

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

Clinical Assessment and Diagnosis

Course: 19:910:507

Time:

Location:

Instructor:

Email:

Office:

Office Hours:

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.

THE COUNCIL ON SOCIAL WORK EDUCATION POLICY AND ACCREDITATION STANDARDS

The MSW Program at Rutgers, The State University of New Jersey is accredited by the Council on Social Work Education (CSWE). CSWE uses the 2015 Education Policy and Accreditation Standards (EPAS) to accredit and reaffirm baccalaureate and master-level social programs in the United States. These accreditation standards can be reviewed at cswe.org or by accessing the link on the Rutgers School of Social Work homepage.

The Rutgers University School of Social Work has integrated the nine CSWE competencies, which are in the 2015 EPAS, within its curriculum. This course will assist students in developing the following competency: **Demonstrate Ethical and Professional Behavior**. The definition is below.

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)

COURSE OBJECTIVES

At the successful completion of this course students will be able to:

1. describe the DSM-5 as the current representation of a changing classification model and its application for the diagnosis of children, youth, and adults.
2. analyze the potential abuse of diagnostic classification as a means of social control and its significance for vulnerable populations.

3. discuss the social worker's particular contribution to the diagnostic process that promote and constrain the diagnostic-intervention process.
4. explain the possible conflict between social work norms, ethics, values, and the diagnostic classification system.
5. describe the role of psychopharmacology in the treatment of clinical disorders and the social worker's role with regards to medication management in treatment.
6. explain the role of stigma that exists in society towards individuals and their families dealing with clinical disorders.

RUTGERS SCHOOL OF SOCIAL WORK MISSION STATEMENT

The mission of the Rutgers University School of Social Work MSW program is to advance competent, ethical, evidence-based, 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.

SCHOOL-WIDE LEARNING GOALS

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".]

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.

Below please find a resource to access the DSM 5 and that might be helpful to auditory learners:

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

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

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 Readings:

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). 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 two 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 submitted through Canvas unless otherwise directed by the instructor. Late assignments will **not** be accepted unless the student has made prior arrangements to the assignment due date. All written assignment must adhere to APA format. The professor reserves the right to reduce the letter grade for late assignments and assignments not in compliance with APA format (see this website for a useful guide to APA; APAsytle.org and/or https://owl.purdue.edu/owl/purdue_owl.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 Exercises Class Attendance/ Participation	15 percent
Midterm exam -	25 percent
Final Exam	25 percent
Final Project - paper	35 percent

(Note: Assignments are due by start of class and are to be submitted to canvas under the respective module and assignment drop box.)

Final Project: For instructions, see pages 28-29 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

Module 1- Introduction to the DSM -5, Overview, History, Critique

Learning Objectives:

- 1. Describe the changes to the DSM IV to DSM 5.**
- 2. Provide examples of Conditions that may be the Focus of Clinical Attention.**
- 3. Distinguish between Mental illness and Mental distress**
- 4. Describe how stigma affects persons diagnosed with a mental disorder.**

Required Readings:

DSM-5: Topics—Introduction, Use of the Manual, Cautionary Statement, Other Mental Disorders, and Changes from DSM-IV to DSM 5 p. 5-25, 707-708, 715-727, & 809-816.

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.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 1, pages 1-12.

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.

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.

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 6, pages 290-299.

Module 2- Competency-Based Assessment Model, Suicide Risk Assessment, and Ethics.

Learning Objectives:

- 1. List the elements of a mental status exam.**
- 2. Describe the components of the competency-based assessment model**
- 3. Identify the components involved in suicide risk assessment (and other risk assessment)**
- 4. Identify the central themes in Dual Relationships**
- 5. Summarize the difference between boundary violations and boundary crossing.**

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

Garcia, Legerski, J.-P., & Petrovich, A. (2021). *Strengthening the DSM: Incorporating resilience and cultural competence*. Springer Publishing Company, Chapter 1, p. 3-27.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 1, pages 12-32.

Ethics

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

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

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

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:

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

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.

Module 3 – Neurodevelopmental Disorders**Learning Objectives:**

1. Describe the classes of medications.
2. Identify the common psychotropic and non-psychotropic and over the counter medications associated with mental health diagnosis and the associated side effects.
3. Describe the role that neurotransmitters play in the development of Mental Health disorders.
4. Identify the Disorders considered Neurodevelopmental disorders
5. List the common psychosocial and psychopharmacological interventions used to treat Neurodevelopmental disorders

Required Readings:

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

Ballentine, K. L. (2019). Understanding Racial Differences in Diagnosing ODD Versus ADHD Using Critical Race Theory. *Families in Society*, 100(3), 282–292. <https://doi.org/10.1177/1044389419842765>

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

Norbury, C. F., & Sparks, A. (2013). Difference or disorder? Cultural issues in understanding neurodevelopmental disorders. *Developmental Psychology*, 49(1), 45–58. <https://doi.org/10.1037/a0027446>

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

Medication Resources

Michelle Bybel video:

<https://www.dropbox.com/s/i1i1mycq3t25kxj/Psychopathology.mp4?dl=0>

Chew R.H., Hales, R.E., & Yudofsky S.C. (2017). *What your patients need to know about psychiatric medications*. (3rd ed.). Washington, D.C.: American Psychiatric Publishing. [HTTPS://DOI.ORG/10.1176/APPI.BOOKS.9781615371280](https://doi.org/10.1176/APPI.BOOKS.9781615371280)

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>

Memorable psychopharmacology

https://www.youtube.com/results?search_query=memorable+psychopharmacology

Recommended Readings:

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.

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

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: Case 2.1 & 2.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Or the Case of Bobby Owen from the Gray text in lieu 2.1 **Gray (2016) Psychopathology A Competency-based Assessment Model for Social Workers.**

☑Please carefully review these cases, 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, and you are expected to participate in class discussion of the cases.

Module 4- Disruptive, Impulse-Control and Conduct Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Disruptive, Impulse-Control and Conduct Disorders.
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

Required Readings:

Atkins-Loria, S., Macdonald, H. & Mitterling, C. (2015). Young African American Men and the Diagnosis of Conduct Disorder: The Neo-colonization of Suffering. *Clin Soc Work J* **43**, 431–441. <https://doi.org/10.1007/s10615-015-0531-8>

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

Fadus, M.C., Ginsburg, K.R., Sobowale, K. et al. Unconscious Bias and the Diagnosis of Disruptive Behavior Disorders and ADHD in African American and Hispanic Youth. *Acad Psychiatry* **44**, 95–102 (2020). <https://doi.org/10.1007/s40596-019-01127-6>

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

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

Recommended Readings:

Fairchild, G., van Goozen, S. H. ., Calder, A. J., & Goodyer, I. M. (2013). Research Review: Evaluating and reformulating the developmental taxonomic theory of antisocial behaviour. *Journal of Child Psychology and Psychiatry*, **54**(9), 924–940. <https://doi.org/10.1111/jcpp.12102>

Kohls, G., Baumann, S., Gundlach, M., Scharke, W., Bernhard, A., Martinelli, A., Ackermann, K., Kersten, L., Prätzlich, M., Oldenhof, H., Jansen, L., van den Boogaard, L., Smaragdi, A., Gonzalez-Madruga, K., Cornwell, H., Rogers, J. C., Pauli, R., Clanton, R., Baker, R., ... Konrad, K. (2020). Investigating sex differences in emotion recognition, learning, and regulation among youths with conduct disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, **59**(2), 263–273. <https://doi.org/10.1016/j.jaac.2019.04.003>

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.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercise: **Case 15.1. OR 15. 2** Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review this case, 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, and you are expected to participate in class discussion of the cases.

Module 5- Substance-Related and Addictive Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Substance-Related and Addictive Disorders.
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

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.

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

Suggested Viewing:

Understanding the Opioid Epidemic

<https://www.pbs.org/video/understanding-the-opioid-epidemic-oei0dd>

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercise(s): **Case 16.2. Pomeroy, E. (2015)** *The clinical assessment workbook: Balancing strengths and differential diagnosis, and/or the case of Janet Sellar, in the Gray textbook (2016, pg.426-428).* ***The clinical assessment workbook: Balancing strengths and differential diagnosis,***

and Psychopathology A Competency-based Assessment Model for Social Workers. Please carefully review this case, 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.

Module 6- Depressive Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Depressive Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. Review the skills of risk assessment as it pertains to this group of disorders
5. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

Required Readings:

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

Ching, T. H. (2021). Culturally attuned behavior therapy for anxiety and depression in Asian Americans: addressing racial microaggressions and deconstructing the Model Minority Myth. *Cognitive and Behavioral Practice*. <https://doi.org/10.1016/j.cbpra.2021.04.006>

Falicov, C. J. (2003). Culture, society, and gender in depression. *Journal of family therapy*, 25(4), 371-387.

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.

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.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: Cases 5.3 Pomeroy, E. (2015). *The clinical assessment workbook: balancing strengths and differential diagnosis. Also Mario Deluca in Chapter 5 of Gray (2016;) Psychopathology A Competency-based Assessment Model for Social Workers.* Please carefully review these cases, 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.

Module 7- Bipolar and Related Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Bipolar and Related Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. Review the skills of risk assessment as it pertains to this group of disorders
5. List other disorders that may co-occur and or need to be considered as a Differential Diagnosis.

Required Readings:

Akinhanmi, Biernacka, J. M., Strakowski, S. M., McElroy, S. L., Balls Berry, J. E., Merikangas, K. R., Assari, S., McInnis, M. G., Schulze, T. G., LeBoyer, M., Tamminga, C., Patten, C., & Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: A call to action. *Bipolar Disorders*, 20(6), 506–514. <https://doi.org/10.1111/bdi.12638>

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.

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

Recommended Readings:

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.

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.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: Cases Mr. Hill from Clinical Case from the online version of DSM 5 clinical cases and **Carol Bishop** from Gray (2016) *Psychopathology A Competency-based Assessment Model for Social Workers*. 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.

Removed 4.1 and 4.2

**The Midterm exam is an online exam and is launched from the Canvas Course shell.
The Midterm covers Units 1 -7 and is to be scheduled by the instructor.**

Module 8- Anxiety Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Anxiety Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

Required Readings:

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

Garcia, Legerski, J.-P., & Petrovich, A. (2021). *Strengthening the DSM: Incorporating resilience and cultural competence*. Springer Publishing Company. Chapter 4, p. 115-117.

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.

Recommended 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.

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.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: The Case of Jada Wu and Barbara Chapman in Chapter 6 of Gray (2016) Psychopathology A Competency-based Assessment Model for Social Workers. Please carefully review these cases, 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.

Unit 9- Obsessive-Compulsive and Related Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Obsessive-Compulsive and Related Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat

clients that meet this clinical criterion.

4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

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.

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.

Case exercises and method of submission will be determined by instructor:

Suggested 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, 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.

Unit 10 - Trauma-and Stress Related Disorders

Learning Objectives:

- 1. Identify the disorders in the clinical category of Trauma-and Stress Related Disorders**
- 2. Apply the Competency Based Assessment model to the assigned Case Exercises**
- 3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.**
- 4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis**

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.

Garcia, Legerski, J.-P., & Petrovich, A. (2021). *Strengthening the DSM: Incorporating resilience and cultural competence*. Springer Publishing Company, Chapter 5, p. 136-144.

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

Recommended Readings:

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.

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.

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.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: Cases 8.7 and 8.9. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. The case of Annie Marosa from Gray (2016) *Psychopathology A Competency-based Assessment Model for Social Workers*. Please carefully review these cases, answer the required question, 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.

Unit 11- Personality Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Personality Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

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.

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 22, pages 742-762.

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

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: From Gray (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* cases of Suzie Hutchfield's and Geoffrey Hill.

~~Case 18.1 and 18.2. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases, 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.~~

Unit 12- Schizophrenia Spectrum and Other Psychotic Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Schizophrenia Spectrum and Other Psychotic Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

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.

Garcia, Legerski, J.-P., & Petrovich, A. (2021). *Strengthening the DSM: Incorporating resilience and cultural competence*. Springer Publishing Company. Chapter 8, p. 249-251.

Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*, Chapter 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 7, pages 300-346 and Chapter 31, 1268-1273.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: Case 3.4 and 3.5. Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Please carefully review these cases, 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.

Unit 13- Feeding, Eating Disorders, and Elimination Disorders

Learning Objectives:

1. Identify the disorders in the clinical category of Feeding, Eating Disorders, and Elimination Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

Required Readings:

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

Goode, R.W., Cowell, M. M., Mazzeo, S.E., Cooper-Lewter, C., Forte, A., Olayia, O., Bulik, C.M. (2020). Binge eating and binge-eating disorder in Black women: A systematic review. *The International Journal of Eating Disorders*, 53(4), p. 491-507. <https://doi.org/10.1002/eat.23217>

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

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:

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

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

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.

Case exercises and method of submission will be determined by instructor:

Suggested Case Exercises: **Case 11.1** Pomeroy, E. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Also, the case of **Mary McDaniel** from Gray (2016) **Psychopathology A Competency-based Assessment Model for Social Workers**. Please carefully review these cases, 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.

Unit 14- Dissociative Disorder, Somatic Symptom and Related Disorders.

Learning Objectives:

1. Identify the disorders in the clinical category of Dissociative Disorder, Somatic Symptom and Related Disorders
2. Apply the Competency Based Assessment model to the assigned Case Exercises
3. Describe the common psychosocial and psychopharmacological interventions used to treat clients that meet this clinical criterion.
4. List other disorders that may co-occur and or need to be considered as Differential Diagnosis

Required Readings:

DSM-5: Topic—Dissociative Disorders, 291-307, Somatic Symptom and Related Disorders, 309-327

Davy, Z., & Toze, M. (2018). What is gender dysphoria? A critical systematic narrative review. *Transgender health, 3*(1), 159-169.

Gray, S.W. (2016) *Psychopathology A Competency-based Assessment Model for Social Workers* (4th ed.). Boston, MA: Cengage. Chapter 9, 244-269; **Chapter 10, 270-296.**

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

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.

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 and method of submission will be determined by instructor:

Suggested Case Exercises: **Pomeroy Cases 9.2, 10.3, 10.4.** (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.

UNIT 15- Final Class -

**The Final exam is an online exam and is launched from the Canvas Course shell.
The Final exam covers Units 8-14 and is scheduled by the instructor**

ACADEMIC INTEGRITY

As per Rutgers University Academic Integrity Policy, “Students are responsible for understanding the principles of academic integrity and abiding by them in all aspects of their work at the University. Students are also encouraged to help educate fellow students about academic integrity and to bring all alleged violations of academic integrity they encounter to the attention of the appropriate authorities.” All SSW students are expected to review and familiarize themselves with the [RU Academic Integrity Policy \(Links to an external site.\)](#) in its’ entirety.

As per Rutgers University Academic Integrity Policy, “The principles of academic integrity require that a student: make sure that all work submitted in a course, academic research, or other activity is the student’s own and created without the aid of impermissible technologies, materials, or collaborations; properly acknowledge and cite all use of the ideas, results, images, or words of others; properly acknowledge all contributors to a given piece of work; obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student’s interpretation or conclusions; treat all other students ethically, respecting their integrity and right to pursue their educational goals without interference. This principle requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress; uphold the ethical standards and professional code of conduct in the field for which the student is preparing.” ^{[[L]]}_{SEP}

Students should review all types of Academic Integrity Violations per the RU Academic Integrity Policy. Below are some of the more common violations, as articulated in Rutgers University Academic Integrity Policy:

“Plagiarism: Plagiarism is the use of another person’s words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit. To avoid plagiarism, a student must identify every direct quotation using quotation marks or appropriate indentation and cite both direct quotation and paraphrasing 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, regardless of the nature of the assignment; Incorporating into one’s work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other non-textual material from other sources, regardless of format, without proper attribution.” ^{[[L]]}_{SEP}

“Cheating: Cheating is the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one’s own work when others prepared them. Some common examples are: Prohibited collaboration: receiving research, programming, data collection, or analytical assistance from others or working with another student on an assignment where such help is not permitted; Copying another student’s work or answers on a quiz or examination; Using or having access to books, notes, calculators, cell phones, technology, or other prohibited devices or materials during a quiz or examination; Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructors involved; Preprogramming a calculator or other device to contain answers, formulas, or other unauthorized information for use during a quiz or examination.; Acquiring a copy of an examination from an unauthorized source before the examination; Having a substitute take an

examination in one's place; Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement; Submitting as one's own work a term paper or other assignment prepared, in whole or in part, by someone else." ^[1]_{SEP}

Any faculty member or academic administrator who becomes aware of a possible academic integrity violation must initiate a formal complaint with the Office of Student Conduct and the SSW's Academic Integrity Facilitator (Laura Curran at lacurran@ssw.rutgers.edu). The AIF deciding the case (the "adjudicator") shall notify the accused student of the allegation in writing or by electronic communication within fifteen working days of the time the faculty member becomes aware of 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, see [RU Academic Integrity Policy \(Links to an external site.\)](#) and [Procedures for Adjudicating Academic Integrity Violations \(Links to an external site.\)](#)

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: ***On my honor, I have neither received nor given any unauthorized assistance on this examination/assignment.***

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>.

References

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

- 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.
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- 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. (2015). *The clinical assessment workbook: Balancing strengths and differential diagnosis* (2nd ed.). 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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- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry*, 11th edition. Philadelphia, PA: Lippincott Williams and Wilkins.
- 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.
- 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.
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- Skodol, A. E., & Bender, D. S. (2003). Why are women diagnosed borderline more than men? *Psychiatry Quarterly*, 74, 349-360.
- 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.
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- 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.
- 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.
- Sucide Risk Assessment Guide*—
http://www.mentalhealth.va.gov/docs/Sucide_Risk_Asssement_Reference_Guide.pdf
- Tello, A .B., & Yonkers, K. A. (2004). Gender differences in the clinical courses of panic disorder. *Psychiatric Times*, 21 (4), 18-20.
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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.

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

BOOKS- Personal Stories of Mental Illness

Deveson, A. (1991). *Tell me I'm here: One family's experience of schizophrenia*. New York, NY: Penguin.

Grandin, T. (2006). *Thinking in pictures: My life with autism*. New York, NY: Vintage Books.

Campbell, B. M. (2005). *72-hour hold*. New York, NY: Knopf.

Dorris, M. (1989). *The broken Cord*. New York, NY: Harper and Row.

Grinker, R. R. (2007). *Unstrange minds: Remapping the world of autism*. New York, NY: Basic Books.

Jamison, K. R. (1996). *An unquiet mind: A memoir of moods and madness*. New York, NY: Vintage Books.

Kaysen, S. (1993). *Girl interrupted*. New York, NY: Turtle Bay Books.

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

Martin, E. (2007). *Bipolar expeditions: mania and depression in American culture*. Princeton, NJ: Princeton University Press.

Murphy, R. F. (1990). *The body silent: The different world of the disabled*. New York, NY: W. W. Norton & Company.

Sacks, O. (1993). *An anthropologist on Mars*. *New Yorker*, December 27, pp. 106-125.

Saks, E. R. (2007). *The center cannot hold: My journey through madness*. Hyperion, New York, New York.

Sheehan, S. (1983). *Is there no place on earth for me?* New York, NY: Random House.

Vonnegut, M. (2002). *The Eden express: A memoir of insanity*. New York, NY: Seven Stories Press.

Walker, Herschel (2008). *Breaking Free: My life with dissociative identity disorder*. New York, NY: Touchstone.

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.

Munoz, R. (2007) *PDR :Drug guide for mental health professionals*. Montvale, New Jersey: Thomson Health Care.

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

SCHOOL OF SOCIAL WORK

FINAL PROJECT

Due date to be scheduled by Instructor

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 a minimum of 5-7 scholarly references. The number of citations in the text must be the same number of references listed on the reference page. 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 6th edition). Students are expected to comply with the Rutgers University Policy on Academic Integrity (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. If a psychopharmacological is not indicated discuss why and what other intervention would be applicable. 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 non addictive 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.

Medication websites:

https://www.youtube.com/results?search_query=memorable+psychopharmacology

FINAL ASSIGNMENT GRADING RUBRIC

Grade Item	Points Earned	Total Points
1.) Specify the diagnostic criteria of the clinical disorder you have selected.		2.5
2.) Identify two conditions that share similar signs and symptoms to this disorder. a. Discuss the process of differential diagnosis and how would you distinguish between these disorders and the disorder that you have selected during an assessment.		5
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.		5
4.) Discuss some of the ways in which this disorder could impact an individual's social functioning (home, school, work, family, and relationships).		5
5.) Discuss two theories that have been used to explain the etiology of the disorder. a. What are the implications of these theories for the treatment of the disorder?		5
6.) Identify at least two interventions, one psychosocial and one psychopharmacological, used to treat this disorder. a. Discuss why these interventions are shown to be effective. Discuss the side –effects of the psychopharmacological interventions.		5
7.) Identify two community-based resources located in the state you reside that an individual with this disorder might find useful. a. Discuss why these resources could be important for persons who have this disorder and how to access them.		2.5
8.) APA format, grammar, spelling, and structure.		5
Total		35