

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



SCHOOL OF SOCIAL WORK

**Course Number:** SOWO 758  
**Course Title:** Differential Diagnosis of Mental Health Disorders  
**Semester and Year:** Spring 2021 (Jan-March)  
**Instructor:** Amy Levine, MSW, LCSW  
 School of Social Work  
 Tate-Turner-Kuralt Building, Campus Box 3550  
**Office Hours:** Mondays 12pm-2pm or by appointment  
**Course Website:** <https://sakai.unc.edu/>  
**E-mail:** [amylevine@unc.edu](mailto:amylevine@unc.edu)  
**Telephone:** personal mobile: 919.824.5153

**COURSE DESCRIPTION:** This course focuses on the process of conducting a differential diagnosis of mental health disorders using the current *Diagnostic and Statistical Manual of Mental Disorders*.

**COURSE OBJECTIVES:** At the conclusion of this course:

1. Students will be able to use the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* to identify major mental health conditions.
2. Students will be able to distinguish between different disorders to complete a differential diagnosis, including issues of comorbidity, and write a diagnostic statement for a client.
3. Students will understand the impact of race, ethnicity, gender, age, culture, sexual orientation, and socioeconomic status on mental health diagnosis, particularly on symptom presentation, assessment, and access to care.
4. Students will be able to articulate the psychological and behavioral indicators and course of a range of mental health conditions that can affect functioning and development.
5. Students will be sensitive to the potential use of personal data in mental health assessments for persons who may be in vulnerable and oppressed situations.
6. Students will demonstrate an understanding of ethical issues in assessment and diagnosis of mental health conditions.

**EXPANDED DESCRIPTION:** This course is designed for students who are interested in psychiatric assessment and diagnosis. It builds on the foundation HBSE course and the advanced practice/HBSE course by furthering students' knowledge of psychiatric disorders and how to complete a differential diagnosis using the DSM. Students will read, view, and discuss cases throughout the

semester and gain confidence in using the DSM to complete a formal psychiatric diagnosis.

### REQUIRED TEXTS/READINGS:

Segal, D. (Ed.). (2019) *Diagnostic interviewing* (5th ed.). Springer Publishing.

<https://doi-org.libproxy.lib.unc.edu/10.1007/978-1-4939-9127-3>

*This is available as an ebook through UNC library, no need to purchase it*

### RECOMMENDED TEXTS/READINGS:

*You may wish to purchase these for your personal library but they are not required. Any articles I assign from them will be put on Sakai.*

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Washington, D.C.: American Psychiatric Press.
  - *As a UNC student, you can access a free online version of DSM 5 at the following website: <http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>*
- Black, D.W., & Andreasen, N.C. (2014). *Introductory textbook of psychiatry* (6th ed.). Washington, D.C.: American Psychiatric Press.
  - *This is available as an ebook through UNC library: <https://ebookcentral-proquest-com.libproxy.lib.unc.edu/lib/unc/detail.action?docID=1811778>*
- Dziegielewska, S.F. (2016). *Social work practice and psychopharmacology: A person-in-environment approach* (3<sup>rd</sup> ed.). New York, NY: Springer Publishing Company.
  - *This is available as an ebook through UNC library: <http://libproxy.lib.unc.edu/login?url=http://site.ebrary.com/lib/uncch/Doc?id=11207178>*
- Morrison, J. (2014). *DSM-5 made easy: The clinician's guide to diagnosis*. New York, NY: Guilford Press.
  - *Unlike the DSM-5 itself, this book includes clinical vignettes (130 of them) to facilitate understanding of the disorders discussed. The presentation of ICD-10-CM codes and individual disorder criteria and specifiers is also much clearer than in the DSM-5 manual, and a great deal of the manual's boilerplate verbiage has been deleted.*
- Morrison, J. (2014). *The first interview* (4<sup>th</sup> ed.). New York, NY: Guilford Press.

- *This book 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.*
- Morrison, J. (2014). *Diagnosis made easier: Principles and techniques for mental health clinicians* (2<sup>nd</sup> ed.). New York, NY: Guilford Press.
  - *In this text, Morrison examines the process of differential diagnosis and uses more than 100 clinical vignettes to exemplify 24 key diagnostic principles. These principles help practitioners learn how to conduct a differential diagnosis, decide what to do when information sources conflict, resolve uncertainty, address clients with multiple disorders/diagnoses and decide when physical illness may be causing mental health signs and symptoms.*
- Nussbaum, A.M. (2013). *The pocket guide to the DSM-5 diagnostic exam*. Washington, D.C.: American Psychiatric Press.
  - *This short guide is designed for interviewers at all levels of experience and as a companion for using the DSM-5. It is useful for beginners in learning to conduct a diagnostic interview but is not intended to replace the DSM-5.*
- Petrovich, A. & Garcia, B. (2016). *Strengthening the DSM: Incorporating resilience and cultural competence*. (2<sup>nd</sup> ed.). New York, NY: Springer Publishing.
  - *This book was written by two social work professors and they look at some of the key diagnoses through a strengths-based lens and a focus on diversity issues.*

### **EQUITY AND INCLUSION STATEMENT:**

I am striving to create a classroom environment where all students feel welcomed and valued based on their unique identities and experiences. As a student, I value your perspectives and look forward to your contributions to our learning environment. I encourage self-reflection as well as authentic connection with peers, as I hope we can learn from one another as we examine our course materials together. I also value a spirit of inquiry and a critical thinking approach that allows us to examine our own perspectives, our social work values and ethics, and how these all show up in the content and application of the topics we will explore.

My goal is for you to be successful in this course, and I want to ensure that I provide the guidance and assistance you may need to achieve this. Please feel free to communicate with me about individual needs or situations that you may be experiencing so that I can best support you in the

course. Also, I value honest feedback from students. Please let me know ways to improve the effectiveness of the course for you personally or for other students or student groups.

### **CONTENT AWARENESS:**

This course includes some intense content related to mental health issues and traumatic events. As a student, you may experience strong reactions related to your own lived experience or to detailed accounts of mental illness and trauma that we will explore in this course. You may find yourself emotionally triggered or possibly overwhelmed by this content, and I encourage you to develop and use self-care strategies during synchronous and asynchronous class sessions. You may have strong reactions that are more safely processed outside of the classroom and with appropriate support from the instructor or with professional support. In the event that you experience significant distress, please let me know. To facilitate a classroom setting that supports your well-being, I will create community expectations with the group, prepare you for graphic case material, and utilize alternative assignments if needed.

### **TEACHING METHODS AND CLASS PARTICIPATION:**

This course is structured as a seminar; all class members are encouraged to share responsibility for participating in discussions and activities. The development of a supportive learning environment is fostered by respectfully listening to the ideas of others, being able to understand and appreciate a point of view which is different from your own, clearly articulating your point of view, and linking experience to readings and assignments. It is also important to be considerate, supportive and respectful of classmates when working in small groups.

A significant portion of our asynchronous class time each week will be spent working in small groups engaging in experiential activities; therefore class attendance at these sessions **is crucial**. The course will utilize lecture, discussion, video clips, experiential exercises involving assessment and diagnosis, and much of the lecture and video clips will be delivered asynchronously. Lack of participation will be reflected in student's participation grade, which counts for 15% of your final grade. Informed participation means that you can demonstrate that you have completed assigned readings and can offer analysis, synthesis, and evaluation of the readings. Excellent participation also means that your comments are thoughtful, focused, and respectful. Participation points will be deducted if you miss synchronous class sessions or are unprepared for our discussions and activities. If you must miss a synchronous session, please let me know ahead of time so that we can arrange alternative learning activities

**Zoom expectations:** I think Zoom works best for discussion and activities if we all have our cameras turned on. I realize that there may be reasons that students cannot have the camera on and I ask that you let me know ahead of time if you are unable to have your camera on for a particular class. Please try to minimize distractions in your environment (including your mobile phone) as much as possible for the sake of your own learning as well as your classmates' learning. You may need to use headphones on Zoom especially if you are accessing Zoom from your smart phone.

**GRADING:**

Grade ranges this semester have been adjusted to allow more flexibility given the stress we are all currently experiencing.

H = 94 and above

P = 74 to 93

L = 70 to 73

F = 69 and below

**POLICY ON ASSIGNMENT SUBMISSION, INCOMPLETES AND LATE ASSIGNMENTS:**

A course grade of “Incomplete” will be given only in extenuating circumstances and in accordance with SSW and University policy. All assessments are to be submitted electronically through our Sakai site and are due at day and time noted on this syllabus. If you have a situation arise that may prohibit you from completing an assessment on time, any request for an extension must be done *in advance* of the due date (at least 24 hours). Approved delays will not affect the grade. *Your cover sheet for the final exam should contain your name and honor code pledge.*

**POLICY ON ACADEMIC DISHONESTY:**

The Student Honor Code is always in effect in this course. Please refer to the *APA Style Guide*, The *SSW Manual*, and the *SSW Writing Guide* for information on attribution of quotes, plagiarism and appropriate use of assistance in preparing assignments. All written assignments should contain a signed pledge from you stating that, "I have not given or received unauthorized aid in preparing this written work". 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.

**ACCESSIBILITY AND RESOURCES SERVICES:**

The School of Social Work aims to create an educational environment that supports the learning needs of all students. 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. The Accessibility Resources and Service (ARS) Office at UNC has been established to coordinate all accommodations.

If you might need accommodations at any point during the semester, please contact ARS prior to the beginning of the semester or as early in the semester as possible so that they can assist you; this process takes time. You can visit their website at <http://accessibility.unc.edu>, and contact ARS by email: [accessibility@unc.edu](mailto:accessibility@unc.edu) or phone at 919-962-8300. The accommodations process starts with ARS and helps instruct Faculty at the School of Social Work on how best to proceed. As a School, we are committed to working with ARS and students to implement needed accommodations for all of our students. In addition to seeking ARS supports, please also reach out to your instructor to communicate how best your needs can be met once you have begun the ARS process.

**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 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 [SOSWwritingsupport@gmail.com](mailto:SOSWwritingsupport@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>).

**EQUAL OPPORTUNITY AND COMPLIANCE (EOC) STATEMENT:**

Acts of discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, stalking, and related retaliation are prohibited at UNC-Chapel Hill. If you have experienced these types of conduct, you are encouraged to report the incident and seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator (Adrienne Allison, [adrienne.allison@unc.edu](mailto:adrienne.allison@unc.edu)), Report and Response Coordinators (Ew Quimbaya-Winship, [eqw@unc.edu](mailto:eqw@unc.edu); Rebecca Gibson, [rmgibson@unc.edu](mailto:rmgibson@unc.edu); Kathryn Winn [kmwinn@unc.edu](mailto:kmwinn@unc.edu)), Counseling and Psychological Services (CAPs)\*\* (confidential) in Campus Health Services at (919) 966-3658, or the Gender Violence Services Coordinators (confidential) (Cassidy Johnson, [cassidyjohnson@unc.edu](mailto:cassidyjohnson@unc.edu); Holly Lovern, [holly.lovern@unc.edu](mailto:holly.lovern@unc.edu)) to discuss your specific needs. Additional resources are available at [safe.unc.edu](https://safe.unc.edu).

Any student who is impacted by discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, or stalking is encouraged to seek resources on campus or in the community. Please contact the Director of Title IX Compliance, Report and Response Coordinators, Counseling & Psychological Services (confidential), or the Gender Violence Services Coordinators (confidential) to discuss your specific needs. Additional resources are available at <https://safe.unc.edu/>

**This policy would be in effect if we were meeting in person: Community Standards in Our Course and Mask Use.** This spring semester, while we are in the midst of a global pandemic, all enrolled students are required to wear a mask covering your mouth and nose at all times in our classroom. This requirement is to protect our educational community -- your classmates and me -- as we learn together. If you choose not to wear a mask, or wear it improperly, I will ask you to leave immediately, and I will submit a report to the [Office of Student Conduct](#). At that point you will be disenrolled from this course for the protection of our educational community. Students who have an authorized accommodation from Accessibility Resources and Service have an exception. For additional information, see <https://carolinatogether.unc.edu/university-guidelines-for-facemasks/>.

**ASSIGNMENTS:**

**MID-TERM ASSESSMENT:** The mid-term assessment will be an open book, multiple choice exam that will be given on Sakai during Class 5. In Class 4, I will give you a study guide for your mid-term assessment. The study guide will include details about which parts of the presentations and readings will be on the assessment and which diagnostic criteria to memorize. You will never need to memorize prevalence rates, epidemiological data or diagnostic codes.

**FINAL ASSESSMENT:** The final exam will be an open book take-home assessment. You will be given a case scenario which you will complete a detailed diagnostic assessment and mental status exam, providing a final diagnosis for the client as well as differential diagnoses and justification for each. You will have one week to work on the assessment. Although the assessment will be open book you are not allowed to consult with any other person about the assessment.

**ASSIGNMENT SCHEDULE:**

<b>Assignments</b>	<b>Due Date</b>	<b>Points</b>
Mid-Term Assessment to be given in Week 5	February 9, 2021	40
Final Assessment: Take home case summary	March 9, 2021	45
Class Attendance and Participation	Ongoing	15

**COURSE CALENDAR:**

**Class 1:** Syllabus Review, Introductions, Introduction to DSM-5 and Differential Diagnosis; DSM-5 Classification; Diagnostic Criteria and Codes; Neurodevelopmental Disorders

**Class 2:** Schizophrenia Spectrum and Other Psychotic Disorders; Interviewing Skills; Mental Status Exam

**Class 3:** Bipolar and Related Disorders; Depressive Disorders

**Class 4:** Anxiety Disorders; Obsessive-Compulsive and Related Disorders; Trauma- and

Stressor-Related Disorders

**Class 5:** Substance-Related and Addictive Disorders; Mid-Term Assessment

**Class 6:** Personality Disorders (Borderline/Antisocial); Feeding and Eating Disorders (Anorexia/Bulimia/Binge Eating Disorder)

**Class 7:** Disruptive, Impulse-Control, and Conduct Disorders (ODD/Conduct Disorder); Neurocognitive Disorders (Dementia) – Final Assessment Distributed; due 3/9/2021 by midnight

**DETAILED CLASS SCHEDULE**

Class	Course Topic	Readings	Assignment
Class 1 Jan. 12	<ul style="list-style-type: none"> <li>• Intros &amp; Syllabus Review</li> <li>• Intro to DSM-5 and Differential Diagnosis</li> <li>• DSM-5 Classification, Diagnostic Criteria, &amp; Codes</li> <li>• Neurodevelopmental Disorders</li> </ul>	<p><b>REQUIRED: 73 pages</b></p> <ol style="list-style-type: none"> <li>1. Morrison, J. (2014). Neurodevelopmental disorders. In <i>DSM-5 made easy: The clinician's guide to diagnosis</i>. New York, NY: Guilford Press (pp. 17-54).</li> <li>2. Petrovich, A. &amp; Garcia, B. (2016). <i>Strengthening the DSM: Incorporating resilience and cultural competence</i>. (2nd ed.). (pp.34-46). New York: Springer Publishing.</li> <li>3. Phillips, D. G. (2013). Clinical social workers as diagnosticians: Legal and ethical issues. <i>Clinical Social Work Journal</i>, 41, 205-211.</li> <li>4. Jones, S.C.T. &amp; Neblett, E. (2019). The impact of racism on the mental health of people of color. In M.T. Williams, D.C. Rosen &amp; J.W. Kanter (Eds.), <i>Eliminating race-based mental health disparities: Promoting equity and culturally responsive care across settings</i> (pp. 79- 97). Oakland, CA: New Harbinger.</li> </ol> <p><b>OPTIONAL:</b></p> <ol style="list-style-type: none"> <li>1. DSM-5: Neurodevelopmental Disorders, pp. 31-86.</li> <li>2. Poland, J. &amp; Caplan, P. (2004). The deep structure of bias in psychiatric diagnosis. In</li> </ol>	

		<p>P. Caplan &amp; L. Cosgrove (Eds.), <i>Bias in psychiatric diagnosis</i> (pp. 9-23). New York, NY: Jason Aronson.</p> <p>3. Volkow, N.D. &amp; Swanson, J.M. (2013). Adult attention-deficit hyperactivity disorder. <i>New England Journal of Medicine</i>, 369, 1935-1944.</p> <p>4. Baker, J.P. (2013). Autism at 70—redrawing the boundaries. <i>New England Journal of Medicine</i>, 369,1089-1091.</p>	
<p>Class 2 Jan. 19</p>	<ul style="list-style-type: none"> <li>• Schizophrenia Spectrum &amp; Other Psychotic Disorders</li> <li>• Interviewing Skills</li> <li>• Mental Status Exam</li> </ul>	<p>REQUIRED: 96 pages</p> <p>1. Peer, J. E. &amp; Millman, Z.B. (2019). Schizophrenia. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i> (261-292). New York: Springer Publishing.</p> <p>2. Black, D.W. &amp; Anderson, N.C. (2014). Interviewing and assessment. In <i>Introductory textbook of psychiatry (6th ed.)</i>. (pp. 17-56). Washington, D.C.: American Psychiatric Press.</p> <p>3. Goodman, R. &amp; Scott, S. (2012). <i>Child Psychiatry (3<sup>rd</sup> Ed.)</i>. (pp. 3-21) Somerset, NJ: John Wiley &amp; Sons. Retrieved from <a href="http://www.ebrary.com">http://www.ebrary.com</a></p> <p>4. Schwartz, E., Docherty, N., Najolia, G., &amp; Cohen, A. (2019). Exploring the racial and diagnostic bias of schizophrenia using behavioral and clinical-based measures. <i>Journal of Abnormal Psychiatry</i>, 128(3), 263-271.</p> <p>OPTIONAL:</p> <p>1. DSM 5: Schizophrenia and Other Psychotic Disorders, pp. 87-122</p> <p>2. Poland, J. (2004). Bias and schizophrenia. In P. Caplan &amp; L. Cosgrove (Eds.), <i>Bias in psychiatric diagnosis</i> (pp. 149-161). NY: Jason Aronson.</p> <p>3. van Meijel, B., van der Gaag, M., Sylvain, R., &amp; Grypdonch, M. (2004). Recognition of early warning signs in patients with schizophrenia: A review of the literature.</p>	

		<i>International Journal of Mental Health Nursing</i> , 13, 107-116.	
Class 3 Jan. 26	<ul style="list-style-type: none"> <li>• Bipolar and Related Disorders</li> <li>• Depressive Disorders</li> </ul>	<p>REQUIRED: 58 pages</p> <ol style="list-style-type: none"> <li>1. Connolly, S.L. &amp; Miller, C.J. (2019). Bipolar Disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (239-260). New York: Springer Publishing.</li> <li>2. Feliciano, L., Gum, A.M. &amp; Johanson, K.A. (2019). Depressive Disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing. (5th ed.)</i> (213-238). New York: Springer Publishing.</li> <li>3. Chodzen, G., Hidalgo, M., Chen, D., &amp; Garofalo, R. (2019). Minority stress factors associated with depression and anxiety among transgender and gender-nonconforming youth. <i>Journal of Adolescent Health</i>, 64(4), 467-471.</li> <li>4. Akinhanmi, M. O., Biernacka, J. M., Strakowski, S. M., McElroy, S. L., Balls Berry, J. E., Merikangas, K. R., . . . Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: A call to action. <i>Bipolar Disorders</i>, 20(6), 506-514.</li> </ol> <p>OPTIONAL:</p> <ol style="list-style-type: none"> <li>1. DSM 5: Mood Disorders, pp. 123-189</li> <li>2. Kennedy, N. Boydell, J. Van Os, J. &amp; Murray, R.M. (2004). Ethnic differences in the presentation of bipolar disorder: Results from an epidemiological study. <i>Journal of Affective Disorders</i>, 83, 161-168.</li> <li>3. Schroeder, S.A. (2009). A 51-year-old woman with bipolar disorder who wants to quit smoking. <i>Journal of the American Medical Association</i>, 301, 522-531.</li> <li>4. Tsai, J. &amp; Chentsova-Sutton, J. (2002). Understanding depression across cultures. In I. Gotlib &amp; C. Hammen (Eds.), <i>Handbook of depression</i> (pp. 467-491). NY: The Guilford Press.</li> </ol>	

<p>Class 4 Feb. 2</p>	<ul style="list-style-type: none"> <li>• Anxiety Disorders</li> <li>• Obsessive-Compulsive &amp; Related Disorders</li> <li>• Trauma- and Stressor-Related Disorders</li> </ul>	<p>REQUIRED: 95 pages</p> <ol style="list-style-type: none"> <li>1. Edwards, C.B., Billingsley, A.L. &amp; Steinman, S.A. (2019). Anxiety disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (129-154). New York: Springer Publishing.</li> <li>2. Davis, M.L, McIngvale, E., Schneider, S.C., Goodman, W.K. &amp; Storch, E.A. (2019). Obsessive-compulsive and related disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (155-178). New York: Springer Publishing.</li> <li>3. Lupesko-Persky, O. &amp; Brown, L.M. (2019). Trauma and stressor-related disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (179-212). New York: Springer Publishing.</li> <li>4. Hall-Clark, B., Sawyer, B., Golik, A., &amp; Asnaani, A. (2016). Racial/ethnic differences in symptoms of posttraumatic stress disorder. <i>Current Psychiatry Reviews</i>, 12(2), 124-138.</li> </ol> <p>OPTIONAL:</p> <ol style="list-style-type: none"> <li>1. DSM 5: Anxiety Disorders, OCD, and Trauma and Stressor and Related Disorders, pp. 189-291.</li> <li>2. Hinton, D. E., &amp; Lewis-Fernández, R. (2011). The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5. <i>Depression and Anxiety</i>, 28(9), 783-801. doi:10.1002/da.20753</li> <li>3. Marouf, F., Giallourakis, C., Baer, L., Hanau, M. &amp; Holbert, B. (2013). Case 33-2013: A 40-year-old woman with abdominal pain, weight loss and anxiety about cancer. <i>New England Journal of Medicine</i>, 369, 1639-1647.</li> <li>4. Katon, W.J. (2006). Panic disorder. <i>New England Journal of Medicine</i>, 354, 2360-2367.</li> </ol>	<p>Mid-term Study Guide Reviewed</p>
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<p>Class 5 Feb. 9</p>	<ul style="list-style-type: none"> <li>• Substance-Related &amp; Addictive Disorders</li> <li>• Mid-term Exam</li> </ul>	<p>REQUIRED: 31 pages</p> <ol style="list-style-type: none"> <li>1. Paquette, C.E., Magidson, J.F., Swaminath, S. &amp; Daughters, S.B. (2019). Substance use disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (325-348). New York: Springer Publishing.</li> <li>2. Evans, E.A., Grella, C.E., Washington, D.L. &amp; Upchurch, D.M. (2017). Gender and race/ethnic differences in the persistence of alcohol, drug and poly-substance use disorders. <i>Drug and Alcohol Dependence</i>, 174, 128-136.</li> </ol> <p>OPTIONAL:</p> <ol style="list-style-type: none"> <li>1. DSM 5: Substance-Related Disorders, pp. 481-590</li> <li>2. O'Brien, C.P. (2008). A 50-year-old woman addicted to heroin: A review of the treatment of heroin addiction. <i>Journal of the American Medical Association</i>, 300, 314-321.</li> </ol>	<p>Multiple Choice Mid-Term Assessment</p>
<p>Class 6 Feb. 23</p>	<ul style="list-style-type: none"> <li>• Personality Disorders</li> <li>• Feeding and Eating Disorders</li> </ul>	<p>REQUIRED: 75 pages</p> <ol style="list-style-type: none"> <li>1. Bohrer, B.K., Chapa, D.A., Exum, A., Richson, B., Voss, M.M. &amp; Forbush, K.T. (2019). Eating disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (375-400). New York: Springer Publishing.</li> <li>2. Bockian, N. (2019). Personality disorders. In D. L. Segal (Ed.), <i>Diagnostic interviewing (5th ed.)</i>. (293-324). New York: Springer Publishing.</li> <li>3. Silberschmidt, A., Lee, S., Zanarini, M., &amp; Schulz, C. (2015). Gender differences in borderline personality disorder: Results from a multinational clinical trial sample. <i>Journal of Personality Disorders</i>, 29(6), 828-838.</li> <li>4. Rance, N., Clarke, V., &amp; Moller, N. (2017). The anorexia nervosa experience: Shame, solitude and salvation. <i>Counselling &amp; Psychotherapy Research</i>, 17(2), 127-136.</li> </ol>	

		<p>OPTIONAL:</p> <ol style="list-style-type: none"> <li>1. DSM 5: Personality Disorders, pp. 645-684</li> <li>2. DSM 5: Eating and Feeding Disorders, pp. 329-354</li> <li>3. Calliess, I.T., Sieberer, M., Machleidt, &amp; Ziegenbein, M. (2008). Personality disorders in a cross-cultural perspective: Impact of culture and migration on diagnosis and etiological aspects. <i>Current Psychiatry Reviews</i>, 4(1), 39-47.</li> <li>4. Paris, J. (2018). Clinical features of Borderline personality disorder. In J. Livesly &amp; R. Larstone (Eds.). (pp. 419-425). <i>Handbook of personality disorders: Theory, research and treatment</i>. New York, NY: Guilford Press.</li> </ol>	
<p>Class 7 March 2</p>	<ul style="list-style-type: none"> <li>• Disruptive, Impulse-Control, and Conduct Disorders</li> <li>• Neurocognitive Disorders</li> </ul>	<p>REQUIRED: 91 pages</p> <ol style="list-style-type: none"> <li>1. Morrison, J. (2014). Disruptive, impulse control, and conduct disorders. In <i>DSM-5 made easy: The clinician's guide to diagnosis</i>. New York, NY: Guilford Press (pp. 392-406).</li> <li>2. Morrison, J. (2014). Cognitive disorders. In <i>DSM-5 made easy: The clinician's guide to diagnosis</i>. New York, NY: Guilford Press (pp. 488-541).</li> <li>3. Ballentine, K. (2019). Understanding racial differences in diagnosing ODD versus ADHD using Critical Race Theory. <i>Families in Society: The Journal of Contemporary Social Services</i>, 100(3) 282–292.</li> <li>4. Liang, J., Matheson, B. E., &amp; Douglas, J. M. (2016). Mental health diagnostic considerations in racial/ethnic minority youth. <i>Journal of Child and Family Studies</i>, 25(6), 1926-1940.</li> </ol> <p>OPTIONAL:</p> <ol style="list-style-type: none"> <li>1. DSM-5: Disruptive, Impulse-Control and Conduct Disorders, pp. 461-480</li> <li>2. DSM-5: Neurocognitive Disorders, pp. 591-644</li> </ol>	<p>Final Assessment Given—Due 3/9/2021 by midnight</p>

		<ol style="list-style-type: none"><li>3. Blair, J., Leibenluft, E. &amp; Pine, D. (2014). Conduct disorder and callous-unemotional traits in youth. <i>New England Journal of Medicine</i>, 371, 2207-2216.</li><li>4. Langa, K. M., &amp; Levine, D. A. (2014). The diagnosis and management of mild cognitive impairment: A clinical review. <i>Journal of the American Medical Association</i>, 312(23), 2551-2561.</li><li>5. Ritchie, C.S., Roth, D.L., &amp; Allman, R.M. (2011). Living with an aging parent: "It was a beautiful invitation." <i>Journal of the American Medical Association</i>, 306, 746-753.</li></ol>	
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