

**WURZWEILER SCHOOL OF SOCIAL WORK****YESHIVA UNIVERSITY****PSYCHOSOCIAL PATHOLOGY SWK 6111**

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**Course****COURSE DESCRIPTION**

Psychosocial pathology, is a required course for second year advance clinical practice with individual and families majors, it introduces students to content on the assessment and classification of human behavior that often requires social work intervention. This course expands the knowledge learned in Foundations of Social Work Practice and Human Behavior in the Social Environment.

It is a continuation of the human behavior sequence which includes HBSE I&II with a focus on “normative” development and this course, with a focus on the distinctions between what is commonly thought to be abnormal and that which is clinically understood as abnormal. This course examines signs, symptoms and complexity of mental health diagnostic categories. Students learn to examine mental health concerns of diverse social, racial, ethnic and social class groups with special emphasis on those who have historically been devalued and oppressed.

The initial identification of individuals, whose symptoms and level of functioning indicate that they have a psychologically and/or sociologically based disorder, is often a social work function. Therefore, social workers need to understand how to use the DSM 5 and the ICD 10. The underpinning of use of these manuals is accurately assessing the behavior and competency functioning of clients to expedite referrals, provide concurrent treatment and provide information to other involved mental health disciplines.

**COURSE COMPETENCIES**

This course will help students achieve the following Council on Social Work Education Competencies: #1, #2, and #7.

Competency #2 will be measured using student outcome data.

**Competency #1 – Demonstrate Ethical and Professional Behavior**

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.

Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context.

Social workers use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.

Social workers demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.

Social workers use technology ethically and appropriately to facilitate practice outcomes.

Social workers use supervision and consultation to guide professional judgment and behavior.

### **Competency #7 –Assess Individuals, Families, Groups, Organizations, and Communities**

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making, collect and organize data and apply critical thinking to interpret information from clients and constituencies.

Social workers apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;

Social workers develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and

Social workers select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

### **COURSE COMPETENCY OUTCOMES**

Competency 2 is measured with student outcome data.

#### **Competency 2: Engage Diversity and Difference in Practice**

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

Social workers apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;

Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences; and

Social workers apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.

#### **Competency Indicators 2A and 2B.**

2A –Gains sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups;

2B – View themselves as learners and engage those with whom they work as informants.

### **INSTRUCTIONAL METHODS**

Psychosocial pathology is designed as a lecture/discussion course. Students will have ample opportunity to ask questions, discuss relevant issues and present relevant material. There will be a midterm assignment and a final examination.

### **COURSE EXPECTATIONS AND GRADING**

Students are expected to attend all classes and to be on time. Class participation is important and there is an expectation that students will do the required reading and be prepared for class discussion. Class discussions are meant to enhance the student understanding of content; reading assignments will not be summarized or reviewed in class.

Grades will be weighted as follows:

25% Weekly Assignments and Class Participation

35% Mid -Term Assignment

40% Final examination (Multiple Choice)

Grades:

### **Required Texts**

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York: W.W. Norton. ISBN: 13:978-0393710649 Price: \$66.00 (no substitutes, this edition conforms with DSM5).
- American Psychiatric Association. (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.). Washington, DC: Author. ISBN: 978-0-89042-555-8  
Price: \$111.66

Additional articles will be available on e-res; for the online course the articles will be available online in the reading folders for each module.

### **COURSE REQUIREMENTS**

#### **Assignment I- CLASS PARTICIPATION FOR IN-CLASS AND ON-LINE ASSIGNMENTS**

Class participation is an important part of the learning process and all students are expected to participate in all assigned exercises and discussions.

**Traditional In class:** students are expected to be prepared for class discussions on assigned readings, related questions raised by the professor and/or in class exercises. You will be graded on the depth of your contributions and preparedness for class discussions and exercises. In addition it is expected that all students have access to Canvas to complete posted readings and occasional assigned discussions.

**On-line class participation:** Due to the nature of the on-line course, your participation is imperative. *You will be responsible for being on-line each week and responding to the on-line questions found in the lessons and for responding to classmate's posts. This is an interactive*

*class where you will need to both post and respond to your classmates' posts.* You are expected to complete assignments on time and take responsibility for your learning. Responses to posts must be informed by your readings and identification of same in the posts and responses. Respect for the variety of views and values will foster an atmosphere of free exchange and growth through group process. Your time on-line will be logged and the depth of your participation will be graded by responses to assigned questions and responses to posts.

## **Assignment II- MENTAL STATUS EVALUATION**

This is a written assignment to measure the assessment skills of the student. The context will be created or chosen by the individual professor. You will be expected to write a Mental Status Assessment.

Students will write an assessment based upon either (1) the student choice of a client from his/her current caseload or (2) a case presented by the professor, or (3) a role play in class or (4) a film clip provided by the individual professor. Regardless of which context is used, this is a first contact with a client. This first contact (ONLY) is the basis of the Mental Status Evaluation. You will be required to use the current evaluation system in the DSM 5 and ICD 10 to hypothesize a possible diagnosis and to discuss possible recommendations. You may use any resources that are available on the syllabus or on-line lesson section.

You should use 2-3 outside readings from **professional journals or texts** in addition to any assigned readings. **Do not use online computer sites such as Wikipedia or sites that provide psycho-educational information.** Use APA 6<sup>th</sup> edition style for writing, citations and references. The total number of pages and format will be directed by your instructor.

Use the following outline to write the Mental Status Evaluation:

### **MENTAL STATUS EVALUATION**

- I. **DEMOGRAPHIC DESCRIPTION:** Identify and place client in his current reality situation including age, sex, race, ethnicity, religion, nationality, marital status, social class, sexual orientation etc.
- II. **PRESENTING PROBLEM:** Include problem for which client seeks help. What is the source and reason for referral; whether problem is of recent origin or a long standing issue? What is client's perception of problem? What precipitated the referral at this time? Is this client mandated and if so, what is the client's response to this?
- III. **APPEARANCE:** Describe physical appearance and any comments client makes about his appearance. Indicate if client description seems accurate.
- IV. **LEVEL OF CONSCIOUSNESS:** Describe level of alertness of the client; level of distraction; ability of client to stay connected to the worker. Did client seem sleepy, lethargic, drugged?

- V. **BEHAVIOR:** Include quality, tone, and rate of speech. Include statement of any unusual movement and when occurred.
- VI. **MOOD AND AFFECT:** Describe mood and affect of client. Were mood and affect consonant? Were they consonant with content? What is the evidence of mood and affect?
- VII. **THOUGHT CONTENT AND PERCEPTION:** Describe the content of the client's thoughts and perceptions. Indicate accuracy and appropriateness of them. Indicate whether there are any indications of hallucinations, delusions, suicidal or homicidal thinking. Are there any indications of thought disturbances such as thought broadcasting, thought withdrawal, thought insertion, ideas of reference, illusions or projections?
- VIII. **THOUGHT PROCESS:** Describe the thinking process. Indicate whether the thinking includes magical thinking, blocking, self critical thinking, tangential thinking, echolalia, clanging, circumstantial thinking, loosening of associations, nonproductive thinking or flight of ideas.
- IX. **INTELLECTUAL FUNCTIONING:** Describe level of abstract thing or lack of this; describe ability to calculate numbers, how distractible is the person? Indicate if there is agnosia, apraxia, dementia or concrete thinking. How much schooling has the person had?
- X. **MEMORY SPHERES:** Describe short and long term memory. Indicate if there is confabulation, word finding difficulties.
- XI. **ORIENTATION:** Awareness of self in person, place and time.
- XII. **INSIGHT:** Refers to level of awareness and understanding of the illness.
- XIII. **JUDGMENT:** Ability to make good judgments, and pragmatic choices appropriate to protecting self and others.
- XIV. **IMPRESSIONS AND DIAGNOSTIC STATEMENT:** Include the following:
  - a. Significant personal history of client
  - b. Assessment of client's current social functioning in immediate social situations (family relationships, work, recreation, school etc.)
  - c. Assessment of personality structure of the client with particular reference to intellectual endowment, capacity for and quality of object relationships, tolerance for frustration and capacity to delay; capacity for reality testing; discuss interplay between client's current reality situation and his/her ability (ego strengths and weaknesses) to deal with the situation. Discuss the nature and appropriateness of

his/her defense mechanism in relation to the social factors and influences of current external pressures.

- d. Assessment of the nature of the client's problem in light of his/her history. Tie together the significant history and factors in cause-effect relationship as understood from the history. If the history does not contain sufficient information about a specific aspect, it is important to state that this is unclear, thus pointing out areas for further exploration and assessment.

## XV. HYPOTHESIZED DIAGNOSIS, PROGNOSIS AND RECOMMENDATIONS

**There may be other specific instructions given to you by the individual professor. Due date will be given by the individual professor. Late papers are not accepted.**

### Assignment III-FINAL EXAMINATION

There will be a final examination evaluating students on the mastery of content covered during the semester. The details and a review will be discussed during the semester. The questions are typically multiple choice objective questions. For in- class courses, the examination will be administered during the last class session. For on-line classes the professor instructor will provide instructions.

**All students must complete ALL class assignments, mid-terms and final exams to receive a passing grade for the course. DO NOT make last minute requests for special accommodations for completion of work; if accommodations are necessary this must be thoroughly discussed with the professor with sufficient time to explore options and for the professor to plan. LATE ASSIGNMENTS WILL BE GRADED DOWNWARD!**

### STUDENTS WITH DISABILITIES

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations are asked to make an appointment with the Office of Disability Services, Abby Kelsen, Wilf Campus, 646-685-0118, [akelsen@yu.edu](mailto:akelsen@yu.edu), during the first week of class. Please submit your accommodations letter to the Disability Services Office immediately. **After approval for accommodations is granted, documentation should be submitted to the professor; this should be done by the end of the third class. Any accommodations must be discussed and negotiated with the individual professor; specific accommodations are not automatic.**

### E-RES (Electronic Reserve)

Most of the articles mentioned in the syllabus are available on electronic reserve [E-RES]. You can access the full text articles from your home or from a university computer at no charge. You may have to locate specific journal articles independently; the absence of an article on ERES is not a reason to be unprepared for class. You are expected to learn to search for the scholarly

material needed.

## **E-RESERVES**

**To access E-Reserves from Canvas:**

*Electronic reserve lists are now automatically added to all Canvas course pages. Students can directly access the list without a password by clicking the "Library and Research Services" link on the Canvas page.*

**How do I Use E-RES?**

**To access E-Reserves:**

□ Kilgus, et al. is on Print Reserves, available at the library reserve desk. □ For other readings go to <http://libguides.yu.edu/home> Click on “E-Reserves.” □ If you are off campus, you will be prompted for your personal user ID and password for off-campus access. □ Search for & select your course by beginning to type course number, course name, or instructor name. □ Enter your course password when prompted (6111FAL) in UPPER CASE. □ If you need help accessing readings, please contact [eres@yu.edu](mailto:eres@yu.edu). If there is a problem with the materials, please contact Stephanie Gross, E-reserves Librarian, [gross@yu.edu](mailto:gross@yu.edu) □ To view documents that are in pdf format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

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Kilgus, et al. is on Print Reserves, available at the library reserve desk.

If you have questions or concerns about reserves or E-reserves, please contact:

- Stephanie Gross, Librarian, [gross@yu.edu](mailto:gross@yu.edu)

## **PLAGIARISM**

Students should remember that the School will not condone plagiarism in any form and will sanction acts of plagiarism. A student who presents someone else's work as his or her own work



is stealing from the authors or persons who did the original thinking and writing. Plagiarism occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also plagiarism to use the ideas and/or work of another student and present them as your own. It is not plagiarism to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. Any student who can be shown to have plagiarized any part of any assignment in this course will automatically **FAIL** the course and will be referred to the Associate Dean for disciplinary action that may include expulsion.

### **HIPAA ALERT**

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work, will need to be de-identified. What this means is that any information that would allow another to identify the person needs to be changed or eliminated. This includes obvious things like names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity, or gender. If diagnosis, race/ethnicity, or gender is directly related to the case presentation it can be included if it will not allow for identification.

### **CONFIDENTIALITY**

Given the nature of classroom discussion and the presentation of case materials and at times personal revelation in class, students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.

### **COURSE OUTLINE**

#### **UNIT I: INTRODUCTION**

This unit examines

- Definition and content of course; review of course objectives
- Historical and theoretical concept of illness and disease, normality and abnormality and use of diagnostic manuals
- Adaptiveness in illness and health
- Bio-psychosocial emphasis of assessment for social workers
- The social worker's roles: diagnostician, advocate, collaborator, mediator, educator, evidenced-based practitioner
- Use of DSM 5 and ICD 10 as paradigms for diagnosing mental illness and use of psycho-pharmacology

**Required Reading:**

- Aneshensel, C. (2009). Toward explaining mental health disparities. *Journal of Health and Social Behavior*, 50, (4), Dec. 377-394.
- Barnes, H. (2011). Does mental illness have a place alongside social and recovery models of mental health in service users' lived experience? Issues and implications for mental health education. *Journal of Mental Health Training Education and Practice*, 6, (2), 65-71.
- Davidson, L. et al. (2006). Play, pleasure and other positive life events: Non-Specific factors in recovery from mental illness? *Psychiatry*, 69 (2), Summer, 151-161.
- Gove, W. (2004). The career of the mentally ill: An integration of psychiatric labeling/ social construction and lay perspectives. *Journal of Health and Social Behavior*, 45, (4), Dec. 357-375.
- Hudson, C. (2012). Disparities in the geography of mental health: Implications for social work. *Social Work*, 57, (2), April, 107-119.

## **UNIT II. Abnormal Behavior in Society: Historical Perspectives, Diagnosis and Dimensional Approach to understanding Psychopathology**

This unit will explore the historical antecedents to our understanding of mental illness, diagnosis, and treatment.

### Required Reading:

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

#### Chapter 1: Psychopathology

- Overton, S.L., Medina, S.L., (2008) The Stigma of Mental Illness. *Journal of Counseling and Development*, 86, (2), Spring, 1-11.
- Roberts, R. (2006). Laing and Szasz: Anti-psychiatry, Capitalism and Therapy
- Scheyett, A. M. (2005). The mark of madness: Stigma, serious mental illnesses, and social work. *Social Work in Mental Health: The Journal of Behavioral and Psychiatric Social Work*, 3 (4), 79-97.
- Szasz, T. (1998). Parity for mental illness, disparity for the mental patient, *The Lancet*,

352, (9135) October, 1213-1215.(CLASSIC)

### **UNIT III. Assessment: Continual Process and a Product**

#### **Required Reading**

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.  
  
Chapter 2: Assessment
- Applegate, J.S. “The Good Enough Social Worker: Winnicott Applied” in Edward, J. & Sanville, J.Eds. (1996) *Fostering Healing*. Northvale, N.J.: Jason Aronson.
- McWilliams, N. (1994). *Psychoanalytic Diagnosis*. New York: Guilford Press. (Chapter 1) “Why Diagnose?”(CLASSIC)

#### **Recommended Reading:**

- Hudson, C. (2005) Socioeconomic status and mental illness: Test of the social causation and selection hypothesis. *American Journal of Orthopsychiatry*, 75, 3-18.
- Lopez, S.R. & Guarnaccia, P.J. (2000) Cultural psychopathology: Uncovering the social world of mental illness. *Annual Review of Psychology*, 51, 571-598.
- Millard, D. W.(2000). A transdisciplinary view of mental disorder. Turner(Ed). *Adult Psychopathology, a social work perspective* (2<sup>nd</sup> ed). New York: Free Press.
- Taylor, R.J, Ellison, C.G.,Chatters, L.M.,Levin, J.S., & Lincoln, K.D. (2000). Mental health Services in faith communities: The role of clergy in black churches. *Social Work*, 45, 73-87.

### **UNIT IV. Building Blocks of Diagnosis**

This unit will explore man as a whole person; we teach the breakdown of mental functions as an artifice for the purpose of teaching the theoretical content. The professional defines the illness. The professional functions in the following roles in the process: collaborator, mediator, advocate,

educator, diagnostician and evidence based practitioner. The following issues must be considered in causality.

- Understanding the whole patient
- How physical and mental disorders are related
- Mental Status Evaluation and Diagnostic Statement as Baseline Assessment: Dimensional Approach, Developmental and Lifespan Considerations
- Culture, Genetics and Social Construction

Required reading:

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.
- Chapter 3: Diagnosis & Prognosis
- Chapter 4: Etiology

**Basics of Diagnosis**

- A. The roadmap- Developing the clinical history includes the history of present illness with symptoms, signs and syndromes; previous mental health history; personal and social background; family history; physical symptoms; mental status evaluation.
- B. The diagnostic method- This includes systematic assessment of date; hierarchy of diagnoses; differential diagnosis; the decision tree.
- C. Tips for Integration of data- (1) History may beat current appearance in developing the diagnosis. (2) Recent history may be more important than ancient history. (3) Collateral history may be more accurate than client's version of history. (4) Signs, meaning what you observe may be more important than symptoms. (5) Objective findings may be more important than subjective judgment. (6) Consider family history. (7) Prefer first the diagnosis that gives the simplest explanation that is more common. (8) Evaluate for differential diagnosis.
- D. Red Flags and Uncertainty-Accept diagnostic uncertainty. The condition may be undiagnosed. Typical red flags are (1) a story that keeps changing (2) repeated unsuccessful suicide attempts (3) unusual symptoms (4) spotty amnesia (5) memory loss in absence of cognitive disorder (6) in-congruous affect (7) hospitalizations in many locations (8) history that conflicts with the usual course of mental illness as we know it.
- E. Multiple Diagnoses- Identify co-morbidity and impose an order for this.

## **UNIT V: Diagnostic Categories, DSM 5 and ICD 10**

These manuals are classifications of mental disorders with specifically defined criteria. They are not sacred texts; they are guides to categorize illness and provide a language of communication for professionals. The diagnoses overlap with each other and with normality.

**Not All diagnoses in the manuals will be discussed but specific diagnostic categories will be explored as representative.**

### **Class Lecture**

Use of the manuals, coding and reporting

### **Required Readings:**

- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.  
  
Chapter 4: Etiology  
Chapter 5: Treatment

**VI: Study of Specific Diagnostic Categories** (The individual professor will choose the specific disorders to study that are representative of this category.)

### **A. Neurodevelopmental Disorders and Neurocognitive Disorders**

### **Required Readings:**

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.) Washington, D.C. Author  
Neurodevelopmental Disorders, 31-87  
Neurocognitive Disorders, 591-644
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.  
  
Chapter 25: Neurodevelopmental Disorders  
Chapter 10: Neurocognitive Disorders

### **B. Schizophrenia Spectrum and Other Psychotic Disorders**

### Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.) Washington, DC: Author. 87-102
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

Chapter 12: Schizophrenia and Other Thought Disorders

### **C. Mood Disorders**

### Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.) Washington, D,C: Author  
*Bipolar and Related Disorders* 123- 154  
*Depressive Disorders* 155-188
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

Chapter 13: Mood Disorders

### **D. Anxiety Disorders, Trauma and Stress; Obsessive Compulsive Disorders**

### Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.) Washington, DC: Author 189-233; 235-264; 265-291
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

Chapter 14: Anxiety Disorders

Chapter: 15: Obsessive Compulsive Disorders

## Chapter 16: Trauma and Stress Disorders

### E. Eating Disorders

#### Required Reading

- American Psychiatric Association, (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.). Washington, DC: Author 329-354.
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

#### Chapter 20: Eating and Elimination Disorders

- Beumont, P., Touyz, S. (2003) What kind of illness is anorexia nervosa? *European Child and Adolescent Psychiatry, (Suppl. 1)* 12: 20-24.
- Hope, Tony, Tan, Jancinta, Stewart, Anne; Fitzpatrick, Ray (2011) Anorexia Nervosa and the language of authenticity. *The Hastings Center Report*. 41.6 (Nov/Dec) 19-29.

### F. Substance Related Addictive and Impulse Control Disorders

#### Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. (5<sup>th</sup> ed.) Washington, DC: Author 461-490.
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

#### Chapter 11: Substance-Related Disorders

#### Chapter: 23: Disruptive and Impulse Control Disorders

### G. Personality Disorders

#### Required Reading

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. (5<sup>th</sup> ed.) Washington, DC: Author **pages numbers** .
- Kilgus, M.D., Maxmen, J.S., & Ward, N.G. (2016). *Essential Psychopathology & Its Treatment* (4<sup>th</sup> edition). New York, New York.: W.W. Norton.

Chapter: 24: Personality Disorders

### **Final Exam**