

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF SOCIAL WORK

COURSE NUMBER: SOWO 767, Section 1
COURSE TITLE: Differential Diagnosis and Case Formulation in Mental Health Practice
SEMESTER & YEAR: FALL, 2018
INSTRUCTOR: Matthew O. Howard, Ph.D.
Office 438, Tate-Turner-Kuralt Building
mohoward@email.unc.edu, 314-330-3479 (cell)
OFFICE HOURS: Monday, 12:00-2:00 p.m. or by arrangement
CLASS HOURS: Tuesday, 2:00-4:50 p.m.
ROOM: Tate-Turner-Kuralt, Room 300

COURSE DESCRIPTION: This course prepares students to take psychiatric histories, conduct mental status examinations, engage in differential diagnosis decision-making using the *Diagnostic and Statistical Manual of Mental Disorders-5*, write mental health reports, and begin case formulation for treatment planning.

COURSE OBJECTIVES:

At the end of this course:

1. Students will be able to use the *Diagnostic and Statistical Manual of Mental Disorders-5* to diagnose major mental health conditions.
2. Students will be able to distinguish between different disorders to complete a differential diagnosis, including issues of comorbidity, and perform diagnostic assessments.
3. Students will understand potential effects of race, ethnicity, gender, age, culture, sexual orientation, and socioeconomic status on mental health diagnosis, particularly effects on disorder presentation, assessment, and access to care.
4. Students will be able to describe the psychological and behavioral indicators and course of mental health conditions that affect functioning and development.
5. Students will be sensitive to potential uses of personal data in mental health assessments for persons who are vulnerable and oppressed.
6. Students will demonstrate an understanding of ethical issues in assessment and diagnosis of mental health conditions.
7. Students will be prepared to take detailed and comprehensive psychiatric histories.
8. Students will understand the components of a mental status examination including Mini Mental State Exam.
9. Students will be able to convey their assessments in the form of a mental health evaluation report.

EXPANDED DESCRIPTION:

This course is designed for students who are interested in mental health interviewing, assessment, diagnosis, and case formulation. It builds on the foundation HBSE course and the advanced practice/HBSE course by furthering students' knowledge of mental disorders and how to complete a differential diagnosis using DSM-5. Students will read case studies, view video vignettes of real clients, and discuss case studies in small groups throughout the semester and gain confidence and expertise in using DSM-5 and in completing formal mental health diagnostic evaluations. Students will learn how to take a psychiatric history, conduct a mental status examination, prepare a psychiatric evaluation report, and begin the process of case formulation for clinical intervention.

REQUIRED TEXTS/READINGS:

1. Roth, A. (2018). *Insane: America's criminal treatment of mental illness*. Basic Books. ISBN: 978-0-465-09419-6.

This very recent book is engagingly written and addresses the complex nexus of relations between the mental health and criminal justice systems. Topics include solitary confinement, history of jails, prisons, and asylums in the United States, relationship between substance use disorders, criminal justice system involvement, and mental illness, police crisis intervention teams, and mental health courts. A 2 to-4-page review of this book is due at the beginning of the 3rd class and is worth 20 points.

2. Morrison, J. (2014). *The first interview, 4th edition*. Guilford Press. ISBN: 10: 1462513352, ISBN-13: 1462513352, 355 pages.

James Morrison, M.D., is a psychiatrist who has practiced full time for more than 40 years, many of them in the Portland, Oregon area. His books are the best, IMHO, available for neophyte mental health practitioners. Even highly experienced clinicians will find significant value in all he writes. He was trained in the Department of Psychiatry at Washington University in St. Louis, a key institution in the history of scientific mental health practice. Although he is a strong advocate of evidence-based practice, he also has excellent practical advice to offer in those circumstances where no directive empirical evidence is available to practitioners. *The first interview* includes 21 chapters addressing issues such as how to conduct a mental status exam, interview informants, deal with client resistance, suicidality, and other challenging client behaviors, share your findings with clients, and communicate your findings to others. A detailed semi-structured interview and interview self-assessment instrument are included in the book's appendices and are available for reproduction via a website accessible to students who buy the book. I recommend that students keep this book and the other Morrison book discussed below for future use in their practice. Students will turn in notes on this book's contents in the 6th week

of class. These notes are worth 20 points and I am flexible regarding length, but something in the range of 7-15 pages (single- or double-spaced) would be ideal.

3. Morrison, J. (2014). *Diagnosis made easier: Principles and techniques for mental health clinicians, 2nd edition*. Guilford Press. ISBN: 10: 1462513352, ISBN-13: 1462513352. 313 pages.

This is one of my favorite books in the mental health field. Morrison examines the *process* of differential diagnosis and uses more than 100 clinical vignettes to exemplify 24 key diagnostic principles. These diagnostic principles help practitioners conduct a differential diagnosis, decide what to do when information sources conflict, resolve uncertainty, address clients with multiple disorders, and decide when physical illness may be causing mental health signs and symptoms. Students will turn in notes on the book's content in the 8th week of class, which are worth 20 points. Ideally, the notes on this book should range from 4 to 8 pages (single or double-spaced) and should include all the diagnostic principles presented and a discussion of the "roadmap for diagnosis."

4. Black, D.W., & Andreasen, N.C. (2014). *Introductory textbook of psychiatry, sixth edition*. American Psychiatric Association Publishing. Washington, D.C.

Donald Black and Nancy Andreasen are two of the foremost mental health practitioners in the United States. This textbook is a comprehensive, state-of-the-art summary of DSM-5 mental health disorders. The text covers the epidemiology, etiology, diagnostic features, and treatment of these numerous and important conditions.

5. First, M.B., et al. (2017). *Learning DSM-5 by case example*. American Psychiatric Association Publishing. Washington, D.C.

The second 8 weeks of class will be devoted to reading this collection of case studies along with the textbook by Black and Andreasen described above. These readings will prepare students for the final exam, which will be administered on week 16 of class. The final exam is worth 40 points and will be open book in nature. It will involve preparing psychiatric reports (including mental status evaluations) and assigning diagnoses to fictional patients during an in-class assignment.

IN-CLASS READINGS FOR CASE STUDY GROUP WORK

Each class we will engage in case study diagnostic work in groups to hone our differential diagnostic skills. We will use case studies drawn from the following books and will end up reading the books in their entirety. You do not need to buy these books.

1. Barnhill, J.W. (Ed.) (2013). *DSM-5 clinical cases*. American Psychiatric Publishing, Inc., Washington, D.C.

All cases are original, cross-referenced with DSM-5, and followed by detailed discussion.

2. Toy, E.C., & Klamen, D. (2015). *Case files: Psychiatry*. McGraw-Hill: Lange Publishers.

60 brief clinical cases that exemplify DSM-5 disorders

3. Burgess, W. (2011). *Mental status examination: 51 challenging cases, DSM diagnostic interview scripts, cognitive tests and handouts for students, interns, residents and practicing professionals who want to (painlessly) perfect their evaluation skills*. CreateSpace Independent Publishing Platform.

This book provides an excellent introduction to the mental status examination along with 51 challenging cases on which to practice your skills. These cases are somewhat longer than others we use but are derived from a practicing psychiatrist's case load in clinic, hospital, and outpatient settings.

4. Burgess, W. (2013) *Mental status examination for personality disorders: 32 challenging cases, DSM-5 and ICD-10 model interviews, questionnaires and cognitive tests for diagnosis and treatment*.

We will read and discuss these interesting case studies reflecting 10 different personality disorders.

BOOKS/ARTICLES ON WHICH MY MINI-LECTURES ARE BASED

My mini-lectures will draw from the DSM-5 manual, three classic introductory psychiatry textbooks listed below, and a long list of current articles listed below under the bonus point reading section.

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

DSM-5 was published in May 2013 and is overwhelmingly the most influential psychiatric diagnostic system in the United States. DSM-5 is also closely related to the *International Classification of Diseases-10-Clinical Modification* diagnostic system. The *International Classification of Diseases* diagnostic system was developed by the World Health Organization and is used globally to assess mental health disorders.

2. Hales, R.E., Yudofsky, S.C., & Roberts, L.W. (2014). *The American Psychiatric Publishing textbook of psychiatry, sixth edition*. American Psychiatric Publishing, Inc., Washington, D.C.

This text spans 1400 pages and is encyclopedic and current in its coverage.

3. Sadock, B.J., Sadock, V.A., & Ruiz, P. (2014). *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry, 11th edition*. LLW, 1460 pages.

Sadock and Sadock is now in its 11th edition and has been used for decades to train psychiatrists, clinical psychologists, and psychiatric social workers.

4. Stern, T.A., Fava, M., Wilens, T.E., & Rosenbaum, J.F. (2016). *Massachusetts General Hospital comprehensive clinical psychiatry, second edition*. Elsevier Press, 1038 pages.

This textbook is perhaps the best single-source introduction to the diagnosis, treatment and prevention of mental health disorders.

OPTIONAL READINGS

1. Schwartzberg, S.S. (2000). *Casebook of psychological disorders: The human face of emotional distress*. Allyn & Bacon, Needham Heights, MA

This is the best book of mental health case studies I have read. The author is a Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School. The case studies included in this book are interesting, informative, and easy to digest.

2. Nussbaum, A.M. (2013). *The pocket guide to the DSM-5 diagnostic exam*. American Psychiatric Publishing, Washington, D.C.

This is an excellent short book by an experienced psychiatrist that contains useful chapters addressing alliance building during the diagnostic interview and use of DSM-5. The text also provides a guide to conducting a 30-minute diagnostic interview.

3. MacKinnon, R.A., Michels, R., & Buckley, P.J. (2006). *The psychiatric interview in clinical practice, second edition*. American Psychiatric Publishing, Inc., Washington, D.C.

This is a classic, but lengthy, treatise addressing how to conduct the psychiatric interview. If you plan to make mental health practice your vocation, I highly recommend reading this book at some point early in your career.

4. Hurwitz, T., & Lee, W.T. (2013). *Casebook of neuropsychiatry*. American Psychiatric Publishing, Inc., Washington, D.C.

This book includes 40 case studies at the intersection of psychiatry and neurology.

5. First, M.B. (November 2013). *DSM-5 handbook of differential diagnosis*. American Psychiatric Publishing, Inc., Washington, D.C.

Presents decision trees, algorithms, diagnostic tables and other guides to differential diagnostic decision-making in mental health practice.

6. Several useful textbooks are available in the areas of *psychopharmacology* and *psychosocial treatments for mental health disorders*. My favorite psychopharmacology textbooks are those by John Preston, Ph.D., particularly *Handbook of clinical psychopharmacology for therapists, seventh edition (2013)*. New Harbinger Publications, Inc.

7. Case formulation/conceptualization books I have reviewed and can loan students include the following:

Berman, P.S. (2010). *Case conceptualization and treatment planning: Integrating theory with clinical practice*. Sage.

Ingram, B.L. (2012). *Clinical case formulations: Matching the integrative treatment plan to the client, second edition*. Wiley.

Johnstone, L., & Dallos, R. (Eds.) (2014). *Formulation in psychology and psychotherapy: Making sense of people's problems*. Routledge.

Kress, V.E., & Paylo, M.J. (2015). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Pearson.

Sturmey, P. (2009). *Clinical case formulation: Varieties of approaches*. Wiley-Blackwell.

BONUS POINT READINGS

I keep a large binder of current professional quality case studies and case conference papers. Each class session, I distribute one or more pertinent case studies and/or other readings which you can read, annotate, label with your name, and return to me to earn 1 point per case study. I will grade and return each bonus point reading. Bonus point readings I have distributed in prior classes (and may distribute this semester) are listed below.

Neurodevelopmental Disorders

Kurlan, R. (2010). Tourette's syndrome. *The New England Journal of Medicine*, 363, 2332-2337.

Early, M.C., et al. (2012). Case report: 16-year-old male with autistic disorder with preoccupation with female feet. *Journal of Autism and Developmental Disorder*, 42, 1133-1137.

Rapin, I. (2001). An 8-year-old boy with autism. *Journal of the American Medical Association*, 285, 1749-1757.

Schizophrenia and Other Psychotic Disorders

Schwartzberg, S.S. Chapter 13, Schizophrenia, Paranoid Type

Goff, D.C. (2002). A 23-year-old man with schizophrenia. *Journal of the American Medical Association*, 287, 3249-3257.

Schwartz, M. (1997). Family secret. *The New Yorker*, 90-107.

Phillips, K.A., & Menard, D.O. (2011). Olfactory reference syndrome: Demographic and clinical features of imagined body odor. *General Hospital Psychiatry*, 33, 398-406.

Onishi, H., et al. (2003). Brief psychotic disorder associated with bereavement in a patient with terminal-stage uterine cervical cancer: A case report and review of the literature. *Support Care Cancer*, 11, 491-493.

Dewan, P., et al. (2011). Delusional infestation with unusual pathogens: A report of three cases. *Clinical and Experimental Dermatology*, 36, 745-748.

Akahane, T., et al. (2009). Extremely grotesque somatic delusions in a patient of delusional disorder and its response to risperidone treatment. *General Hospital Psychiatry*, 31, 185-186.

Kovacs, A., et al. (2005). Suicide attempt and melancholic depression in a male with erotomania: Case report. *Archives of Suicide Research*, 9, 369-372.

Mood Disorders

Schwartzberg, S.S. Chapter 3, Dysthymic Disorder

Schwartzberg, S.S. Chapter 4, Bipolar Disorder

Sachs, G.S. (2001). A 25-year-old woman with bipolar disorder. *Journal of the American Medical Association*, 285, 454-462.

Schroeder, S.A. (2009). A 51-year-old woman with bipolar disorder who wants to quit smoking. *Journal of the American Medical Association*, 301, 522-531.

Frye, M.A. (2011). Bipolar disorder—A focus on depression. *New England Journal of Medicine*, 364, 51-59.

Kroenke, K. (2002). A 75-year-old man with depression. *Journal of the American Medical Association*, 287, 1568-1576.

Viguera, A.C., et al. (2008). Case 24-2008: A 35-year-old woman with postpartum confusion, agitation, and delusions. *New England Journal of Medicine*, 359, 509-515.

Salzman, C. (2006). A 60-year-old woman who has felt sad for much of her life. *Journal of the American Medical Association*, 295, 318-323.

Whooley, M.A. (2012). Diagnosis and treatment of depression in adults with comorbid medical conditions. *Journal of the American Medical Association*, 307, 1848-1857.

Anxiety Disorders

Schwartzberg, S.S. Chapter 2, Panic Disorder with Agoraphobia

Katon, W.J. (2006). Panic disorder. *New England Journal of Medicine*, 354, 2360-2367.

Grant, J.E. (2014). Obsessive-compulsive disorder. *New England Journal of Medicine*, 371, 646-653.

Schneier, F.R. (2006). Social anxiety disorder. *New England Journal of Medicine*, 355, 1029-1036.

Frictions, G. (2004). Generalized anxiety disorder. *New England Journal of Medicine*, 351, 675-682.

Schwartzberg, S.S. Chapter 1, Posttraumatic Stress Disorder

Dissociative and Somatoform Disorders

Schwartzberg, S.S.: Chapter 5, Conversion Disorder

Schwartzberg, S.S.: Chapter 6, Dissociative Identity Disorder

Eating Disorders

Mehler, P.S. (2003). Bulimia nervosa. *New England Journal of Medicine*, 349, 875-881.

Yager, J., & Anderson, A.E. (2005). Anorexia nervosa. *New England Journal of Medicine*, 353, 1481-1488.

Schwartzberg, S.S.: Chapter 7, Bulimia Nervosa

Substance Abuse/Dependence and Behavioral Addictions

Schwartzberg, S.S. Case 10: Heroin (Opioid) Dependence

Davis, C., & Carter, J.C. (2009). Compulsive overeating as an addiction disorder: A review of theory and evidence. *Appetite*, 53, 1-8.

O'Brien, C.P. (2008). A 50-year-old woman addicted to heroin: A review of the treatment of heroin addiction. *Journal of the American Medical Association*, 300, 314-321.

Knight, J.R. (2004). A 35-year-old physician with opioid dependence. *Journal of the American Medical Association*, 292, 1351-1357.

Friedmann, P.D. (2013). Alcohol use in adults. *The New England Journal of Medicine*, 368, 365-373.

Karim, R., & Chaudhri, P. (2012). Behavioral addictions: An overview. *Journal of Psychoactive Drugs*, 44, 5-17.

Lejoyeux, M., & Weinstein, A. (2010). Compulsive buying. *The American Journal of Drug and Alcohol Abuse*, 36, 248-253.

Nejad, S.H., et al. (2012). Case 39-2012: A 55-year-old man with alcoholism, recurrent seizures, and agitation. *The New England Journal of Medicine*, 367, 2428-34.

Delirium, Dementia, and Cognitive Dysfunction

Schwartzberg, SS. Chapter 14: Dementia of the Alzheimer's Type

Breitbart, W., & Alici, Y. (2008). Agitation and delirium at the end of life: "We couldn't manage him." *Journal of the American Medical Association*, 300, 2898-2911.

Widera, E., et al. (2011). Finances in the older patient with cognitive impairment: “He didn’t want me to take over.” *Journal of the American Medical Association*, 305, 698-706.

Mitchell, S.L. (2007). A 93-year-old man with advanced dementia and eating problems. *Journal of the American Medical Association*, 298, 2527-2536.

Ellison, J.M. (2008). A 60-year-old woman with mild memory impairment: Review of mild cognitive impairment. *Journal of the American Medical Association*, 300, 1566-1574.

Ritchie, C.S., Roth, D.L., & Allman, R.M. (2011). Living with an aging parent: “It was a beautiful invitation.” *Journal of the American Medical Association*, 306, 746-753.

Mosqueda, L., & Dong, X. (2011). Elder abuse and self-neglect: “I don’t care anything about going to the doctor, to be honest...” *Journal of the American Medical Association*, 306, 532-540.

Marcantonio, E.R. (2012). Postoperative delirium: A 76-year-old woman with delirium following surgery. *Journal of the American Medical Association*, 308, 73-81.

Gauthier, S., et al. (2006). Mild cognitive impairment. *The Lancet*, 367, 1262-1270.

Personality Disorders

Schwartzberg, S.S.: Chapter 8, Narcissistic Personality Disorder

Schwartzberg, S.S.: Chapter 9, Borderline Personality Disorder

Oldham, J.M. (2002). A 44-year-old woman with borderline personality disorder. *Journal of the American Medical Association*, 287, 1029-1037.

Suicide

Jacobs, D.G. (2000). A 52-year-old suicidal man. *Journal of the American Medical Association*, 283, 2693-2699.

TEACHING METHODS

I use a variety of teaching methods to convey course content including mini-lectures, video case vignettes of actual clients, written case studies, and small group diagnostic work. The development of a supportive learning environment, reflecting the values of the social work profession, is essential to the success of this class. A supportive learning environment is fostered

by listening to the ideas and views of others, being able to understand and appreciate a point of view that is different from your own, articulating clearly your point of view, and linking experiences to readings and assignments. Please help make this a safe class for learning and growth. *There are truly no dumb questions. If we all work together and support each other every student can end this course with dramatically enhanced professional interviewing, diagnostic, and case formulation skills. I teach this course in a criterion referenced and competency-based fashion, which means I am trying to help each of you become professional level practitioners and am not especially focused on how you compare to each other in this respect. The course is competency-based in that you are assessed in a variety of manners for your acquisition of all interviewing, diagnostic, and case formulation skills you are taught this semester.*

CLASS ASSIGNMENTS

Course requirements consist of one 2-to-4-page book review worth 20 points, two annotated notes assignments covering the 2nd and 3rd books we read in class (each worth 20 pts), and a final exam worth 40 points. You do not need to include references in your annotated notes and you can prepare them in any fashion you think best for you. For example, they can be in bulleted format, handwritten, single or double-spaced, etc. The goal is for you to convey to me that you read the book closely and to prepare notes that you can draw on in the future. At the end of the course, you will have detailed notes on psychiatric interviewing and differential diagnosis. Two, 1-point optional bonus point exercises will also be available to students (see below). Students can also earn additional bonus points by reading and annotating bonus point readings I hand out in class. I take class attendance very seriously.

Class participation includes consistency of class attendance and the contribution the student makes to the course. I expect students to attend class regularly and to let me know beforehand if they need to miss class for some reason. I do not want to pressure students to speak, because I know some people are shy, but I do hope you will try to contribute to class discussions at least occasionally.

Optional bonus point exercises include 1) the viewing of one film from the hundreds listed on the *Movies & Mental Illness* film list I hand out in class, and 2) the presentation of a brief news article or report relevant to mental health at the beginning of one of our 16 class sessions. Regarding bonus point option 1, the movie must be one you have never seen before and you should write a one-paragraph review of the movie. The one paragraph review should provide an assessment as to the potential of the movie for informing or misinforming the public about the mental health disorder or issue in question. I also hand out optional readings every class that can be annotated and returned for 1 point each. You can build your point total through extra bonus point work, but you still must complete all other assignments.

Grading System

Required Assignments

1. The first assignment is a 2-to-4-page book review of *Insane* that is due Week 3 and worth 20 pts.
2. The second assignment consists of your notes on *The First Interview* (roughly 7 to 15 pages), which is due Week 6 and is worth 20 pts.
3. The third assignment consists of your notes on *Diagnosis Made Easier* (approximately 4 to 8 pages), which is due Week 8 and worth 20 points.
4. The fourth assignment is the Final Exam, completed during the 16th class, and is worth 40 points. It is open book and focused on the mental status evaluation and diagnosis of patients with mental illness.

Optional Assignments

Mental Health Film Viewing and Review	1 bonus point maximum
Mental Health News Report Class Presentation	1 bonus point maximum
Bonus point readings (1 pt. each)	Based on # completed

In accordance with the Graduate School (except for my inclusion of the H+ grade), letter grades are assigned to the following numeric ranges:

110+ points =	H+
94-100 points =	H
80-93 points =	P
70-79 =	L
69 and below	F

An H+ grade will earn you a personalized reference from me attesting to your outstanding performance in this class.

CLASS PARTICIPATION

I conduct this class like a graduate clinical seminar. Each week I open class by discussing current events in mental health and distribute additional bonus point readings/case studies to students at that time. Students who want to present one current event relevant to mental health can earn one point at that time but only once during the course. I then devote approximately 30 minutes to a mini-lecture. The class then views and discusses select video cases of actual patients evidencing a range of conditions relevant to the topic of discussion for that class session. We then break into small groups to apply what we have learned to diagnostic exercises. My goal is to present at least 350 cases over the 16 weeks of the course in a range of formats including

published case studies, video vignettes of real cases, and diagnostic exercises designed to hone the skills of student practitioners. It is critically important that students keep up with their reading and are present in class. Please attend all 16 classes and try to interact to some degree.

POLICY ON INCOMPLETES AND LATE ASSIGNMENTS

If a student encounters obstacles to meeting class assignments, the student should discuss the circumstances with the instructor to determine if an incomplete grade is appropriate. I prefer not to give an incomplete grade and will give incompletes only in compliance with University policy. In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and further action as required.

POLICY ON ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

The University of North Carolina-Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in difficulties with accessing learning opportunities. All accommodations are coordinated through the Accessibility Resources and Service Office. In the first instance please visit their website <http://accessibility.unc.edu>, Tel: 919-962-8300 or email accessibility@unc.edu. A student is welcome to initiate the registration process at any time; however, the process can take time. ARS is particularly busy in the run-up to Finals and during Finals. Students submitting Self-ID forms at that time are unlikely to have accommodations set until the following semester. Please contact ARS as early in the semester as possible.

WRITING SUPPORT

Clear, cogent writing is an essential skill for social work professionals. Writing support is available to all students through the School's Writing Support Team; they can help you to strengthen your writing skills by sharing strategies for organizing information, presenting a cohesive argument, ensuring clear communication, and mastering APA style. Writing Support offers a *learning opportunity* for students but does not merely copy edit student papers. Writing support is available in-person, by e-mail, or by phone. E-mail a requested appointment day and time to SOSwritingsupport@gmail.com. In addition, see the Writing Resources and References page on the School's website (under the Current Students tab: <https://ssw.unc.edu/students/writing>).

USE OF CELL PHONES, LAPTOPS AND OTHER ELECTRONIC DEVICES

Please turn off all electronic devices that can disrupt the classroom learning environment or use them responsibly.

Course Calendar

Class 1: August 21st: Syllabus Review, Introductions, Mental Health Terminology Quiz, Video Diagnostic Quiz, Written Case Study Quiz

Class 2: August 28th: Introduction to DSM-5, Use of the Manual, Conducting the Mental Status Examination, Administering the Mini-Mental State Exam, Small Group Diagnostic Exercises, Process of Differential Diagnosis

Class 3: September 4th: Neurodevelopmental Disorders (**Book Review of *Insane* Due**)

Class 4: September 11th: Schizophrenia Spectrum and other Psychotic Disorders

Class 5: September 18th: Bipolar and Depressive Disorders

Class 6: September 25th: Anxiety/Obsessive-Compulsive Disorders (**Notes on The First Interview Due**)

Class 7: October 2nd: Trauma and Stressor-Related Disorders/Dissociative Disorders

Class 8: October 9th: Somatic Symptom Disorder/Feeding and Eating Disorders (**Notes on Diagnosis Made Easier Due**)

Class 9: October 16th: Elimination/Sleep and Wake Disorders

Class 10: October 23rd: Sexual Dysfunctions/Gender Dysphoria/Paraphilic Disorders

Class 11: October 30th: Substance Use Disorders

Class 12: November 6th: Neurocognitive Disorders

Class 13: November 13th: Personality Disorders

Class 14: November 20th: Disruptive, Impulse Control, and Conduct Disorders

Class 15: November 27th: Medication-Induced Movement Disorders and Other Adverse Effects of Medication/Other Conditions that May be a Focus of Clinical Attention

Class 16: December 4th: Review **Final Exam**

READINGS AND COURSE OUTLINE

Class 1: August 21st – Syllabus Review, Introductions, Mental Health Terminology Quiz, Video Diagnostic Quiz, Written Case Study Quiz

Reading: Read first half of *Insane*.

Class 2: August 28th – Introduction to DSM-5, Introduction to the Mental Status Examination and Psychiatric Interviewing, Introduction to the Mini-Mental State Examination, Introduction to Differential Diagnosis, History of Psychiatric Treatment (Prefrontal Lobotomy and ECT DVDs).

Reading: Read second half of *Insane*.

Class 3: September 4th – Neurodevelopmental Disorders (e.g., ADHD, Autism, Intellectual, Learning, Motor, and Communication Disorders), Tourette’s Disorder VHS (**Book Review for Insane Due**)

Reading: Read the first third of *The First Interview*

Class 4: September 11th- Schizophrenia Spectrum and Other Psychotic Disorders (e.g., Delusional Disorder, Brief Psychotic Disorder, Schizophreniform, Schizoaffective, and Substance/Medication/Medical Disorder-Induced Psychotic Disorder)

Reading: Read the second third of *The First Interview*

Class 5: September 18th –Bipolar (BPI, BPII, Cyclothymia, Substance/Medication/Medical Disorder-Induced) and Depressive (Major, Persistent, and PMDD) Disorders

Reading: Finish *The First Interview*

Class 6: September 25th – Anxiety Disorders (Separation Anxiety, Selective Mutism, Specific Phobia, Social Anxiety Disorder, Panic Disorder, Agoraphobia, Generalized Anxiety Disorder) and Obsessive-Compulsive and Related Disorders (Body Dysmorphic Disorder, Hoarding, Skin Picking, Trichotillomania, and Obsessive-Compulsive Disorder) **Notes to The First Interview Due**

Reading: Read the first half of *Diagnosis Made Easier*

Class 7: October 2nd- Trauma and Stressor-Related Disorders (Reactive Attachment Disorder,

Disinhibited Social Engagement Disorder, PTSD, Acute Stress Reaction, Adjustment Disorder) and Dissociative Disorders (Dissociative Identity Disorder, Dissociative Amnesia, Depersonalization/Derealization Disorder).

Reading: Finish *Diagnosis Made Easier*

Class 8: October 9th--Somatic Symptom and Related Disorders and Feeding and Eating Disorders (Notes to Diagnosis Made Easier Due)

Readings: Chapters 4 & 14 in Black & Andreasen
Cases 1.6, 1.7, and 1.11 and Chapter 15 in First

Class 9: October 16th—Elimination Disorders (Enuresis, Encopresis, etc. and Sleep-Wake Disorders (Insomnia, Hypersomnolence Disorder, Narcolepsy, Obstructive Sleep Apnea Hypopnea, Central Sleep Apnea, Sleep-Related Hypoventilation, Parasomnias, etc.)

Readings: Chapters 5 & 6 in Black & Andreasen
Cases 2.1-2.4, 3.1-3.3, and 4.2-4.3 in First

Class 10: October 23rd—Sexual Dysfunctions, Gender Dysphoria and Paraphilic Disorders

Readings: Chapters 7 & 8 in Black & Andreasen
Cases 5.1, 5.2, 5.4, 5.5, 5.7 and Chapter 6 in First

Class 11: October 30th-Substance Use Disorders

Readings: Chapters 9 & 10 in Black & Andreasen
Cases 7.1-7.4 and Chapters 8 & 9 in First

Class 12: November 6th—Neurocognitive Disorders (Delirium, Major and Mild Neurocognitive Disorder due to Alzheimer's Disease, Frontotemporal Dementia, Dementia with Lewy Bodies, Vascular Dementia, Dementia due to HIV, TBI, Parkinson's, Huntington's and other Diseases).

Readings: Chapters 11 & 12 in Black & Andreasen
Cases 10.4-10.6 and 12.7-12.9 in First

Class 13: November 13th—Personality Disorders (Paranoid, Schizoid, Schizotypal, ASPD, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive-Compulsive Personality)

Readings: Chapters 13 & 15 in Black & Andreasen

Cases 16.1, 16.6, and 16.9 in First

Class 14: November 20th—Disruptive, Impulse Control, and Conduct Disorders (ODD, CD, ASPD, Pyromania, Intermittent Explosive Disorder, etc.)

Readings: Chapters 16 & 17 in Black & Andreasen
Cases in Chapter 17 and 18.1, 18.4-18.6 in First

Class 15: November 27th—Medication-Induced Disorders and Other Adverse Effects of Medications and Psychosocial and Developmental Conditions that May Affect Treatment

Readings: Chapters 18 & 19 in Black & Andreasen
Cases 18.7-18.10 in First

Class 16: December 4th: Final Exam