297-343 Buelow et al., Chapter 4:

2/26/02 cont.	Antipsychotic Medications Paper preliminary bibliography due	Psychosis and Antipsychotics
3/5/02	Mood Disorders Suicidal Risk Antidepressant/Anti-manic Meds Exam I: Take-home portion given	DSM-IV-TR: pp. 345-428 Buelow et al., Chapter 2 Lukas (1993) How to determine whether a client might hurt herself
	SPRING BREAK	
3/19/02	Anxiety Disorders Anxiolytic Medications Exam I: In-class portion Exam I: Take-home portion due	DSM-IV-TR: pp. 429-484 Buelow et al., Chapter 3: Anxiety and the Anxiolytics (pp. 79-93)
3/26/02	Posttraumatic Stress Disorder and Dissociative Disorders Paper Outline Due	DSM-IV-TR: pp. 519-533 Van der Kolk (1994), The body keeps score (Handout)
4/2/02	Substance-related Disorders Defense Mechanisms	DSM-IV-TR: pp. 191-295; 811-813.
4/9/02	Eating Disorders	DSM-IV-TR: pp. 583-595.
4/16/02	Impulse-Control Disorders Personality disorders Paper Due	DSM-IV-TR: pp. 663-677; 685-729
4/23/02	Somatoform Disorders Factitious Disorders Sexual and Gender Identity Disorders Sleep Disorders Exam 2: Take-home portion given	DSM-IV-TR: pp. 485-513; 4513-519; 535-583; 597-661 Buelow et al., Chapt 3, Sleep Disorders & the Hypnotics Buelow et al., Chapt 5, Pain & the Analgesics
4/30/02	Adjustment Disorders Exam II: In-class portion	DSM-IV-TR: pp. 679-685

	Exam II: Take-home portion due	
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