

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

<b>Course Number:</b>	SW 393R1	<b>Instructor:</b>	D. Springer, Ph.D., LMSW-ACP
<b>Unique Number:</b>	58785	<b>E-mail:</b>	dwspringer@mail.utexas.edu
<b>Semester:</b>	Spring 2000	<b>Phone:</b>	471-0512
<b>Meeting Time:</b>	Tues. 1pm to 4pm	<b>Office Room:</b>	3.122D
<b>Meeting Place:</b>	SWB 2.112	<b>Office Hours:</b>	Tuesdays 12pm to 1pm Or by appointment

**CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS**

**I. 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. 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 (1994). Diagnostic and statistical manual of mental disorders (DSM-IV) (4th ed.). Washington, DC: Author.

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

Course packet (Springer) is available for purchase by enrolled students at Speedway Copy and Printing located in Dobie Mall, 2025 Guadalupe St., Phone # 478-3334.

#### **Recommended Texts**

Fischer, J., & Corcoran, K. (1994). Measures for clinical practice: A sourcebook. Volumes I & II (2<sup>nd</sup> ed.). New York: The Free Press.

Shaffer, D., Lucas, C. P., & Richters, J. E. (Eds.) (1999). Diagnostic assessment in child and adolescent psychopathology. New York: The Guilford Press.

### **V. COURSE REQUIREMENTS**

It is important for social work professionals to be punctual in both attendance and in meeting

deadlines. Class attendance and participation is expected, and will be considered in assigning final grades. Except in the 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. Assignments turned in after class starts will be considered late. If accepted, late assignments will be assessed point penalties at the rate of 3 points each day 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.

Students are expected to both learn and demonstrate knowledge of DSM-IV and other clinical assessment systems and methods. This requires a search of the literature in a defined area in order to develop specialized knowledge concerning assessing and treating a specific diagnostic category or defined problem area. In addition, students will demonstrate that they can conceptualize diagnostic criteria, and appropriately perform diagnoses in formulating case assessments on exams.

Student feedback is welcome. Students are encouraged to provide feedback during office hours and by appointment if they desire.

If students are concerned about their class performance, the professor is more than willing to work with students to help them improve their course grades prior to the end of the semester. HOWEVER, FINAL GRADES ASSIGNED IN THE COURSE ARE NOT NEGOTIABLE!

### **Special Accommodations for Students with a Disability**

In compliance with the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act, I will make myself available to discuss appropriate academic accommodations that you may require as a student with a disability. Students with disabilities who need special accommodations should notify the professor, 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.

### **Policy on Scholastic Dishonesty**

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student

may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://www.utexas.edu/depts/dos/sjs>).

## **VI. COURSE ASSIGNMENTS**

### **I. Examinations**

There will be two (2) exams given during the course of the semester (see course schedule below for 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 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 class two weeks later. Each answer must be typed, and in the form of a one page case summary. For each answer **STOP** stop reading after one page, so say what you need to say in a clear, concise and efficient manner! The in-class portions of the exams will be similar to the state licensing exam questions and will give the student an opportunity to practice the necessary test-taking skills needed to pass that exam. Each exam will be worth a maximum of 100 points.

#### **200 points maximum, Examinations**

### **II. Assessment Research Paper**

#### **ASSESSMENT PAPER OUTLINE**

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 (4<sup>th</sup> edition) and should not exceed 20 typewritten pages (excluding references and appendices). It is recommended that students start on this assignment right away because the professor expects a thorough search of the literature in social work, psychology, psychiatry and related fields in order to demonstrate that one has mastered the up-to-date, current knowledge and methods concerning assessment and treatment of the problem area. A 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. The paper should include relevant assessment tools (e.g., scales) discussed in the paper as appendices. 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.

- I. Identification/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 need to clarify if, by “depression,” you mean 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, 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, known-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 approach(es) 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.

**100 Points Maximum, Paper**

**VII. COURSE GRADING CRITERIA**

Examinations	200 points (2 @ 100 points each)
<u>Assessment Research Paper</u>	<u>100 points</u>
<b>TOTAL</b>	<b>300 points</b>

**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.

Grading of all written assignments will take into account the quality of the writing as well as the content. The American Psychological Association (APA) - 4th edition format should be used. Written material should be carefully proofread and errors (punctuation, typographical, spelling) should be corrected. Good writing requires a reiterative process that must be followed if quality is to improve. I strongly encourage you to read your paper several times and, if possible, have someone else proof it.

**IMPORTANT DATES**

February 8	Assessment Paper Topic Due
February 29	Assessment Paper Preliminary Bibliography Due
March 7	Receive Take-home Portion of Exam I

March 14	Spring Break
March 21	Take-home Portion of Exam I Due In-class Portion of Exam I
March 28	Assessment Paper Outline Due
April 18	Assessment Paper Due
April 25	Receive Take-home Portion of Exam II
May 2	In-Class Portion of Exam II Last Day of Class
May 9	Take-home Portion of Exam II Due

### **VIII. COURSE OUTLINE (Tentative)**

<b><u>Date</u></b>	<b><u>Topics, Readings and Assignments</u></b>
<b>January 18</b>	<p><b><u>Topics</u></b>            Introductions and Class Overview            Overview of Syllabus            An Introduction to Psychopathology and Clinical Assessment</p> <p><b><u>Readings</u></b>            Introduction of DSM-IV (pp. xv-xxv)            Durand &amp; Barlow (1997). Clinical assessment, diagnosis, and research methods. In <u>Abnormal psychology</u>. (Coursepacket)</p>
<b>January 25</b>	<p><b><u>Topics</u></b>            Introduction to Assessment and Classifications Systems            DSM-IV Multiaxial System            Using Measurement Instruments in Assessment            Background for Understanding Medications</p> <p><b><u>Readings</u></b>            DSM-IV (pp. 25-35)            Buelow et al., Ch. 1: Part 2. – How medications function in the body and the brain</p>
<b>February 1</b>	<p><b><u>Topics</u></b>            ADHD and Conduct Disorder</p> <p><b><u>Readings</u></b>            DSM-IV (pp. 78-121)</p>

**February 8**

**ASSESSMENT PAPER TOPIC DUE**

**Topics**

Family Assessment

**Readings**

Worden (1999). The first interview: Initiating assessment and engagement. In Family therapy basics (2<sup>nd</sup> ed.). (Coursepacket)

**February 15**

**Topics**

Child and Adolescent Disorders

Medications Used with Children

**Readings**

DSM-IV (pp. 37-78)

**February 22**

**Topics**

Mental Status Examination (MSE)

Delirium, Dementia, Amnestic, and Other Cognitive Disorders

Mental Disorders Due to a General Medical Condition

Other Conditions that may be a Focus of Clinical Attention (V-Codes)

**Readings**

DSM-IV (pp. 123-163; 165-174; 680-687; 763-771).

Waldinger (1990). The mental status examination. In Psychiatry for medical students (2<sup>nd</sup> ed.). (Coursepacket)

**February 29**

**ASSESSMENT PAPER PRELIMINARY BIBLIOGRAPHY DUE**

**Topics**

Schizophrenia and Other Psychotic Disorders

Antipsychotic Medications

**Readings**

DSM-IV (pp. 273-315)

Buelow et al., Ch. 4 – Psychosis and the antipsychotics

**March 7**

**RECEIVE TAKE-HOME PORTION OF EXAM I**

**Topics**

Mood Disorders

Suicidal Risk

Antidepressant & Anti-manic Medications

**Readings**

DSM-IV (pp. 317-391)

Buelow et al., Ch. 2 – Depression and antidepressants

Lukas (1993). How to determine whether a client might hurt herself.  
In Where to start and what to ask. (Coursepacket)

**March 14**

**SPRING BREAK**

**March 21**

**TAKE-HOME PORTION OF EXAM I DUE  
AT THE BEGINNING OF CLASS**

**IN-CLASS PORTION OF EXAM I (First half of class)**

**Topics**

Anxiety Disorders

Anxiolytic Medications

**Readings**

DSM-IV (pp. 393-444).

Buelow et al., Ch. 3 – Anxiety and the anxiolytics

**March 28**

**ASSESSMENT PAPER OUTLINE DUE**

**Topics**

Posttraumatic Stress Disorder (PTSD) and Dissociative Disorders

**Readings**

DSM-IV (pp. 424-429; 477-491).

Solomon (1995). Clinical diagnosis among diverse populations:

A multicultural perspective. In F. J. Turner (Ed.), Differential  
Diagnosis and treatment in social work (4<sup>th</sup> ed.). (Coursepacket)

**April 4**

**Topics**

Substance-Related Disorders

Defense Mechanisms

**Readings**

DSM-IV (pp. 175-191; 755-757)

**April 11**

**Topics**

Eating Disorders

**Readings**

DSM-IV (pp. 539-550)

**April 18**

**ASSESSMENT PAPERS DUE AT BEGINNING OF CLASS**

**Topics**

Impulse-Control Disorders NOS

Personality Disorders

**Readings**

DSM-IV (pp. 609-621; 629-673)

DSM-IV, Appendix I: Outline for cultural formulation and glossary of cultural-bound syndromes (pp. 843-849)

**April 25**

**RECEIVE TAKE-HOME PORTION OF EXAM II**

**Topics**

Somatoform Disorders

Factitious Disorders

Sexual and Gender Identity Disorders

Sleep Disorders

**Readings**

DSM-IV (pp. 445-469; 471-475; 493-538; 551-607)

Buelow et al., Ch. 3 – Sleep disorders and the hypnotics (pp. 93-102)

Buelow et al., Ch. 5 – Pain and the analgesics

**May 2**

**IN-CLASS PORTION OF EXAM II**

**Topics**

Adjustment Disorders

**Readings**

DSM-IV (pp. 623-627)

May 9

**TAKE-HOME PORTION OF EXAM II DUE**  
**NO LATER THAN 1PM**

**Required Readings (Coursepacket)**

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.

Worden, M. (1999). The first interview: Initiating assessment and engagement. In Family therapy basics (2<sup>nd</sup> ed.). Pacific Grove, CA: Brooks/Cole.

Waldinger, R. J. (1990). The mental status exam. In Psychiatry for medical students (2<sup>nd</sup> ed.). Washington, DC: 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.

Solomon, A. (1995). Clinical diagnosis among diverse populations: A multicultural perspective. In Differential diagnosis and treatment in social work (4<sup>th</sup> ed). (pp. 1154-1163).

**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). When 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 (2<sup>nd</sup> 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., Akam, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse & 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. A., & Barlow, D. H. (1992). 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 perspectives 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., Alterman, 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., Brooksgunn, 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. Social Work, 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., & Mulle, K. (1998). OCD in children and adolescents: A cognitive-behavioral treatment manual. New York: Guilford.

Mash, E., & Terdal, L. G. (Eds). (1997). Assessment of childhood disorders (3<sup>rd</sup> ed.). New York: Guilford Press.

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 (2<sup>nd</sup> ed.). Boston, MA: Allyn & Bacon.

Paniagua, F. (1998). Assessing and treating culturally diverse clients (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Reid, W. H., Balis, G. U., & Sutton, B. J. (1997). The treatment of psychiatric disorders (3<sup>rd</sup> ed.). Bristol, PA: Bruner/Mazel.

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

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

Spaccarelli, 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. J. (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 other axis II disorders. American Journal of Psychiatry, 147(2), 161-7.