DSM 5-New Developments-Clinical and Multicultural Applications
“A System in Transition”

SW 223 DSM 5
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Weekend Class CSUS Phone #: 916-278-7168
Spring 2017

SUNDAY COURSE OUTLINE
Course Dates: January 29th; February 19th; March 12th; April 9th; April 30th, 2017.
Time: 8 to 5 Room: ARC (Academic Resource Center) 1009

Course Overview:
Social Work 223 is designed to serve as a context of investigation and advanced study of a targeted advanced practice topic of interest to the Social Work graduate student. This three-unit elective will focus on the advanced understanding of the clinical application of the newly developed DSM 5. This class will consider the bio-psycho-social etiological base for the major psychological disorders (i.e. Schizophrenia Spectrum, Bipolar and Depressive, Anxiety, Obsessive-Compulsive and Trauma), as well as personality disorders, neuro-developmental, and neurocognitive disorders as well. As authors like Allen Francis, M.D., have pointed out rigorous biological determinism has long been the cultural fashion in general medical and even counseling/clinical practice. However, a holistic view of pathology and treatment is now becoming more widely accepted. This trend is very obvious in the diagnosis and treatment of mental disorders. Even though there is a new and expanding (and very important) biomedical paradigm, it is being expanded to include a more holistic view that includes social and cultural factors in both diagnosis and treatment of mental illness.

This class will present a client-centered model of differential assessment and diagnosis, using the DSM 5 as the base of exploration, based on a holistic paradigm that integrates known biological, psychological, social, and cultural factors. Cross-cultural studies and their implications for the assessment and diagnosis of mental illness will provide the student of this class with the basis for understanding a new direction in the application of DSM 5 to persons experiencing emotional disorder within a culturally sensitive context.

DSM-5: The Future of Psychiatric Diagnosis (?)

Publication of the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) marks one of the most anticipated and controversial events in the mental health field. SWRK 223 will critically analyze the changes in the areas of the disorders and disorder criteria that have been adopted in the DSM-5 with comparison to the old DSM IV-TR as well as cross reference to the release of the ICD 10 that occurred in the fall of 2015. This course will analyze the research base for the proposed changes in DSM 5, the structural, cross-cutting, and general classification issues that arise in the construction of the DSM 5, and involve each student in a critique of the proposed “new classifications” of the major mental disorders from the lens of one of leading critics of
the DSM 5, Dr. Allen Francis one of the most influential Psychiatrist in the United States and head of the DSM IV task force.

**Competency-Based Education**

In 2008 CSWE adopted a competency-based education framework for its EPAS. As in related health and human service professions, the policy moved from a model of curriculum design focused on content (what students should be taught) and structure (the format and organization of educational components) to one focused on student learning outcomes. A competency-based approach refers to identifying and assessing what students demonstrate in practice. In social work this approach involves assessing students’ ability to demonstrate the competencies identified in the educational policy.

The Nine (9) Social Work Competencies are listed below:

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<tr>
<th>Competency 1: Demonstrate Ethical and Professional Behavior</th>
<th>Competency 6: Engage with Individuals, Groups, Organizations, and Communities</th>
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<tr>
<td>Competency 2: Engage Diversity and Difference in Practice</td>
<td>Competency 7: Assess Individuals, Groups, Organizations, and Communities</td>
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<td>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</td>
<td>Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</td>
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<td>Competency 4: Engage In Practice-informed Research and Research-informed Practice</td>
<td>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</td>
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<td>Competency 5: Engage in Policy Practice</td>
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Throughout the course outline, you will notice the “C” symbol and corresponding number to reflect which of the aforementioned competencies that is reflected in the exercise, objective, or clinical activity.

**Course Objectives:**
At the conclusion of this class, the student will be able to display mastery of the following clinical social work practice concepts:

1. Advanced understanding and accurate use of the DSM 5 when performing differential diagnosis; (C 7)
2. Integrate cross cultural studies and their implications for the assessment and diagnosis of mental illness infusing culture and gender into a culturally and gender sensitive form of diagnostic practice; (C 2 & 4)
3. Display written and verbal competence in the articulation of the biological-social-psychological-cultural etiological dimensions of schizophrenia and psychosis, mood disorders, anxiety disorders, personality disorders, substance abuse and childhood disorders; (C 7)
4. Display practice application understanding of specific “interventions:” for specific disorders and intervention concerns with special populations. (C 8)
5. Display advanced competence in the development of differential diagnosis using the DSM 5 as a context of accurate diagnosis; (C 7)
6. Display written and verbal competence in the articulation and critique of the transition from DSM 5 into the DSM 5 system of diagnosis for each diagnostic category being studied (i.e. Schizophrenia and other disorders that present with Psychosis). (C 3 & 4)

Course Format
This course is structured like an advanced professional seminar, or workshop on this vital clinical area of practice. You will be responsible for reading and preparing “response sets” and Critique/Comment papers between each class that will be used in the small and full class clinical dialogue groups. Differential diagnosis is a very serious clinical cluster of skills with major legal, ethical, and social implications. I have a responsibility to teach you to use and respect this diagnostic process. This course is a great deal of work, and yet you will find there is no other way to learn the skills needed to do accurate diagnosis.

Confidentiality
Confidentiality is a critical ethical component to the course discussion and sharing. All students are bound by social work principles of confidentiality. Any and all client and personal information shared in the class is considered confidential information and should be respected and handled as such. Also, many of the students who take a course like this have a personal history or familial history with mental illness and if shared in class, this information must be safeguarded with confidentiality, respect, and empathy.

Course Expectations

- **Be A Participant** – Participating fully in this class will enrich your learning experience. It will also count toward your grade. This includes actively participating in class discussions, in class group presentation work, role plays and exercises, and class attendance
- **Be Committed**—Professional and personal growth is a critical aspect of
becoming a social worker. Be open and willing to engage in the journey both academically and personally.

- **Be Prepared** - Reading assignments shall be completed prior to the start of class.

- **Be Patient and Supportive** – Beginning a new class may cause you or your classmates some initial nervousness or apprehension. It is important that class members are patient and supportive of each other. Providing encouragement and support creates an atmosphere of trust and confidence. Such an atmosphere makes risk-taking possible and even exciting.

- **Be Respectful, Empathic, Non-Judgmental, & Unconditionally Accepting** – Students are expected to be considerate and respectful toward their classmates and instructor. The instructor welcomes and encourages you to speak-up and actively participate in class discussions and exercises. The instructor will not tolerate any student disrupting the class. A student is considered disruptive when he/she engages in behavior in the classroom that interferes with the process of teaching and learning. If any student persists in disrupting the class, points will be subtracted from his/her grade, and consultation will be sought with the Graduate Coordinator.

- **Be Present**—Please turn off or silent your cell phones. Accepting or placing calls or text messaging during class is not acceptable. Surfing the web on your computers is also not acceptable. This is a practice class so there is no need to have your computer on during the active part of the class—you may use it at break.

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**Student with Special Learning Needs**

The *Americans with Disabilities Act of 1990 (ADA)* provides protection from discrimination for qualified individuals with disabilities. Students with a disability, who require assistance, will need to contact the Office of Services to Students with Disabilities (SSWD) for coordination of academic accommodations. The SSWD is located in Lassen Hall, Room 1008. Their phone number is 916-278-6955 (voice) or 916-278-7239 (TDD).

**Required Course Texts:**

1. Pomeroy, Elizabeth; *The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis*, 2nd Edition; Cengage, 2015, ISBN # 978-1-285-74888-7. (Required). Amazon: $54.27 Rent; $129.00 Buy. *(NOTE: Think about buying this book with another classmate and sharing the vignettes—not your answer, just the vignettes).*


4. Demetr, D. *DSM5-New Developments: Clinical and Multicultural Applications: A System in Transition*, University Readers (indicated as Reader
Recommended Texts:
6. Morrison, James, *The First Interview: Revised for the DSM-IV*, The Guilford Press, Third Edition, 2008, ISBN 13 # 978—1-59385-636-6. (This is an AWESOME book if you have not had a great deal of exposure to person’s with a mental illness, and/or have not conducted initial interviews, or mental status examinations, and are thus unsure of what you are looking for and how to ask the questions to solicit vital information.)

Note: You will find that there is a large array of books that are designed to help you with the “process of differential diagnosis” and “the mechanics of the DSM 5”. You will find that they are very redundant, and most add little to your ability to do either task. The best instructor’s manual is experiential or just using the manual. There is no better way to learn the subtleties of differential diagnosis than trial and error and group processing!

Note: American Psychiatric Association DSM 5 Web-site: [http://www.dsm5.org/](http://www.dsm5.org/) is an essential web-site resource for the course. Once you log into this site you will notice all of the essential information you will need related to the changes from DSM IV to DSM 5, as well as the on-line Assessment Measures that are used in Section III of the new DSM 5.

Course Assignments:
1. **DSM 5 Differential Diagnosis Write-Ups & Defense(s):** You will be assigned DSM cases related to the diagnostic area being considered (i.e. Schizophrenia Spectrum Disorders) from the Pomeroy, 2015 text “*The Clinical Assessment Workbook*”.

You are expected to thoroughly answer the short questions for each disorder group. You are to type these answers up (New Times Roman, double spaced, 12 font). These probes are used in “clinical roundtable” during each session devoted to that diagnostic category. Were it asks for the “Your Diagnosis” you type up your “differential” diagnosis (using the appropriate “emerging measures and models material from Section III of the DSM 5), the model presented in your course reader beginning on
page 33, and your defense, including page number(s) from the DSM 5 as well as
including the specific “criteria” met (as listed in the DSM 5), with accompanying
criteria specified from the DSM 5. These will be handed in and graded on the
following scale:

- Minimal effort/quality = D (65)
- Average effort/quality = C (75)
- Above average effort/quality = B (85)
- Excellent effort/quality = A (95)

To determine your grade on these sets, simply multiply your total by the
number of question sets. NOTE: if you do not
have your sets (which are required per class, you will get a zero for each.

No late sets will be accepted no exceptions.

2. **In-Class Mental Status Quiz**: There will be one in-class “mental
status/differential diagnosis” quiz at the end of session three (March 13th, 2016).
(50 points) (C7)

3. **DSM 5 Diagnostic Criteria Quizzes or “Competency Test”**: Dr. Demetral will
distribute DSM 5 Diagnostic Quiz Questions for each disorder being addressed.
You will be able to drop your one of your lowest quiz scores in the semester. The
session in which a DSM 5 Diagnostic Criteria Quiz is being done are indicated on
the course outline. (C7)

4. **Culture and Mental Health Roundtable Discussion**: You are to go to the web
sites indicated on the course outline, session 2, February 19th, 2017 and read the
material on culture and the diagnosis of mental illness. A) You are then to
develop a critical thinking question that requires some “in depth” critical thinking
to answer based on the readings; B) Type out your answer. Make five copies of
your typed question and typed answer, with references. You will dialogue in
your small groups about your critical thinking culture and mental illness
question(s). (C2) 35 points

5. **Attendance**: Because this is a weekend class with only five sessions you cannot
miss a class without severe consequence. Each class is equivalent to three (3)
sessions in a fifteen (15) week class. So, if you miss one full day, you will be not
being given credit for the class, and must see Dr. Demetral. If you miss one half
day your final grade will be lowered one full grade.

**Course Outline**

**Session One: January 29th, 2017**

A. **Morning Session**:
Mental Status Examination: Differential Diagnosis
♦ “The Healing Science Within the DSM 5”
♦ Evolution of the DSM System
♦ The Structure of the DSM 5
  Sample vignettes exercise & discussion
♦ The Initial Interview:
♦ The Mental Status Definitions
♦ The Mental Status Examination Simulation & In-Class Exercise/Quiz
Readings (for the morning session):
1. DSM 5, pgs. Xiii; xli; Introduction; Use of the Manual, & Briefly look at Section II & III.
2. Reader: Section One “The Mental Status Examination, Readings 1 through 6, pages 1-56.
   *The Mental Status Examination Simulation & In-Class Exercise/Quiz*

B. Afternoon Session:
*Schizophrenia Spectrum and Other Psychotic Disorders
*APA Diagnostic Training Tapes & Discussion
*Pomeroy Vignette “practice”
*DSM 5 for “Disorders that present with Psychosis”

Readings for the afternoon session:
♠ Pomeroy, The Clinical Assessment Workbook,
   Chapter 1 (pages 1-16) & Chapter 3 (pages 42-79) Cases 3.1, 3.2; & 3.4
♠ DSM 5 Section One, pgs. 5 to 31; Section Two, pgs. 87 to 122; Section three, pg. 742.

Assignments for Day One:
1. Schizophrenia Competency Test: Full Class Discussion & Group Grading
   Completed Schizophrenia Competency Quiz. *This is attached to this course outline.* (Bring to class)
2. Pomeroy, The Clinical Assessment Workbook,
   Chapter 3 (pages, 42-65) Case 3.1; 3.2; & 3.4
   a. Differential Diagnosis Case Write ups -this will be used for our practice in class in Pomeroy. Page 42 through 65, cases 3.1 3.2, & 3.4 are to be completed prior to coming to class. Read the case(s) and type up your answers to the short questions and the differential diagnosis. *I want you try to defend your diagnostic impression with the specific criteria that are met or not met directly quoted from the DSM 5.* (Bring to Class).

NOTE: Because you have never done a differential diagnosis before these first three are NO FAULT but you must have them typed up and completed as if you were submitting for your grade; these will be graded CR/NC (100 pts.):

*What is the Mental Status Examination?*
*General Appearance & Behavior*
   *Mood*
   *Flow of Thought*
*Insight & Judgment Outcome Informed*
We will have an in Class Clinical Exercise on Mental Status Examination

To prepare you for that, please take some time and review the following web site references: Please read (click Ctrl and left click your mouse to view), download the following excellent resource materials prior to coming to class. We will be referencing these materials and processing them in us in class exercise(s):

- **The Mental Status Exam**

  The Mental Status Exam is the basis for understanding the client's presentation and beginning to conceptualize their functioning into a diagnosis. ...

  [PDF]

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**Mental Status Exam**

File Format: Shockwave Flash

Clang Associations. Thought Process is the manner in which thoughts are connected or associated. *Examples of Thought Process. Mental Status Exam* ...

[PDF]

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Session Two: February 19th, 2017

- Bipolar and Related Disorders & Depressive Disorders Competency Probe
- Using the DSM 5 in the differential diagnosis of Bipolar & Depressive Disorders
- APA Diagnostic Training Tapes
- Pomeroy Vignettes
- Suicide Assessment

Readings:

2. DSM 5 pgs. 123-188.
3. Reader, Bipolar and Related Disorders and Depressive Disorders, Section 3, Readings 9-13 (pgs. 63-80)

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Culture & Mental Illness

Readings:

1. DSM 5, pgs. 749-760;
2. Web Based Resources for the Culture Question (see below)

   1. **Culture and Mental Illness**

      Washington Post staff writer Shankar Vedantam discusses his series about how *culture* influences the diagnosis, treatment and outcome of *mental illness.*
Assignments for Session Number Two:

1. Completed Mood Disorders Competency Quiz. This will be e-mailed to you. (Bring to class)

2. Differential Diagnosis Case Write ups for two (2) DSM Cases in Pomeroy. Page 79 through 131, cases 4.2 and 5.2. Read the case(s) and type up your answers to the short questions and the differential diagnosis. I want you to defend your diagnostic impression with the specific criteria that are met in the DSM 5. (Bring to Class). EXTRA CREDIT: You can do case 5.1 (pg. 113) for extra credit.

3. DSM 5 Diagnostic Criteria Quiz (In Class)

4. CULTURE QUESTION: You are to go to the web sites indicated on the course outline (or any others that you find) and read the material on culture and the diagnosis of mental illness. A) You are then to develop a critical thinking question that requires some “in depth” critical thinking to answer based on the readings; B) Type out your answer. Make five copies of your typed question and typed answer, with references. You will dialogue in your small groups about your critical thinking culture and mental illness question(s).

Session Three: March 12th, 2017

Anxiety Disorders; Obsessive-Compulsive and Related Disorders; & Trauma and Stressor-Related Disorders

*Anxiety Disorders Competency Probe
*Anxiety Disorders: Conceptual Overview
*Panic Attacks and Panic Disorders
*Obsessive-Compulsive Disorder
*Trauma-and Stressor-Related Disorders

APA Diagnostic Training Tapes

Readings:
1. Morrison, DSM-5 Made Easy, Chapter 4, 5, & 6. (pages 171-234)
2. DSM 5, pgs. 189-290.

Assignments:
1. Completed Anxiety Disorders Competency Quiz. This will be e-mailed to you. (Bring to class)
2. Differential Diagnosis Case Write ups for three (3) DSM Cases in Pomeroy. Page 132 through 231, cases 6.1, 7.2, 8.2
   (NOTE/Personal Alert: This case, of Celia, is related to a sexual assault in the differential diagnosis. Please be aware of any feelings of vulnerability that may arise if you have had a personal Hx of this type of trauma.) Read the cases and type up your answers to the short questions and the differential diagnosis. I want you to defend your diagnostic impression with the specific criteria that are met in the DSM 5. (Bring to Class).
3. In Class MSE & Differential Quiz

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Session Four: April 9th, 2017
Neurodevelopmental Disorders & Personality Disorders

Morning Session: Personality Disorders
* Cultural Influences on the Diagnosis of Personality Disorders
* Personality Disorders Competency Probe

Readings for the morning session:
- Morrison, DSM 5 Made Easy, Chapter 17 (page 528-563)
- Pomeroy & The Clinical Assessment Workbook, Chapter 18 (pages 392-412)
- DSM 5, pgs. 645-684. (also please read pages 461 to 480 on Disruptive, Impulse Control, and Conduct Disorders)
- Reader: Section 6, Personality Disorders, Readings 19-22, pgs. 115-128.

Assignments for the Personality Morning Session:
1. Differential Diagnosis Case Write ups for the two (2) Cases in Pomeroy. Complete case 18.1 & 18.2 (pages 398-404) on Personality Disorders.
2. Completed competency Quiz on Personality Disorder. (Bring to class)

Afternoon Session: Neurodevelopmental Disorders
Readings:
- Morrison, DSM 5 Made Easy, Chapter 1 (pages 17-54).
- Pomeroy & The Clinical Assessment Workbook, Chapter 2 (pages 16-41).
- DSM 5, pgs. 31-86
- Reader Section 7, Readings 23 through 27, pgs. 129-150.

Assignments for the Afternoon Session:
1. Differential Diagnosis Case Write-ups for the two (2) Cases in Pomeroy. Complete case 2.1 & case 2.3 (pages 26 & 33). Read the case and type up your answers to the short questions and the differential diagnosis. I want you to defend your diagnostic impression with the specific criteria that are met in the DSM 5. (Bring to Class).

Session Five: April 30th, 2017

Morning Session: Substance Related & Addictive Disorders
- Alcohol & Drug Related Disorders
- Other Addictive Disorders
- APA Training Tapes

Readings:
- Morrison, DSM 5 Made Easy, Chapter 15. (pages 393-473).
- Pomeroy & The Clinical Assessment Workbook, Chapter 16
- DSM 5, pgs. 481-590.
- Reader Section 8, Readings 28-32, pgs. 151-170.

Assignments:
1. Differential Diagnosis Case Write-ups for the two (2) DSM Cases in Pomeroy. Complete case 16.1 & 16.2 (pages 358 & 360) on Substance Related Disorders. Read the case and type up your answers to the short questions and the differential diagnosis. I want you to defend your diagnostic impression with the specific criteria that are met in the DSM 5. (Bring to Class).
2. DSM 5 Diagnostic Criteria Quiz (in class)

Afternoon Session: Neurocognitive Disorders
Neurocognitive Disorders & Neurological Disorders Due to a Medical Condition

*APA Training Tapes
*DSM 5 Classification

Readings:
- Morrison, DSM 5 Made Easy, Chapter 16 (pages 474-527).
- Pomeroy & The Clinical Assessment Workbook, Chapter 17, pages 377-391.
- DSM 5, pages 591-644.
- Reader Section 9, Readings 33-36, pages 171-194.

Note: Dr. Demetral will e-mail you very important and useful resource material(s) on Mental Status Considerations with Co-Morbidity and assessment and treatment materials as well as resource materials for Geriatric Assessment.

Assignment(s):
1. Differential Diagnosis Case Write ups for the two (2) DSM Cases in Pomeroy. Complete case 17.1 & case 17.2 (pages 382 & 384) on Cognitive Disorders. Read the case and type up your answers to the short questions and the differential diagnosis. I want you to defend your diagnostic impression with the specific criteria that are met in the DSM 5. (Bring to Class).
2. DSM 5 Diagnostic Quiz (in class)

Web Based Resources for Substance Use Disorders

Substance Abuse and Mental Health Services Administration (SAMHSA...)
SAMHSA works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services.
http://www.samhsa.gov/ - 37k - Cached
Click on and read
- Definitions, Terminology, Classification
- Screening and Assessment
- Treatment Planning and Approaches
- Evidence and Consensus Based Practices
Instructions: *Without consulting anyone else in class, or any other clinical resource like your field instructor, complete this “brainteaser” PRIOR to class on January 29th, 2017.* We will group grade and dialog about these items in class.

1. Criterion A for Schizoaffective disorder requires an uninterrupted period of illness during which criterion A for Schizophrenia is met. Which of the following additional symptoms must be present to fulfill diagnostic criteria for schizoaffective disorder?
   a. An anxiety episode—either panic or general anxiety;
   b. Rapid Eye Movement (REM) sleep behavioral disturbance;
   c. A major depressive episode or manic episode
   d. Hypomania;
   e. Cyclothymic

2. A 27-year-old unmarried truck driver has a 5 year Hx (history) of active and residual Sx of Schizophrenia. He develops Sx (symptoms) of depression, including depressed mood and anhedonia that last 4 months and resolve with Rx but do not meet criteria for major depression. Which Dx (diagnosis) best fits this clinical picture?
   a. Schizoaffective disorder;
   b. Unspecified schizophrenia spectrum and other psychotic disorder
   c. Schizophrenia (Principal); and Unspecified Depressive Disorder;
   d. Unspecified Bipolar and related disorder
3. A 19-year-old college student is brought in by ambulance to the emergency room. His college dorm supervisor who called the ambulance, reports that the student was isolating himself, was spacing his room, and was not responding to questions. In the ER, the Pt. gets down in a crouching position and begins to make barking noises at seemingly random times. His urine tox. (toxicology) Rept. Is neg., and all of his labs are within normal limits. What is the best description of his Sx?
   a. An animal delusion—the pt. believes he is a dog
   b. Intermittent explosive rage
   c. A paranoid stance leading to self-protective aggression
   d. Catatonic behavior
   e. Formal thought disorder

4. A 19-year-old female college student is brought into the ER by her family over her objections. Three months ago, she suddenly started feeling “odd” and she came home from college because she could not concentrate. Two weeks after she came home, she began hearing voices telling her that she is a “sinner” and must repent. Although never religious, she now believes she must repent, but she does not know how, and feels very confused. She is managing her ADL’s despite ongoing auditory hallucinations and delusions; she is affectively reactive on your MSE (Mental Status Examination). Which Dx (diagnosis) best fits this presentation?
   a. Schizophreniform disorder, with good prognostic features, provisional
   b. Schizophreniform disorder, without good prognosis, provisional
   c. Schizophreniform disorder, with good prognostic features
   d. Schizophreniform disorder, w/o good prognostic features
   e. Unspecific schizophrenia spectrum and other psychotic disorder

5. A 24-year-old male college student is brought to the emergency room by the college health service team. A few weeks ago he was involved in a car accident in which one of his friends was critically injured and died in his arms. The man has not come out of his room or showered for the last 2 weeks. He has eaten only minimally, claimed that aliens have targeted him for abduction, and asserted that he could hear their radio transmissions. Nothing seems to convince him that this abduction will not happen or that transmitters are not real/present. Which of the following Dx is most appropriate for this man?

   (Note: Depending on your defense, two of the following may be correct).
   a. Brief psychotic disorder with a marked stressor, because the Sx began after the tragic car accident
   b. Brief psychotic disorder w/o marked stressor, because the content of the psychosis is unrelated to the car accident
6. Zoë, aged twenty-two, gave birth to her first child, Alexia, four days ago. Zoë’s initial complaints included insomnia, restlessness, and emotional labiality that progressed to confusion, irritability, delusions, and thoughts of wanting to kill her baby. Which diagnosis would you consider first?

a) Induced delusional disorder  
b) Brief psychotic disorder, with post-partum onset  
c) Autoscopic psychosis  
d) Conversion disorder  

7. Eighteen year-old Patricia Wilson was taken to the North Shore emergency room by her family after she complained that she couldn't sleep because of the “voices” she heard. She couldn't really say what the voices were saying but the family reported that Patricia went on rambling and they could not understand her conversations. For the past six months Patricia's family tried to ignore these symptoms but became more worried as the symptoms continued. Their concerns became more emergent when Patricia started talking gibberish, giggled inappropriately, made silly faces, and neglected her hygiene and appearance. What would be your differential considerations?

8. Johann Wojcik emigrated from Poland ten years ago. His past mental health history is unknown. According to the police, he was found sitting motionless in the middle of the highway. The mobile crisis unit took him to the state mental hospital where he refuses to make eye contact, is mute, and resists attempts to be moved and does not interact or participate in any way. What would be your initial differential thoughts?

9. Sue Anne Brinkley is an eighteen-year old college freshman enrolled at Cameron State University. She presents herself at the campus counseling center following the unexpected death of her best friend. She exhibits the following symptoms --- disturbance in her thought process (tangential thinking) as well as delusions of grandeur (she believes herself to be Joan of Arc) and bizarre behaviors (repeatedly cleaning her sorority house stove with a toothbrush). According to her roommate, Alison, these symptoms started about eight or nine days ago (approximately 36 hours after hearing the news of her best friend's death). Sue Anne has no prior history of mental illness and her level of premorbid functioning was noted as "excellent". Based on this information, what do you believe is Sue Anne's most likely "initial diagnosis?"

a) Hypomania, with psychotic features
b) Schizoaffective disorder  
c) Brief psychotic disorder  
d) Unspecified Schizophrenia Spectrum Disorder

10. Josette's mother, Erlange St. Villien, (age 79) has had a sudden onset of delusional beliefs that some kind of highly specialized radio transmitter was inserted into her tooth filling as part of an experiment being conducted by aliens from the planet Mars. Josette tried to convince her mother that the radio transmitter really did not exist. However, Josette has become increasingly worried as these bizarre statements and behaviors have gone on for three days. Your first differential diagnosis that must be considered is:

a) Schizophrenia  
b) Unspecified Schizophrenia Spectrum Disorder  
c) Unspecified Delirium  
d) Schizophrenia, disorganized type

True/False Questions:

11. Schizophreniform disorder refers to prodromal, active, and residual schizophrenic symptoms that have existed for less than six months’ duration, but more than one month.

12. Tardive dyskinesia includes the involuntary movement of one's head, neck and limbs manifested by long-term antipsychotic medication.

13. Persons who meets the full criteria for a diagnosis of schizophrenia, and also have a significant mood disturbance lasting for more than two weeks should be diagnosed as schizoaffective disorder.

Definition:
14. The negative symptoms of Schizophrenia include affective flattening, alogia, or avolition. Describe and define these terms, and how they may be clues to a co-morbid mood disorder.

Critical Thinking question(s)

15. Symptoms of schizophrenia are divided into both "positive" and "negative" categories. Please describe the positive symptoms that are experienced by persons with schizophrenia. (Hint: Define, describe, and share what to be aware of when you are interviewing)

16. Delusional Disorder is one of the differential diagnosis” that must be considered when diagnosing Schizophrenia. Describe how you would make the differential diagnosis between Schizophrenia and Delusional disorder.
Appendix/Attachment A: How to Order Course reader from University Readers.

Dear students,

Your custom course materials for SWRK 223 published by University Readers are now available online at https://students.universityreaders.com/store/.

You will have the option of selecting a printed copy, a digital copy, or both. This course pack includes readings that we will use in class daily; please purchase your own copy as soon as possible to stay on top of your assignments. Also, please keep in mind that our institution adheres to copyright law—copyrighted material should not be copied or duplicated in any manner.

To purchase the textbook, please follow the instructions below:

Step 1: Log on to https://students.universityreaders.com/store/.

Step 2: Create an account or log in to your existing account to purchase.

Step 3: Choose the correct course pack, select a format, and proceed with the checkout process.

Step 4: After purchasing, you can access a digital copy of the first few chapters (if you selected a print format) or all chapters (if you selected a digital format) by logging into your account and clicking "My Digital Materials" to get started on your reading right away.

Print Price: $35.87    Digital Price: $32.28

Print orders are typically processed within 24 hours; the shipping time will depend on the selected shipping method and day it is shipped (orders are not shipped on Sundays or holidays). Shipping can take 1-4 business days, so please be sure to order in time to receive your materials for class.

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Sincerely,

David Demetral, Ph.D. & LCSW