



Course title:	Mental Health and Mental Disorders in Adulthood
Course #/term:	SW606.001, Fall 2019
Time and place:	Thursdays, 9-12pm, SW3816
Credit hours:	3
Prerequisites:	None
Instructor:	Colleen E Crane MSW, LMSW
Pronouns:	She, Her, Hers
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Office:	SW2740
Office hours:	Thursdays from 12-2pm, and by appointment

1. Course Statement

a. Course Description

This course will present the state-of-the-art knowledge and research of mental disorders of adults and the elderly, as well as factors that promote mental health and prevent mental disorders in adults and the elderly. Biopsychosocial theories of coping, trauma, and etiology, the impact of mental health disorders on individuals and family members, and the relationship of ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation to mental health will be presented. Classification systems of adult mental functioning and mental disorders will be presented, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and Person-in-Environment (PIE). Students will be taught to critically understand both the strengths and limitations of these classification systems.

b. Course Content

Studies investigating the role of biological factors in the development of these disorders will be examined, as well as the response of these disorders to a variety of medications and other somatic treatments (e.g., light therapy and electroconvulsive therapy). Similarly, studies of

environmental factors implicated in the development of these disorders will be reviewed. Moreover, each of the disorders will be discussed in terms of the appropriateness of various psychosocial services, including psychotherapy/counseling, residential, vocational, social, educational, and self-help and mutual aid programs. The role of families and community caregivers in supporting individuals with these disorders will be addressed. Similar attention will be given to identifying family and environmental factors that may be amenable to modification, thus preventing a relapse. Special attention will be given to understanding the processes by which stigma arises and is perpetuated and to the consequences of stigma.

The DSM-5 system of classifying behavior will be compared with other classification systems, such as PIE. DSM-5 will be examined in light of various conceptualizations of mental health and in the context of broader social work and social science approaches to assessment, particularly those focusing on social functioning rather than disorder. The reliability of the DSM-5 system, the utility of the system for the purposes of promotion, prevention, treatment or rehabilitation, and the connections between the system and social work and social science constructs will be discussed. Disorders that will be discussed include: Neurodevelopmental Disorders, Neurocognitive Disorders, Schizophrenia Spectrum and other Psychotic Disorders, Medication-Induced Movement Disorders and Other adverse Effects of Medication, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Elimination Disorders, Sleep-Wake Disorders, Sexual Dysfunctions, Gender Dysphoria, Disruptive/Impulse-Control, and Conduct Disorders, Substance Related and Addictive Disorders, Personality Disorders, and other Mental Disorders. The prevalence and incidence of each of these disorders will be reviewed, including their relationship to socio-economic status, race, ethnicity, gender, sexual orientation, and physical disability.

The potential of the mental disorder classification system to generate deviance will be examined. Misuses of the system and their negative consequences will be discussed, especially as they disproportionately affect persons who are not members of the dominant cultural group, including women, racial and ethnic minorities, gay/lesbian/bisexual/transgendered persons, persons with other primary medical conditions, and persons of low socio-economic status. Courses of action available to minimize these misuses will be discussed. Concerns about the unethical and inappropriate use of the DSM-5 system to influence eligibility for services or reimbursement will also be discussed.

Prevention will be addressed in relation to each of the disorders. For example, loss in relation to depression and dysthymia, and violence in relation to post-traumatic stress syndrome. Internet resources will be used to obtain information about the social justice and change goals and activities of family advocacy and consumer support and empowerment groups.

c. Course Objectives and Competencies

1. Assess and diagnose mental health problems in adults and the elderly using DSM-5, PIE, and other widely applied nosological systems. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 2. Compare and contrast the utility of the mental disorders diagnostic system with broader social work and behavioral science frameworks focusing on social functioning. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 3. Discuss the biopsychosocial aspects of the disorders below in terms of clinical presentation, prognosis, etiology, prevention, treatment, and rehabilitation. a) schizophrenia and other psychotic disorders b) mood disorders (including major depression, bipolar disorder, and dysthymia) c) personality disorders (including anti-social and borderline personality disorders) d) anxiety disorders (including obsessive compulsive, panic and post traumatic stress disorders, and phobias) e) mental disorders of aging (including Alzheimer's and other dementias). f) substance abuse disorders (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 4. Discuss the impact of culture, race, and the other diversity dimensions described above on the disorder and the person diagnosed with the disorder. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS) 5. Discuss the potential of the mental disorder classification system to generate deviance, and discuss strategies to minimize those risks and combat stigma. (Practice Behaviors 5.IP, 5.SPE, 5.CO, 5.MHS) 6. Discuss the appropriate use of diagnostic/classification systems and the ethical questions surrounding the use of these systems. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS) 7. Distinguish empirically-based generalizations related to mental disorders from what is sometimes described as clinical wisdom, often promulgated by prominent figures, and be able to use the scientifically-based literature to search for solutions to problems. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 8. Discuss typical value and ethical concerns related to mental health and mental disorders of adults and elderly. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS) 9. Demonstrate knowledge of important theories, research findings, and core concepts related to mental health etiology, epidemiology, assessment, and service delivery to adults and the elderly with mental health problems. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS) 10. Evidence an awareness of current evidence-based treatments for mental health problems afflicting adults and the elderly. (Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS)

d. Course Design

This course will include lectures, audiovisual materials, guest speakers, internet resources, and written assignments.

e. Curricular Themes

Theme Relation to Multiculturalism & Diversity

This will be addressed through discussions of different patterns of health promotion opportunities and diagnostic practices affecting diverse cultural groups, including persons

differing in ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation, health status, and SES.

Theme Relation to Social Justice

This will be addressed through examination of the discrimination experienced by people with mental illness, particularly those from disadvantaged groups. The social justice and social change agenda of family advocacy and consumer support and empowerment groups will be examined as a source of information about needed social changes.

Theme Relation to Promotion, Prevention, Treatment and Rehabilitation

This will be addressed through the following means: 1) epidemiological studies of the influence of different factors (e.g., poverty) on the prevalence and incidence of particular disorders and their promotion and prevention implications, 2) prevention will also be addressed by an examination of the avoidable negative social consequences of severe mental illness (e.g. homelessness, joblessness, and disrupted educational careers), 3) prevention, still further, will be considered from the point of view of averting the occurrence of disorders through early intervention, 4) treatment will be discussed in terms of the clinical efficacy and service effectiveness of various interventions, and 5) rehabilitation will be considered in the context of the effectiveness of various residential, vocational, social, and educational services for people with mental disorders.

Theme Relation to Behavioral and Social Science Research

This will be addressed through the review of epidemiological studies dealing with: the frequency and distinguishing characteristics of those who experience particular disorders; controlled trials of various interventions including medication, intensive outreach services, social skills training and psychoeducational services; and follow-up surveys of persons affected by the disorders.

Relationship to Social work Ethics and Values

This course will emphasize working on behalf of the most disadvantaged persons with mental disorders. Special emphasis will be placed on advocacy and environmental modifications. The potential harm associated with classification will be discussed as will ethically questionable practices that have arisen as the DSM 5 has been embedded in insurance reimbursement and service eligibility policies. Issues related to person-centered mental health practice, client self-determination, confidentiality, dignity, HIPAA, duty to warn, and associated legal, ethical, and value concerns will also be addressed.

Intensive Focus on PODS

This course integrates PODS content and skills with a special emphasis on the identification of practice, theories and/or policies that promote social justice, illuminate injustices and are

consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self-knowledge and self-awareness to apply PODS learning.

2. Class Requirements

a. Text and Class Materials

The Diagnostic Manual of Mental Disorders or DSM 5 can be obtained in electronic format via the University library system. To do so go to mirlyn.lib.umich.edu and search for "DSM 5" or go to <http://mirlyn.lib.umich.edu/Record/012353711>. Under "holdings", look for "Electronic Resources". Click on "Available Online". However, I highly recommend you purchase a spiral bound version of the DSM 5 for your own keeping as well as we will be using this every class, so you need to have access to it.

Beidel, D. C., Frueh, B. C., & Hersen, M. (2014). *Adult Psychopathology and Diagnosis*. 7th Edition. John Wiley & Sons. (This is available electronically through the University library system).

There is an 8th Edition that was just released in 2018. If you would like to purchase this book for preparation of your clinical exams, I would highly recommend you purchase the 8th Edition

CANVAS Readings

Optional Course Texts (are not required, but may enhance your learning):

Zimmerman, M. (2013). *Interview Guide for Evaluating DSM-5 Psychiatric Disorder and the Mental Status Examination*. East Greenwich, Rhode Island. Psych Products Press.

Morrison, J. (2014). *DSM-5 made easy: The clinician's guide to diagnosis*. NY: Guilford Press.

b. Class Schedule

September 5, 2019 (Session One)

Introductions

Course Introduction and Syllabus Review

Introduction to Diagnostic Systems: ICD-10, DSM-5, PIE

Assigned Readings:

- DSM 5, pages 5-25 (skim)
- Adult Psychopathology and Diagnosis, pages 3-33
- Ecks, S. (2016). The strange absence of things in the "culture" of the DSM-V. *Canadian Medical Association Journal*, 188(2), 142-143.
doi:<http://dx.doi.org/10.1503/cmaj.150268>

Additional Diagnostic Readings (if interested):

1. Berzoff, J., & Drisko, J. (2015). What Clinical Social Workers Need to Know: Biopsychosocial Knowledge and Skills for the Twenty First Century. *Clinical Social Work Journal*. 43:263-273
2. Karls, J., & O'Keefe, M. (2008). *Person-In-Environment System Manual*. NASW Press. Pages ix-x
3. Walsh, J. (2016). The utility of the DSM-5 Z-codes for clinical social work diagnosis, *Journal of Human Behavior in the Social Environment*, 26(2), 149-153.
DOI:10.1080/10911359.2015.1052913

September 12, 2019 (Session Two)

Diagnostic Systems: DSM-5 and PIE Continued; Diagnostic Focus: Conducting Biopsychosocial Assessments with Adults and the Elderly

- How to develop an Initial Diagnostic Impression
- Documenting a Mental Status Exam

Assigned Readings:

- Adult Psychopathology and Diagnosis, pages 103-129; 131-162

Additional Diagnostic Readings (if interested):

1. Berzoff, J. (2011). Why We Need a Biopsychosocial Perspective with Vulnerable, Oppressed, and At-Risk Clients, *Smith College Studies in Social Work*, 81:2-3, 132-166,
DOI:
10.1080/00377317.2011.590768
2. Holcomb-McCoy, C. (2008). Transference and Countertransference. *Encyclopedia of Counseling*.
3. Holcomb-McCoy, C. (2008). Prejudice. *Encyclopedia of Counseling*.
4. Holcomb-McCoy, C. (2008). Barriers to Cross-Cultural Counseling. *Encyclopedia of Counseling*.

5. Phillips, D. (2013). Clinical Social Workers as Diagnosticians: Legal and Ethical Issues. *Clinical Social Work Journal*. 41:205-211
6. Sable, P. (2010). The Origins of an Attachment Approach to Social Work Practice with Adults. *Adult Attachment in Clinical Social Work*. Pages 17-29.
7. Zarit, S.H. & Zarit, J.M. (2011). *Mental disorders in older adults: Fundamentals of assessment and treatment*. NY: Guilford Press.

September 19, 2019 (Session Three)

Diagnostic Focus: Schizophrenia; *Schizophrenia Spectrum* And Other Psychotic Disorders; Medication Induced Movement Disorders and Other Adverse Effects of Medication

Assigned Readings:

- Schizophrenia Spectrum and other Psychotic Disorders-DSM 5- pages 87-122
- Medication Induced Movement Disorders and Other Adverse Effects of Medication-DSM 5 pages 709-714
- Adult Psychopathology and Diagnosis, pages 165-216

Additional Diagnostic Readings (if interested):

1. Howes, O. D., Kambeitz, J., Kim, E., Stahl, D., Slifstein, M., Abi-Dargham, A., & Kapur, S. (2012). The nature of dopamine dysfunction in schizophrenia and what this means for treatment. *Archives of General Psychiatry*, 69(8), 776–786. <http://doi.org/10.1001/archgenpsychiatry.2012.169>
2. Kahn R, Keefe R. (2013). Schizophrenia Is a Cognitive Illness Time for a Change in Focus. *JAMA Psychiatry*. 70(10):1107–1112. doi:10.1001/jamapsychiatry.2013.155
3. Malaspina, D., Corcoran, C., Kleinhaus, K., Perrin, M., Fennig, S., Nahon, D., Friedlander, Y., Harlap, S. (2008). Acute maternal stress in pregnancy and schizophrenia in offspring: A cohort prospective study, Columbia University Academic Commons, <https://doi.org/10.7916/D8T43RM5>.
4. Seeman, P. (2011). All Roads to Schizophrenia Lead to Dopamine Supersensitivity and Elevated Dopamine D2 High Receptors. *CNS Neuroscience & Therapeutics*, 17: 118-132. doi:10.1111/j.1755-5949.2010.00162.x
5. Sullivan, G., Mittal, D., Reaves, C. M., Haynes, T. F., Han, X., Mukherjee, S., . . . Corrigan, P. W. (2015). Influence of schizophrenia diagnosis on providers' practice decisions. *The Journal of Clinical Psychiatry*, 76(8), 1068-1074. <http://dx.doi.org/10.4088/JCP.14m09465>

September 26, 2019 (Session Four)

Diagnostic Focus: Bipolar and Related Disorders; Depressive Disorders

Assigned Readings:

- Bipolar and Related Disorders-DSM-5—pages 123-154 (skim)
- Depressive Disorders-DSM-5—pages 155-188 (skim) • Adult Psychopathology and Diagnosis, pages 217-251; pages 253-298.

Additional Diagnostic Readings (if interested):

1. Gersner, R., Rosenberg, O., & Dannon, P. N. (2012). Major depressive disorder: treatment and future perspective. *Clinical Practice*, 9(3), 269+. Retrieved from http://link.galegroup.com/apps/doc/A323526211/AONE?u=lom_umichanna&sid=AONE&xid=fd940738
2. Geddes, J. R., & Miklowitz, D. J. (2013). Treatment of bipolar disorder. *Lancet*, 381(9878), 10.1016/S0140-6736(13)60857-0. [http://doi.org/10.1016/S0140-6736\(13\)60857-0](http://doi.org/10.1016/S0140-6736(13)60857-0)

October 3, 2019 (Session Five)

Diagnostic Focus: Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders

Diagnostic Readings:

- Trauma- and Stressor-Related Disorders -DSM-5—pages 265-290 (skim)
- Dissociative Disorders -DSM-5—pages 291-308 (skim)
- Somatic Symptom and Related Disorders- DSM-5—pages 309-328 (skim)
- Adult Psychopathology and Diagnosis, pages 387-406; 407-450; 451-471

Additional Diagnostic Readings (if interested):

1. Brand, B., Loewenstein, R., Spiegel, D. (2014). Dispelling Myths About Dissociative Identity Disorder Treatment: An Empirically Based Approach. *Psychiatry: Interpersonal and Biological Processes*: Vol. 77:2, pp. 169-189. <https://doi.org/10.1521/psyc.2014.77.2.169>
2. Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder. *Harvard Review of Psychiatry*, 24(4), 257–270. <http://doi.org/10.1097/HRP.000000000000100>
3. Howlett, J., Stein, M. (2016). Prevention of Trauma and Stressor-Related Disorders: A Review. *Neuropsychopharmacology*, 41, pp. 357–369. doi:10.1038/npp.2015.261

October 10, 2019 (Session Six)

Diagnostic Focus: Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptom and Related Disorders (CONTINUED)

Diagnostic Readings:

- Trauma- and Stressor-Related Disorders -DSM-5—pages 265-290 (skim)
- Dissociative Disorders -DSM-5—pages 291-308 (skim)
- Somatic Symptom and Related Disorders- DSM-5—pages 309-328 (skim)
- Adult Psychopathology and Diagnosis, pages 387-406; 407-450; 451-471

Additional Diagnostic Readings (if interested):

1. Brand, B., Loewenstein, R., Spiegel, D. (2014). Dispelling Myths About Dissociative Identity Disorder Treatment: An Empirically Based Approach. *Psychiatry: Interpersonal and Biological Processes*: Vol. 77:2, pp. 169-189. <https://doi.org/10.1521/psyc.2014.77.2.169>
2. Brand, B. L., Sar, V., Stavropoulos, P., Krüger, C., Korzekwa, M., Martínez-Taboas, A., & Middleton, W. (2016). Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder. *Harvard Review of Psychiatry*, 24(4), 257–270. <http://doi.org/10.1097/HRP.000000000000100>
3. Howlett, J., Stein, M. (2016). Prevention of Trauma and Stressor-Related Disorders: A Review. *Neuropsychopharmacology*, 41, pp. 357–369. doi:10.1038/npp.2015.261

October 17, 2019 (Session Seven)

Diagnostic Focus: Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Disruptive/Impulse-Control, and Conduct Disorders

Diagnostic Readings:

- Anxiety Disorders -DSM-5—pages 189-234 (skim)
- Obsessive-Compulsive and Related Disorders -DSM-5—pages 235-264 (skim)
- Disruptive/Impulse-Control, and Conduct Disorders - DSM-5—pages 461-480 (skim)
- Adult Psychopathology and Diagnosis, pages 299-349; 355-385

Additional Diagnostic Readings (if interested):

1. Bandelow, B., et al. (2015). Efficacy of treatments for anxiety disorders: a meta-analysis. *International Clinical Psychopharmacology*. Volume 30(4), pages 183-192

2. Edmund, S., & Sheppard, K. (2018). The challenge of generalized anxiety disorder in primary care. *The Nurse Practitioner*, 43(4), 14-18.
doi:10.1097/01.NPR.0000531075.19182.0b
3. Giacobbe, P. & Flint, A. (2018). Diagnosis and management of anxiety disorders. 24(3), BEHAVIORAL NEUROLOGY AND PSYCHIATRY: 893–919.

October 24, 2019 (Session Eight)

Diagnostic Focus: Feeding and Eating Disorders, Elimination Disorders

Readings:

- Feeding and Eating Disorders-DSM-5—pages 329-354
- Elimination Disorders -DSM-5—pages 355-360
- Adult Psychopathology and Diagnosis, pages 473-522

Additional Diagnostic Readings (if interested):

1. Breland, J. Y., Donalson, R., Dinh, J. V., & Maguen, S. (2018). Trauma exposure and disordered eating: A qualitative study. *Women & Health*, 58(2), 160-174.
doi:10.1080/03630242.2017.1282398
2. Duarte, C, Ferreira, C, Pinto-Gouveia, J. (2016). At the core of eating disorders: Overvaluation, social rank, self-criticism and shame in anorexia, bulimia and binge eating disorder. *Comprehensive Psychiatry*, 66, 123-131. doi:10.1016/j.comppsy.2016.01.003
3. Schneider, S. C., Baillie, A. J., Mond, J., Turner, C. M., & Hudson, J. L. (2018). The classification of body dysmorphic disorder symptoms in male and female adolescents. *Journal of Affective Disorders*, 225, 429-437. doi:10.1016/j.jad.2017.08.062
4. Sonnevile, K. R., & Lipson, S. K. (2018). Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *International Journal of Eating Disorders*, 51(6), 518-526.
doi:10.1002/eat.22846

October 31, 2019 (Session Nine)

Diagnostic Focus: Neurocognitive Disorders; Neurodevelopmental Disorders

Diagnostic Readings:

- Neurocognitive Disorders -DSM-5—pages 591-644 (skim)
- Neurodevelopmental Disorders-DSM-5-pages 31-86 (skim)
- Adult Psychopathology and Diagnosis, pages 705-738

Additional Diagnostic Readings (if interested):

1. Carota, A., Rimoldi, F., & Calabrese, P. (2016). Wernicke's aphasia and attempted suicide. *Acta Neurologica Belgica*, 116(4), 659-661. doi:10.1007/s13760-016-0618-1
2. Devinsky, O., & Samuels, M. A. (2016). The brain that changed neurology: Broca's 1861 case of aphasia. *Annals of Neurology*, 80(3), 321-325. doi:10.1002/ana.24723
3. Ogar, J. M., Baldo, J. V., Wilson, S. M., Brambati, S. M., Miller, B. L., Dronkers, N. F., & GornoTempini, M. L. (2011). Semantic dementia and persisting wernicke's aphasia: Linguistic and anatomical profiles doi://doi.org/10.1016/j.bandl.2010.11.004
4. Schwyter, J. R. (2011). 'Me talk funny': A stroke patient's personal account. *English Today*, 27(4), 49-52. doi:10.1017/S0266078411000538
5. Tippett, D. (2015). Update in aphasia research. *Current Neurology and Neuroscience Reports*, 15(8), 1-8. doi:10.1007/s11910-015-0573-x

November 7, 2019 (Session Ten) * **NO CLASS I AM ATTENDING A CONFERENCE.**

Diagnostic Focus: Substance-Related and Addictive Disorders

Diagnostic Readings:

- Substance-Related and Addictive Disorders -DSM-5—pages 481-591
- Adult Psychopathology and Diagnosis, pages 641-672; 673-703

Additional Diagnostic Readings (if interested):

Available on CANVAS

November 14, 2019 (Session Eleven)

Diagnostic Focus: Personality Disorders; Other Mental Disorders

Diagnostic Readings:

- Personality Disorders -DSM-5—pages 645-684
- Other Mental Disorders -DSM-5—pages 707-708
- Adult Psychopathology and Diagnosis, pages 739-773

Additional Diagnostic Readings (if interested):

1. Ferguson, C. J., & Negy, C. (2014). Development of a brief screening questionnaire for histrionic personality symptoms. *Personality and Individual Differences*, 66, 124-127. doi:10.1016/j.paid.2014.02.029

2. Livesley, J. (2012). Tradition versus empiricism in the current DSM-5 proposal for revising the classification of personality disorders. *Criminal Behaviour and Mental Health*, 22(2), 81-90. doi:10.1002/cbm.1826
3. MacKinnon, R. A., Michels, R., & Buckley, P. J. (2015). The psychiatric interview in clinical practice, Chapter 4: The Histrionic Patient. American Psychiatric Pub.
4. Morcos, N., & Morcos, R. (2016, February). Personality disorders: a measured response: improving your understanding of these disorders will help you identify specific diagnoses, ensure appropriate treatment, and reduce frustration during office visits. *Journal of Family Practice*, 65(2), 90+. Retrieved from <http://link.galegroup.com/apps/doc/A444912748/GRGM?u=umuser&sid=GRGM&xid=eb44b0df>
5. Newlin, E. & Weinstein, B. (2015). Personality Disorders. *CONTINUUM: Lifelong Learning in Neurology*. 21(3), Behavioral Neurology and Neuropsychiatry, 806-817.
6. Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current Psychiatry Reports*, 18(1), 1-7. doi:10.1007/s11920-015-0654-1
7. Skodol, A. E. (2011). Scientific issues in the revision of personality disorders for DSM-5. *Personality and Mental Health*, 5(2), 97-111. doi:10.1002/pmh.161
8. Verheul, R. (2012). Personality disorder proposal for DSM-V: A heroic and innovative but nevertheless fundamentally flawed attempt to improve DSM-IV. *Clinical Psychology and Psychotherapy*, 19(5), 369-371. Retrieved from <https://www.narcis.nl/publication/RecordID/oai:dare.uva.nl:publications%2F028fb225-b7c24db2-9721-7a54cde024c2>

November 21, 2019 (Session Twelve)

Diagnostic Focus: Sexual Dysfunctions and Paraphilic Disorders

- Sexual Dysfunctions -DSM-5—pages 423-450 (skim)
- Gender Dysphoria - DSM-5—pages 451-460
- Adult Psychopathology and Diagnosis, pages 547-601; 603-639

Additional Diagnostic Readings (if interested):

1. Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63(1), 87-97. <http://dx.doi.org/10.1037/cou0000127>
2. Boskey, E. (2013). Sexuality in the DSM 5: Research, Relevance, and Reaction. *Contemporary Sexuality*, 47(7), 1-5.
3. Forbes, M., Baillie, A., Schniering, C. (2016). Should Sexual Problems Be Included in the Internalizing Spectrum? A Comparison of Dimensional and Categorical Models, *Journal of Sex & Marital Therapy*, 42:1, 70-90, DOI:10.1080/0092623X.2014.996928

4. Lin, K. (2017). The medicalization and demedicalization of kink: Shifting contexts of sexual politics. *Sexualities*, 20(3), pp. 302 - 323.
5. Reed, G. M., Drescher, J., Krueger, R. B., Atalla, E., Cochran, S. D., First, M. B., ... Saxena, S. (2016). Disorders related to sexuality and gender identity in the ICD-11: revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations. *World Psychiatry*, 15(3), 205–221.
<http://doi.org/10.1002/wps.20354>

****NO CLASS NOVEMBER 28TH THANKSGIVING**

December 5, 2019 (Session Thirteen)

Diagnostic Focus: Sleep-Wake Disorders

- Sleep-Wake Disorders - DSM-5—pages 361-422 (skim)
- Adult Psychopathology and Diagnosis, pages 523-545

Additional Diagnostic Readings (if interested):

1. Asnis, G. M., Thomas, M., & Henderson, M. A. (2016). Pharmacotherapy treatment options for insomnia: A primer for clinicians. *International Journal of Molecular Sciences*, 17(1), 50.
doi:<http://dx.doi.org/10.3390/ijms17010050>
2. Freedom, Thomas. (2011). Pharmacologic Treatment of Insomnia. *Disease-a-month: DM*. 57. 345-52. [10.1016/j.disamonth.2011.04.005](https://doi.org/10.1016/j.disamonth.2011.04.005).
3. Yeh, P., Walters, A., & Tsuang, J. (2012). Restless legs syndrome: A comprehensive overview on its epidemiology, risk factors, and treatment. *Sleep and Breathing*, 16(4), 987-1007. doi:[10.1007/s11325-011-0606-x](https://doi.org/10.1007/s11325-011-0606-x)

c. Assignments

1. Presentation and Write-up of a Diagnosis (40 points total)

This assignment is created to help you better understand the history and presentation of mental health disorders in adults and elderly. There are several parts of this assignment that include a case presentation, write-up of the diagnosis as well as a reflection component that will be completed after your presentation. The write-up and reflection will be due one week following your presentation. Sign up will be on the first class.

- a. Case presentation (5 points). Create a mock case reflecting the diagnostic criteria of your chosen diagnosis. Please try and be as creative as possible with your case presentation meaning try not to present the diagnostic criteria in a purely straightforward way. The case presentation should include about as much information you would get in the session following a basic intake.

You case presentation will be about 15-20 minutes in length with 10 minutes for feedback from the class.

- b. Write-up of Diagnosis (30 points). This paper should be approximately 5-7 pages in length and include 3-5 outside academic sources (not including the DSM 5 or our book *Adult Psychopathology and Diagnosis*), this paper should also use APA citations and format.
1. Introduction, description of diagnosis, and history of diagnosis (5 points)
 2. Common features, “clinical picture,” epidemiology (5 points)
 3. Best practices for treatment of this diagnosis including therapy and medications (10 points)
 4. Conclusion, current and future research on this particular diagnosis and treatment of this diagnosis (10 points)

2. Psychopharmacology (15 points)

This assignment is created to help you better understand medication that is currently being used to treat mental health issues or symptoms that accompany a certain diagnosis or diagnoses. You will write up a 3-5 page paper on a medication of your choice. In addition to using Stahl’s *Prescriber’s Guide*, 6th Edition (Stahl, S. M. (2017). *Prescriber's Guide: Stahl's Essential Psychopharmacology*. Cambridge University Press.), you will identify **at least 2 outside sources for your references**. This paper should include the history of the medication, uses of the medication (is it also used to treat other medical issues?), effectiveness in managing symptoms with certain diagnoses, and finally future considerations of this medication for managing other diagnoses or symptoms. **This assignment is due September 22, 2019 on CANVAS by 11:59pm.**

3. Documentary on Mental Illness (15 points)

Select a documentary that portrays a psychiatric disorder or a substance use disorder that will be covered in this course (please email your documentary choice before you begin). In a 2-4 page APA formatted paper students will: Discuss the accuracy of the portrayal of mental illness or substance abuse: How is the “character” shown to be mentally ill? Be specific, how is the illness communicated to viewers? What are the “typical” symptoms and how are they displayed. Discuss treatment recommendations: How is the illness “treated” in the documentary? What are the other treatments available? (Especially if this movie is older, are there new therapies?). Address professional ethics: How are the therapists or practitioners depicted? How are these professionals helping or hurting the situation? What is the purpose of depicting mental health care professionals in this light? Finally, did you like the documentary? Why or why not? **This assignment is due October 20, 2019 on CANVAS by 11:59pm.**

4. Take Home Final Exam (20 points)

The take home final exam will be a two part exam. The first part of the exam will include a 10 point quiz that will be posted on CANVAS by December 1st and can be completed at any time before the 12nd. The second part of the exam will include a short essay that will have you debate a current DSM 5 controversy. **This assignment is due December 12, 2019 on CANVAS by 11:59pm.**

Assignment	Points	Due Date
Presentation and Write-up of Diagnosis	40	on-going
Psychopharmacology paper	15	9/22/19
Documentary on Mental Illness	15	10/20/19
Take Home Final Exam	20	12/12/19
Participation	10	on-going

d. Attendance and Class Participation

Attendance: Attendance is necessary for participation to occur but attendance alone is not enough – you have to actively engage – ask and answer questions, make comments.

Participation counts for 10% of your overall grade. If you are to miss more than 1 class during the semester, you will need to speak with me, as an additional writing assignment will be required of you.

Typically each week we'll have some combination of lecture, small group discussion and full class discussion. Lecture outline will be posted on CANVAS before the night of the lecture. Each week there will be assigned readings. As we progress through the semester, I will begin to highlight readings based on our class discussions. Each week, in discussion you will be asked about the core concepts and relevant implications of these concepts. Core concepts should link from one week to the next in the sense that you should be asking yourself (and me) how the current week's content relates to what we already learned. The goal of the discussions is to create an active learning context in which each week's content is actively linked to prior content so that by the end of the semester, students will have a linked memory structure, facilitating later recall and use of the material in class and in the field.

Please refer to the MSW Student Guide for policies related to attendance and class participation found here: <https://ssw.umich.edu/msw-student-guide/section/1.08.00/17/policy-on-class-attendance>

e. Grading

The Grading Scale is:

A = 100% - 95%	B+ = 89% - 86%	C+ = 79% -76%
A- = 94% - 90%	B = 85% - 83%	C = 75% -73%
	B- = 82% - 80%	C- = 72% - 70%

A+ is reserved for exceptional work.

Please refer to the MSW Student Guide for additional questions on grading and grading for special circumstances: <https://ssw.umich.edu/msw-student-guide/section/1.07.00/14/grades-in-academiccourses-and-in-field-instruction>. <https://ssw.umich.edu/msw-student-guide/section/1.07.01/15/gradesfor-special-circumstances>.

Due dates: Assignments are to be submitted on CANVAS by 11:59pm on the assigned due date. After the due date, 1 point will be deducted per day each day late from your grade on the assignment, with a maximum of 5 points deducted for a late submission.

f. Additional School and University policies, information and resources are available here:

<https://ssw.umich.edu/standard-policies-information-resources>.

They include:

Safety & Emergency Preparedness:

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB (7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email ssw-ADAAcompliance@umich.edu.

Office of Student Services

School of Social Work | Room 1748

734-936-0961

For more information view the annual Campus Safety Statement at

<http://www.dpss.umich.edu/>.

Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

Mental Health and Well-being:

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact Counseling and Psychological Services (CAPS) at (734) 764-8312 and <https://caps.umich.edu/> during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult University Health Service (UHS) at (734) 764- 8320 and <https://www.uhs.umich.edu/mentalhealthsvcs>, or for alcohol or drug concerns, see www.uhs.umich.edu/aodresources.

Teaching Evaluations:

In general, teaching evaluations can help faculty improve their classroom performance and provide important information for decisions about re-appointment, promotion, tenure, salary, and awards. All of the schools and colleges have teaching evaluation tools to meet these objectives. Students are strongly encouraged to complete teaching evaluations at the end of each term. Teaching evaluations are administered via Canvas and will be emailed to students during the last week of classes. Student identity is completely anonymous, and instructors cannot view evaluation reports until after grades are submitted.

Proper use of Names and Pronouns:

All students will be referred to by the names and pronouns they use (e.g. she, they, ze, he). If you have a name that differs from the one that appears on the roster, please inform the instructor before the second class period so that they use your correct name and pronouns. Students can designate their personal pronouns on the class roster via Wolverine Access: Student Business > Campus Personal Information > Gender Identity.

There are two inclusive restrooms in the SSW building: room 1784 (1st floor, near Registrar's Office) and B833T (Lower Level). Click [here](#) for the Spectrum Center's map of gender inclusive restrooms on campus.

Accommodations for Students with Disabilities:

If you are in need of any accommodations, please let me know at your earliest convenience. Any information you provide is private and confidential and will be treated as such. Additional information about accommodations for students with disabilities, as well as a list of appropriate accommodation forms, is available [here](#). Please present the appropriate paperwork at least two weeks prior to the need for the accommodation (test, project, etc.).

For more information, contact:

Services for Students with Disabilities
G-664 Haven
Hall 505 South
State St.
Phone: (734) 763-3000
Email: ssdoffice@umich.edu

Religious/Spiritual Observances:

Although the University of Michigan, as an institution, does not observe religious holidays, it has long been the University's policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities. It is the obligation of students to provide faculty with reasonable notice of the dates of religious holidays on which they will be absent. Such notice must be given by the drop/add deadline of the given term. Students who are absent on days of examinations or class assignments shall be offered an opportunity to make up the work, without penalty, unless it can be demonstrated that a make-up opportunity would interfere unreasonably with the delivery of the course. Should disagreement arise over any aspect of this policy, the parties involved should contact the Department Chair, the Dean of the School, or the Ombudsperson. Final appeals will be resolved by the Provost.

Military Deployment:

Please refer to the following University website, if you are to be deployed at any point during the semester: <http://vets.umich.edu/life-at-michigan/military-deployment/>

Writing Skills and Expectations:

Strong writing and communication skills are essential to students' academic success and professional career. The Writing Coordinator for the School of Social Work is open to meeting with students during any phase of the writing process. The Writing Coordinator's office is housed within the Career Services Office. The Career Services Office also offers workshops, resources and individual assistance to help improve skills and confidence in written communication.

For more information or to schedule an appointment, contact:

SSW Writing Assistance
Career Services (Room
1696) 1080 S University Ave.
Phone: (734) 763-6259
Email: ssw-cso@umich.edu

APA formatting:

Any social work assignments presented as professional papers or presentations should utilize APA formatting. Review the MLibrary APA Citation Guide as needed. The Purdue Owl website is another helpful resource for assistance with APA formatting.

Academic Integrity and Plagiarism:

Please consult the Student Guide <http://www.ssw.umich.edu/studentGuide/> [Student Code of Academic and Professional Conduct] to make sure you are not committing plagiarism in your written reports, assessments or assignments. The ideas of others must be cited correctly and direct quotes must be shown with quotation marks and cited correctly. If you are in doubt cite! Plagiarism can be grounds for expulsion from the School. A useful web resource on academic integrity can be found at:
<http://www.lib.umich.edu/acadintegrity/>