

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK
COURSE OUTLINE**

**Clinical Assessment and Diagnosis
Spring 2019**

Course: 19:910:507 Clinical Assessment and Diagnosis

Time:

Location:

Instructor:

Email:

Office:

Office Hours: By arrangement

Office:

CATALOG COURSE DESCRIPTION

This course explores major forms of emotional distress in adults, children, and youth, including classification trends, issues, and models. The course provides an introduction to clinical syndromes in terms of diagnostic methodology, research and social concerns and their implications for at risk groups.

COURSE OVERVIEW

This introductory course will familiarize social work students with the major mental disorders. Since mental health issues are ubiquitous in social work settings and practice, it is appropriate that social workers, regardless of concentration or specialization, be acquainted with the language, taxonomy, conceptualizations, and developments in the study of Clinical Assessment and Diagnosis. For those desiring to expand knowledge in this area, the advanced curriculum offers this opportunity. This course serves as the prerequisite for further study of Clinical Disorders.

The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) is used as the organizing framework for this course. Though controversial, the DSM-5 has become the standard diagnostic tool used by local, state and federal governments, major health insurance carriers and by several of the academic disciplines. In this course, however, we will critically examine the DSM and its relevance for social work practice.

DSM-5 conceptualizes a mental disorder as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning),

or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. The adequacy and appropriateness of this conceptual framework to illuminate and enhance understanding of the human phenomena seen in social work practice is addressed throughout the course. Factors such as cultural differences, race and ethnicity, social class, gender and age are discussed in terms of their possible influence on clinical judgment and the diagnostic process. Thus, the selection of content areas has been based on several considerations:

1. Clinical syndromes social workers are most apt to encounter, either directly in micro practice, or indirectly in macro practice.
2. Clinical phenomena that are extensively dealt with in other curriculum offerings receive less focus, e.g., developmental disabilities, alcohol and other drugs, and mental disorders associated with the aging process.
3. Those conditions requiring medical sophistication for evaluation and treatment will also receive less attention e.g. mental disorders due to a general medical condition, organic brain disorders.

This is a required course for all students in the Generalist year.

PROGRAM LEVEL LEARNING GOALS AND THE COUNCIL OF SOCIAL WORK EDUCATION'S SOCIAL WORK COMPETENCIES

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at www.cswe.org.

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. *These competences serve as program level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education students will be able to: demonstrate ethical and professional behavior; engage in diversity and difference in practice; advance human rights and social, economic and environmental justice; engage in practice informed research and research informed practice; engage with individuals, families, groups organizations and communities; intervene with individual, families, groups organizations and communities; and evaluate practice with individuals, families, groups, organizations and communities.*

This course will assist students in developing the following competencies:

Competency 1: Demonstrate Ethical and Professional Behavior: Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the

profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice. (Taken from the following site: cswe.org)

Assessment of Competencies/Program Level Learning Goals: Because this course focuses on providing you with the knowledge, skills, and values for you to engage in ethical and professional behavior, it has been selected to be part of the School of Social Work overall assessment program. This means that one of the course assignments, the “Case of Monica” on the midterm, has been designed to assess your attainment of the competency.

COURSE LEARNING GOALS

Course level learning goals primarily relate to the aforementioned competencies/program level learning goals as the course addresses policy analysis skills and competencies as well as addresses human rights and social, economic and environmental justice through the study of the evolution of the US welfare state and the emergence of the social work profession.

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

1. To understand the DSM-5 as the current representation of a changing classification model and its application for the diagnosis of children, youth, and adults.
2. To appreciate the potential abuse of diagnostic classification as a means of social control, in general, and its significance for vulnerable populations, in particular.
3. To understand the social worker's particular contribution to the diagnostic process, and the policies and societal norms that promote and constrain the diagnostic-intervention process.
4. To recognize the possible conflict between social work norms, ethics, and values and the classification system.
5. To become familiar with the significant areas of empirical investigation concerning mental health and disorders, and understand the role of theory and how it relates to the empirical investigation regarding mental health and disorders.
6. To understand the increasing role of psychopharmacology in the treatment of mental disorders, and the professional knowledge, responsibilities, and limitations of the social worker's role with respect to the use of psychopharmacology in treatment.
7. To understand and reflect on the stigmatizing patterns (language, media portrayal, discrimination) that exist in society towards individuals and their families with mental illness and the role of social workers in advocating for social justice outcomes in diminishing stigmatizing behaviors.

SCHOOL OF SOCIAL WORK MISSION STATEMENT AND SCHOOL WIDE LEARNING GOALS

The mission of the Rutgers University School of Social Work MSW program is to advance competent, ethical, evidence-based and community and critically-informed master's level social work practice that promotes social and economic justice and strengthens individual, family, and community well-being with an understanding of diversity in local, national and global contexts.

Upon graduation, all students will be able to:

1. Demonstrate Ethical and Professional Behavior;
2. Engage Diversity and Difference in Practice; and
3. Engage, Assess, and Intervene with Individuals, Families, Groups, Organizations, and Communities.

REQUIRED TEXTS

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. Washington, DC: American Psychiatric Association. [This book can be accessed via the Rutgers University Library. Click on Indexes and Databases; the index you are looking for is entitled, "PsychiatryOnline". Additionally, the diagnostic criteria for each of the disorders can be retrieved via the Diagnostic Criteria Mobile APP.]

Please keep in mind that since the DSM-5 was conceived as a dynamic text use of the online version of the text allows access to the updated data on clinical disorders.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis* (2nd ed.). Pacific Grove, CA: Brooks/Cole-Thompson Learning.

Readings from journals and other sources can be obtained from Rutgers-eReserve (search on instructor "Sharpe, Gina."). To obtain the readings, you will need to login to the library with your NETID to read or download them. Readings are listed by units.

RECOMMENDED TEXT

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Philadelphia, PA: Lippincott Williams and Wilkins

COURSE REQUIREMENTS

Students are expected to be **active** learners and collaborators. Students are expected to contribute knowledge and observations to discussions. Regular class attendance with active participation is expected. When students participate actively in class discussions learning is enhanced. It is important that reading assignments be completed prior to each session. Please take responsibility for seeking clarification of difficult material encountered in the text, readings, and lectures. At the end of each class session, readings for the subsequent class will be assigned.

Class attendance is **not** optional. Students are expected to notify the instructor prior to missing a session (see email and telephone numbers above). With 2 or more absences, the professor reserves the right to reduce the final grade. Students who leave during breaks will be marked as absent. You will not be penalized for missing class for appropriate reasons (e.g, illness and religious observances). If you are absent for medical reasons, you must bring a note from your doctor. Students are required to take the examinations on the designated dates. No make-up examinations will be given unless a physician has certified, in writing, that you are unable to take the examination.

All written work **must** be typed. Late assignments will **not** be accepted, unless the student has made arrangements prior to the assignment due date. The professor reserves the right to reduce the letter grade for late assignments. All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not conform to APA format (see this website for a useful guide to APA, <http://www.columbia.edu/cu/ssw/write/apastyle.html>)

Student behavior in this course must comply with the university's code of conduct. The entire code of contact can be attained from Student Judicial Affairs Office or on-line at <http://studentsconduct.rutgers.edu/university-code-of-student-conduct>. Students should be aware that violations of academic integrity, for example plagiarism of any kind, would result in expulsion from the program.

Please do *not* use cell phones or laptops during class, unless they are required for your learning. You will be dismissed from class if you use these devices for surfing the internet or answering email. This course is meant to be a conversation. Electronic devices easily disrupt attention interrupt the learning process.

Methods of Evaluation

Grades for the course will be weighted as follows:

Case Studies	15%
Midterm Exam	25%
Final Exam	25%
Final Project	35%

(Note: **Format of case submissions will be decided by your instructor**)

****Instructors please advise students in your course section how you would like case**

exercises submitted. (i.e before class, after class, also the learning platform if cases are to be submitted via dropbox).

Final Project: For instructions, see pages 33-34 of this syllabus.)

Grading Standards

A = Exceptional or outstanding work; student demonstrates full understanding of material, displays unusual analytical and/or creative ability; extremely thorough work; must be well organized and conform to accepted standards of writing including correct grammar, accurate spelling, etc.; cites material correctly. Work is completed by the due date.

B+ = Above average work in terms of understanding material and ability to apply material from lectures and readings to own proposed project. Work must be organized and conform to accepted standards of writing; cites material correctly. Work is completed by the due date.

B = Good work; demonstrates understanding of material; written materials well organized and conforms to accepted standards of grammar, spelling punctuation, etc.; cites material correctly. Work is completed by the due date.

C = Acceptable work, similar to C+ but reveals greater problems in applying the concepts and techniques to own work, fails to cover some important point(s). Some problems in organizing and presenting written materials; cites material incorrectly; too many direct quotes; fails to paraphrase and cite appropriately.

Grade cut-offs for all courses offered by the Rutgers Graduate School of Social Work (MSW) as follows:

A	92-100
B+	87-91
B	82-86
C+	77-81
C	70-76
F	0-69

*Scores to be rounded up at .5

COURSE EVALUATION

Rutgers University evaluates both the course and the instructor. This survey is completed by students toward the end of the semester; all answers are confidential and anonymous. The instructor may also choose to conduct a midterm evaluation.

Resources and Important Links:

- [National Alliance for the Mentally Ill \(NAMI\)](#)
- [National Institute of Mental Health](#)
- [National Institute on Alcohol Abuse and Alcoholism](#)
- [National Institute on Drug Abuse \(NIDA\)](#)
- [National Mental Health Association](#)
- [Substance Abuse and Mental Health Services Administration](#)

WRITING ASSISTANCE

Success in graduate school and within the larger profession of social work depends on strong writing skills. Several resources are available to help students strengthen their professional and academic writing skills. Writing assistance is available to all MSW students as described below.

New Brunswick Campus

All MSW SSW students (NB, Camden, Newark, IW, online and blended) are eligible to access writing assistance at the New Brunswick Learning Center. Online tutoring may also be available.

Contact: <https://rlc.rutgers.edu/student-info/group-and-individual-academic-support/writing-coaching>

Newark Campus

The Newark writing center is available for MSW students on the Newark campus by appointment.

<http://www.ncas.rutgers.edu/writingcenter>

Camden Campus

The Camden learning center provides writing assistance for MSW students on the Camden campus.

<http://learn.camden.rutgers.edu/writing-assistance>

Office on Violence Prevention and Victim Assistance

Our school is committed to fostering a safe, productive learning environment. Title IX and our school policy prohibit discrimination on the basis of sex, which regards sexual misconduct — including harassment, domestic and dating violence, sexual assault, and stalking. We understand that sexual violence can undermine students' academic success and we encourage students who have experienced some form of sexual misconduct to talk to someone about their experience, so they can get the support they need.

Confidential support and academic advocacy are available through the Rutgers Office on

Violence Prevention and Victim Assistance, 732.932.1181, <http://vpva.rutgers.edu>. Services are free and confidential and available 24 hrs/day, 7 days a week.

COURSE OUTLINE

Unit 1-

The DSM-5: Overview, History, Critique

Required Readings:

DSM-5: Topics—Introduction, Use of the Manual, Cautionary Statement, Other Mental Disorders, and Changes from DSM-IV to DSM-5, 5-25, 707-708, & 809-816.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 1, pages 1-32.

Hansen, H. B., Donaldson, Z., Link, B.G., Bearman, P. S., Hopper, K., Bates, L. M. et al. (2013). Independent review of social and population variation in mental health could improve diagnosis in DSM revision, *Health Affairs*, 32, 984-993.

Recommended Reading:

Neighbors, H.W., Treirweiler, S.J., Ford, B. C., & Muroff, J.R., (2003). Racial Differences in DSM Diagnosis Using a Semi-Structured Instrument: The Importance of Clinical Judgment in the Diagnosis of African Americans. *Journal of Health and Social Behavior*, 43, 237-256.

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 6, pages 290-299.

Wakefield, J. C. (in press). DSM-5: An overview of major changes and controversies.

Required Viewings:

The World Health Organization Disability Assessment Schedule 2.0 (WHODAS). Click on the link below or paste into web browser. This video will give you a good overview on how to administer and score the WHODAS

<https://www.youtube.com/watch?v=Pr5adt78zB0>.

ICD 10 Documentation Education: Mental and Behavioral Disorders. Click on the link below or paste into web browser.

<https://www.youtube.com/watch?v=wzkNIyqnlQg>

Diagnosing Mental Disorders: DSM-5™ and ICD-10: Diagnostic Criteria

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158827>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Diagnostic Criteria

Recommended Viewing:

The Dekalb Lecture Series. Click on link below or paste into web browser.

<http://www.youtube.com/watch?v=C9pru53UcbA>

Unit 2-

Diagnostic Interviewing, Mental Status Examination, and Assessment

Required Readings:

DSM-5: Topics-- Assessment Measures, Other Conditions that may be the Focus of Clinical Attention, and Cultural Formulation Interview, 715-727 & 733-759

Barrera, I., Schulz, C. H., Rodriguez, S.A., Gonzalez, C. J., & Acosta, C. (2013). Mexican-American perceptions of the causes of mental distress. *Social Work in Mental Health*, 11, 233-248.

Lewis-Fernandez, R., & Diaz, N. (2002). The Cultural Formulation: A Method for Assessing Cultural Factors affecting the Clinical Encounter. *Psychiatric Quarterly*, 73, 271- 295.

Pomeroy, E. (2015). *The Clinical Assessment and Differential Diagnosis Workbook: Balancing Strengths*, chapters 1 and 20.

Recommended Readings:

Defenses-From the DSM-IV (1994). *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders*, DSM-IV. Washington, DC: American

Suicide Risk Assessment Guide—

http://www.mentalhealth.va.gov/docs/Suicide_Risk_Assessment_Reference_Guide.pdf

Trevithick, P. (2011). Understanding defences and defensiveness in social work. *Journal of Social Work and Practice*, 389-412.

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 5, pages 192-235, Chapter 25, pages 812. 823, and Chapter 26, pages 824-830.

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry*, (11th ed.). Chapter 23, pages 763-790.

Required Viewings: Cultural Formulation. This video will demonstrate how to conduct a Cultural Interview.

<https://www.youtube.com/watch?v=IqFrSzJ6iP8&app=desktop>

Diagnosing Mental Disorders: DSM-5™ and ICD-10: Other Conditions

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3295292>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Other Conditions

Recommended Viewing: Mental Status Examination. This video will provide you with a good overview of the types of behaviors you should be looking for when conducting a mental status examination. Click on the link below or paste in web browser.

<http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>

Recommended Viewing: Introduction to the Columbia Suicide Severity Rating Scale (CSSRS) Webinar. This video will provide you with information about the prevalence of suicide among adolescents, military personnel, police, and other populations. Additionally, you will learn how to administer the CSSRS.

<https://www.youtube.com/watch?v=01P6id9wvig&feature=youtu.be>

Recommended Viewing: Clinical Interview, Parts I, II, & III. These videos provide you will a good overview of how to conduct a clinical interview.

Part I:

<http://www.bing.com/videos/search?q=clinical%20interview%2C%20part%201&qs=n&form=QBVR&pq=clinical%20interview%2C%20part%201&sc=0-23&sp=-1&sk=#view=detail&mid=7697B296EEACB4D9B8667697B296EEACB4D9B866>

Part II:

<http://www.bing.com/videos/search?q=clinical%20interview%2C%20part%202&qs=n&form=QBVR&pq=clinical%20interview%2C%20part%202&sc=0-0&sp=-1&sk=&ajf=60#view=detail&mid=983DF8BB792B3E82A3A7983DF8BB792B3E82A3A7>

Part III:

<http://www.bing.com/videos/search?q=clinical+interview%2C+part+3+with+Todd&qs=n&form=QBVR&pq=clinical+interview%2C+part+3+with+todd&sc=0-0&sp=-1&sk=>

Come to class prepared to discuss what insights you learned about how to conduct a mental status examination and a clinical interview. Additionally, be prepared to discuss what questions would be important to ask when conducting a Cultural Formulation Interview with a Mexican American client. You should also be prepared to discuss the impact that culture may have on formulating a diagnosis.

Unit 3-

Neurodevelopmental Disorders

Required Readings:

DSM-5: Topics—Neurodevelopmental Disorders, 31-86.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 2, pages 33-65.

Mahone, M. E. (2012). Neuropsychiatric differences between boys and girls with ADHD. *Psychiatric Times*, 29, 34-43.

Mandell et al. (2009). Racial/ ethnic disparities in the identification of children with autism spectrum disorders. *American Journal of Public Health*, 99, 493-498.

Pomeroy, E. (2015) *The Clinical Assessment and Differential Diagnosis Workbook: Balancing Strengths*, Chapter 2, Cases 2.1 and 2.2.

Recommended Readings:

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 31, pages 1137-1205

Serrano-Troncoso, E., Guidi, M., & Alda-Diez, J. A. (2013). Is psychological treatment efficacious for attention deficit hyperactivity disorder (ADHD)? Review of non-pharmacological treatments in children and adolescents with ADHD. *Actas Espanolas de Psiquiatria*, 41, 44-51.

U.S. National Institute of Mental Health (2012). *Mental Health Medications*. Retrieved on January 13, 2014 from <http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>.

Required Readings on Ethics:

The readings below must be done prior to the midterm exam. As stated in syllabus, this course will assist students in developing the following Council on Social Work prescribed competency: Demonstrate Ethical and Professional Behavior.

National Association of Social Workers (NASW; 2018) Code of Ethics.

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships.

<https://www.bu.edu/ssw/files/2017/07/Reamer-F.-Boundary-Issues-in-SocialWork-Managing-dual-relationships.pdf>

Recommended Readings on Ethics:

NASW, ASWB, CSWE, & CSWA Standards for Technology

<https://www.socialworkers.org/Practice/Practice-Standards-Guidelines>

Required Viewing: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Neurodevelopmental Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3295278>

(Neurodevelopmental Disorders)

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/2875456> (Clinical, Ethical and Controversial Considerations Using the DSM-5)

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Neurodevelopmental Disorders

Watch Psychotropic Medication Lecture. Click on link below or copy and paste into your web browser.

<https://docs.google.com/file/d/0B9JrEEM9BVy4dmtBbE1FN1BxYmM/edit?pli=1>

Come to class prepared to discuss the classes of medications and their side effects. Additionally, come prepared to discuss why it is important for social workers to know about psychopharmacological interventions. Thinking about Case 2.1 from the Pomeroy book, identify what challenges you might encounter developing and maintaining a professional relationship working with this client and her family? What strategies can you put into place to ensure you maintain professionalism in working with this client and her family?

****Instructors please advise students in your course section how you would like case exercises submitted. (i.e before class, after class , also the learning platform if cases are to**

be submitted via dropbox) .

Case Exercises: Case 2.1 & 2.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Unit 4-

Disruptive, Impulse-Control and Conduct Disorders

Required Readings:

DSM-5: Topics—Disruptive, Impulse-Control Disorders, 461-480.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 13, 353-372.

Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry*, 46, 714-734.

Krol, N., Morton, J., & De Bruyn, E. (2004). Theories of conduct disorder: A causal modeling analysis. *Journal of Child Psychology and Psychiatry*, 45, 727-742.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 15, Case 15.1

Recommended Readings:

Coorigan, P. W. (2007). How clinical diagnosis might exacerbate the stigma of mental illness. *Social Work*, 52, 31-39.

Henggeler, S., & Sheidow, A. J. (2012). Empirically supported family-based treatment for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy*, 38, 30-58.

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 19, pages 608-615, and Chapter 31, pages 1244-1253.

Listen to podcast: "Behind Mental Health Stigmas in Black Communities". Click on link below or copy and paste into your web browser.

<http://www.npr.org/2012/08/20/159376802/behind-mental-health-stigmas-in-black-communities>

Required Viewing: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Impulse-Control and Conduct Disorder

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3218993>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Impulse-Control and Conduct Disorder

Come to class prepared to discuss how the article by Hinshaw helped you understand how stigma affects the help-seeking behavior of African American males who have mental disorders. Be prepared to discuss what can be done in order to provide needed services for this population. Additionally, come to class prepared to discuss how the theories of how conduct disorder develops and the implications of these theories for treatment.

Case Exercise: Case 15.1. *Pomeroy, E. (2015). The clinical assessment workbook: Balancing strengths and differential diagnosis.* Please carefully review this case and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

**Unit 5-
Substance-Related and Addictive Disorders**

Required Readings:

DSM-5: Topics—Substance-Related and Addictive Disorders, 481-589.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 14, 373-442.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 16, Case 16.4.

Required Viewings: PBS: Frontline, The Meth Epidemic. Click on link below or copy and paste into your web browser.

<http://www.pbs.org/wgbh/pages/frontline/meth/>

Substance Abuse and Mental Health Services Administration. Click on link below or copy and paste into your web browser.

<http://www.youtube.com/watch?v=3hJ11kJ6f7s&feature=Playlist&p=85C1E36206E17BB3&pl>

[aynext=1&playnext_from=PL&index=5](#)

Diagnosing Mental Disorders: DSM-5™ and ICD-10: Addictive Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3218995>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Addictive Disorders

Recommended Readings:

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 20, pages 616-693 and Chapter 31, pages 1273-1278.

Case Exercise: Case 16.4. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review this case and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come to class prepared to discuss what insights you have learned about the Meth Epidemic and conducting the substance abuse assessment. Be prepared to discuss what challenges you may encounter in working with families who have been affected by the Meth Epidemic, and relevant policies or laws that may affect service provision to these families.

Unit 6-

Depressive Disorders

Required Readings:

Choi, H. (2002) – Understanding Adolescent Depression in Ethnocultural Context. *Advances in Nursing Science*, 25, 71-85.

DSM-5: Topics—Depressive Disorders, 155-188.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 5, 129-160.

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, Chapter 5, Cases 5.1 and 5.2

Recommended Readings:

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 8, pages 347-386, and Chapter 31, pages 1226-1235.

Required Viewing: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Depressive Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158834>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Depressive Disorder

Case Exercises: Cases 5.1 and 5.2 Pomeroy, E. (2015). The clinical assessment workbook: Balancing strengths and differential diagnosis. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Unit 7-

Bipolar and Related Disorders

Required Readings:

DSM-5: Topics—Bipolar and Related Disorders, 123-154.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 4, 111-128.

Haeri, S. et al. (2011). Disparities in diagnosis of bipolar disorder in individuals of African and European descent: A review. *Journal of Psychiatric Practice*, 17, 394-403.

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, Chapter 4, Cases 4.1 and 4.2.

Recommended Reading:

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 31, pages 1236-1244.

Schottle, D., Huber, C.G., Bock, T., & Meyer, T. D. (2011). Psychotherapy for bipolar disorder: A review of the most recent studies. *Current Opinion Psychiatry*, 24, 549-555.

Case Exercises: Cases 4.1 and 4.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come to class prepared to discuss the article by Haeri et al. Be prepared to discuss why these disparities exist and what strategies social workers can use to address mental health disparities.

Required Viewings: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Bipolar Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158832>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Bipolar Disorder

Unit 8-

Anxiety Disorders

Required Readings:

Asnaani, A., Gutner, C.A., Hinton, D. E., & Hofmann, S. G. (2009). Panic disorder, panic attacks, and panic attack symptoms across race-ethnic groups: Results of the collaborative psychiatric epidemiology studies. *CNS Neuroscience and Therapeutics*, 13, 249-254.

DSM-5: Topics—Anxiety Disorders, 189-223.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 6, 161-190.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 6, Cases 6.1 and 6.4.

Recommended Readings:

Gosch, E. A., Flannery-Schroder, E., Mauro, C. F., & Compton, S. N. (2006). Principles of cognitive-behavioral therapy for anxiety disorders in children. *Journal of Cognitive Psychotherapy: An International Quarterly*, 20, 247-263.

Leskin, G. A. & Sheikh, J. I. (2004). Gender differences in panic disorder. *Psychiatric Times*, 21, 65-66.

Sadock, B. J., Sadock, V. A., Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Chapter 9, pages 387-417 and Chapter 31, pages 1253-1263.

Tello, A. B., & Yonkers, K. A. (2004). Gender differences in the clinical courses of panic disorder. *Psychiatric Times*, 21 (4), 18-20.

Required Viewings: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Anxiety Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158836>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Anxiety Disorders

Case Exercises: Case 6.1 and 6.4. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come to class prepared to discuss the article by Asnanni et al.

Spring break starts as of Saturday, March 16, 2019 to Sunday, March 24, 2019. There are no classes during Spring Break.

Unit 9-

Obsessive-Compulsive and Related Disorders

Required Readings:

DSM-5: Topic—Obsessive-Compulsive and Related Disorders, 235-264.

D'Alessandro, T. M. (2009). Factors influencing the onset of childhood obsessive compulsive disorder. *Pediatric Nursing*, 35, 43-46.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 7, 191-213.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 7, Cases 7.2 & 7.3

Recommended Readings:

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/ clinical psychiatry* (11th ed.). Chapter 10, pages 418-436, and Chapter 31, pages 1263-1267.

Case Exercises: Case 7.2 and 7.3. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come prepared to discuss the article by D'Alessandro. Be prepared to discuss the implications of the theories mentioned in the articles for treatment of children diagnosed with OCD.

Required Viewings: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Obsessive-Compulsive Disorder

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158838>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Obsessive Compulsive Disorder

Unit 10-**Trauma-and Stress Related Disorders****Required Readings:**

DSM-5: Topic—Trauma-and Stress Related Disorders, 265-290.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 8, 214-243.

Kline, A. (2013). Gender differences in the risk and protective factors associated with PTSD: A prospective study of National Guard troops deployed to Iraq. *Psychiatry*, 76, 256-272.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 8, Cases 8.2 and 8.9.

Rauch, S. A. M., Eftekhari, A., & Ruzek, J. I. (2012). Review of exposure therapy: A gold standard for PTSD treatment. *Journal Rehabilitation Research and Development*. 49(5), 679-688.

Recommended Readings:

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/ clinical psychiatry* (11th ed.). Chapter 11, pages 437-450 and Chapter 31, pages 1216-1225.

Sloan, D. M., Bovin, M. J., & Schnurr, P. P. (2012). Review of group treatment for PTSD. *Journal of Rehabilitation, Research, and Development*, 49, 689-702.

Required Viewing: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Trauma-and Stress Related Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158840>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Trauma-and Stress Related Disorders

Case Exercises: Cases 8.2 and 8.9. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come prepared to discuss the articles by Kline and Rauch et al.

Unit 11-**Personality Disorders****Required Readings:**

DSM-5: Topics--Personality Disorders, 645-684.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 16, 475-539.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 18, Cases 18.1 &18.2

Skodol, A. E., & Bender, D. S. (2003). Why are women diagnosed borderline more than men? *Psychiatry Quarterly*, 74, 349-360.

Recommended Reading:

Rizvi, S. L., Steffel, L. M., & Carson-Wong, A. (2013). An overview of dialectical behavior therapy for professional psychologist. *Professional Psychology: Research and Practice*, 44, 73-80.

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences clinical psychiatry* (11th ed.). Chapter 22, pages 742-762.

Required Viewings: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Personality Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3218997>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Personality Disorders

Come to class prepared to discuss the article by Skodol and Bender.

Case Exercises: Case 18.1 and 18.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Unit 12-

Schizophrenia Spectrum and Other Psychotic Disorders

Required Reading:

DSM-5: Topic—Schizophrenia Spectrum and Other Psychotic Disorders, 87-122.

Coldwell, J., Meddings, S., & Camic, P. M. (2011). How people with psychosis positively contribute to their family: A grounded theory analysis. *Journal of Family Therapy*, 33, 353-371.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 3, 66-110.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 3, Cases 3.1 and 3.2.

Recommended Readings:

- Arnold, L M.. et.al. (2004). Ethnicity and first-rank symptoms in patients with psychosis. *Schizophrenia Research* 67, 207–212
- McCellan, J., & Stock, S. (2013). Practice parameters for the assessment and treatment of children and adolescents with schizophrenia. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52, 976-990.
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/ clinical psychiatry* (11th ed.). Chapter 7, pages 300-346 and Chapter 31, 1268-1273.
- Serafini, G. et al. (2011). Stigmatization of schizophrenia as perceived by nurses, medical doctors, medical students, and patients. *Journal of Psychiatric and Mental Health Nursing*, 18, 576-585.
- Usall, J., Haro, J. M., Ochoa, S., Marquez, M. & Araya, S. (2002). Influence of gender on social outcome in schizophrenia, *ACTA Psychiatrica Scandinavica*, 106, 337-342.

Choose one of the videos or podcasts below. Come to class prepared to answer the following questions: What perceptions did you have about schizophrenia prior to doing this assignment? After doing this assignment did your perceptions change or stay the same? If they changed or stayed the same, why do you think they changed or stayed the same? and Was what you learned by doing this assignment consistent or not consistent with what you have read about schizophrenia.

Madness Radio: Art and Schizophrenia Louis Sass 1-hour podcast. Click on link below or copy and paste into your web browser.

<http://www.madnessradio.net/madness-radio-art-and-schizophrenia-louis-sass>

Janssen Pharmaceutica - Schizophrenia Simulation on sights and sounds of schizophrenia. Click on link below or copy and paste into your web browser.

<http://www.youtube.com/watch?v=T14neSm599g>

Schizophrenia and Social Work: Interview with Shaun Eack, Ph.D. 33-minute podcast. Click on link below or copy and paste into your web browser.

<http://socialworkpodcast.blogspot.com/2008/11/schizophrenia-and-social-work-interview.html>

Required Viewing: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Schizophrenia Spectrum and Other Psychotic Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3158829>

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Schizophrenia Spectrum and Other Psychotic Disorders

Case Exercises: Case 3.1 and 3.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come to class prepared to discuss the article by Coldwell, Meddings, and Camic.

Unit 13-

Feeding and Eating Disorders and Elimination Disorders

Required Readings:

DSM-5: Topics—Feeding and Eating Disorders, 329-354 & Elimination Disorders, 355-360.

Buser, J. K. (2010). American Indian adolescents and disordered eating. *Professional School Counseling*, 14, 146-155.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 11, 297-340.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 11, Cases 11.1 and 11.3

Smart, R. Yuying, T., Mejfa, O.L., Hayashino, D., & Braaten, M. E. T. (2011). Therapists' experiences treating Asian American women with eating disorders. *Professional Psychology: Research and Practice*. 42, 308-315.

Strother, E., Lemberg, R., Stanford, S. C., & Tuberville, D. (2012). Eating Disorders in Men: Underdiagnosed, undertreated, and misunderstood. *Eating Disorders: The Journal of Treatment and Prevention*, 20, 346-355.

Recommended Readings:

Hay, P. (2013). A systematic review of evidence for psychological treatments in eating disorders: 2005-2102. *International Journal of Eating Disorders*, 46, 462-469.

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/ clinical psychiatry* (11th ed.). Chapter 15, pages 509-522, Chapter 31, pages 1205-1216.

Stice, E., Becker, C. B., & Yokum, S (2013). Eating disorder prevention: Current evidence-base and future directions. *International Journal of Eating Disorders*, 46, 478-485.

Stiegler, L. N. (2005). Understanding pica behavior: A review for clinical and education professionals. *Focus on Autism and Other Developmental Disorders*, 20, 27-38.

Required Viewings: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Eating and Elimination Disorders

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3218989> (Eating Disorder)

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3295282> (Elimination Disorder)

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Eating Disorders or Elimination Disorder

Come to class prepared to discuss the articles by Buser (2010), Smart et al. (2011), and Strother et al. (2012).

Case Exercises: Case 11.1 and 11.3. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected to participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Unit 14-

Dissociative Disorder, Somatic Symptom and Related Disorders and Gender Dysphoria

Required Readings:

DSM-5: Topic—Dissociative Disorders, 291-307, Somatic Symptom and Related Disorders, 309-327& Gender Dysphoria, 451-459.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 9, 244-269; Chapter 10, 199-204.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapters 9, 10, and 14, Cases 9.2, 10.2, and 14.2.

Ringrose, J. L. (2011). Meeting the needs of clients with dissociative identity disorder: Considerations for psychotherapy, *British Journal of Guidance and Counselling*, 39, 293-305.

Required Viewings: Diagnosing Mental Disorders: DSM-5™ and ICD-10: Dissociative Disorders, Somatic Symptom and Related Disorders, and Gender Dysphoria

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3218987> (Dissociative Disorder)

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3295280> (Somatic Symptom and Related Disorders)

<http://search.alexanderstreet.com.proxy.libraries.rutgers.edu/view/work/3295284> (Gender Dysphoria)

If the above link does not work, you will need to use the link below

<http://www.libraries.rutgers.edu/indexes/ctiv> and then search for Dissociative Disorders, Gender Dysphoria,

Recommended Readings:

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/ clinical psychiatry* (11th ed.). Chapter 12, pages 451-464, Chapter 13, pages 465-503, and Chapter 18, 600-607.

Case Exercises: Cases 9.2, 10.2, and 14.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases and answer the required questions and come to class prepared to make a diagnostic formulation. When making your diagnosis, please be sure to use both the DSM-5 and ICD coding. These exercises are graded. You are expected participate in discussion of the cases. **Your instructor will provide you with instructions on how case exercises are to be submitted**

Come to class prepared to discuss the article by Ringrose.

UNIT 15- Final Class - Exam

ACADEMIC INTEGRITY

All work submitted in a graduate course must be your own.

It is unethical and a violation of the University's Academic Integrity Policy to present the ideas or words of another without clearly and fully identifying the source. Inadequate citations will be construed as an attempt to misrepresent the cited material as your own. Use the APA citation style which is described in the Publication manual of the American Psychological Association, 6th edition.

Plagiarism is the representation of the words or ideas of another as one's own in any academic exercise. To avoid plagiarism, every direct quotation must be identified by quotation marks or by appropriate indentation and must be properly cited in the text or footnote. Acknowledgement is required when material from another source is stored in print, electronic, or other medium and is paraphrased or summarized in whole or in part in one's own words. To acknowledge a paraphrase properly, one might state: "to paraphrase Plato's comment..." and conclude with a footnote identifying the exact reference. A footnote acknowledging only a directly quoted statement does not suffice to notify the reader of any preceding or succeeding paraphrased material. Information which is common knowledge, such as names of leaders of prominent nations, basic scientific laws, etc., need not be footnoted; however, all facts or information obtained in reading or research that are not common knowledge among students in the course must be acknowledged. In addition to materials specifically cited in the text, only materials that contribute to one's general understanding of the subject may be acknowledged in the bibliography. Plagiarism can, in some cases, be a subtle issue. Any question about what constitutes plagiarism should be discussed with the faculty member.

Plagiarism as described in the University's Academic Integrity Policy is as follows: "Plagiarism: Plagiarism is the use of another person's words, ideas, or results without giving that person appropriate credit. To avoid plagiarism, every direct quotation must be identified by quotation marks or appropriate indentation and both direct quotation and paraphrasing must be cited properly according to the accepted format for the particular discipline or as required by the instructor in a course. Some common examples of plagiarism are:

- Copying word for word (i.e. quoting directly) from an oral, printed, or electronic source without proper attribution.
- Paraphrasing without proper attribution, i.e., presenting in one's own words another person's written words or ideas as if they were one's own.
- Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement.
- Incorporating into one's work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other nontextual material from other sources without proper attribution".

Plagiarism along with any and all other violations of academic integrity by graduate and professional students will normally be penalized more severely than violations by undergraduate students. Since all violations of academic integrity by a graduate or professional student are potentially separable under the Academic Integrity Policy, faculty members should not adjudicate alleged academic integrity violations by graduate and professional students, but

should refer such allegations to the appropriate Academic Integrity Facilitator (AIF) or to the Office of Student Conduct. The AIF that you should contact is Laura Curran, at lacurran@ssw.rutgers.edu. The student shall be notified in writing, by email or hand delivery, of the alleged violation and of the fact that the matter has been referred to the AIF for adjudication. This notification shall be done within 10 days of identifying the alleged violation. Once the student has been notified of the allegation, the student may not drop the course or withdraw from the school until the adjudication process is complete. A TZ or incomplete grade shall be assigned until the case is resolved. For more information regarding the Rutgers Academic Integrity Policies and Procedures, see: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers>.

DISABILITY ACCOMMODATION

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation:

<https://ods.rutgers.edu/students/documentation-guidelines>.

If the documentation supports your request for reasonable accommodations, your campus' disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at: <https://ods.rutgers.edu/students/registration-form>.

BIBLIOGRAPHY

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. Washington, DC: American Psychiatric Association. [This book can be accessed via the Rutgers University Library. Click on Indexes and Databases; the index you are looking for is entitled, "PsychiatryOnline". Additionally, the diagnostic criteria for each of the disorders can be retrieved via the Diagnostic Criteria Mobile APP.]
- Asnaani, A., Gutner, C.A., Hinton, D. E., & Hofmann, S. G. (2009). Panic disorder, panic attacks, and panic attack symptoms across race-ethnic groups: Results of the collaborative psychiatric epidemiology studies. *CNS Neuroscience and Therapeutics*, 15, 249-254.
- Barrera, I. Schulz, C. H., Rodriguez, S.A., Gonzalez, C. J., & Acosta, C. A, (2013). Mexican-American perceptions of the causes of mental distress. *Social Work in Mental Health*, 11, 233-248.
- Brand, B. L., Lanius, R., Vermetten, E. Loewenstein, R. J., & Spiegel, D., Where are we going? An update on assessment, treatment, and neurobiological research on dissociative disorders as we move toward the DSM-5. *Journal of Trauma & Dissociation*, 13, 9-31.
- Buser, J. K. (2010). American Indian adolescents and disordered eating. *Professional School Counseling*, 14, 146-155.
- Choi, H. (2002) – Understanding Adolescent Depression in Ethnocultural Context. *Advances in Nursing Science*. 25. 71-85.
- Coldwell, J., Meddings, S., & Camic, P. M. (2011). How people with psychosis positively contribute to their family: A grounded theory analysis. *Journal of Family Therapy*, 33, 353-371.
- Coorigan, P. W. (2007). How clinical diagnosis might exacerbate the stigma of mental illness. *Social Work*, 52, 31-39.
- Craighead, W. E., Miklowitz, D. J., & Craighead, L. W. (2013). *Clinical Assessment and Diagnosis: History, Diagnosis, and Empirical Foundations*, Second Edition, John Wiley and Sons, Inc.
- D'Alessandro, T. M. (2009). Factors influencing the onset of childhood obsessive compulsive disorder. *Pediatric Nursing*, 35, 43-46.
- Defenses-From the DSM-IV (1994). *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, DSM-IV*. Washington, DC: American Psychiatric Association.

- Gosch, E. A., Flannery-Schroeder, E., Mauro, C. F., & Compton, S. N. (2006). Principles of cognitive-behavioral therapy for anxiety disorders in children. *Journal of Cognitive Psychotherapy: An International Quarterly*, 20, 247-262.
- Haeri, S. et al., (2011). Disparities in diagnosis of bipolar disorder in individuals of African and European descent: A review. *Journal of Psychiatric Practice*, 17, 394-403.
- Hansen, H. B., Donaldson, Z., Link, B.G., Bearman, P. S., Hopper, K., Bates, L. M. et al. (2013). Independent review of social and population variation in mental health could improve diagnosis in DSM revisions, *Health Affairs*, 32, 984-993.
- Hay, P. (2013). A systematic review of evidence for psychological treatments in eating disorders: 2005-2102. *International Journal of Eating Disorders*, 46, 462-469.
- Henggeler, S., & Sheidow, A. J. (2012). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy*, 38, 30-58.
- Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: developmental issues, family concerns, and research needs. *Journal of Child Psychology and Psychiatry*, 46, 714-734.
- Kline, A. (2013). Gender differences in the risk and protective factors associated with PTSD: A prospective study of National Guard troops deployed to Iraq. *Psychiatry*, 76, 256-272.
- Krol, N. Morton, J., & De Bruyn, E. (2004). Theories of conduct disorder: a causal modelling analysis: *Journal of Child Psychology and Psychiatry*, 45, 727-742.
- Leskin, G. A. & Sheikh, J. I. (2004). Gender differences in panic disorder. *Psychiatric Times*, 21, 65-66.
- Mahone, M. E. (2012). Neuropsychiatric differences between boys and girls with ADHD. *Psychiatric Times*, 29, 34-43.
- Mandell et al. (2009). Racial/ ethnic disparities in the identification of children with autism spectrum disorders. *American Journal of Public Health*, 99, 493-498.
- McCellan, J., & Stock, S. (2013). Practice parameters for the assessment and treatment of children and adolescents with schizophrenia. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52, 976-990
- Neighbors, H.W., Treirweiler, S.J., Ford, B.C., & Muroff, J.R., (2003). Racial Differences in DSM Diagnosis Using a Semi-Structured Instrument: The Importance of Clinical Judgment in the Diagnosis of African Americans. *Journal of Health and Social Behavior*, 43, 237-256.

- Pomeroy, E., & Wambach, K. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Second Edition. Pacific Grove, CA: Brooks/Cole-Thompson Learning.
- Rauch, S. A. M., Eftekhari, A., & Ruzek, J. I. (2012). Review of exposure therapy: A gold standard for PTSD treatment. *Journal Rehabilitation Research and Development*, 49, 679-688.
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- Schottle, D., Huber, C.G., Bock, T., Meyer, T. D. (2011). Psychotherapy for bipolar disorder: A review of the most recent studies. *Current Opinion Psychiatry*, 24, 549-555.
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Additional Resources

- Cocoran, K., & Fischer, J. (2013). *Measures for Clinical Practice and Research: A Sourcebook, Volume 1, Couples, Families, and Children, 5th edition*, New York, New York: Oxford Press.
- Cocoran, K., & Fischer, J. (2013). *Measures for Clinical Practice and Research: A Sourcebook, Volume 2, Adults, 5th edition*, New York, New York: Oxford Press.
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RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY**SCHOOL OF SOCIAL WORK****FINAL PROJECT****Due TBD**

19:910:507 Clinical Assessment and Diagnosis

Instructions: This assignment should be typed and double-spaced, with one-inch margins. It is to be no more than 10 pages, with a 12-point font size. The 10-page length requirement does not include the title page or reference page but it does include both parts of the assignment outlined below. This paper requires that you include a reference page consisting of 15 scholarly references. The number of citations in the text must be the same number of references listed on the reference page. For the purpose of this assignment, you can select any of the disorders covered in the DSM-5. This assignment will be checked for appropriate citing and paraphrasing of material using Turnitin.

The reference and citation style must follow that of the American Psychological Association (APA). Students are expected to comply with the Rutgers University Policy on Academic Integrity at all times. (Rutgers University Policy on Academic Integrity)

There is a rubric provided at the end of this document, which will be used in grading the assignment. Make sure to review this.

In your paper, you must address the following:

- (1) Specify the diagnostic criteria of the clinical disorder you have selected.
- (2) Identify two conditions that share similar signs and symptoms to this disorder. Discuss

the process of differential diagnosis and how would you distinguish between these disorders and the disorder that you have selected during an assessment.

- (3) Identify the prevalence rates for the clinical disorder you have selected, including prevalence rates for at least two of the following groups: gender, race, ethnicity, social economic status, differently abled or sexual orientation.
- (4) Discuss some of the ways in which this disorder could impact an individual's social functioning (home, school, work, family, and relationships).
- (5) Discuss two theories that have been used to explain the etiology of the disorder. What are the implications of these theories for the treatment of the disorder?
- (6) Identify at least two interventions, one psychosocial and one psychopharmacological, used to treat this disorder. Discuss why these interventions are shown to be effective. Discuss the side –effects of the psychopharmacological interventions.
- (7) Identify two community-based resources located in the state you reside that an individual with this disorder might find useful. Discuss why these resources could be important for persons who have this disorder and how to access them.

Classes of Medications

- **Antipsychotics** are used in the treatment of schizophrenia and other psychotic disorders like mania. They include the typical antipsychotics like chlorpromazine or haloperidol and the newer atypical antipsychotics like aripiprazole or olanzapine. These are powerful medications that are intended to treat serious disorders and they can sometimes have serious side effects or complications; they typically require close psychiatric management.
- **Mood stabilizers** like lithium and the anticonvulsants are used to reduce the risk for mania and depression in bipolar patients and, like the antipsychotics, typically require psychiatric management.
- **Antidepressants** are widely used in the treatment of depression and anxiety. The newer SSRIs are relatively safe and widely prescribed in primary care settings; older types of antidepressants like the tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) work at least as well but are more difficult to manage.
- **Stimulants** like methylphenidate and dextroamphetamine are commonly used in the treatment of attention-deficit disorder (with or without hyperactivity) in children and adolescents and are sometimes used to augment other medications in the treatment of depression. Stimulants can be addictive and there are ongoing concerns about their effects on growth and development in young people, but they appear to have an important role in the treatment of more severe instances of ADHD (together with careful CBT behavior management strategies).
- **Anxiolytics** include benzodiazepines like diazepam and chlordiazepoxide and are used to treat anxiety and stress-related disorders. Although widely prescribed and providing very rapid symptom relief, they can be addictive if used for too long (especially the high-potency benzodiazepines like alprazolam). CBT sometimes is used to help children and adolescents withdraw from these medications and many psychiatrists now prefer to treat these disorders with the slower acting but nonaddictive antidepressants.

Hypnotics include medications like zolpidem that are widely used to treat insomnia but also can be addictive if taken for too long. Once again, CBT has been shown to provide comparable and more lasting relief of pediatric insomnia without the risks associated with medication.

FINAL ASSIGNMENT GRADING RUBRIC

Criteria	Fails to Meet Expectations (0-4 points)	Meets Expectations (5-8 points)	Exceeds Expectations (9-10 points)
Assignment is turned in on time, with correct grammar, spelling, and structure	Not turned in on time Major problems with grammar, spelling, mechanics or structure	Turned in on time Few problems with grammar, spelling, mechanics, or structure	Turned in on time No errors in grammar, spelling, mechanics, or structure
Identification of the clinical disorder and discussion of diagnostic criteria	The clinical disorder was not identified and the entire diagnostic criteria was not discussed	The clinical disorder was identified and the entire diagnostic criteria was discussed	A strong rationale was provided about why the clinical disorder was selected
Identification of two differential diagnoses, discussion of the process of differential diagnosis, and makes a distinction between the disorders	Two differential diagnoses were not identified, the process of differential diagnosis was not discussed, and no distinction was made between the disorders	Two differential diagnoses were identified, the process of differential diagnosis was discussed, and distinction was made between the disorders	A rationale was provided for differential diagnosis exceeding the number required Provided an example to illustrate the differential diagnosis process
Discussion of the prevalence rates for the clinical disorder and two other groups	Did not discuss the prevalence rates Did not discuss the prevalence rates for two groups	Discussed the prevalence rates Discussed the prevalence rates for two groups	A strong rationale was provided for why looking at the prevalence rates is important The number of groups exceeds the number required Discussed factors for why the prevalence rates might differ for the clinical disorder compared to the rates for the selected groups
Discussion of the impact of the clinical disorder on social functioning	Did not discuss the impact of the clinical disorder on social functioning	Discussed the impact of the clinical disorder on social functioning	A strong rationale was provided for why one needs to look at the impact of the clinical disorder on social functioning
Discussion of two theories	Did not discuss two theories	Discussed two theories	Discussed strengths and limitations of the theories for explaining the etiology of the

			disorder
Discussed the implications of these theories	Did not discuss the implications of these theories	Discussed the implications of these theories	A strong rationale for why understanding theory is important for understanding treatment options
<p>Identification of effective interventions, both psychosocial and psychopharmacological</p> <p>Discussion of the effective interventions, both the psychosocial and psychopharmacological</p> <p>Discussion of the side effects of the psychopharmacological intervention</p>	<p>Did not identify effective interventions, both psychosocial and psychopharmacological</p> <p>Discussion of the effective interventions, both the psychosocial and psychopharmacological</p> <p>Did not discuss the side effects of the psychopharmacological intervention</p>	<p>Identified effective interventions, both psychosocial and psychopharmacological</p> <p>Discussed the effective interventions, both the psychosocial and psychopharmacological</p> <p>Discussed the side effects of the psychopharmacological intervention</p>	<p>A strong rationale was provided for why these interventions are effective</p> <p>Discussed why knowing the side-effects of the psychopharmacological intervention is important for working with clients who have the selected disorder</p>
<p>Identification of resources</p> <p>Discussion of the importance of accessing these resources</p>	<p>Did not identify resources</p> <p>Did not discuss the importance of accessing these resources</p>	<p>Identified resources</p> <p>Discussed the importance of accessing these resources</p>	<p>Number of resources exceeds the number required</p> <p>Number of resources exceeds the number required</p> <p>A strong rationale was provided for why these additional resources are being recommended</p>
APA Style and appropriate sources	<p>APA style is not used</p> <p>Sources are not cited and or not referenced</p> <p>Sources are not scholarly</p>	<p>APA style is used consistently throughout the paper</p> <p>Sources are cited and referenced correctly</p> <p>Sources are scholarly and appropriate</p>	<p>APA style is used consistently throughout the paper and is almost perfect</p> <p>Sources are cited and correctly formatted</p>

GRADING RUBRIC FOR CASE OF MONICA

This case will be on the midterm exam and will be used to assess your attainment of the CSWE prescribed competency--**Demonstrate Ethical and Professional Behavior**. The grading rubric below will be used to grade this case.

Criteria	Fails to Meet Expectations (0-4 points)	Meets Expectations (5-8 points)	Exceeds Expectations (9-10 points)
Understands the value base of the profession and the profession and its ethical standards as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels	<p>Does not understand the value base of the profession</p> <p>Does not understand ethical standards as well as relevant laws and regulations that impact practice at the micro level</p>	<p>Understands the value base of the profession</p> <p>Understands ethical standards as well as relevant laws and regulations that impact practice at the micro level</p>	<p>Uses other codes of ethics besides the NASW code of ethics</p> <p>Uses more than one other relevant laws or regulations</p> <p>Comment on why these code of ethics, relevant laws, or regulations are important for social work practice</p>
Recognize the personal values and the distinction between personal and professional values	<p>Did not discuss the personal values relevant to the case</p> <p>Did not discuss the professional values relevant to the case</p> <p>Did not make a distinction between the personal and professional values</p>	<p>Discussed the personal values relevant to the case</p> <p>Discussed the professional values relevant to the case</p> <p>Made a distinction between the personal and professional values</p>	<p>Suggested ways in which one can maintain professionalism when there is a conflict between the personal and professional values</p> <p>Suggested ways are substantiated by the empirical-based literature</p>