

BRYN MAWR COLLEGE
GRADUATE SCHOOL OF SOCIAL WORK AND SOCIAL RESEARCH

B506: Assessment and Psychopathology Across the Lifespan
Summer 2024

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This course provides an overview of principles used in assessing psychopathology across the lifespan and emphasizes assessment as an ongoing process. Theoretical formulations, etiology, and research findings related to the construction of each diagnosis, along with the clinical manifestations of conditions, are illustrated. The course examines the uses, strengths, and limitations of our present diagnostic classification systems. Students learn to use the DSM-5 as a diagnostic tool and to critically evaluate it as an extension of the medical model of assessing human distress; in addition, students will be introduced to the Person-in-Environment System (PIE) used to assess the social functioning, problems, and strengths experienced by clients across a range of practice settings. The course considers psychopathology through a lens that includes genetics, neurobiology, psychological and behavioral theory, socio-cultural construction, life experiences, family interactions, and physical conditions, and considers both risk and protective factors. In exploring the sociocultural construction of mental disorders, the course considers the impact on the assessment process of oppression, discrimination, and trauma, especially as they intersect with race, gender, sex, ethnicity, class, ability, and sexual orientation. A strengths perspective leads to a competence model of assessment and intervention that is compatible with social work principles and values.

The course is comprised of three units. The first unit focuses on defining psychopathology while considering social work ethics, introducing systems of classification, and introducing key diagnostic terms and their uses, as well as discussion of the labeling theory of diagnosis, critical theory, and diagnostic bias, an examination of epidemiological research data and their meanings, and others conceptual models for understanding the development of psychopathology. The second unit of the course explores issues that arise in the developmentally informed assessment of children and adolescents and research evidence discussing pervasive developmental disorders, the impact of traumatic stress, and the comorbidity of conditions, along with a consideration of issues of social oppression, risk, resilience, and vulnerability. The third unit examines the particular groups of disorders applied to children and adults included in the DSM-5 and again considers these in the context of social work ethics, and offers critique using critical theory, with particular attention to research evidence examining (a) the etiology of a disorder; (b) the expression of a disorder at diverse developmental stages; (c) the contextual framework of a disorder including race, gender, sex, class, ethnicity, and sexual orientation; (d) the genetic/biological/ neurological/environmental vulnerability to a disorder.

This course supports the assessment skills emphasized in *Foundation Practice I and II* and further developed in *Clinical Social Work I and II*, and is essential to the field instruction experience. Readings and discussions build on the social and behavioral theories and constructs introduced in *Power, Privilege, and Oppression, and Theoretical Perspectives in Social Work I* and are consistent with social work ethical principles.

Course Objectives

In this course, participants will:

- Examine and critically evaluate diagnostic tools, including the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5-TR), and Person-in-Environment System (PIE), as they bear upon the differential diagnosis of mental disorders.
- Develop skills in utilizing the DSM-5-TR and PIE classification systems.
- Apply social work ethical principles to the assessment and diagnostic processes.
- Learn how to conduct an assessment focusing on framing appropriate questions, interpreting client data, and identifying strengths and challenges.
- Use research evidence and psychological and behavioral theory to inform an understanding of the etiology, expression, assessment, and treatment of specific mental disorders.
- Apply the perspective of developmental psychopathology to children, adolescents, and adults in understanding the expression of mental disorders across the lifespan, with emphasis on understanding the impact of adverse childhood events and trauma on this expression.
- Utilize the diathesis-stress model to understand the interplay between genetic predispositions and trigger events in the emergence and expression of mental disorders.
- Recognize how race, gender, ethnicity, sex, class, and sexual orientation impact the presentation and diagnosis of mental disorders.
- Apply a strengths perspective and competence model of assessment, intervention, and evaluation that considers both risk and protective factors.
- Examine the social, cultural, political, and economic dimensions of assessment, considering their potential relationship to oppression and discrimination.

Methods

The course includes assigned readings, lectures, films and web-based videos, large and small group discussions, case presentations, diagnosing lab, quizzes, and examinations.

This course uses a variety of pedagogical strategies to achieve the course objectives, which are grounded in the [Council on Social Work Education's Educational Policy and Accreditation Standards](#). The EPAS outlines core competencies and associated knowledge, values, skills, and affective and cognitive processes for the profession. As outlined by the EPAS, this course specifically is designed to provide a foundation for [Competency 1, 2, 4, and 7](#). Course content targets these competencies to allow students

to integrate the knowledge, values, skills, and cognitive and affective processes targeted by these core competencies.

Course Unit	Competency Targeted	Modalities
Unit 1 focuses on defining psychopathology while considering social work ethics, introducing systems of classification, and introducing key diagnostic terms and their uses as well as critique of the medical model, discussion of the labeling theory of diagnosis, critical theory for understanding diagnostic bias, and examination of epidemiological research data and their meanings, and the diathesis-stress model, and others conceptual models for understanding the development of psychopathology.	Competency 1. Competency 2. Competency 7	Lecture, Readings, and Discussions in Sessions 1,2,3,4 Assignments 1, 2, 3, and 4
Unit 2 of the course explores issues that arise in as developmentally-informed assessment of children, and adolescents, and includes a discussion of pervasive developmental disorders, the impact of traumatic stress, and the comorbidity of conditions along with a consideration of issues regarding the construction of illness in children, social oppression, risk, resilience, and vulnerability.	Competency 7	Lecture, Readings, and Discussions in Sessions 4,5 Assignments 1, 2, 3, and 4
The third unit examines the particular groups of disorders applied to children and adults included in the DSM-5 and again considers these in the context of social work ethics, and offers critique using critical theory; with particular attention to research	Competency 7	Lecture, Readings, Assignments, and Discussions in Sessions 6, 7, 8, 9, 10, 11, 12, 13

Course Unit	Competency Targeted	Modalities
evidence examining (a) the etiology of a disorder; (b) the expression of a disorder at diverse developmental stages; (c) the contextual framework of a disorder including race, gender, sex, class, ethnicity, and sexual orientation; (d) the genetic/biological/neurological/environmental vulnerability to a disorder.		
Use of research evidence and the social work knowledge base to inform social work assessment and practice across domains	Competency 4	Lecture, Readings, Assignments, and Discussions in All Sessions
Facilitate professional stance in using social work ethics to conceptualize the social work assessment.	Competency 1	Lecture, Readings, Assignments, and Discussions in All Sessions

Required Texts

Inside Out and Outside In: Psychodynamic Clinical Theory and Psychopathology in Contemporary Multicultural Contexts (Berzoff, Flanagan, & Hertz, 2021).

Barnhill, J. W. (Ed.). (2013). *DSM-5-TR® Clinical Cases*. American Psychiatric Pub. Available in Tripod.

Each week's readings will also include reviewing the diagnostic criteria identified in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision* (DSM-5-TR). Available in Tripod.

Class Policies

Attendance: Students are expected to attend all classes. If a student has three absences, the instructor will report this to the student's advisor and the Dean's Office. Three or more absences automatically result in the student being referred to the Committee to Evaluate the Educational Performance of Master's Students. The student may receive an unsatisfactory grade for the course. Each instructor will note the method used to monitor student attendance.

Students are expected to be on time. Continual tardiness may constitute unsatisfactory performance for the course. Students are also expected to notify the instructor in advance if the student expects to miss class.

Restriction of Audio or Visual Recording, Reproduction, and Distribution of Course

Content: To protect the privacy of students, discussions about clinical practice, and the intellectual work of faculty and instructors in both in-person and online learning environments, students are not allowed to record, reproduce, screenshot, photograph, or distribute any live, video, audio, visual, or written content or discussion from the course without express permission from their instructor. Instructors will only typically allow recording of didactic/lecture portions of the class session and usually only when necessary for approved disability accommodations (see “Accommodations” below).

Accommodations: Students who, for any reason, believe that they may need accommodations in this course are encouraged to contact the Bryn Mawr College Coordinator of Access Services at 610-526-7351 in Eugenia Chase Guild Hall, Room 103 to discuss their eligibility for accommodations. Students with disabilities who need to record classroom lectures or discussions must contact Access Services to register, request, and be approved for this accommodation. If one or more students needs to record an online or in-person class session for an approved academic accommodation, the instructor will alert the class that sessions (or portions of sessions) will be recorded without naming any students. Such recordings will be used solely for individual or group study with other students enrolled in the class that quarter/semester. They may not be reproduced or shared in any way (including electronically or posted in any web environment) with those not in the class.

Computers, cell phones, and other technology:

All cell phones and other communication devices should be turned off during class. If it is required that a cell phone be turned on, it should be on silent/vibrate. The instructor must approve classroom use of laptops, tablets, and other technology to ensure these devices do not hinder class participation. Use of social media and email during class is not allowed.

Confidentiality Statement: In all written and oral discussion instances, students will omit clients' names and disguise all other pertinent identifying data to preserve client confidentiality. Students are encouraged to discuss the topic of confidentiality with their field instructor. Students also need to be knowledgeable of agency confidentiality guidelines.

Statement of Support: In this course, I am committed to creating and supporting a classroom community that is inclusive, equitable, and conducive to learning for all students, as well as sensitive to the specific, unique, and unpredictable challenges we will each and all encounter this term. To this end, I am designing course activities and assignments meant to help you gain and demonstrate an understanding of key course content in ways that are flexible and personally meaningful. Our class meetings will include group check-ins, and I am available for individual or small group conferences as well. If you cannot attend class or complete an assignment by the due date, please let me know ahead of time and work with me to determine when you will complete the work (from class or assigned). In this situation, there will be no grade penalty for late work. If it is not possible for you to request extra time beforehand, please maintain communication with me so that we can work together to determine a reasonable course of action.

Staff members are trained to support students in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more.

The College strongly encourages all students to report any incidents of sexual misconduct. Please be aware that all Bryn Mawr/Haverford employees (other than those designated as confidential resources such as counselors, clergy, and healthcare providers) are required to report information about such discrimination and harassment to the [Bi-College Title IX Coordinator](#).

Information about the College's Sexual Misconduct policy, reporting options, and a list of campus and local resources can be found on the College's website:

[Bryn Mawr Sexual Misconduct Policy](#)
[Haverford Sexual Misconduct Policy](#)

AI Tools: One of our learning goals in this course is to develop your skills in conveying complicated ideas in simple ways. Conveying ideas requires a strong understanding and distillation of concepts and clear and effective writing. These skills take time to develop and require repeated practice to finetune. Emerging AI tools such as ChatGPT may assist someone who has yet to develop these skills fully, but using them before giving yourself a chance to develop your skill takes away opportunities for learning and growth. For this reason, for this class, you may use AI programs (e.g., ChatGPT) to help generate ideas and brainstorm. **You should, however, note that the material generated by these programs may need to be more accurate, complete, or otherwise problematic.** All large language models still tend to make up incorrect facts and fake citations, code generation models tend to produce inaccurate outputs, and image generation models can occasionally come up with highly offensive products. Please beware that using AI may also stifle your independent thinking and creativity. Further, you will be responsible for any inaccurate, biased, offensive, or otherwise unethical content you submit, regardless of whether it originally comes from you or an AI program. **You may not submit any work generated by an AI program as your own.** If you include material generated by an AI program, it should be cited like any other reference material (with due consideration for the quality of the reference, which may be poor). Any plagiarism or other form of cheating via AI will be considered a violation of the Bryn Mawr Honor Code. Written work you submit for this course may not use any verbatim language (three or more words) from any source, including AI or a translator, without proper attribution via quotation marks and an in-text citation. The APA citation for using Chat GPT is as follows:

In-text citation: (ChatGPT, year)

Reference list: ChatGPT. (year, month day). Text of prompt. [Response to user question]. Retrieved from [URL of the platform where the conversation took place].
E.g., chat.openai.com/chat].

More information on citing ChatGPT can be found at <https://apastyle.apa.org/blog/how-to-cite-chatgpt>

Title IX: Bryn Mawr/Haverford College is committed to fostering a safe and inclusive living and learning environment where everyone feels secure and free from harassment. All forms of sexual misconduct, including sexual assault, sexual harassment, stalking, domestic violence, and dating violence, are violations of Bryn Mawr/Haverford's policies, whether they occur on or off campus. Bryn Mawr/Haverford faculty are committed to helping to create a safe learning environment for all students and for the College community as a whole. If you have experienced any form of gender or sex-based discrimination, harassment, or violence, know that help and support are available.

Grading: Grades for this course are Satisfactory (S), Marginal Satisfactory (S-), and Unsatisfactory (U). All written work must be turned in on time. Extensions may be granted at the instructor's discretion but only with a respectful and timely request. Each student should become familiar with the College's guidelines on plagiarism and with the National Association of Social Work *Code of Ethics*.

Assignment	Point Breakdown
Assignment #1 (Group Case Presentation)	35 Points
Assignment #2 (Class 6 Asynchronous Assignment)	20 Points
Assignment #3 (Final Exam)	35 Points
Class Participation	10 Points
Total Points	100 Points 84+ Points is equivalent to a Satisfactory 75-84 Points is equivalent to a Marginal Satisfactory (B-) <75 Points is equivalent to an Unsatisfactory / below B-

Assignments:

Assignment #1: Group Case Presentation (due on your assigned week).

This Group Case Presentation Assignment is designed to help you critically think through a clinical case by identifying and prioritizing critical issues, considering relevant diagnostic presentations, and reflecting on social justice considerations. Students will choose one of the case studies from the DSM-5-TR Clinical Cases (Barnhill, J. W. (Ed.). (2013). *DSM-5- TR® Clinical Cases*. American Psychiatric Pub.) available in TRIPOD and identify a case for discussion that corresponds to the diagnostic focus of the week in which you present to review and discuss with the class (e.g., depressive disorder for week 6). Select a comprehensive case study from the provided options (or choose one of your own, with instructor approval). Ensure that the case study offers rich material for a class discussion. The case should involve a client experiencing complex psychosocial challenges using the following reference:

Barnhill, J. W. (Ed.). (2013). *DSM-5-TR® Clinical Cases*. American Psychiatric Pub.
<https://dsm-psychiatryonline-org.proxy.brynmawr.edu/doi/book/10.1176/appi.books.9781585624836>

For this presentation, you will need to read through a case study and provide a brief 20-minute presentation that includes the following:

- (1) Presenting issues and client concerns: Provide a concise overview of the selected case, including demographics, presenting issues, relevant history, and other pertinent background information. List the client's key issues/concerns and strengths (e.g., biological, psychological, social, spiritual).
- (2) Symptoms and diagnosis: Identify the client's symptoms and diagnosis. List the client or family's reported symptoms and link them directly to the symptom criteria you find in the DSM-5-TR in table form (example below; make sure to modify the table based on the diagnosis and case). If there are client or family-reported symptoms that do not fall into the DSM-5-TR diagnosis, make a note that you considered them but that they did not fit within the DSM-5-TR.

DSM 5-TR Diagnostic Criteria: identify disorder name and code number	Client or Family's reported Signs/Symptoms
Criterion A:	
Criterion B:	
Criterion C:	
Criterion D:	
Criterion E:	

- (3) Systemic and/or social justice considerations: Explore systemic, environmental, cultural, or social justice factors. For instance, consider "What dynamics within the family structure or cultural context might be impacting the client's present functioning or behavior?" and "Could the client be contending with issues of prejudice, marginalization, or systemic oppression?"
- (4) Discussion: After reviewing the case discussion in the section of your case study, identify two questions for the class to discuss as a group (e.g., "What ethical considerations emerge in this case, and how might they inform our approach to assessment and intervention? Are there opportunities for collaboration with other professionals or agencies in this case? How might a multidisciplinary approach enhance the effectiveness of our interventions? How might a social justice perspective inform our approach to this case? Are there advocacy opportunities to address systemic issues that impact the client and their community? Are there theoretical perspectives that could offer insights into this case? How might they shape the assessment and intervention?")

Every student is expected to contribute to an oral presentation of their case during the assigned class. Each presentation should last 20 minutes, including the Q&A. Students are expected to upload their PowerPoint presentation to be used during their oral presentation on Moodle **the night before their presentation by 11:59 pm EDT**. The presentation should be formatted to meet APA 7th formatting guidelines. A reference page formatted to meet APA 7th edition standards and include all citations used throughout your document should also be included. The PowerPoint and oral delivery will be graded using the rubric provided below.

Rubric for Assignment #1

27-35 points	Well-prepared case discussion, including all the above components. Discussion reflects beginning conceptualization work and openness to the group discussion potentially expanding ways of understanding the client's experience.
23-26 points	Well-prepared case discussion, including some of the above components above. Strong in some of the above areas but some components are incomplete or underdeveloped.
14-22 points	The case discussion does not reflect adequate preparation, cannot be completed within the designated time, and the discussion does not address one or more aspects of the assignment but offers relevant observations.
Less than 15 points	The case discussion does not reflect adequate preparation, cannot be completed within the designated time, does not address multiple assignment components, or engages with the group respectfully.

Assignment #2: Class 6 Asynchronous Assignment

Choose a Psychotic or Personality Disorder from the DSM-5-TR, such as a diagnosis from the Schizophrenia Spectrum and Other Psychotic Disorder section or Obsessive-Compulsive Personality Disorder. Your task is to craft a clinical vignette within a single typewritten page. In this vignette, you should portray a client whose presentation aligns with the chosen disorder, meeting all diagnostic criteria. However, avoid merely listing criteria in the vignette; instead, depict the client's symptoms in a real-world context. At the end of the vignette, please list the symptoms endorsed by the client.

Ensure your vignette addresses all criteria for the disorder, including screening criteria like "not attributable to" and "not better explained by" specifications. Include the complete diagnosis, including coding, full name of the diagnosis, and any relevant specifiers, using DSM, ICD-10-CM, or both if applicable.

Your vignette should be original, not derived or modified from any existing sources or open AI. You may refer to your notes, textbooks, scans, or external sources to generate ideas and examples. However, refrain from seeking assistance from other students, past or present. Remember, the focus is on accurately and succinctly describing and diagnosing a

single disorder, reflecting your comprehension and proficiency in clinical understanding and application.

Upon completion of the vignette, provide a list of symptoms endorsed by the client. This will offer a succinct summary of the depicted disorder's manifestation in the case.

Note: While real-world client presentations often involve complexity beyond the scope of this exercise, your task is to demonstrate your ability to convey a singular disorder within the constraints provided effectively. Additional symptoms or diagnoses beyond the chosen disorder will not enhance your assignment but may detract from its quality.

Rubric for Assignment #2

17-20 points	Well-prepared vignette, including all the above components. Discussion of the case reflects beginning conceptualization work and the ability to critically reflect on an assessment challenge or question.
13-16 points	Well-prepared vignette, including some of the above components above. Strong in some of the above areas but some components are incomplete or underdeveloped.
10-12 points	The vignette does not reflect adequate preparation, cannot be completed within the designated time, and the discussion does not address one or more aspects of the assignment but offers relevant observations.
Less than 10 points	The paper does not reflect adequate preparation, cannot be completed within the designated time, does not address multiple assignment components, or engages with the group respectfully.

Assignment #3: Final Exam on July 25th, 2024, during class time week 10.

During the final class, a comprehensive exam covering all courses will be given. You have two hours to complete the examination consisting of definitions of terms, several case vignettes for you to discuss concerning specific assessment issues, and an essay related to broad thematic content. Each area of the exam will include choices. Students will have two hours (120 minutes) to complete this exam and can access it on Moodle only once. Students cannot use any sources (books/internet/notes/other students) once they begin the exam.

Course Outline

Class #1: Zoom Session. Introduction to Psychopathology and Systems of Classification; Gender, Culture and Diagnosis

- Introductions
- Role of critical thinking
- Systems of classification

- Concept of normality
- Gender, culture, and diagnosis
- Genes/Environment
- **Please come to class one with reflections on your thoughts/reactions to any issue raised in the article “Walking the Tightrope”**

Required:

Probst, B. (2013) Walking the tightrope: Clinical social workers’ use of diagnostic and environmental perspectives. *Clinical Social Work Journal*, 41: 184-191

Berzoff et al. (2021). Chapter 12. Hertz, P., Flanagan, L., Byers, D., & Berzoff, J., The bridge: From theory to practice. (pp. 233-246)

DSM: Section III: Cultural Formulation

Apology to People of Color for APA’s Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.:
<https://www.apa.org/about/policy/racism-apology>

Review the following webpage and associated facts sheets related to the most recent DSM update: <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-tr-fact-sheets>

Class #2: Development and Assessment in Childhood: Introduction to Developmental Psychopathology

- Conceptualizing developmental psychopathology
- Development of regulatory capacity
- Neurobiology and toxic stress
- Development and assessment of toddlers, preschoolers, school-age children

Required:

DSM: Section I: Introduction (read through the *proposals for revisions* section)

Shapiro, J. & Applegate, J. (2018) The neurodevelopment impact of stress, adversity and trauma. In J. Shapiro and J. Applegate (Eds.) *Neurobiology for Clinical Social Work: Theory and Practice*, pp. 92-117, New York, NY: W.W. Norton

The 1001 Critical Days. <https://www.nspcc.org.uk/globalassets/documents/news/critical-days-manifesto.pdf>

Frankel, K. A., Harrison, J., & Njoroge, W. F. (Eds.). (2019). Clinical guide to psychiatric assessment of infants and young children. Springer. Available in Tripod. Chapter 1 (p. 1-15).

Class #3: Development and Assessment in Childhood and Adolescence

- Attention deficit disorder and its controversies
- Autism and its controversies
- Neurodiversity
- Race, ethnicity, and gender implications for diagnosis of specific disorders
- Gender identity
- Family assessment
- Risk factors in adolescence

Required:

DSM: Section II: Neurodevelopmental disorders overview; intellectual developmental disorders and on is optional.

DSM: Section II: Gender Dysphoria

GAO Report: Use of Psychotropic Medications in Foster Children

To my son Jacob on his 5th birthday:

<https://www.boston.com/culture/parenting/2015/02/26/a-letter-to-my-son-jacob-on-his-5th-birthday/>

Speer, S. R., Atteberry-Ash, B., Kattari, S. K., Kattari, L., Gupta, R., & Walls, N. E. (2022). An intersectional modeling of risk for nonsuicidal self-injury among LGBTQ adolescents. *Journal of Child and Family Studies*, 1-14. doi.org/10.1007/s10826-022-02250-z

Recommended:

Krcek, T.E. (2013) Deconstructing disability and neurodiversity: Controversial issues for Autism and implications for social work. *Journal of Progressive Human Services*, 24, 4-22.

Markman, E. (2011) Gender Identity Disorder, the gender binary, and transgender oppression: Implications for ethical social work. *Smith College Studies in Social Work*, 81, 314-327.

Film: [Neurotypical](#)

Film: [Thumbsucker](#).

Class #4: Depressive Disorders and Bipolar Disorders

- Etiology
- Gender, culture, and the differential expression of mood disorders
- Risk factors
- Bipolar disorder in childhood
- Suicidality and its assessment
- Culture and suicidality

Required:

DSM: Section II: Depressive Disorders, Bipolar and Related Disorders

Berzoff et al.(2021), Chapter 15

Berzoff, J., Mendez, T. & Buccino, D. Mood disorders, with a special emphasis on depression and bipolar disorders. (pp. 312-345)

Nicolaidis, C., et al. (2010). “You don’t go tell white people nothing: African American women’s perspectives on the influence of violence and race on depression and depression care. *American Journal of Public Health*, 100, 1470-1476.

Recommended:

Excerpts from Horwitz, A. & Wakefield, J. (2007) *The loss of sadness: How psychiatry transformed normal sorrow into depressive disorder*. London: Oxford University Press (pp. 53-123)

Class #5: Anxiety Disorders and Obsessive-Compulsive Disorders

- Etiology
- Cultural and racial context of anxiety
- Risk factors
- Co-morbidity
- Effects of obsessions and compulsions

Required:

DSM: Section II: Anxiety Disorders, Obsessive-Compulsive and Related Disorders

Berzoff, et al. (2021), Chapter 16

Berzoff, J. & Pasco, S. Anxiety and its manifestations. (pp. 346-370)

Stein, D.J., Costa, D.L.C., Lochner, C. et al. Obsessive–compulsive disorder. *Nature Reviews Disease Primers* 5, 52 (2019).<https://doi.org/10.1038/s41572-019-0102-3>

Recommended:

Gray, C.M.K., Carter, R. and Silverman, W.K. (2011). Anxiety symptoms in African American children: Relations with ethnic pride, anxiety sensitivity, and parenting. *Journal of Child and Family Studies*, 20, 205-213.

“The Talk” that every Black family has about police ([Daily Show](#)).

Film: [As Good As It Gets](#)

Class #6: Asynchronous Class Session. Schizophrenia Spectrum and Related Disorders; Personality Disorders

- Etiology
- The diathesis-stress model
- Positive and negative symptoms
- Challenges of differential diagnosis
- **Assignment Two Due**

Required:

DSM: Section II : Schizophrenia Spectrum and Other Psychotic Disorders (through Brief Psychotic Disorder)

DSM: Section II: Personality Disorders

Read or watch one of the following:

Berzof et al (2021), Chapter 13

Hertz, P. The Psychoses with special emphasis on schizophrenia spectrum disorders. (pp. 247-273)

Hack, S.M. et al. (2017). Mental illness etiology beliefs among African American men with serious mental illness and their social support networks. *Social Work in Mental Health*, 15, 99-120.

Walsh, J. (2011). Therapeutic communication with psychotic clients. *Clinical Social Work Journal*, 39, 1-8.

Films [A Woman Under the Influence](#) and [Safe](#) (Schizoid PD)

Class #7: Trauma- and Stressor-Related Disorders

- Nature of traumatic stress
- Cultural context of traumatic stress
- Post-traumatic stress disorder

Required:

DSM: Section II: Trauma- and Stressor-Related Disorders

Berzoff, et al. (2021), Chapter 17

Basham, K. Trauma theories and disorders. (pp. 371-403)

Video: PTSD Awareness in Health Care Settings.

https://www.ptsd.va.gov/appvid/video/pro_videos.asp

Recommended:

D'Andrea, W. et al. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187-200.

Tummala-Narra, P. (2007). Trauma and resilience: A case of individual psychotherapy in a multicultural context. *Journal of Aggression, Maltreatment & Trauma*, 14, 205-225.

Class #8: Substance Use Disorders

- Dependence vs. abuse
- Dual diagnosis
- Etiology

Required:

DSM: Section II: Substance-Related and Addictive Disorders (through alcohol-related disorders; note there are more related disorders in the DSM)

Bennett, S. & Petrash, P. (2014). The neurobiology of substance use disorders: Information for assessment and clinical treatment. *Smith College Studies in Social Work*, 84, 273-91.

Volkow, N., Koob, G. & McLellan, T. (2016) Neurobiological advances from the brain disease model of addiction. *New England Journal of Medicine*, 374: 363-371

Recommended:

Fletcher, K. et al. (2015). A matter of substance: The potential of attachment theory in the treatment of addictions. *Clinical Social Work Journal*, 43, 109-117.

Film [Leaving Las Vegas](#)

Class #9: Feeding and Eating Disorders

- Etiology
- Culture, gender, and the body

- Co-morbidity

Required:

DSM: Section II: Feeding and Eating Disorders

Harrop, E. N. (2023). Eating disorders, gender, and fat. *The Contemporary Reader of Gender and Fat Studies*.

<https://podcasts.apple.com/au/podcast/the-body-mass-index/id1535408667?i=1000530850955>

Recommended:

Wolrich, M. (2011). Body dysmorphic disorder and its significance to social work. *Clinical Social Work Journal*, 39, 101-110.

McMillan, M.L. (2013). Co-construction with a binge eating patient: A case analysis through a relational/intersubjective lens. *Smith College Studies in Social Work*, 84, 23-39.

<https://www.nytimes.com/2022/10/18/magazine/anorexia-obesity-eating-disorder.html?searchResultPosition=1>

<https://publichealth.uic.edu/community-engagement/collaboratory-for-health-justice/addressing-weight-stigma-and-fatphobia-in-public-health/>

<https://www.scientificamerican.com/article/in-obesity-research-fatphobia-is-always-the-x-factor/>

Class 10: Final Examination

