WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY
MSW PROGRAM

PSYCHOSOCIAL PATHOLOGY
SWK 6111

COURSE DESCRIPTION

Psychosocial pathology, is a required course for second year advance clinical practice with individual and families majors, it introduces students to content on the assessment and classification of human behavior that often requires social work intervention. This course expands the knowledge learned in Foundations of Social Work Practice and Human Behavior in the Social Environment.

It is a continuation of the human behavior sequence which includes HBSE I&II with a focus on "normative" development and this course, with a focus on the distinctions between what is commonly thought to be abnormal and that which is clinically understood as abnormal. This course examines signs, symptoms and complexity of mental health diagnostic categories. Students learn to examine mental health concerns of diverse social, racial, ethnic and social class groups with special emphasis on those who have historically been devalued and oppressed.

The initial identification of individuals, whose symptoms and level of functioning indicate that they have a psychologically and/or sociologically based disorder, is often a social work function. Therefore, social workers need to understand how to use the DSM 5 and the ICD 10. The under-pinning of use of these manuals is accurately assessing the behavior and competency functioning of clients to expedite referrals, provide concurrent treatment and provide information to other involved mental health disciplines.

I.   COURSE COMPETENCIES

This course will help students achieve the following competencies:
Competencies: #1, #2, and #7.
Competency #2 will be measured using student outcome data.

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.

Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context.

Social workers use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.

Social workers demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.

Social workers use technology ethically and appropriately to facilitate practice outcomes.

Social workers use supervision and consultation to guide professional judgment and behavior.

Competency #7 –Assess Individuals, Families, Groups, Organizations, and Communities
Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment , and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions ma affect their assessment and decision –making, collect and organize data and apply critical thinking to interpret information from clients and constituencies.

Social workers apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;

Social workers develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and

Social workers select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

COURSE COMPETENCY OUTCOMES

Competency 2 is measured with student outcome data.

Competency 2: Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and

alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

Social workers apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;

Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences; and

Social workers apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

Competency Indicators 2A and 2B.

2A –Gains sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;

2B – View themselves as learners and engage those with whom they work as informants.

II. COURSE OBJECTIVES
By the end of the course students will be able to:

1. To understand the DSM-V as the current representation of a changing classification model and its application for the assessment and diagnosis of children, youth, and adults.
2. To discern the differences between the medical model employed in the DSM and other models, notably the recovery model, that help explain the symptoms, functioning, and cultural aspects of assessment, diagnoses, and treatment in behavioral health.
3. To appreciate the potential abuse of diagnostic classification as a means of labeling and social control, in general, and its significance for vulnerable groups, in particular.
4. To understand the social worker's contribution to the assessment and diagnostic processes and the policies and societal norms that promote and constrain behavioral health treatment.
5. To recognize the possible conflict between social work norms, ethics, and values and the medical model employed in the DSM classification system.
6. To understand and reflect on the stigmatizing patterns (language, media portrayal, discrimination) that exist in society towards individuals and their families with mental illnesses and the role of social workers in advocating for social justice outcomes in diminishing stigmatizing behaviors.
7. To develop awareness of factors such as age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status and other factors are related to the assessment and evaluation of individuals, that contribute to treatment decisions.
8. To understand the importance of collaboration with professionals from other disciplines to achieve optimum treatment plans within the context of diversity.

III. INSTRUCTIONAL METHODS

Psychosocial pathology is designed as a lecture/discussion course. Students will have ample opportunity to ask questions, discuss relevant issues and present relevant material. There will be a midterm assignment and a final examination.

IV. COURSE EXPECTATIONS AND GRADING

Students are expected to attend all classes and to be on time. Class participation is important and there is an expectation that students will do the required reading and be prepared for class discussion. Class discussions are meant to enhance the student understanding of content; reading assignments will not be summarized or reviewed in class.

Assignment	Grade %	Due Date
Weekly Assignments and Class Participation	25%	Ongoing
Mid-Term Assignment	35%	7th session
Final Exam – Multiple Choice	45%	

Rubric for Participation, Attendance and Comportment

Class Participation	Contributes to class discussions by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the class' perspective, and appropriately challenging assumptions and perspectives **8 points**	Attends class regularly and *sometimes contributes* to the discussion in the aforementioned ways. **6 points**	Attends class regularly but *rarely contributes* to the discussion in the aforementioned ways. **4 points**	Attends class regularly but *never contributes* to the discussion in the aforementioned ways. **2 points**
Attendance	Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed. **7 points**	Minimal lateness; almost never misses a class; no unexcused absences. No deadlines missed. **5 points**	Late to class semi-frequently misses deadlines. **3 points**	Late to class frequently misses deadlines **1 point**
Comportment	Demonstrates excellence in communication, interpersonal skill, respect for the ideas of others and the learning environment, engages in reflective thinking, exemplifies empathy, honesty and integrity, shows respect for diversity, demonstrates ethical conduct, and conducts oneself with a professional demeanor. **5 points**	Occasionally exhibits excellence in comportment; is almost always respectful towards peers, and the learning environment **4 points**	Recurring concerning comportment issues behaves in ways that are not always respectful of peers, and the learning environment **2 points**	Consistent comportment concerns; is often disrespectful to peers and the learning environment **0 points**

Required Texts

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York: W.W. Norton. ISBN: 13:978-0393710649 Price: $76.00 (no substitutes, this edition conforms with DSM5).

- American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author. ISBN: 978-0-89042-555-8

  Price: $40.00

Additional articles will be available on e-res; for the online course the articles will be available online in the reading folders for each module.

V. <u>COURSE REQUIREMENTS</u>

Assignment I- CLASS PARTICIPATION FOR IN-CLASS AND ON-LINE ASSIGNMENTS

Class participation is an important part of the learning process and <u>all</u> students are expected to participate in all assigned exercises and discussions.

Traditional In class: students are expected to be prepared for class discussions on assigned readings, related questions raised by the professor and/or in class exercises. You will be graded on the depth of your contributions and preparedness for class discussions and exercises. In addition it is expected that all students have access to Canvas to complete posted readings and occasional assigned discussions.

On-line class participation: Due to the nature of the on-line course, your participation is imperative. *You will be responsible for being on-line each week and responding to the on-line questions found in the lessons and for responding to classmate's posts. This is an interactive class where you will need to both post and respond to your classmates' posts.* You are expected to complete assignments on time and take responsibility for your learning. Responses to posts must be informed by your readings and identification of same in the posts and responses. Respect for the variety of views and values will foster an atmosphere of free exchange and growth through group process. Your time on-line will be logged and the depth of your participation will be graded by responses to assigned questions and responses to posts.

Assignment II- MENTAL STATUS EVALUATION

This is a written assignment to measure the assessment skills of the student. The context will be created or chosen by the individual professor. You will be expected to write a Mental Status Assessment.

Students will write an assessment based upon either (1) the student choice of a client from his/her current caseload or (2) a case presented by the professor, or (3) a role play in class or (4) a film clip provided by the individual professor. Regardless of which context is used, this is a first contact with a client. This first contact (ONLY) is the basis of the Mental Status Evaluation. You will be required to use the current evaluation system in the DSM 5 and ICD 10 to hypothesize a possible diagnosis and to discuss possible recommendations. You may use any resources that are available on the syllabus or on-line lesson section.

You should use 2-3 outside readings from **professional journals or texts** in addition to any assigned readings. **Do not use online computer sites such as Wikepedia or sites that provide psycho-educational information.** Use APA 7th edition style for writing, citations and references. The total number of pages and format will be directed by your instructor.

Use the following outline to write the Mental Status Evaluation:

MENTAL STATUS EVALUATION

I. **DEMOGRAPHIC DESCRIPTION:** Identify and place client in his current reality situation including age, sex, race, ethnicity, religion, nationality, marital status, social class, sexual orientation etc.

II. **PRESENTING PROBLEM:** Include problem for which client seeks help. What is the source and reason for referral; whether problem is of recent origin or a long standing issue? What is client's perception of problem? What precipitated the referral at this time? Is this client mandated and if so, what is the client's response to this?

III. **APPEARANCE:** Describe physical appearance and any comments client makes about his appearance. Indicate if client description seems accurate.

IV. **LEVEL OF CONSCIOUSNESS:** Describe level of alertness of the client; level of distraction; ability of client to stay connected to the worker. Did client seem sleepy, lethargic, drugged?

V. **BEHAVIOR:** Include quality, tone, and rate of speech. Include statement of any unusual movement and when occurred.

VI. **MOOD AND AFFECT:** Describe mood and affect of client. Were mood and affect consonant? Were they consonant with content? What is the evidence of mood and affect?

VII. **THOUGHT CONTENT AND PERCEPTION:** Describe the content of the client's thoughts and perceptions. Indicate accuracy and appropriateness of them. Indicate whether there are any indications of hallucinations, delusions, suicidal or homicidal thinking. Are there any indications of thought disturbances such as thought broadcasting, thought withdrawal, thought insertion, ideas of reference, illusions or projections?

VIII. **THOUGHT PROCESS:** Describe the thinking process. Indicate whether the thinking includes magical thinking, blocking, self critical thinking, tangential thinking, echolalia, clanging, circumstantial thinking, loosening of associations, nonproductive thinking or flight of ideas.

IX. **INTELLECTUAL FUNCTIONING:** Describe level of abstract thing or lack of this; describe ability to calculate numbers, how distractible is the person? Indicate if there is agnosia, apraxia, dementia or concrete thinking. How much schooling has the person had?

X. **MEMORY SPHERES:** Describe short and long term memory. Indicate if there is confabulation, word finding difficulties.

XI. **ORIENTATION:** Awareness of self in person, place and time.

XII. **INSIGHT:** Refers to level of awareness and understanding of the illness.

XIII. **JUDGMENT:** Ability to make good judgments, and pragmatic choices appropriate to protecting self and others.

XIV. **IMPRESSIONS AND DIAGNOSTIC STATEMENT:** Include the following:

a. Significant personal history of client
b. Assessment of client's current social functioning in immediate social situations (family relationships, work, recreation, school etc.)
c. Assessment of personality structure of the client with particular reference to intellectual endowment, capacity for and quality of object relationships, tolerance for frustration and capacity to delay; capacity for reality testing; discuss interplay between client's current reality situation and his/her ability (ego strengths and weaknesses) to deal with the situation. Discuss the nature and appropriateness of his/her defense mechanism in relation to the social factors and influences of current external pressures.
d. Assessment of the nature of the client's problem in light of his/her history. Tie together the significant history and factors in cause-effect relationship as understood from the history. If the history does not contain sufficient information about a specific aspect, it is important to state that this is unclear, thus pointing out areas for further exploration and assessment.

XV. HYPOTHESIZED DIAGNOSIS, PROGNOSIS AND RECOMMENDATIONS

There may be other specific instructions given to you by the individual professor.
Due date will be given by the individual professor. Late papers are not accepted.

Assignment III-FINAL EXAMINATION

There will be a final examination evaluating students on the mastery of content covered during the semester. The details and a review will be discussed during the semester. The questions are typically multiple- choice objective questions. For in- class courses, the examination will be administered during the last class session. For on-line classes the professor instructor will provide instructions.

All students must complete ALL class assignments, mid-terms and final exams to receive a passing grade for the course. DO NOT make last minute requests for special accommodations for completion of work; if accommodations are necessary this must be thoroughly discussed with the professor with sufficient time to explore options and for the professor to plan. LATE ASSIGNMENTS WILL BE GRADED DOWNWARD!

GRADING RUBRIC FOR PAPERS

	Competent (A= 94-100; A- = 90-93)	Developing Competence (B+ = 87-89; B= 83-86)	Emerging Competence (B-=80-82; C+ = 75-79)	Lacks Competence (C=70-74 F<74)
Intro & conclusion	The intro guides the reader smoothly and logically into the paper with a clear organized structure. The conclusion synthesizes key points suggesting perspectives relevant to the theme.	The intro identifies the central theme and provides a good organizational structure. The conclusion synthesizes key points.	The intro does not sufficiently identify the theme and does not guide the reader into the paper. The conclusion restates the same points as the intro paragraph without reframing.	The intro does not have a present and identifiable theme and does not guide the reader into the body of the paper. The conclusion is either missing or restates the intro paragraph verbatim.
Content & depth of analysis	Paper explores the topic in depth and demonstrates an understanding of social work principles and demonstrating the application of theory to practice.	Paper meets the parameters of the assignment but does not adequately demonstrate application of theory to practice.	Paper does not address some aspects of the assignment; and/or demonstrates a basic application of theory to practice skills.	Paper does not address the assignment and demonstrates a poor application of theory to practice.
Integration of literature & class discussions	Paper provides integration of professional literature & discussions.	Paper shows some integration of professional literature & discussions.	Paper shows little evidence of integration of professional literature & discussions.	Paper does not provide evidence integration of professional literature & discussions.
Organization & Clarity	Organization is logical and apparent with connections among paragraphs clearly articulated. Transitions between paragraphs are smooth. Wording is unambiguous. Sentence structure is clear.	Organization is logical and apparent, but transitions between paragraphs are not consistently smooth; all but a few paragraphs connect with clarity. Paper is unambiguous. Sentence structure is mostly clear.	Organization can only be discerned with effort. Not all parts of the paper fit the organizational structure. There is no logical connection between many paragraphs. Wording is ambiguous Sentence structure confusing.	Organization of the paper as a whole is not logical or discernable. Throughout the paper, wording is ambiguous. Sentence structure is consistently confusing.
Mechanics	Paper is formatted well. Grammar is perfect. Quotes are all properly attributed and cited.	Minor spelling or grammatical errors. Quotes are all properly attributed and cited.	Many spelling and grammatical errors. In a few places, quotes are not attributed and cited.	Paper is unacceptably sloppy. And quotes are frequently not attributed or improperly cited.

VI. <u>EVALUATION</u>
Students are provided opportunity to evaluate master courses. An evaluation form pertaining to the course and instructor will be conducted on-line. Evaluation is ongoing and students are encouraged to

VII. <u>OFFICE OF DISABILITIES SERVICES (ODS)</u> collaborates with students, faculty and staff to provide reasonable accommodations and services to students with disabilities. The purpose of reasonable academic accommodations is to assure that there is equal access to and the opportunity to benefit from your education at Wurzweiler. It is the student's responsibility to identify himself/herself to the Office of Disabilities Services (ODS) and to provide documentation of a disability. http://www.yu.edu/Student-Life/Resources-and-Services/Disability-Services/

VIII. <u>E-RESERVES</u>
Access full text copies of most of the "on reserve" articles for a course from your home computer. You will need Adobe Acrobat to use this service. Your professor will provide you with a password. The link for e-reserves is http://yulib002.mc.yu.edu:2262/er.php. Most of the articles mentioned in the curriculum are available on electronic reserve (E-reserves). You can access the full text articles from your home or from a university computer at no charge.

ACCESSING E-RESERVES
FROM CANVAS
1. Go to your class Canvas page.
2. Click the link "Library Resources & E-Reserves" (no password required)\

FROM CAMPUS
1. If you wish to access e-reserves from the library home page (library.yu.edu),
2. Use "wurzweiler" all lower case, as the password.
3. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: gross@yu.edu or ereserves@yu.edu.

FROM OFF-CAMPUS
1. Go to the library's online resources page: http://www.yu.edu/libraries/online_resources.asp
2. Click on E-RES; you will be prompted for your Off Campus Access Service login and password.
3. Use "wurzweiler" all lower case, as the password for all courses in all social work programs.
4. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: gross@yu.edu or ereserves@yu.edu.

USING E-RESERVES
1. Click on "Search E-RES" or on "Course Index," and search by instructor's name, department, course name, course number, document title, or document author.
2. Click on the link to your course.
3. When the article text or book record appears on the screen, you can print, email, or save it to disk. To view documents that are in PDF format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at www.adobe.com/products/acrobat/readstep2.html

IX. <u>PLAGIARISM</u>
All written work submitted by students is to be their own. Ideas and concepts that are the work of others must be cited with proper attribution. The use of the written works of others that is submitted as one's own constitutes *plagiarism* and is a violation of academic standards. The School will not condone *plagiarism* in any form and will impose sanctions to acts of *plagiarism*. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. *Plagiarism* occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also *plagiarism* to use the ideas and/or work of another student and present them as your own. It is **<u>NOT</u>** *plagiarism* to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. If it is determined that a student has plagiarized any part of any assignment in a course, the student automatically **<u>FAIL</u>** the course. The student also will be placed on Academic Probation and will be referred to the Associate Dean for any additional disciplinary action which may include expulsion. A student may not submit the same paper or an assignment from another class for credit. If students or faculty are concerned that written work is indeed plagiarized, they can use the following "plagiarism checker" websites, easily accessible, and generally free on Google:
www.grammarly.com/plagiarism_checker www.dustball.com/cs/plagiarism.checker
www.plagtracker.com
www.plagium.com/
www.plagscan.com/seesources/
www.duplichecker.com/
As a Wurzweiler student, maintaining good standing in the program is dependent on developing and

maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

X. <u>HIPAA</u>

In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be de-identified. What this means is that any information that would allow another to identify the person must be changed or eliminated. This includes obvious identifiers such as names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity or gender. If diagnosis, race/ethnicity or gender is directly related to the case presentation, it can be included if it will not allow for identification.

XI.   <u>FERPA & OTHER UNIVERSITY POLICIES</u>

Wurzweiler's policies and procedures are in compliance with FERPA regulations. Information about FERPA regulations can be found **here**.
Drug-Free University Policy can be found **here**.
Policy Statement on Non-Discrimination, Anti-Harassment, and Complaint procedures can be found **here**.
The University's Computer Guidelines can be found **here**.

For Canvas LOGIN assistance, call the HELP DESK: 800-829-7418
For 24 + 7 + 365 Canvas assistance CALL: 1-833-770-2854
For Canvas FAQ's please access Canvas GUIDES helpdesk@yu.edu

XII. <u>COURSE SCHEDULE</u>

UNIT I: INTRODUCTION

This unit examines

- Definition and content of course; review of course objectives
- Historical and theoretical concept of illness and disease, normality and abnormality and use of diagnostic manuals
- Adaptiveness in illness and health
- Bio-psychosocial emphasis of assessment for social workers
- The social worker's roles: diagnostician, advocate, collaborator, mediator, educator, evidenced-based practitioner
- Use of DSM 5 and ICD 10 as paradigms for diagnosing mental illness and use of psycho-pharmacology

<u>Required Reading:</u>

- Aneshensel, C. (2009). Toward explaining mental health disparities. *Journal of Health and Social Behavior, 50, (4), Dec. 377-394.*

- Barnes, H. (2011). Does mental illness have a place alongside social and recovery models of mental health in service users' lived experience?   Issues and implications for

mental health education. *Journal of Mental Health Training Education and Practice, 6, (2), 65-71.*

- Davidson, L. et al. (2006). Play, pleasure and other positive life events: Non-Specific factors in recovery from mental illness? *Psychiatry,* 69 (2), Summer, 151-161.

- Gove, W. (2004). The career of the mentally ill: An integration of psychiatric labeling/ social construction and lay perspectives. *Journal of Health and Social Behavior,* 45, (4), Dec. 357-375.

- Hudson, C. (2012). Disparities in the geography of mental health: Implications for social work. *Social Work, 57, (2),* April, 107-119.

UNIT II. Abnormal Behavior in Society: Historical Perspectives, Diagnosis and Dimensional Approach to understanding Psychopathology

This unit will explore the historical antecedents to our understanding of mental illness, diagnosis, and treatment.

Required Reading:

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter 1: Psychopathology

- Overton, SL., Medina, SL., (2008) The Stigma of Mental Illness. *Journal of Counseling and Development*, 86, (2), Spring,1-11.
- Roberts, R. (2006). Laing and Szasz: Anti-psychiatry, Capitalism and Therapy
- Scheyett, A. M. (2005). The mark of madness: Stigma, serious mental illnesses, and social work. *Social Work in Mental Health: The Journal of Behavioral and Psychiatric Social Work,* 3 (4), 79-97.
- Szasz, T. (1998). Parity for mental illness, disparity for the mental patient, *The Lancet,* 352, (9135) October, 1213-1215. (CLASSIC)

UNIT III. Assessment: Continual Process and a Product

Required Reading

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter 2: Assessment

- Applegate, J.S. "The Good Enough Social Worker: Winnicott Applied" in Edward, J. & Sanville, J.Eds. (1996) *Fostering Healing.* Northvale, N.J.: Jason Aronson.

- McWilliams, N. (1994). *Psychoanalytic Diagnosis. New York: Guilford Press. (*Chapter 1) "Why Diagnose?"(CLASSIC)

Recommended Reading:

- Hudson, C. (2005) Socioeconomic status and mental illness: Test of the social causation and selection hypothesis. *American Journal of Orthopsychiatry,* 75, 3-18.

- Lopez, S.R. & Guarnaccia, P.J. (2000) Cultural psychopathology: Uncovering the social world of mental illness. *Annual Review of Psychology,* 51, 571-598.

- Millard, D. W.(2000). A transdisciplinary view of mental disorder. Turner(Ed). *Adult Psychopathology, a social work perspective (2nd ed).* New York: Free Press.

- Taylor, R.J, Ellison, C.G.,Chatters, L.M.,Levin, J.S., & Lincoln, K.D. (2000). Mental health Services in faith communities: The role of clergy in black churches. *Social Work*, 45, 73-87.

UNIT IV. Building Blocks of Diagnosis

This unit will explore man as a whole person; we teach the breakdown of mental functions as an artifice for the purpose of teaching the theoretical content. The professional defines the illness. The professional functions in the following roles in the process: collaborator, mediator, advocate, educator, diagnostician and evidence based practitioner. The following issues must be considered in causality.
- Understanding the whole patient

- How physical and mental disorders are related

- Mental Status Evaluation and Diagnostic Statement as Baseline Assessment: Dimensional Approach, Developmental and Lifespan Considerations

- Culture, Genetics and Social Construction

Required reading:

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

  -Chapter 3: Diagnosis & Prognosis
  -Chapter 4: Etiology

Basics of Diagnosis

A. The roadmap- Developing the clinical history includes the history of present illness with symptoms, signs and syndromes; previous mental health history; personal and social background; family history; physical symptoms; mental status evaluation.

B. The diagnostic method- This includes systematic assessment of date; hierarchy of diagnoses; differential diagnosis; the decision tree.

C. Tips for Integration of data- (1) History may beat current appearance in developing the diagnosis. (2) Recent history may be more important than ancient history. (3) Collateral history may be more accurate than client's version of history. (4) Signs, meaning what you observe may be more important than symptoms. (5) Objective findings may be more important than subjective judgment. (6) Consider family history. (7) Prefer first the diagnosis that gives the simplest explanation that is more common. (8) Evaluate for differential diagnosis.

D. Red Flags and Uncertainty-Accept diagnostic uncertainty. The condition may be undiagnosed. Typical red flags are (1) a story that keeps changing (2) repeated unsuccessful suicide attempts (3) unusual symptoms (4) spotty amnesia (5) memory loss in absence of cognitive disorder (6) in-congruous affect (7) hospitalizations in many locations (8) history that conflicts with the usual course of mental illness as we know it.

E. Multiple Diagnoses- Identify co-morbidity and impose an order for this.

UNIT V: Diagnostic Categories, DSM 5 and ICD 10

These manuals are classifications of mental disorders with specifically defined criteria. They are not sacred texts; they are guides to categorize illness and provide a language of communication for professionals. The diagnoses overlap with each other and with normality.

Not All diagnoses in the manuals will be discussed but specific diagnostic categories will be explored as representative.

<u>**Class Lecture**</u>

Use of the manuals, coding and reporting

<u>Required Readings:</u>

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its*

Treatment (4th edition). New York, New York.: W.W. Norton.

Chapter 4: Etiology
Chapter 5: Treatment

VI: Study of Specific Diagnostic Categories (The individual professor will choose the specific disorders to study that are representative of this category.)

A. Neurodevelopmental Disorders and Neurocognitive Disorders

Required Readings:

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)* Washington, D.C. Author
    Neurodevelopmental Disorders, 31-87
    Neurocognitive Disorders, 591-644

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter 25: Neurodevelopmental Disorders
    Chapter 10: Neurocognitive Disorders

B. Schizophrenia Spectrum and Other Psychotic Disorders

Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.) Washington, DC: Author.* 87-102
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter !2: Schizophrenia and Other Thought Disorders

C. Mood Disorders

Required Reading

- *American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) Washington, D,C: Author

    Bipolar and Related Disorders 123- 154

Depressive Disorders 155-188

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter 13*: Mood Disorders*

D. Anxiety Disorders, Trauma and Stress; Obsessive Compulsive Disorders

<u>Required Reading</u>

- American Psychiatric Association *(2013). Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) Washington, DC: Author 189-233; 235-264; 265-291

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter 14: Anxiety Disorders
    Chapter: 15: Obsessive Compulsive Disorders
    Chapter 16: Trauma and Stress Disorders

E. Eating Disorders

<u>Required Reading</u>

- American Psychiatric Association, (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington, DC: Author 329-354.
- ☐ Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4th edition). New York, New York.: W.W. Norton.

    Chapter 20: Eating and Elimination Disorders
- Beumont, P., Touyz, S. (2003) What kind of illness is anorexia nervosa? *European Child and Adolescent Psychiatry, (Suppl. 1)* 12: 20-24.

- Hope, T., Tan, J., Stewart, A., & Fitzpatrick, R. (2011). Anorexia Nervosa and the language of authenticity. *The Hastings Center Report.* 41.6 (Nov/Dec) 19-29.

F. Substance Related Addictive and Impulse Control Disorders

Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental*

    Disorders. (5th ed.) Washington, DC: Author 461-490.

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its*
    Treatment (4th edition). New York, New York.: W.W. Norton.

    Chapter 11: Substance-Related Disorders
    Chapter: 23: Disruptive and Impulse Control Disorders

G. Personality Disorders

Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental*

    Disorders. (5th ed.) Washington, DC: Author **pages numbers .**

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its*
    Treatment (4th edition). New York, New York.: W.W. Norton.

    Chapter: 24: Personality Disorders

Final Exam: Multiple Choice Exam taken in -class or on-line depending on course format.