

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

<b>Course Number:</b>	SW 393R1	<b>Instructor's name:</b>	Cynthia Franklin, Ph.D
		<b>e-mail:</b>	cfranklin@mail.utexas.edu
<b>Unique Number:</b>	62075	<b>Office Number:</b>	SSW 3.106
<b>Semester:</b>	Spring, 2003	<b>Office Phone:</b>	471-0533
<b>Meeting Time/Place:</b>	Tuesday 11:30-2:30 SSW	<b>Office Hours:</b>	Tuesday 2:30-3:30 or by appointment.

**CLINICAL ASSESSMENT AND DIFFERENTIAL  
DIAGNOSIS**

**I. Standardized 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 lifecycle, 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. Standardized Course Objectives**

By the end of the semester, students should 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 group exercises. Guest lecturers, group presentations, and audio-visual presentations will also be utilized.

### IV. **Required and Recommended Texts, and Materials**

#### Required:

American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders* (4th Edition, Text Revision). Washington, DC: Author.

Pomeroy, E. & Wambach, K. (2003). *The clinical assessment workbook*. Pacific Grove, CA: Brooks/Cole.

Schatzberg, A.F. & Nemeroff, C.B. (2001). *Essentials of Clinical Psychopharmacology*. Washington, DC American Psychiatric Association (APA).

OR Strongly Recommended

#### For your clinical Practice:

Fuller, M.A., & Sajatovic, *Psychotropic Drug Information Handbook, 3<sup>rd</sup> edition*. Hudson, Ohio: American Pharmaceutical Association, Lexi-Comp, Inc.

#### **Required Online Readings:**

Electronic Reserves are available online at:

<http://reserves.lib.utexas.edu/courseindex.asp>

Under "Select an Instructor", choose **Franklin, Cynthia** and select **Go**.

Select **SW393R1** or **Clinical Assessment and Differential Diagnosis**.

In the password box, enter **diagnosis** and select **Accept** at the bottom of the page.

Select the week for which you want to view the readings.

Hard copies of these readings are also available on reserve in the LRC.

### V. **Course Requirements**

The following course requirements will be completed during the semester, with a grade given for each assignment. Grading will be based on the final averages of cumulative grades across assignments and the students participation and attendance in the class.

#### **Examinations**

Two in class diagnostic case assessment exams will be given during the course of the semester (see course schedule for dates). Both exams will consist of making an accurate diagnosis of case vignettes and discussion of other differential diagnosis that are to be ruled out in the making of the diagnosis. Students will also be expected to list the strengths of the client and appropriate psychiatric medications that may be used to treat these diagnosis. Students will be allowed to use the DSM IV-TR during the exam but no

other notes or aides may be used. The exams will be short answer and consist of five case vignettes.

### **Intervention Manual for Problem Area**

Students will select a DSM diagnosis or related problem area (e.g., battering, adolescent depression, sexual dysfunction, suicide, kinship care, etc.) Using the “state of the art” treatment literature and research on effective interventions for this problem area, students will develop a intervention manual that can guide their practice. An intervention guide or manual is a document that describes to a practitioner how to deliver an intervention.

**Treatment or intervention manuals are specific tools that one can consult in conducting clinical sessions with the client. A treatment manual should provide specific, behaviorally defined steps to follow in working with a client who has a particular problem. For example, how does the practitioner conduct the sessions with the client and what does the practitioner do and say in the sessions to help the client.**

Students should look to the empirical/evidenced based literature to discover the most effective treatments for DSM diagnosis and to find guides for how to deliver these treatments. Students are encouraged to also seek out advise and help from experts who are knowledgeable about how to intervene with a problem. If possible you may also observe a well researched, intervention being delivered in a community agency. When available you may draw from treatment manuals or expert consensus guides.

**IF YOU WISH YOU MAY CHOOSE ONE PARTNER TO HELP YOU WITH THE INTERVENTION MANUAL. IF YOU CHOOSE TO WRITE THE MANUAL WITH A PARTNER YOU MUST SUBMIT IN WRITING WHO DID WHAT ON THE MANUAL**

#### **Suggestions for Background Work Needed to Develop the Intervention Manual**

1. Obtain the empirical, research literature reviewing what are the most effective family interventions for working with your problem area. You can discover this easily by reading reviews of the empirical literature, meta-analysis and other critical analysis of family practices for solving the problem. Choose an intervention based on this analysis. You should do searches in Psych Info in the library. Also, organizations such as APA have drafted documents telling you what the best practices for DSM disorders are.
2. Search out available treatment manuals, case studies or other guides that provide specific details on how to deliver the family intervention in a clinical setting.
3. Outline the sessions, stages or steps to follow in order to help the client.

4. Develop a detailed description for how to conduct one or more sessions of the intervention. If the intervention is long or complex use an outline or table to show how to proceed. Describe how the practitioner works in each session as well as the major goals and techniques for the sessions.
5. When appropriate consult experts in this area who may guide you to pre-existing treatment manuals or clarify details of an intervention.

### **Criteria for Getting an Excellent Grade on the Intervention Manual**

**In order to receive an excellent grade on the Intervention manual it must be well researched, well written and accurately describe how a practitioner applies the intervention. Here are the criteria I will be looking for in your intervention manual paper.**

- 1) **Did you cover all the material in the outline? (See below).**
- 2) **Did you demonstrate that you read the important treatment literature in this area? Do your citations indicate that you went beyond overview books, and Internet sites and looked at scholarly journal articles, treatment manuals, and original works of the practitioners who developed the intervention model (s).**
- 3) **Did you accurately describe the intervention in a way that you or another practitioner could read what you wrote and understand how to apply the intervention?**
- 4) **Was your intervention manual well organized and well written? Does the presentation of information look good and is easy to follow?**
- 5) **Did you use appropriate case examples, and outlines and tables to capture how a practitioner would conduct sessions and apply the intervention?**
- 6) **Does your work express effort and creativity? Did you produce a product that is helpful and that you could use later in your practice? Tip: Would you be proud to show it to your potential employer in a job interview?**

### **Outline for Intervention Manual Paper**

- I. *Mini Problem Review.* In one or two pages summarize the importance of the problem area. Include references.
- II. *Research Support for Intervention.* In one or two pages summarize the empirical research supporting the use of your intervention. If there are few or little studies say so, and describe the intervention as being in a process of development or experimental stage. Include references. Make sure, however, that your intervention is one of the best practices for your problem area.
- III. *Present Your Intervention Manual (12-15 PAGES)*
  - a. If applicable include detailed overview of sessions and stages of the intervention
  - b. Include detailed descriptions of how sessions are conducted.

c. Include examples of forms, exercises, and other aids used to facilitate change. Include sources on all forms typed on the forms.

IV. Include one case example from literature to illustrate steps and processes of the intervention. This can be included as an appendix.

**Final grades:**

**COURSE GRADING CRITERIA:**

Diagnostic Case Assessments: 25% each (50% total)	90-100% = A
	80-89% = B
	70-79% = C
	60-69% = D
Intervention Manual : 50%	Below 60% = F
Total = 100%	

Grading Scale: (Grades are rounded up to the next number at .5). Grading of all written assignments will take into account the quality of the writing as well as the content. The APA format should be followed. Written material should be carefully proof-read and corrected for errors in punctuation, typographical errors, and spelling errors. Good writing requires a reiterative process that must be followed if quality is to improve. It is a good idea to read your paper several times and if possible have someone else read it.

**ASSIGNMENT DUE DATES:**

<b>Diagnostic Case Exams</b>	<b>February 18</b>
	<b>April 1</b>
<b>Intervention Manual due</b>	<b>April 29</b>

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

**VI. Class Policies**

1. It is important for social work practitioners to be punctual in both attendance and in meeting deadlines. Therefore, class attendance is expected, as is handing in assignments on time. Students will lose 5 points for each day that an assignment is late. Any adjustments in due dates **MUST** be discussed with the instructor 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.
3. Social work practitioners assume responsibility for themselves. Therefore, it is expected that 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.
5. Social work practitioners respect others. Therefore, differences in values, opinions, and feelings of class members and guest speakers will be respected.
6. Because of the length and scope of this assignment students may work with one partner (but no more than one) and develop a joint intervention manual paper. If a joint paper is written it is expected that each student will contribute equally to the research and writing of the paper. A summary of each student's contribution must be included along with the paper.

**Course Schedule**

<b>Date</b>	<b>Description</b>	<b>Text / Readings</b>
Week of 1/14	Introduction Overview of Syllabus Overview of Course	Read Syllabus
Week of 1/21	Introduction to Making Clinical Diagnosis: Assessment and Classification Systems  DSM Multiaxial system  Commonly Used Psychological Measures	DSM-IV-TR (pp. 1-27)  Durand & Barlow, <i>Chapter 3 Clinical Assessment, Diagnosis and Research Methods</i>  Brouillard, <i>Popular Psychological Tests</i>  Graham, <i>Clinical Scales of the MMPI2</i>  Millon & Davis, <i>Millon Clinical Multiaxial Inventory III</i>  Millon & Davis, <i>Millon Adolescent Clinical Inventory III (MACI)</i>  Koocher, <i>Assessing the Quality of a Psychological Test Report</i>  Pomeroy & Wambach, <i>Chapter 1, Introduction</i>  Raskin & Lewandowski, <i>The construction of disorder as human enterprise</i>

<p>Week of 1/28</p>	<p>Biopsychosocial understanding of mental disorders.</p> <p>The brain and behavior and common mechanisms for understanding the effects of medications</p> <p>Mental Status Examination</p>	<p>Baker &amp; Trzepacz, <i>Mental Status Examination</i></p> <p>Brown, <i>Discomforts of the Powerless: Feminist constructions of distress</i></p> <p>Durand &amp; Barlow, <i>An Integrative Approach to Psychopathology</i></p> <p>Jordan &amp; Franklin, <i>Assessment Models</i></p>
<p>Week of 2/4</p>	<p>Disorders usually diagnosed in infancy, childhood or adolescence</p> <p>ADHD &amp; Conduct Disorders</p> <p>Medications used with children</p> <p><b>Paper topic is due</b></p>	<p>DSM-IV-TR (39-134)</p> <p>Schatzberg &amp; Nemeroff, <i>Treatment of childhood and adolescent disorders and Stimulants in Psychiatry</i></p> <p>Jordan &amp; Franklin, <i>Children &amp; Adolescents, Family Systems</i></p> <p>Pomeroy &amp; Wambach, <i>Infant, Childhood and Adolescent Disorders</i></p>
<p>Week of 2/11</p>	<p>Delirium, Dementia, Amnestic, and other Cognitive Disorders</p> <p>Mental Disorders due to a General Medical Condition</p> <p>Substance Related Disorders</p>	<p>DSM-IV-TR (135-190)</p> <p>DSM-IV-TR (191-296)</p> <p>Pomeroy &amp; Wambach, <i>Cognitive Disorders, and Alcohol and Drug Related Disorders</i></p> <p>Schatzberg &amp; Nemeroff, <i>Treatment of substance-related disorders</i></p> <p>Schatzberg &amp; Nemeroff <i>Treatment of noncognitive symptoms in Alzheimer's Disease and other dementias</i></p>

Week of 2/18	<b>In class, Diagnostic Case Exam I</b>	
Week of 2/25	Library Day to work on Intervention Manual	
Week of 3/4	Schizophrenia and other Psychotic Disorders	<p>DSM-IV-TR (297-344)</p> <p>Pomeroy &amp; Wambach, <i>Schizophrenia and other Psychoses</i></p> <p>Schatzberg &amp; Nemeroff, <i>Antipsychotic medications.</i> <i>Atypical antipsychotics.</i> <i>Treatment of extrapyramidal side effects and Treatment of Schizophrenia</i></p>
Week of 3/11	HAPPY SPRING BREAK!!!	

<p>Week of 3/18</p>	<p>Mood Disorders Major Depressive Disorder Antidepressant Medications Mood Disorders Anti-manic Medications</p>	<p>DSM-IV-TR (345-428 cont'd) DSM-IV-TR (345-428) Pomeroy &amp; Wambach, <i>Disorders related to emotional state or mood</i>  Schatzberg &amp; Nemeroff <i>Tricyclics and tetracyclics. Selective serotonin reuptake inhibitors. Monoamine oxidase inhibitors and Treatment of depression and Electroconvulsive therapy</i>  Schatzberg &amp; Nemeroff <i>Drugs for Treatment of Bipolar Disorder, Lithium. Antiepileptic drugs. Calcium channel antagonists as novel agents for the treatment of bipolar disorder and Treatment of Bipolar Disorder</i></p>
<p>Week of 3/25</p>	<p>PTSD and other Anxiety Disorders Anxiolytic Medications Dissociative Disorders</p>	<p>DSM-IV-TR (429-484) DSM-IV-TR (519-534) Pomeroy &amp; Wambach, <i>Anxiety Disorders, Disorders of Dissociation</i>  Schatzberg &amp; Nemeroff , <i>Trazodone, Nefazodone, Bupropion, and Mirtazapine. Benzodiazepines. Nonbenzodiazepine anxiolytics. Venlafaxine.</i></p>
<p>Week of 4/1</p>	<p><b>In class, Diagnostic Case Exam 2</b></p>	

Week of 4/8	Eating Disorders Sleep Disorders	DSM-IV-TR (583-678 )  Pomeroy & Wambach, <i>Eating disorders and Sleep-related disorders</i>  Schatzberg & Nemeroff <i>Sedative-hypnotics, Treatment of eating disorders.</i>
Week of 4/15	Library Day to work on Intervention Manual	
Week of 4/22	Personality Disorders	DSM-IV-TR (685-730)  Pomeroy & Wambach, <i>Personality Disorders</i>  Schatzberg & Nemeroff <i>Treatment of personality disorders</i>
Week of 4/29	Class Evaluation and Wrap-up.  <b>Intervention Manual Due</b>	

## Bibliography

### Required Books:

American Psychiatric Association (APA). (2001). Diagnostic and statistical manual of mental disorders (4th Edition-Text Revision). Washington, DC: Author.

Pomeroy, E. & Wambach, K. (2003). The clinical assessment workbook. Pacific Grove, CA: Brooks/Cole. **(Includes readings on cultural considerations)**

Schatzberg, A.F. & Nemeroff, C.B. (2001). Essentials of clinical psychopharmacology. Washington, DC American Psychiatric Association (APA).

### Required Readings On-Line

Baker, R.W. and Trzepacz, P.T. (1998). Mental status examination. In G.P. Koocher, J.C. Norcorss, and S.S. Hill III (eds.) Psychologists desk reference. New York: Oxford University. pp 6-11.

Brouillard, P. (1998). Popular psychological tests. In G.P. Koocher, J.C. Norcorss, and S.S. Hill III (eds.) Psychologists desk reference. New York: Oxford University. pp. 176-181.

Brown, L.S. (2000). Discomforts of the powerless: Feminist constructions of distress. In R.A. Neimeyer & J.D. Raskin (eds) Constructions of disorder. pp. 287-308.

Durand D. H., & Barlow, M. V. (2000) Abnormal psychology: An introduction (2<sup>nd</sup> ed.). Pacific Grove, CA: Brooks/Cole. [Chapters: Chapter 2, An Integrative Approach to Psychopathology and Chapter 3, Clinical Assessment, Diagnosis and Research]

Graham, J.R. (1998). Ckinical scales of the MMPI-2. In G.P. Koocher, J.C. Norcorss, and S.S. Hill III (eds.) Psychologists desk reference. New York: Oxford University. pp. 117-121.

Jordan, C. & Franklin, C. (1995). Clinical assessment for social workers. Chicago: Lyceum Press. [Chapters: Children & Adolescents, Family Systems, Assessment Models]

Koocher, G.P. (1998). Assessing the quality of a psychological testing report. In G.P. Koocher, J.C. Norcorss, and S.S. Hill III (eds.) Psychologists desk reference. New York: Oxford University. pp.169-171.

Millon, T. & Davis, R.D. (1998). Millon Clinical Multiaxial inventory (MCMI-III). In G.P. Koocher, J.C. Norcorss, and S.S. Hill III (eds.) Psychologists desk reference. New York: Oxford University. pp. 142-148.

Millon, T. & Davis, R.D. (1998). Millon Adolescent Clinical Inventory (MACI). In G.P. Koocher, J.C. Norcorss, and S.S. Hill III (eds.) Psychologists desk reference. New York: Oxford University. pp. 162-168.

Raskin, J.D., & Lewandowki, A.M. (2000). The construction of disorder as human enterrise. In R.A. Neimeyer & J.D. Raskin (eds) Constructions of disorder. pp. 15-40.