



COURSE TITLE/SECTION: SOCW 7324, Section 6728: *Clinical Applications of the DSM in Social Work* (Spring 2019)

Time: Thursdays, 1:00PM – 4:00PM

Class Room: 231

Robin E. Gearing, LCSW, PhD

Office Hours: Wednesdays 3:00PM-6:00PM
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I. Course

A. Catalog Description. Development of assessment and diagnostic skills and critical analysis of social work clinical applications based on the DSM.

B. Purpose. This is an advanced practice course that focuses on critically analyzing the categories in the DSM-5, or its newest version, and utilizing the DSM diagnostic guide to design assessment for clients in a variety of social work settings.

II. Course Objectives

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

1. Critically analyze the political, economic and historical backgrounds of the DSM (Critical Thinking; Social Justice; Values/Ethics; Professional Context);
2. Discuss critically the strengths and limitations of the DSM system specifically in relation to social work values, ethics and practice (Practice; Professional Context; Critical Thinking; Professional Identity);
3. Critically analyze the DSM diagnostic criteria with regard to their applicability and sensitivity across diverse cultures and groups. (Practice; Values/Ethics; Diversity; Professional Context);
4. Describe and apply the diagnostic criteria for the most common mental disorders specified in DSM and develop accurate DSM diagnoses in an ethical and culturally sensitive manner (Practice; Critical Thinking; Values/Ethics);

5. Identify empirically-supported interventions for the most common mental disorders (Practice; Research; Diversity; Critical Thinking; Professional Context);
6. Describe how common comorbidities, family factors, cultural context, and health disparities can influence identification, treatment and prognosis (Practice; Diversity; Research);
7. Discuss the importance of communicating diagnostic criteria and mental disorders with clients, family members and other professionals (Practice; Research; Critical Thinking); and
8. Describe commonly used assessment instruments for the most common mental disorders, and be able to think critically about which measures to use in which situations (Practice; Research; Critical Thinking).

III. Course Content

A variety of teaching methods will be used during the course of the semester, including lecture, guest speakers, class discussion, videos and video vignette observation and discussion, and group/class activities. This course will require active participation and interaction, with the goal of stimulating critical thinking, an in-depth understanding of the material, and development of the skills and competencies necessary for using the DSM in practice. A mutually respectful and professional environment is expected.

The course will include the following content areas:

1. An in-depth examination of the most common DSM 5 diagnostic categories, including related historical, conceptual, social, empirical, and political influences on the development of the DSM system and various diagnoses. Some key information on the content for the DSM 5 will also be included.
2. An introduction to how to use the DSM 5 as an assessment and treatment planning guide, including selection and use of evidence-based practices.
3. A critical review of the application of the DSM within a contextual, strength-based approach to practice.
4. An introduction to the roles of social work in medication management.
5. A critical review of the intersection of cultural diversity and mental illness and considerations of the impact of this diversity on assessment and practice.

IV. Textbooks

Required Texts

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric

Association. ISBN: ISBN 978-0-89042-554-1

Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition (7th edition is acceptable)*. Miami, FL: MedMaster, Inc. ISBN: 978-1935660170

Course Website: <http://guides.lib.uh.edu/c.php?g=441709&p=3011301>

Strongly Suggested

Austrian, S. G. (2005). *Mental Disorders, Medications and Clinical Social Work, 3rd edition*. New York: Columbia University Press.

Pomeroy, E. (2015). *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis, 2nd edition*. Boston, MA: Cengage Learning.

Suggested

American Psychological Association (2010). *Publication manual of the American Psychological Association (6th edition)*. Washington, D.C.: Author.

Bentley, K. & Walsh, J. (2014). *The Social Worker and Psychotropic Medication: Toward Effective Collaboration with Mental Health Clients, Families, and Providers, Fourth Edition*. Brooks/Cole Publishing.

Drake, R. E., Merrens, M. R., & Lynde, D. W. (2005). *Evidence-Based Mental Health Practice: A Textbook*. New York: W. W. Norton & Company.

Eells, T. D. (Ed.) (2007). *Handbook of Psychotherapy Case Formulation, 2nd edition*. New York: The Guilford Press.

Ingram, B. L. (2006). *Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client*. Hoboken, NJ: John Wiley & Sons, Inc.

Jongsma, Arthur E. (2014). *The Complete Adult Treatment Planner: Includes DSM 5 Updates*. Wiley Press.

Nussbaum, A. M. (2013). *The Pocket Guide to the DSM-5 Diagnostic Exam*. Arlington, VA: American Psychiatric Publishing.

Spitzer, R.L., Gibbon, M., Skodol, A.E., Williams, J.B.W., & First, M.B. *DSM-IV-TR Case Book*. Washington D.C.: American Psychiatric Association.

Turner, F.J. (Ed.)(1996). *Social work treatment: Interlocking theoretical approaches, 4th edition*. New York: The Free Press.

V. Course Requirements

All students are expected to 1) prepare for class by reading and thinking about assigned material; 2) attend class; and 3) participate actively in class discussion. There will also be opportunities to earn bonus marks during the semester.

Students are also expected to complete the following assignments:

1. Case Formulation – (35%): Case formulation (13-15 pages) is due at the beginning of class on week eleven (March 28th, 2019). The purpose of the case formulation sections is to encourage critical thinking and integration of class, reading and practice materials. Case formulation will be given a letter grade along with comments and feedback. The case formulation will be worth 35% of your final grade.

Criteria to be used to grade case formulations include the following: 1) research skills (use of library, sources); 2) analytical skills (logical, objective development); 3) integration of course concepts and readings; 4) expressive quality (writing, editing, ease of reading, grammar, spelling); and 5) insight and innovation (originality, creativity). Papers are to be typed with one inch margins and double-spaced in 12 point font and written in appropriate academic style using the Publication Manual of the American Psychological Association (6th ed.). If you are having difficulties with writing, go to the writing workshop immediately.

The case formulation must be submitted on time 2% of the grade will be deducted for every day the case formulation section is late for the first week and 4% per day after the seventh day.

B) On March 7th, 2019, you should submit the first draft of Part 1 of the case formulation, which will be (anonymously) reviewed by a peer in the class using a rubric developed by the instructor.

C) Review of Peer Case Formulation – (15%): Due by email by March 12th, 2019 by 12:00PM (noon).

2. Class Participation (15%): Your learning requires active participation. Active participation occurs when your mind is engaged in a process of critical thinking. The results of critical thinking are reasoned conclusions about the validity and generalizability of the ideas presented in the course. Three strategies will mark active participation in this course: preparing for class by reading the assigned material, giving voice to your questions and ideas and listening carefully to the ideas and questions of others. Evidence of active participation includes a range of behaviors such as asking questions in class (giving voice), emailing classmates or the instructor with clarifying questions or comments about course material (giving voice and/or listening), volunteering to participate in role plays (giving voice), commenting directly on ideas presented by other students (listening), and monitoring your own participation levels to avoid “monopolizing” class discussions (listening). You will also be expected to complete vignette diagnoses.

Like out-of-class assignments, in-class learning opportunities are unique and cannot be duplicated. Therefore, it is expected that you will be present for the FULL class every week. Attendance will be taken each week. Please note that the instructor makes no distinction between excused and unexcused absences. There is no penalty for one missed absence, but each absence over will result in a lowering of the attendance portion of your grade. If you miss more than 1 class, whether excused or unexcused, your grade will be lowered, resulting in an inability to achieve the highest grade (A). The instructor and students will work together to insure a supportive environment that encourages open exploration of practice issues. The success of the course depends on participation from the instructor and students. Accordingly, class attendance is mandatory for all of us. If you must miss class, email and let me know the reason.

Your participation is worth 15% of your final grade.

3. Final Exam (35%): Week 15 – April 25th, 2019

A final in-class exam will test students' knowledge and ability to accurately integrate the entire course content (e.g., case formulation, client diagnosis, DSM-5 criteria). The exam is worth 35% of your total grade.

VI. Evaluation and Grading.

A. STUDENT EVALUATION OF THE COURSE

Student feedback on the course and its instruction is encouraged throughout the semester. An open mid-term evaluation and a formal evaluation will be completed at the semester's end consistent with school policy.

B. EVALUATION OF STUDENT PERFORMANCE

Your grade will be based on the total points accumulated for the course, as follows:

A = 96 to 100 points	C+ = 76 to 79.9
A - = 92 to 95.9	C = 72 to 75.9
B+ = 88 to 91.9	C- = 68 to 71.9
B = 84 to 87.9	D = 64 to 67.9
B- = 80 to 83.9	F = below 64 points

VII. Policy on *Incomplete* grades

The grade of "I" (Incomplete) is a conditional and temporary grade given when students are either (a) passing a course or (b) still have a reasonable chance of passing in the judgment of the instructor but, for non-academic reasons beyond their control have not completed a relatively small part of all requirements.

Students are responsible for informing the instructor immediately of the reasons for not submitting an assignment on time or not taking an examination. Students must contact the instructor of the course in which they receive an "I" grade to make arrangements to complete the course requirements. Students should be instructed not to re-register for the same course in a following semester in order to complete the incomplete requirements.

The grade of "I" must be changed by fulfillment of course requirements within one year of the date awarded or it will be changed automatically to an "F" (or to a "U" [Unsatisfactory] in S/U graded courses). The instructor may require a time period of less than one year to fulfill course requirements and the grade may be changed by the instructor at any time to reflect work complete in the course. The grade of "I" may not be changed to a grade of W.

VIII. Policy on academic dishonesty and plagiarism

Please click the link below for the full explanation of the Academic Honesty policy and procedure

Policy: http://www.uh.edu/provost/policies/honesty/_documents-honesty/academic-honesty-policy.pdf

Definitions:

“Academic dishonesty” means employing a method or technique or engaging in conduct in an academic endeavor that contravenes the standards of ethical integrity expected at the University of Houston or by a course instructor to fulfill any and all academic requirements. Academic dishonesty includes but is not limited to, the following:

Plagiarism

a. Representing as one’s own work the work of another without acknowledging the source (plagiarism). Plagiarism includes copying verbatim text from the literature, whether printed or electronic, in all assignments including field.

Cheating and Unauthorized Group Work

- b. Openly cheating in an examination, as copying from another’s paper;
- c. Being able to view during an examination, quiz or any in-class assignment an electronic device that allows communication with another person, access to unauthorized material, access to the internet, or the ability to capture an image, unless expressly permitted by the instructor;
- d. Using and/or possessing “crib notes,” as unauthorized use of notes or the like to aid in answering questions during an examination;
- e. Giving or receiving unauthorized aid during an examination, such as trading examinations, whispering answers, and passing notes, and using electronic devices to transmit or receive information;
- f. Securing another to take a test in the student’s place. Both the student taking the test for another and the student registered in the course are at fault;

Fabrication, Falsification, and Misrepresentation

- g. Changing answers or grades on a test that has been returned to a student in an attempt to claim instructor error;
- h. Using another’s laboratory results as one’s own, whether with or without the permission of the owner;
- i. Falsifying results in laboratory experiments;
- j. Misrepresenting academic records or achievements as they pertain to course prerequisites or core requisites for the purpose of enrolling or remaining in a course for which one is not eligible;
- k. Representing oneself as a person who has earned a degree without having earned that particular degree

Stealing and Abuse of Academic Materials

- l. Stealing, as theft of tests or grade books, from faculty offices or elsewhere, or knowingly using stolen tests or materials in satisfaction of exams, papers, or other assignments; this includes the removal of items posted for use by the students;
- m. Mutilating or stealing library materials; misshelving materials with the intent to reduce accessibility to other students;

Complicity in Academic Dishonesty

n. Failing to report to the instructor or departmental hearing officer an incident which the student believes to be a violation of the academic honesty policy;

Academic Misconduct

o. Any other conduct which a reasonable person in the same or similar circumstances would recognize as dishonest or improper in an academic setting.

Process:

Students shall have the responsibility of reporting incidents of alleged academic dishonesty to the instructor of record involved or to the appropriate authority if the alleged act is not associated with a specific class within 5 class days of the incident. Faculty or instructor of record shall have the responsibility of reporting incidents of alleged academic dishonesty through their college hearing officer within 5 class days of the incident. The faculty should include the recommended sanction in the report. The college hearing officer will notify the student of the report and recommended sanction. The student can accept the sanction and waive a hearing or request a college hearing. A hearing shall be set within 10 days and would be consist of two faculty and three students chosen by the hearing officer.

Students are expected to demonstrate and maintain a professional standard of writing in all courses, do one's own work, give credit for the ideas of others, and provide proper citation of source materials. Any student who plagiarizes any part of a paper or assignment or engages in any form of academic dishonesty will receive an "I" for the class with a recommendation that a grade of F be assigned, subsequent to a College hearing, in accordance with the University policy on academic dishonesty. Other actions may also be recommended and/or taken by the College to suspend or expel a student who engages in academic dishonesty.

All papers and written assignments must be fully and properly referenced using APA style format (or as approved by the instructor), with credit given to the authors whose ideas you have used. If you are using direct quotes from a specific author (or authors), you must set the quote in quotation marks or use an indented quotation form. For all direct quotes, you must include the page number(s) in your text or references. Any time that you use more than four or five consecutive words taken from another author, you must clearly indicate that this is a direct quotation.

Academic dishonesty includes using any other person's work and representing it as your own. This includes (but is not limited to) using graded papers from students who have previously taken this course as the basis for your work. It also includes, but is not limited to submitting the same paper to more than one class. If you have any specific questions about plagiarism or academic dishonesty, please raise these questions in class or make an appointment to see instructor. This statement is consistent with the University Policy on Academic Dishonesty

IX. Americans with Disabilities Statement

Whenever possible, and in accordance with 504/ADA guidelines, the University of Houston will attempt to provide reasonable academic accommodations to students who request and require them. Please call 713-743-5400 for more assistance. Instructors may not provide accommodations without supporting documentation from the UH Center for Students with Disabilities.

Counseling and Psychological Services

Counseling and Psychological Services (CAPS) can help students who are having difficulties managing stress, adjusting to college, or feeling sad and hopeless. You can reach CAPS (www.uh.edu/caps) by calling 713-743-5454 during and after business hours for routine appointments or if you or someone you know is in crisis. Also, there is no appointment necessary for the “Let’s Talk” program, which is a drop-in consultation service at convenient locations and hours around campus. http://www.uh.edu/caps/outreach/lets_talk.html.

X. Course Schedule and Assignments

A. Assignments: As per section V above.

B. Course Schedule. The Spring 2019 session runs for 15 weeks, from January 17th through April 25th, 2019. Class will meet on Thursdays from 8:30am to 11:30am.

C. A note on technology. As clinical social workers, you would not answer your cell phone or pager, check your email, or surf the web while meeting with your client. Since this class is part of your professional preparation, the same level of professionalism is expected of all students. Students are encouraged to turn off cell phones, smart phones, I-phones, I-pads, pagers, laptops, and any other technology that might interfere with focusing on the class. The expectation is that students will monitor themselves on this point, but Dr. Robin Gearing reserves the right to ask a student to put away or disengage from their technology.

D. Consultation. By appointment. Dr. Robin Gearing may be reached at (713) 743-9505 or rgearing@uh.edu

E. Statement on changes to syllabus. Dr. Robin Gearing reserves the right to revise the syllabus content and/or schedule for time management or topical reasons.

F. Week-by-Week Schedule. See below.

COURSE CALENDAR Spring 2019*
SOCW 7324: Clinical Applications of the DSM in Social Work

- 1) January 17: Overview of Course, Stigma, Case Formulation I
- 2) January 24: DSM historical development, MSE, Case Formulation II
- 3) January 31: Depressive Disorders
- 4) February 7: Bipolar and Related Disorders
- 5) February 14: Anxiety Disorders
- 6) February 21: Schizophrenia Spectrum and Other Psychotic Disorders
- 7) February 28: Trauma- and Stressor-Related Disorders
- 8) March 7: Personality Disorders (Case formation, first section draft due)
*(March 12 at noon: Peer review due)
- 9) March 14: No Class: Spring Break
- 10) March 21: Substance-Related & Addictive Disorders
- 11) March 28: Feeding and Eating Disorders (Case Formulation Due)
- 12) April 4: Neurocognitive Disorders
- 13) April 11: Infancy, Toddlers and Preschool (Normal Development, Stages, Milestones, Temperament)
- 14) April 18: Middle Childhood - Adolescence. Neurodevelopmental Disorders:
- 15) April 25: Final class, Exam, and Review (Final Exam)
*NOTE: the order of the classes may vary

Class 1 (01/17/19): Introduction; Course Overview; Stigma & Case Formulation I

Introductions

Course Overview

Review of Syllabus

Introduction to Case Formulation

Required Readings: (Read any 3 of the following)

1. Corrigan, P. W. (2007). "How Clinical Diagnosis Might Exacerbate the Stigma of Mental Illness" *Social Work*, 52(1), 31-9
2. Frances, A. & Jones, D. (2014). Diagnostic and Statistical Manual of Mental Disorders-5? *Research on Social Work Practice*, 24, 11.
3. Lacasse, J. (2014). After DSM-5: A Critical Mental Health Research Agenda for the 21st Century. *Research on Social Work Practice*, 24(1) 5-10.
4. IGDA Workgroup (2003). IGDA. 8: Idiographic (personalized) diagnostic formulation. *British Journal of Psychiatry*, 18 2 (suppl. 45), 55-57.
5. Petersen, R. C. (2011). Mild Cognitive Impairment. *New England Journal of Medicine*, 364, 2227-2234.

Class 2 (01/24/19): DSM; Mental Status Exam; Case Formulation & Models of Case Formulation II

Components of Case Formulation

Mental Status Exam

Structured Clinical Interview for the DSM-5 (SCID I & II)

Suicide: Myths and Misconceptions

Assessment Tools

Required Readings: (Read any 4 of the following)

1. Brown, G., Ten Have, T., Henriques, G., Xie, S., Hollander, E., & Beck, A. (2005). Cognitive therapy for the prevention of suicide attempts: a randomized controlled trial. *Journal of the American Medical Academy*, 294 (5), 563-570.
2. Castro, J., & Billick, S. (2013). Psychiatric presentations/manifestations of medical illnesses. *The Psychiatric Quarterly*, 84 (3), 351-362.
3. Han, B., Kott, P. S., Hughes, A., McKeon, R., Blanco, C., & Compton, W. M. (2016). Estimating the rates of deaths by suicide among adults who attempt suicide in the United States. *Journal of Psychiatric Research*, 77, 125-133.

4. Kodish, T., Herres, J., Shearer, A., Atte, T., Fein, J., & Diamond, G. (2016). Bullying, depression, and suicide risk in a pediatric primary care sample. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 37(3), 241-246.
5. Garlow, S. J., Purselle, D., & Heninger, M. (2005). Ethnic differences in patterns of suicide across the life cycle. *American Journal of Psychiatry*, 162, 319-323.
6. Goh, Y. S., Selvarajan, S., Chng, M. L., Tan, C. S., & Yobas, P. (2016). Using standardized patients in enhancing undergraduate students' learning experience in mental health nursing. *Nurse Education Today*, 45, 167-172.
7. Mewton, L., & Andrews, G. (2015). Cognitive behavior therapy via the internet for depression: A useful strategy to reduce suicidal ideation. *Journal of Affective Disorders*, 170, 78-84.
8. Sattler, A. F., Leffler, J. M., Harrison, N. L., Bieber, E. D., Kosmach, J. J., Sim, L. A., & Whiteside, S. P. (2018). The quality of assessments for childhood psychopathology within a regional medical center. *Psychological Services*. <http://dx.doi.org.ezproxy.lib.uh.edu/10.1037/ser0000241>
9. Stanley, I. H., Hom, M. A., & Joiner, T. E. (2015). Mental health service use among adults with suicide ideation, plans, or attempts: Results from a national survey. *Psychiatric Services*, 66(12), 1296-1302.

Recommended Readings:

- Anderson, G. O. (2005). Who, what, when, where, how, and mostly why? A therapist's grief over the suicide of a client. *Women & Therapy*, 28(1), 25-34.
- Baca-Garcia, E., Diaz-Sastre, C., Garcia Resa, E., Blasco, H., Braquehais Conesa, D., Oquendo, M. A., et al. (2005). Suicide attempts and impulsivity. *European Archives of Psychiatry & Clinical Neuroscience*, 255, 152-156.
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, 142, 559-563.
- Brent, D. A., Oquendo, M., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., et al. (2002). Familial pathways to early-onset suicide attempt: Risk for suicidal behavior in offspring of mood-disordered suicide attempters. *Archives of General Psychiatry*, 59, 801-807.
- Bridge, J. A., Barbe, R. P., & Brent, D. A. (2005). Datapoints: Recent Trends in Suicide Among U.S. Adolescent Males, 1992-2001. *Psychiatric Services*, 56, 522.
- Canino, G., & Roberts, R. E. (2001). Suicidal behavior among Latino youth. *Suicide & Life-Threatening Behavior*, 31(suppl), 122-131.
- Chemtob, C. M., Hamada, R. S., Bauer, G., Kinney, B., & Torigoe, R. Y. (1988). Patients' suicides: Frequency and impact on psychiatrists. *American Journal of Psychiatry*, 145(2), 224-228.
- Dewar, I. G., Eagles, J. M., Klein, S., Gray, N., & Alexander, D. A. (2000). Psychiatric trainees' experiences of, and reactions to, patient suicide. *Psychiatric Bulletin*, 24(1), 20-23.
- Eisenberg, M. E., Ackard, D. M., & Resnick, M. D. (2007). Protective Factors and Suicide Risk in Adolescents with a History of Sexual Abuse. *Journal of Pediatrics*, 151(5), 482-487.

- Feldman, S. R., Moritz, S. H., & Benjamin, G. (2005). Suicide and the law: A practical overview for mental health professionals. *Women & Therapy*, 28(1), 95-103.
- Gould, M. S., Greenberg, T., Velting, D., & Shafer, D. (2003). Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 386-405.
- Lizardi, D., Currier, D., Galfalvy, H., Sher, L., Burke, A., Mann, J. J., et al. (2007). Perceived reasons for living ant index hospitalization and future suicide attempt. *Journal of Nervous and Mental Disease*, 195(5), 451-455.
- Mishna, F., Antle, B.J. and C. Regehr. 2002. Social Work with Clients Contemplating Suicide: Complexity and Ambiguity in the Clinical, Ethical and Legal Considerations." *Clinical Social Work Journal* 30(3), 265-280.
- Monti, K., Cedereke, M., & Ojehagen, A. (2003). Treatment attendance and suicidal behavior 1 month and 3 months after a suicide attempt: A comparison between two samples. *Archives of Suicide Research*, 7(2), 167-174.
- Nock, M. K., & Kazdin, A. E. (2002). Examination of affective, cognitive, and behavioral factors and suicide-related outcomes in children and young adolescents. *Journal of Clinical Child and Adolescent Psychology*, 31(1), 48-58.
- Range, L. M., Campbell, C., Kovac, S. H., Marion-Jones, M., & Aldridge, H. (2002). No-suicide contracts: An overview and recommendations. *Death Studies*, 26, 51-74.
- Richardson, A., Bergen, H., Martin, G., Roeger, L., & Allison, S. (2005). Perceived Academic Performance as an Indicator of Risk of Attempted Suicide in Young Adolescents. *Archives of Suicide Research*, 9(9), 163-176.
- Spirito, A., Boergers, J., Donaldson, D., Bishop, D., & Lewander, W. (2002). An intervention trial to improve adherence to community treatment by adolescents after a suicide attempt. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 435-442.
- Ting, L., Sanders, S., Jacobson, J. M., & Power, J. R. (2006). Dealing with the aftermath: A qualitative analysis of mental health social workers' reactions after a client suicide. *Social Work*, 51(1), 329-341.
- Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. *American Journal of Orthopsychiatry*, 75(2), 275-287.

<p>Class 3 (01/31/19): Depressive Disorders</p>
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DSM-5 Criteria

Epidemiology

Course of Illness

Evidence Based Treatment of the Disorder

Assessment Tools

Required Readings: (Read 1, 2, 4, and 2 others)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 155-188.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition*. Miami, FL: MedMaster, Inc, Chapter 2, pp. 2-19.
3. Spitzer, R.L., Gibbon, M., Skodol, A.E., Williams, J.B.W., & First, M.B. *DSM-IV-TR Case Book*. Washington D.C.: American Psychiatric Association, p. 110: (Junior Executive), p. 131: (Cry Me A River), p. 65: (still A Student). * AS DIRECTED
4. Apóstolo, J., Bobrowicz-Campos, E., Rodrigues, M., Castro, I., & Cardoso, D. (2016). The effectiveness of non-pharmacological interventions in older adults with depressive disorders: A systematic review. *International Journal of Nursing Studies*, 58, 59-70.
5. Becker, M. A., Martinez-Tyson, D., DiGennaro, J., & Ochshorn, E. (2011). Do Latino and non-Latino White Medicaid-enrolled adults differ in utilization of evidence-based treatment for major depressive disorder? *Journal of Immigrant and Minority Health*, 13 (6), 1048-1054;
6. Costello, E. J., Pine, D. S., Hammen, C., March, J. S., Plotsky, P. M., Weissman, M. M., et al. (2002). Development and natural history of mood disorders. *Biological Psychiatry*, 52(6), 529-542.
7. Dimidjian, S., Hollon, S.D., Dobson, K.S., Schmalting, K.B., Kohlenberg, R.J., Addis, M.E., Gallop, R., McGlinchey, J.B., Markley, D.K., Gollan, J.K., Atkins, D.C., Dunner, D.L., & Jacobson, N.S. (2006). Randomized Trial of Behavioral Activation, Cognitive Therapy, and Antidepressant Medication in the Acute Treatment of Adults With Major Depression. *Journal of Consulting and Clinical Psychology*, 74(4), 658–670.
8. Young, A.S., & Fristad, M. A. (2015). Family-Based Interventions for Childhood Mood Disorders. *Child and Adolescent Psychiatric Clinics of North America*, 24 (3), 517-534.

Recommended Readings:

- Anderson, B. (2007). Collaborative care and motivational interviewing: Improving depression outcomes through patient empowerment interventions. *American Journal of Managed Care*, 13(Suppl 4), 103-106.
- Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australia and New Zealand Journal of Psychiatry*, 40, 51-54.
- Blackburn, I., Bishop, S., Glen, A., Whalley, L., & Christie, J. (1981). The efficacy of cognitive therapy in depression: A treatment trial using cognitive therapy and pharmacotherapy, each alone and in combination. *British Journal of Psychiatry*, 139, 181-189.
- Bloch, Y., Ratzoni, G., Sobol, D., Mendlovic, S., Gal, G., & Levkovitz, Y. (2005). Gender differences in electroconvulsive therapy: a retrospective chart review. *Journal of Affective Disorders*, 84(1), 99-102.

- Brent, D. (2002). Achieving better treatment outcomes in early onset depression. In M. M. Weissman (Ed.), *Treatment of Depression: Bridging the 21st century* (pp. 175-195). Washington, D.C.: American Psychiatric Press.
- Burt, V. K. (2004). Plotting the course to remission: the search for better outcomes in the treatment of depression. *Journal of Clinical Psychiatry*, 65(suppl 12), 20-25.
- Glied, S., & Pine, D. S. (2002). Consequences and correlates of adolescent depression. *Archives of Pediatrics and Adolescent Medicine*, 156, 1009-1014.
- Gollan, J., Raffety, B., Gortner, E., & Dobson, K. (2005). Course profiles of early- and adult-onset depression. *Journal of Affective Disorders*, 86(1), 81-86.
- Greenberg, P. E., Kessler, R. C., Birnbaum, H. G., & et al. (2003). The economic burden of depression in the United States: How did it change between 1990 and 2000? *Journal of Clinical Psychiatry*, 64(12), 1465-1475.
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Class 4 (02/07/19): Bipolar and Related Disorders

DSM-5 Criteria

Epidemiology

Course of Illness

Evidence Based Treatment of the Disorder

Assessment Tools

Required Readings: (Read 1, 2, 5, and 2 others)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 123-154.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition*. Miami, FL: MedMaster, Inc, Chapter 3, pp. 20-28.
3. Spitzer, R.L., Gibbon, M., Skodol, A.E., Williams, J.B.W., & First, M.B. *DSM-IV-TR Case Book*. Washington D.C.: American Psychiatric Association, p. 118: (Radar Messages), p. 23 (Roller Coaster). * AS DIRECTED
4. Jung, X. T., & Newton, R. (2009). Cochrane Reviews of non-medication-based psychotherapeutic and other interventions for schizophrenia, psychosis, and bipolar disorder: A systematic literature review. *International Journal of Mental Health Nursing*, 18 (4), 239-249.
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6. Miklowitz, D. J., George, E. L., Richards, J. A., Simoneau, T. L., & Suddath, R. L. (2003). A randomized study of family-focused psychoeducation and pharmacotherapy in the outpatient management of bipolar disorder. *Arch Gen Psychiatry*, 60(9), 904-912.
7. Pinninti, N. R., Fisher, J. Thompson, K. & Steer, R. (2010). Feasibility and usefulness of training assertive community treatment team in cognitive behavioral therapy. *Community Mental Health Journal*. 46 (4), 337-341.
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Recommended Readings:

9. Blanco, C., Laje, G., Olfson, M., & et al. (2002). Trends in the treatment of bipolar disorder by outpatient psychiatrists. *American Journal of Psychiatry*, 159, 1005-1010.
10. Carballo, J. J., Harkavy-Friedman, J., Burke, A. K., Sher, L., Baca-Garcia, E.,

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11. Del Bello, M. P., & Geller, B. (2001). Review of studies of child & adolescent offspring of bipolar parents. *Bipolar Disorders*, 3, 325-334.
 12. Fristad, M. A. (2006). Psychoeducational treatment for school-aged children with bipolar disorder. *Dev Psychopathol*, 18(4), 1289-1306.
 13. Fristad, M. A., Goldberg-Arnold, J. S., & Gavazzi, S. M. (2002). Multifamily psychoeducation groups (MFPG) for families of children with bipolar disorder. *Bipolar Disord*, 4(4), 254-262.
 14. Galfalvy, H., Oquendo, M. A., Carballo, J. J., Sher, L., Grunebaum, M. F., Burke, A., et al. (2006). Clinical predictors of suicidal acts after major depression in bipolar disorder: a prospective study. *Bipolar Disorders*, 8(5 Pt 2), 586-595.
 16. George, E. L., Miklowitz, D. J., Richards, J. A., Simoneau, T. L., & Taylor, D. O. (2003). The comorbidity of bipolar disorder and axis II personality disorders: prevalence and clinical correlates. *Bipolar Disorders*, 5(2), 115-122.
 17. Keller, M. B. (2004). Improving the course of illness and promoting continuation of treatment of bipolar disorder. *Journal of Clinical Psychiatry*, 65 Suppl 15, 10-14.
 18. Kessing, L. V., Hansen, H. V., Demyttenaere, K., & Bech, P. (2005). Depressive and bipolar disorders: Patients' attitudes and beliefs towards depression and antidepressants. *Psychological Medicine*, 35(8), 1205-1213.
 19. Lofthouse, N., & Fristad, M. A. (2004). Psychosocial interventions for children with early-onset bipolar spectrum disorder. *Clin Child Fam Psychol Rev*, 7(2), 71-88.
 20. Miklowitz, D. J., George, E. L., Axelson, D. A., Kim, E. Y., Birmaher, B., Schneek, C., et al. (2004). Family-focused treatment for adolescents with bipolar disorder. *J Affect Disord*, 82 Suppl 1, S113-128.
 21. Miklowitz, D. J., & Taylor, D. O. (2006). Family-focused treatment of the suicidal bipolar patient. *Bipolar Disord*, 8(5 Pt 2), 640-651.
 22. Perlick, D. A., Rosenheck, R. A., Clarkin, J. F., Sirey, J. A., Salah, J., Struening, E. L., et al. (2001). Stigma as a barrier to recovery: Adverse effects of perceived stigma on social adaptation of persons diagnosed with bipolar affective disorder. *Psychiatric Services*, 52(12), 1627-1632.
 23. Pope, M., & Scott, J. (2003). Do clinicians understand why individuals stop taking lithium? *Journal of Affective Disorders*, 74(3), 287-291
 24. Rajeev, J., Srinath, S., Girimaji, S., Seshadri, S. P., & Singh, P. (2004). A systematic chart review of the naturalistic course and treatment of early-onset bipolar disorder in a child and adolescent psychiatry center. *Comprehensive Psychiatry*, 45(2), 148-154.
 25. Rosenfarb, I. S., Miklowitz, D. J., Goldstein, M. J., Harmon, L., Nuechterlein, K. H., & Rea, M. M. (2001). Family transactions and relapse in bipolar disorder. *Family Process*, 40(1), 5-14.
 26. Sajatovic, M., Davies, M., & Hrouda, D. R. (2004). Enhancement of treatment adherence among patients with bipolar disorder. *Psychiatric Services*, 55, 264-

269.

27. Scott, J., & Pope, M. (2002). Nonadherence with mood stabilizers: prevalence and predictors. *Journal of Clinical Psychiatry*, 63(5), 384-390.
28. Strakowski, S. M., McElroy, S. L., Keck, P. E., & West, S. A. (1996). Suicidality among patients with mixed and manic bipolar disorder. *American Journal of Psychiatry*, 153, 674-676.
29. Thase, M. E. (2006). Examining the Role of Psychotherapy in the Management of Bipolar Disorder. *Medscape Psychiatry & Mental Health*, 11(1)
30. Tsai, S.-Y. M., Kuo, C.-J., Chen, C.-C., & Lee, H.-C. (2002). Risk factors for completed suicide in bipolar disorder. *Journal of Clinical Psychiatry*, 63(6), 469-476.

Class 5 (02/14/19): Anxiety Disorders

DSM-5 Criteria

Epidemiology

Course of Illness

Evidence Based Treatment of the Disorder

Assessment Tools

Required Readings: (Read 1, 2, 8, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 189-234.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition*. Miami, FL: MedMaster, Inc, Chapter 4, pp. 29-39.
3. Spitzer, R.L., Gibbon, M., Skodol, A.E., Williams, J.B.W., & First, M.B. *DSM-IV-TR Case Book*. Washington D.C.: American Psychiatric Association, p. 112: (No Fluids), p. 519: (The Rat Man). * AS DIRECTED
4. Dierker, L. C., Albano, A. M., Clarke, G. N., Heimberg, R. G., Kendal, P. C., Merikangas, K. R., et al. (2001). Screening for anxiety and depression in early adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(8), 929-936.
5. Farach, F. J., Pruitt, L. D., Jun, J. J., Jerud, A. B., Zoellner, L. A., & Roy-Byrne, P. P. (2012). Pharmacological treatment of anxiety disorders: current treatments and future directions. *Journal of Anxiety Disorders*, 26 (8), 833-843.
6. Otte, C. (2011). Cognitive behavioral therapy in anxiety disorders: Current state of the evidence. *Dialogues in Clinical Neuroscience*, 13 (4), 413-421.
7. Shields, M. (2004). Social anxiety disorder--beyond shyness. *Public Health Reports*, 15 45-61.
8. Whiteside, S. P., Sattler, A. F., Hathaway, J., & Douglas, K. V. (2016). Use of

evidence-based assessment for childhood anxiety disorders in community practice. *Journal of Anxiety Disorders*, 39, 65-70.

Recommended Readings:

1. Johnson, J., Weissman, M. M., & Klerman, G. L. (1990). Panic disorder, comorbidity, and suicide attempts. *Archives of General Psychiatry*, 47, 805-808.
2. Mahoney, D.M. 2000, "Panic Disorder and Self States: Clinical and Research Illustrations" *Clinical Social Work Journal* 28(2), 197-212.
3. Pilowsky, D. J., Wu, L, & Anthony, J. C. (1999). Panic attacks and suicide attempts in mid-adolescence. *American Journal of Psychiatry*, 156, 1545-1549.
4. Shapiro, A. M., Roberts, J. E., & Beck, J. G. (1999). Differentiating symptoms of anxiety and depression in older adults: Distinct cognitive and affective profiles? *Cognitive Therapy and Research*, 23, 53-74.
5. Taylor, S., & Abramowitz, J. S. (2013). Dissemination of psychosocial treatments for anxiety: the importance of taking a broad perspective. *Journal of Anxiety Disorders*, 27 (8), 802-804.

Class 6 (02/21/19): Schizophrenia Spectrum and Other Psychotic Disorders

DSM-5 Criteria

Epidemiology

Course of Illness

Evidence Based Treatment of the Disorder

Assessment Tools

Required Readings: (Read 1, 2, 7, and any 2 others)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 87-122.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple*, 8th Edition. Miami, FL: MedMaster, Inc., pp. 40-49.
3. Benbow, A. (2007). Mental illness, stigmatization and the media. *Journal of Clinical Psychiatry*, 68(2), 31-35.
4. Gearing, R. E., Brewer, K. B., Mian, I., Moore, K., Fisher, P. W., Hamilton, J. E., & Mandiberg, J. (2018). First-episode psychosis: Ongoing mental health service utilization during the stable period for adolescents. *Early Intervention in Psychiatry*, 12, 677-685.
5. Hasan, A. Falkai, P., Wobrock. T., Lieberman, J., Glenthøj, B., Gattaz, W. F., Thibaut, F., Möller, H. J., WFSBP Task Force on Treatment Guidelines for Schizophrenia, World Federation of Societies of Biological Psychiatry (WFSBP) (2012). Guidelines for Biological Treatment of Schizophrenia, part 1: update 2012 on the acute treatment of schizophrenia and the management of treatment resistance. *The World Journal of Biological Psychiatry*, 13 (5), 318-378.

6. Hasan, A., Falkai, P., Wobrock, T., Lieberman, J., Glenthøj, B., Gattaz, W. F., Thibaut, F., Möller, H. J., WFSBP Task force on Treatment Guidelines for Schizophrenia. (2012). World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for biological treatment of schizophrenia, part 2: update 2012 on the long-term treatment of schizophrenia and management of antipsychotic-induced side effects. *The World Journal of Biological Psychiatry*, 14 (1), 2-44.
7. Kreyenbuhl, J., Buchanan, R.W., Dickerson, F.B., Dixon, L.B. & Schizophrenia Patient Outcomes Research Team (PORT). (2009). Schizophrenia Patient Outcomes Research Team (PORT): Updated treatment recommendations 2009. *Schizophrenia Bulletin*, 36, 94-103.
8. McFarlane, W.R., Dixon, L. Lukens, E. & Lucksted, A. (2003). Family psychoeducation and schizophrenia: A review of the literature. *Journal of Marital and Family Therapy*, 29(2), 223-246.
9. Shean, G.D. (2009), Evidence-based psychosocial practices and recovery from schizophrenia. *Psychiatry*, 72(4), 307-320.

Class 7 (02/28/19): Trauma- and Stressor-Related Disorders -- Case formation, first section draft due

DSM-5 Criteria

Epidemiology

Course of Illness

Evidence Based Treatment of the Disorder

Assessment Tools

Required Readings: (Read 1-3 and 6, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 265-290.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple*, 8th Edition. Miami, FL: MedMaster, Inc., pp. 55-56.
3. Cook, J. M., O'Donnell, C., Dinnen, S., Bernardy, N., Rosenheck, R., & Hoff, R. (2013). A formative evaluation of two evidence-based psychotherapies for PTSD in VA residential treatment programs. *Journal of Traumatic Stress*, 26 (1), 56-63.
4. Cox, K. S., Mouilso, E. R., Venners, M. R., Defever, M. E., Duvivier, L., Rauch, S. A., Strom, T. Q., Joiner, T. E., & Tuerk, P. W. (2146). Reducing suicidal ideation through evidence-based treatment for posttraumatic stress disorder. *Journal Of Psychiatric Research*, 80, 59-63.
5. Breslau, N. (2002). Epidemiologic studies of trauma, post-traumatic stress disorder, and other psychiatric disorders. *Canadian Journal of Psychiatry*, 41(10), 923-929.
6. Graves, R. E., Freedy, J. R., Aigbogun, N. U., Lawson, W. B., Mellman, T. A.,

- Alim, T. N. (2011). PTSD treatment of African American adults in primary care: the gap between current practice and evidence-based treatment guidelines. *Journal of The National Medical Association*, 103 (7), 585-593.
7. Larsen, S. E., & Berenbaum, H. (2018). Did the DSM-5 improve the traumatic stressor criterion?: Association of DSM-IV and DSM-5 criterion a with posttraumatic stress disorder symptoms. *Psychopathology*, 50(6), 373-378.
 8. Ponniah, K. & Hollon, S.D. (2009). Empirically supported psychological treatments for adult acute stress disorder and posttraumatic stress disorder: A review. *Depression and Anxiety*, 26, 1086-1109.
 9. Ruzek, J.I. & Rosen, R.C. (2009). Disseminating evidence-based treatments for PTSD in organizational setting: A high priority focus area. *Behavior Research and Therapy*. 47, 980-989.

<p>Class 8 (03/07/19): Personality Disorders -- Case formation, first section draft due</p>
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DSM-5 Criteria

Understanding personality disorders symptoms and diagnoses

Myths and misconceptions of these disorders

Evidence-based practice with personality disorders

Assessment Tools

Required Readings: (Read 1-3, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 645-684.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition*. Miami, FL: MedMaster, Inc, p. 51.
3. Budge, S. L., Moore, J. T., Del Re, A. C., Wampold, B. E., Baardseth, T. P., & Nienhuis, J. B., (2013). The effectiveness of evidence-based treatments for personality disorders when comparing treatment-as-usual and bona fide treatments. *Clinical Psychology Review*, 33 (8), 1057-1066.
4. Ripoll, L. H., Triebwasser, J., & Siever, L. J. (2011). Evidence-based pharmacotherapy for personality disorders. *The International Journal Of Neuropsychopharmacology*, 14 (9), 1257-1288
5. Smith, L. D. & Peck, P. L. (2004). Dialectic Behavior Therapy: A Review and Call to Research, *Journal of Mental Health Counseling* 26(1), 25-38.

Recommended Readings:

1. Becker, D. (2000). When She Was Bad: Borderline Personality Disorder in a Posttraumatic Age. *American Journal of Orthopsychiatry*, 70(4), 422-432.
2. Eisen, J. (2006). Clarifying the Convergency between Obsessive Compulsive Personality Disorder Criteria and Obsessive Compulsive Disorder. *Journal of*

- Personality Disorders* 20(3), 294-305.
3. Grant, B. F., Hasin, D. S., Stinson, F. S., Dawson, D. A., Chou, S. P., Ruan, W. J., & Pickering, R. P. (2004). Prevalence, Correlates, and Disability of Personality Disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 65(7), 948-958.
 4. Heller, N.R. & Johnson, H. C. (2001). Borderline Personality. In A. Gitterman (ed.), *Handbook of Social Work Practice with Vulnerable and Resilient Populations*, pp. 97-123, New York: Columbia University Press.
 5. Katerndahl, D., Burge, S., & Kellogg, N. (2005). Predictors of Development of Adult Psychopathology in Female Victims of Childhood Sexual Abuse. *Journal of Nervous and Mental Disease*, 193(4), 258-264.
 6. Kernberg, O. F. (2002). The Suicidal Risk in Severe Personality Disorders: Differential Diagnosis and Treatment. *Journal of Personality Disorders*, 15(3), 195-208.

Class 9 (03/14/19): No Class: Spring Break -- Peer Review Due

Have a safe and happy holidays

Class 10 (03/21/19): Substance-Related and Addictive Disorders

DSM-5 Criteria

Understanding substance-related disorders symptoms and diagnoses

Myths and misconceptions of these disorders

Evidence-based practice with substance disorders

Assessment Tools

Required Readings: (Read 1-4, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 481-590.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition*. Miami, FL: MedMaster, Inc, p. 51.
3. Alegria, M., Carson, N. J., Goncalves, M., & Keefe, K. (2011). Disparities in treatment for substance use disorders and co-occurring disorders for ethnic/racial minority youth. *Journal of The American Academy of Child And Adolescent Psychiatry*, 50 (1), 22-31.

4. Bride, B. E., Abraham, A. J., Kintzle, S., & Roman, P. M. (2013). Social workers' knowledge and perceptions of effectiveness and acceptability of medication assisted treatment of substance use disorders. *Social Work in Health Care*, 52 (1), 43-58.
5. MacMaster, S.A. (2004). Harm reduction: A new perspective on substance abuse services. *Social Work*, 49(3), 356-363.
6. Miller, W.R., Sorenson, J.L., Selzer, J.A., & Brigham, G.S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment*, 31, 25-39.
7. Rieckmann, T.R., Kovas, A.E., Fussell, H.E. & Stetler, N.M. (2009). Implementation of evidence-based practices for treatment of alcohol and drug disorders: The role of the state authority. *Journal of Behavioral Health Services and Research*, 36(4), 407-419.

Recommended Readings:

1. Mathias, S., Lubman, D.I., & Hides, L. (2008). Substance-induced psychosis: A diagnostic conundrum. *Journal of Clinical Psychiatry*, 69 (3), 358-367.
2. VanDeMark, N. R., Burrell, N. R., Lamendola, W. F., Hoich, C. A., Berg, N. P., & Medina, E. (2010). An exploratory study of engagement in a technology-supported substance abuse intervention. *Substance Abuse Treatment, Prevention, and Policy* 5, 10-18.

<p>Class 11 (03/28/19): Feeding and Eating Disorders -- Case Formulation Due</p>

Understanding eating disorders symptoms and diagnoses

Myths and misconceptions related to eating disorders

Evidence-based practice with eating disorders

Useful measurements in working with individuals with eating disorders

Required Readings: (Read 1-4, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 329-354.
2. Preston, J. & Johnson, J. (2016). *Clinical Psychopharmacology Made Ridiculously Simple, 8th Edition*. Miami, FL: MedMaster, Inc, p. 55.
3. Bulik, C. M, Berkman, N. D., Brownley, K. A., Sedway, J. A., & Lohr, K. N. (2007). Anorexia Nervosa Treatment: A Systemic Review of Randomized Controlled Trials. *International Journal of Eating Disorders*, 40(4), 310-20.
4. Shapiro, J. R., Berkman, N. D., Brownley, K. A., Sedway, J. A., Lohr, K. N., & Bulik, C. M. (2007). Bulimia Nervosa Treatment: A Systemic Review of

- Randomized Controlled Trials. *International Journal of Eating Disorders*, 40(4), 321-336.
5. Carter, J. C., Bewell, C, Blackmore, E., & Woods, D.B. (2006). The Impact of Sexual Abuse in Anorexia Nervosa. *Child Abuse and Neglect*, 30(3), 257-269.
 6. Feldman, M. D., & Meyer, I. H. (2007). Eating Disorders in Diverse Lesbian, Gay and Bisexual Populations. *International Journal of Eating Disorders*, 40(3), 218-226.
 7. Franko, D. L., Becker, A. E., Thomas, J. J., & Herzog, D.B. (2007). Cross-ethnic Differences in Eating Disorder Symptoms and Related Distress. *International Journal of Eating Disorders*, 40(2), 156-164.
 8. Lock, J., La Via, M. C., American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). (2015). Practice parameter for the assessment and treatment of children and adolescents with eating disorders *Journal of The American Academy Of Child And Adolescent Psychiatry*, 54 (5), 412-425.
 9. Peterson, C. B., Becker, C. B., Treasure, J., Shafran, R., & Bryant-Waugh, R. (2016). The three-legged stool of evidence-based practice in eating disorder treatment: research, clinical, and patient perspectives. *BMC Medicine*, 14, 69-7.
 10. Spitzer, R.L., Gibbon, M., Skodol, A.E., Williams, J.B.W., & First, M.B. *DSM-IV-TR Case Book*. Washington D.C.: American Psychiatric Association, pp. 96 (Close To The Bone), 47 (Sixty-Seven Pound Weakling), & 25 (Fatty).
 11. Waller, G. (2016). Treatment Protocols for Eating Disorders: Clinicians' Attitudes, Concerns, Adherence and Difficulties Delivering Evidence-Based Psychological Interventions. *Current Psychiatry Reports*, 18 (4), 36-4.

Recommended Readings:

1. Braun, D. L., Sunday, S. R., Huang, A., & Halmi, K. A. (1999). More Males Seek Treatment for Eating Disorders. *International Journal of Eating Disorders*, 25(4), 415-424.
2. Brownley, K. A., Berkman, N. D., Sedway, J. A., Lohr, K. N., & Bulik, C. M. (2007). Binge Eating Treatment: A Systemic Review of Randomized Controlled Trials. *International Journal of Eating Disorders*, 40(4), 310-320.
3. Cummins, L., Simmons, A. M., & Nolan, W. S. (2005). Eating Disorders in Asian Populations: A Critique of Current Approaches to the Study of Culture, Ethnicity and Eating Disorders. *American Journal of Orthopsychiatry*, 75(4), 553-574.
4. Constantino, M., Arnow, B., Blasey, C., & Agras, W. S. (2005). The Association between Patient Characteristics and the Therapeutic Alliance in Cognitive-Behavioral and Interpersonal Psychotherapy for Bulimia Nervosa. *Journal of Consulting and Clinical Psychology*, 73(2), 203-211.
5. de la Rie, S., Noordenbos, G., Donker, M., & van Furth, E. (2008). The quality of treatment of eating disorders: A comparison of the therapists' and the patients' perspective. *International Journal of Eating Disorders*, 41(4), 307-317.
6. Gold, M. S., Frost-Pineda, K., & Jacobs, W. S. (2003). Overeating, Binge Eating and Eating Disorders as Addictions. *Psychiatric Annals*, 33(2), 117-122.
7. Hendricks, P. S., & Thompson, J. K. (2005). An Integration of Cognitive-Behavioral Therapy and IPT for Bulimia Nervosa: A Case Study Using the Case

- Formulation Method. *International Journal of Eating Disorder*, 37(2), 171-174.
8. Kotler, L. A., Boudreau, G., & Devlin, M. (2003). Emerging Psychotherapies for Eating Disorders. *Journal of Psychiatric Practice*, 9(6), 431-441.
 9. Safer, D., Telch, C., & Agras, W. (2001). Dialectic Behavior Therapy for Bulimia Nervosa. *American Journal of Psychiatry*, 158, 632-634.

Class 12 (04/04/19): Neurocognitive Disorders

Understanding cognitive disorders symptoms and diagnoses

Myths and misconceptions of these disorders

Evidence-based practice with cognitive disorders

Useful measurements in working with individuals with cognitive disorders

Required Readings: (Read 1, 3, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 591-644.
2. Epple, D. M. (2002). Senile Dementia of the Alzheimer's Type. *Clinical Social Work Journal*, 30(1), 95-110.
3. Koenig, T. L. (2006). Female Caregivers' Reflections on Ethical Decision-making: the Intersection of Domestic Violence and Elder Care. *Clinical Social Work Journal*, 34(3), 361-372
4. Mahoney, D. C. et al. (2005). African American, Chinese and Latino Family Caregivers: Impression of the Onset and Diagnosis of Dementia: Cross-Cultural Similarities and Differences. *The Gerontologist*, 45, 783-792.
5. Teri, L. et al. (2005). Training Community Consultants to Help Family Members Improve Dementia Care: A Randomized Controlled Trial. *The Gerontologist*, 45, 686-693.

Recommended Readings:

6. Buckley, J. W., & Abell, N. (2004). Validation of the Health Care Surrogate Preference Scale. *Clinical Social Work Journal*, 49(3), 432-439.
7. Davis, P.M. & Carr, T.L. (2008). Needs Assessment and current practice of alcohol risk assessment of pregnant women and women of childbearing age by primary health care professionals. *Canadian Journal of Clinical Pharmacology*, 15 (2), e214-e222.
8. Finney, J.W. & Moos, R.H. (2002). Psychosocial treatments for alcohol-use disorders. In Nathan, P.E. & Gorman, J.M. (Eds.) *A guide to treatments that work* (2nd edition). New York: Oxford University Press, pp. 157-168.
9. Glass, T. A., Dym, B., Greenberg, S., Rintell, D., Roesch C., & Berkman, L. F. (2000). Psychosocial Intervention in Stroke: Families in Recovery from Stroke Trial (FIRST). *American Journal of Orthopsychiatry*, 70(2), 169-181.
10. Inoue, M., Urakami, K., Taniguchi, M., Kimura, Y., Saito, J., & Nakashima, K.

- (2005). Evaluation of a computerized test system to screen for mild cognitive impairment. *Psychogeriatrics*, 5(2), 36-41.
11. Zywiak, W.H., Stout, R.L., Trefry, W.B., LaGrutta, J.E., Lawson, C.C., Khan, N., Swift, R.M., & Schneider, R.J. (2003). Alcohol relapses associated with September 11, 2001: A case report. *Substance Abuse*, 24 (2), 123-128.

Class 13 (04/11/19): Infancy, Toddlers and Preschool (Normal Development, Stages, Milestones & Temperament)

Issues in Assessing Children and Adolescents
Contexts of Development
Environment
Risk and Protective Factors

Required Readings: (Read 1, 3, and 2 others)

1. American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (DSM-5), 5th edition. Washington, D.C.: American Psychiatric Association, pp. 265-270 and 329-333.
2. Bastiaansen, D., Koot, H.M., Ferdinand, R. F & Verhulst, F. C. (2004) Quality of life in children with psychiatric disorders: Self-, parent, and Clinician Report. *Journal of the American Academy of Child and Adolescent Psychiatry*, 3(2), 129-132.
3. Gordon, M.F. (2009) Normal child development. In: B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), Kaplan & Saddock's Comprehensive textbook of psychiatry, Vol. II (9th ed., pp. 3338--3356). New York: Lippincott Williams & Wilkins.
4. Boris, N.W. & Zeanah, C.H. Reactive Attachment Disorder of Infancy and Early Childhood. In: B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), Kaplan & Saddock's Comprehensive Textbook of psychiatry, (9th ed., pp. 3636-3641). NY: Lippincott Williams & Wilkins.
5. Davies, D. (2011) Introduction, Chapters 1-4 In: *Child Development: A Practitioner's Guide, 3rd Edition*. pp. 60-123. New York: Guilford.
6. Chatoor, I. (2009). Feeding and eating disorders of infancy and early childhood. In: B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), Kaplan & Saddock's Comprehensive textbook of psychiatry, Vol. II (9th ed., pp. 3597-3608). New York: Lippincott Williams & Wilkins.
7. Merikangas, K.R., He, J-p., Burstein, M., Swanson, S.A., Avenevoli, S., Cui, L, Benjet, C., Georgiades, K., & Swendsen, J. (2010) Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A) *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980-989.

Recommended Reading:

8. Angold, A., Costello, E.J. Farmer, E.M.Z., Burns, B.J., Erkanli, A. (1999). Impaired but undiagnosed. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(2), 129-137.
9. Angold, A. (2002) Diagnostic interviews with parents and children. In: M.Rutter & E. Taylor (Eds). *Child and Adolescent Psychiatry, 4th Edition*. pp. 32-51. Oxford: Blackwell.
10. Costello, E.J. Angold, A., Burns, B.J., Stangl, D.K., Tweed, D.L. Erkanli, A., Worthman, C. The Great Smoky Mountains Study of Youth: Goals, design, methods, and the prevalence of DSM-III-R disorders. *Archives of General Psychiatry*, 53, 1129-1136.
11. Costello, E.J., Egger, H., & Angold, A. (2005). 10-year research update review: The epidemiology of child and adolescent psychiatric disorders: 1. Methods and public health burden. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(10), 972-986.
12. King, R. A., Schwab-Stone, M., Thies, A. P., Peterson, B. S., & Fisher, P. W. (2009). Psychiatric examination of the infant, child and adolescent. B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), Kaplan & Saddock's Comprehensive textbook of psychiatry, Vol. II (9th ed., pp. 3366-3403). New York: Lippincott Williams & Wilkins.
13. Egger, H.L. (2009) Psychiatric assessment of preschool children. B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), *Kaplan & Saddock's Comprehensive textbook of psychiatry, Vol. II* (9th ed., pp. 3366-3403). New York: Lippincott Williams & Wilkins.
14. Merikangas, K.R., He, J-P., Brody, D., Fisher, P.W., Bourdon, K. & Koretz, D. (2010) Prevalence and treatment of mental disorders among US children in the NHANES. *Pediatrics*, 125, 75-1.
15. Rutter, M. & Taylor, E. (2002) Clinical assessment and diagnostic formulation. In: M.Rutter & E. Taylor (Eds). *Child and Adolescent Psychiatry, 4th Edition*. pp. 18-32. Oxford: Blackwell Publishing

Class 14 (04/18/19): Middle Childhood - Adolescence.

Neurodevelopmental Disorders: ADHD and Learning Disorders

*Understanding Neurodevelopmental Disorders (ADHD and Learning Disorders)
symptoms and diagnoses*

Myths and misconceptions related to ADHD and Learning Disorders

Evidence-based practice with ADHD and Learning Disorders

Useful measurements in working with individuals with ADHD and Learning Disorders

Required Readings: (Read 1, 4, and 1 other)

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association, pp. 59-74.
2. Galanter, C.A. & Jensen, P.S. (Eds). (2009). *DSM-IV-TR Casebook and Treatment Guide for Child Mental Health: Chapter 1*, pp. 9-24 and *Chapter 18*, pp 301-323.
3. Greenhill. L.L. & Hechtman, L. (2009). Attention-Deficit Hyperactivity Disorder In: B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), *Kaplan & Saddock's Comprehensive textbook of psychiatry, Vol. II (9th ed.)*. New York: Lippincott Williams & Wilkins, pp. 3560-3572.
4. Pataki, C.S. (2009) Adolescent development. B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds), *Kaplan & Saddock's Comprehensive textbook of psychiatry, Vol. II (9th ed., pp. 3357--3365)*. New York: Lippincott Williams & Wilkins.

Recommended Reading:

5. Davies, D. (2011) Introduction to Part II, Chapters 11-12. In: *Child Development: A Practitioner's Guide*, 3rd edition, pp: 327-414. New York: Guilford
6. Molina, B. S., Hinshaw, S. P., Swanson, J.M, et al. (2009). The MTA at 8 years: Prospective follow-up of children treated for combined-type ADHD in a multisite study. *J Am Acad Child Adolescent Psychiatry*, 48(5), 484-500.

Class 15 (04/25/19): Exam and Review

Final Exam

Ending and Termination

Review Course

*** FINAL EXAM**

Required Readings (review):

1. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*, 5th edition. Washington, D.C.: American Psychiatric Association.