**N5211 Diagnostic Principles in Psychiatry and Mental Health**

**The University of Texas at Arlington**

**College of Nursing**

**Spring 2018**

**Instructor:** Julie Durand MSN, RN, PMHNP-BC

**Office Number:** Pickard Hall

**Office Telephone Number:** 817-272-2011

**Email Address:** Julie.durand@uta.edu

**Faculty Profile:** https://mentis.uta.edu/explore/profile/julie-durand

**Office Hours:** Monday – Friday by appointment

**Section Information:** 2182-Nurs 5211-001 , 2182-Nurs 5211-002

**Time and Place of Class Meetings:**

Dates: 1 in person meeting, the rest of content is delivered online.

**Review of course / meeting (required attendance) January 22nd, 10-1150 AM**

**Description of Course Content:**

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| This course provides the scientific foundations for diagnostics for various psychiatric disorders and mental health problems across the lifespan. Prerequisite: NURS 5315; NURS 5210 or concurrent enrollment or Certificate Program Standing. |

**Student Learning Outcomes:**

Upon completion of the course, the student will be able to:

1. Differentiate normal from abnormal signs and symptoms patients with mental health concerns across the lifespan, using DSM-5 and other evidence-based criteria.
2. Develop appropriate diagnoses, differential and rule out diagnoses that includes considerations of environmental and contextual factors and criteria for accurate diagnosing of mental health disorders.

**Required Textbooks and Other Course Materials:**

1. **​**Sadock, B., Sadock, V. & Ruiz, P. (2015). Kaplan and Sadock’s Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. (11th ed.). Philadelphia, PA: Lippincott Williams & Wilkins. ISBN: 978-1-60913-971-1
2. ​​American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders DSM-5. (5th ed.). Washington DC: Author. ISBN:  9780890425558
3. Zimmerman, M., (2013). Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination. (2nd ed.). Psych Products Press. ISBN:  9780963382115
4. Robinson, D. J. (2016). The mental status exam explained. (3rd ed.). Port Huron, MI: Rapid Psychler Press. ISBN-13: 978-1894328319

**Recommended**

1. American Psychological Association. (2010). Publication manual of the American

 Psychological Association. (6th ed.). Washington, D. C.: American Psychological

 Association. ISBN 9781433805615

**Description of Major Assignments and Examinations with Due Dates:**

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| APA format and UTA title page are required for all assignments submitted to your instructor(s). |
| Assignment | **Course Weight** | **Date Due** |
| Mental Status Exam (MSE): Students are expected to watch a psychiatric interview and complete the mental status exam template using with information collected from the video.  Completed template is due by 11:59pm. | **2.5%** | **1/22/18** |
| Suicide Risk Assessment: Students are expected to watch an interview of a patient in crisis and complete a suicide risk assessment using provided tools. Risk assessment tool is due by 11:59pm. | **2.5%** | **2/2/18** |
| CDM I | **10%** | **2/9/18** |
| Test 1:This is an online multiple-choice exam covering material discussed during weeks one through four. See test blue print at the end of the syllabus for more information. | **15%** | **2/16/18** |
| CDM II | **10%** | **3/9/18** |
| Test 2:This is an online multiple-choice exam covering material discussed during weeks five through eight. See test blue print at the end of the syllabus for more information. | **15%** | **3/30/18** |
| Test 3: This is an in-class multiple-choice exam covering material discussed during weeks nine through twelve. See test blue print at the end of the syllabus for more information. | **15%** | **4/13/18**  |
| Neurocognitive Assessment: Students are expected to observe an evaluation of cognitive functioning and complete a cognitive assessment with either the mini mental status exam (MMSE) or SLUMS tool using information collected from the video.  Due by 11:59pm. | **5%** | **4/20/18** |
| CDM III | **10%** | **4/27/18** |
| Comprehensive Final Exam:This is an in-class multiple-choice exam covering material discussed during weeks one through twelve. See test blue print at the end of the syllabus for more information. | **15%** | **TBD**  |

**Summary of Course Weights:**

**MSE assignment = 2.5%**

**Suicide risk assessment = 2.5 %**

**Neurocognitive assessment = 5%**

**CDM = 10% each (3) = 30%**

**Tests = 15% each (3) = 45%**

**Final exam  = 15%**

 **= 100%**

**Attendance Policy:**

At The University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students’ academic performance, which includes establishing course-specific policies on attendance. As the instructor of this section, I allow students to attend class at their own discretion. Therefore, attendance in class meetings is not required, but is strongly encouraged, as there are participation and class activities incorporated in course grades (*see grading criteria for details*). Students are responsible for all missed course information. If students must miss a required or graded in class experience, they must contact faculty immediately to determine if and to what extent the missed experience can be remedied. Attendance rules applied in this course are course specific and *not* a matter of institutional policy.

**Grading Policy:**

Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

Course Grading Scale

A = 90 to 100

B = 80-89

C = 70-79

D = 60 to 69 – cannot progress

F = below 59 – cannot progress

**Grade Grievances**:

Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current University Catalog. If you would like to file a grade grievance, please see the MSN student handbook, page 11. The MSN student handbook 2016-2017 AY can be access as: <http://www.uta.edu/conhi/_doc/gnurs/MSN_student_handbook.pdf>

**Make-up Exams:**

Please contact your faculty for approval.

**Late Assignments:**

Please contact your faculty for approval.

**Test Reviews:**

Contact faculty for instructions.

**Expectations of Out-of-Class Study:**

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 6 hours per week of their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc.

**UTA College of Nursing and Health Innovation – Language:**

**Drop Policy:**

Campus-based graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor. Accelerated online graduate students who wish to change a schedule by either dropping or adding a course must first email Msnadvising@uta.edu

Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Office of Financial Aid and Scholarships at <http://www.uta.edu/fao/>.  The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20176>

1.   A student may not add a course after the end of late registration.

2.   A student dropping a graduate course after the Census Date, but on or before the last day to drop, may receive a grade of W. Students dropping a course must:

1. Contact your graduate advisor to obtain the drop form and further instructions before the last day to drop.

**Census Day:  January 31,2018**

**Late Registration – January 16- January 19 2018**

**Last day to drop or withdraw – March 30 2018 by 4:00 p.m.**

**Last day of classes – May 4 2018**

**Final Exams – May 5- May 12 2018**

**Disability Accommodations:**

UTArlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA), The Americans with Disabilities Amendments Act (ADAAA),* and *Section 504 of the Rehabilitation Act.* All instructors at UT Arlington are required by law to provide “reasonable accommodations” to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of **a letter certified** by the Office for Students with Disabilities (OSD).Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting:

**The Office for Students with Disabilities (OSD)**

Visit[www.uta.edu/disability](http://www.uta.edu/disability) or call 817-272-3364. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

**Counseling and Psychological Services (CAPS)**

Visit[www.uta.edu/caps/](http://www.uta.edu/caps/) or call 817-272-3671, available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

**Non-Discrimination Policy:**

*The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit*[*uta.edu/eos*](http://www.uta.edu/hr/eos/index.php)*.*

**Title IX Policy:**

The University of Texas at Arlington (“University”) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated.*For information regarding Title IX, visit* [www.uta.edu/titleIX](http://www.uta.edu/titleIX) or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or [jmhood@uta.edu](file:///C%3A%5CUsers%5Colivier%5CAppData%5CLocal%5CTemp%5Cjmhood%40uta.edu).

**Academic Integrity:**

All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted.

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with the University policy, which may result in the student’s suspension or expulsion from the University. Additional information is available at <https://www.uta.edu/conduct/>.

"Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts."

As a licensed registered nurse, graduate students are expected to demonstrate professional conduct as set forth in the Texas Board of Nursing rule **§215.8 in the event that a graduate student holding an RN license is found to have engaged in academic dishonesty, the college may report the nurse to the Texas BON using rule §215.8 as a guide.**

**Plagiarism:**

Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html>

**Student Support Services**:

UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include [tutoring](http://www.uta.edu/universitycollege/current/academic-support/learning-center/tutoring/index.php), [major-based learning centers](http://www.uta.edu/universitycollege/resources/college-based-clinics-labs.php), developmental education, [advising and mentoring](http://www.uta.edu/universitycollege/resources/advising.php), personal counseling, and [federally funded programs](http://www.uta.edu/universitycollege/current/academic-support/mcnair/index.php). For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at <http://www.uta.edu/universitycollege/resources/index.php>.

**University Tutorial & Supplemental Instruction (Ransom Hall 205):**

UTSI offers a variety of academic support services for undergraduate students, including 60 minute one-on-one [tutoring](http://www.uta.edu/universitycollege/current/academic-support/learning-center/tutoring/index.php) sessions, [Start Strong](http://www.uta.edu/universitycollege/current/academic-support/learning-center/tutoring/start-strong.php) Freshman tutoring program, and [Supplemental Instruction](http://www.uta.edu/universitycollege/current/academic-support/learning-center/si/index.php). Office hours are Monday-Friday 8:00am-5:00pm. For more information visit [www.uta.edu/utsi](http://www.uta.edu/utsi) or call 817-272-2617.

**The IDEAS Center (2nd Floor of Central Library):**

Offers FREE tutoring to all students with a focus on transfer students, sophomores, veterans, and others undergoing a transition to UT Arlington. Students can drop in, check the schedule of available peer tutors at [www.uta.edu/IDEAS](http://www.uta.edu/IDEAS), or call (817) 272-6593.

**The English Writing Center (411LIBR)**:

The Writing Center offers **FREE** tutoring in 15-, 30-, 45-, and 60-minute face-to-face and online sessions to all UTA students on any phase of their UTA coursework. Register and make appointments online at <https://uta.mywconline.com>. Classroom visits, workshops, and specialized services for graduate students and faculty are also available. Please see [www.uta.edu/owl](http://www.uta.edu/owl) for detailed information on all our programs and services.

The Library’s 2nd floor Academic Plaza offers students a central hub of support services, including IDEAS Center, University Advising Services, Transfer UTA, and various college/school advising hours. Services are available during the library’s hours of operation. <http://library.uta.edu/academic-plaza>

**Campus Carry:**

Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more information, visit <http://www.uta.edu/news/info/campus-carry/>

**Student Success Faculty:**

In order to assist masters nursing students who are at academic risk or who need academic support, there are graduate faculty members available to you. The goal of the success faculty members is to support student achievement in masters-level coursework so students can reach their educational goals. Students may contact a success faculty member directly, or a course instructor may encourage you to contact a success faculty member.

The success faculty in the MSN Program:

Dr. Donelle Barnes is available as a writing coach to assist students in the MSN Core courses; theory, research, and evidence based practice. Since these courses are writing intensive, Dr. Barnes can help students improve the clarity and organization of their written papers. She can be reached via email: donelle@uta.edu.

Dr. Mary Schira is available as a success faculty to assist with diverse resources that may include study skills, testing challenges/approaches, managing multiple responsibilities, and addressing personal issues impacting academic performance.  Course content challenges may also be addressed, with referral to additional resources as indicated.  Dr. Schira can be reached via email: schira@uta.edu.

**Electronic Communication:**

UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. **All students are assigned a MavMail account and are responsible for checking the inbox regularly.** There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>.

If you are unable to resolve your issue, contact the Helpdesk at helpdesk@uta.edu.

**Student Feedback Survey:**

At the end of each term, students enrolled in face-to-face and online classes categorized as “lecture,” “seminar,” or “laboratory” are directed to complete an online Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback via the SFS database is aggregated with that of other students enrolled in the course. Students’ anonymity will be protected to the extent that the law allows. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit <http://www.uta.edu/sfs>.

**Final Review Week:**

For semester-long courses**,** a period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

**Emergency Exit Procedures:**

Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exit. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

As the instructor of this section, I recommend students subscribe to the MavAlert system, which will send information in case of an emergency to their cell phones and/or email accounts. Anyone can subscribe at <https://mavalert.uta.edu/> or <https://mavalert.uta.edu/register.php>

**Librarian to Contact:**

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| Peace Williamson 817-272-6208peace@uta.edu | Lydia Pyburn 817-272-7593llpyburn@uta.edu | Heather Scalf817-272-7436scalf@uta.edu |

Contact all nursing librarians:

library-nursing@listserv.uta.edu

**Helpful Direct Links to the UTA Libraries’ Resources:**

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| **Research Information on Nursing**  | <http://libguides.uta.edu/nursing> |
| **Library Home Page**  | <http://library.uta.edu/> |
| **Subject Guides**  | <http://libguides.uta.edu> |
| **Ask us** | <http://ask.uta.edu> |
| **Database List**  | <http://libguides.uta.edu/az.php>  |
| **Course Reserves**  | <http://pulse.uta.edu/vwebv/enterCourseReserve.do> |
| **Library Catalog**  | <http://uta.summon.serialssolutions.com/#!/> |
| **E-Journals**  | <http://pulse.uta.edu/vwebv/searchSubject> |
| **Library Tutorials**  | [library.uta.edu/how-to](http://library.uta.edu/how-to) |
| **Connecting from Off- Campus**  | <http://libguides.uta.edu/offcampus> |
| **Academic Plaza Consultation Services** | [library.uta.edu/academic-plaza](http://library.uta.edu/academic-plaza) |
| **Study Room Reservations** | [openroom.uta.edu/](http://openroom.uta.edu/) |

For help with APA formatting, you can go to:

1. <http://libguides.uta.edu>
2. Scroll down and click on “Nursing”
3. Click on “APA Guide” for advice on various aspects of paper writing.  This is a short-cut for the APA Manual.  When in doubt, refer to the Manual.

In addition to providing the general library guide for nursing (<http://libguides.uta.edu/nursing>), we can put together course specific guides for your students.  The subject librarian for your area can work with you to build a customized course page to support your class if you wish. For examples, visit <http://libguides.uta.edu/os> and <http://libguides.uta.edu/pols2311fm>.

**UTA College of Nursing and Health Innovation - Additional Information:**

**Status of RN Licensure:**

All graduate nursing students must have an unencumbered license as designated by the Texas Board of Nursing (BON) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes encumbered by the BON must immediately notify the Associate Dean, Department of Graduate Nursing. The complete policy about encumbered licenses is available online at: [www.bon.state.tx.us](http://www.bon.state.tx.us)

**MSN Graduate Student Dress Code:**

The College of Nursing and Health Innovation expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. Students must adhere to the Dress Code Policy www.uta.edu/nursing/file\_download/234/BSNDressCode.pdf

**Clinical faculty has final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in clinical.**

**UTA Student Identification:**

**MSN Students MUST be clearly identified as UTA Graduate Students and wear a UTA College of Nursing and Health Innovation ID in the clinical environment.**

**Blood and Body Fluids Exposure:**

A Health Verification form was signed by all MSN students at start of the program documenting personal health insurance coverage. All MSN students have mandatory health insurance and will need to manage exposure to blood and fluids. Current CDC guidelines can be found at:<http://www.cdc.gov/>

**Ebola Exposure**:

Please inform your faculty if you have been in contact with anyone who has Ebola/have traveled to a country that has Ebola virus.

**Confidentiality Agreement:**

You signed a Confidentiality Form in orientation and were provided a copy of the form. Please take your copy of this Confidentiality Form with you to your clinical sites. **Please do not sign** other agency confidentiality forms. Contact your faculty if the agency requires you to sign their confidentiality form.

**Graduate Student Handbook:**

Students are responsible for knowing and complying with all policies and information contained in the Graduate Student handbook online at: <http://www.uta.edu/conhi/students/policy/index.php>

**Student Code of Ethics:**

The University of Texas at Arlington College of Nursing and Health Innovation supports the Student Code of Ethics Policy. Students are responsible for knowing and complying with the Code. The Code can be found in the student handbook online: <http://www.uta.edu/conhi/students/msn-resources/index.php>

**No Gift Policy:**

In accordance with Regent Rules and Regulations and the UTA Standards of Conduct, the College of Nursing and Health Innovation has a “no gift” policy. A donation to one of the UTA College of Nursing and Health Innovation Scholarship Funds, found at the following link <http://www.uta.edu/conhi/students/scholarships/index.php>, would be an appropriate way to recognize a faculty member’s contribution to your learning. For information regarding Scholarship Funds, please contact the Dean’s office.

**Online Conduct:**

The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature.

It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTA CONHI Graduate Student Handbook for more information.

***For this course Blackboard communication tools, discussion boards, and UTA MAV email will be used extensively and should be checked often.***

**Emergency Phone Numbers:** In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone) or 2-3003 (campus phone). You may also dial 911. For non-emergencies, call 817-272-3381.

**Graduate Nursing Support Staff**

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| **Judy LeFlore, PhD, RN, NNP-BC, CPNP-PC & AC, ANEF, FAAN**Associate DeanChair, Graduate Nursing ProgramsPickard Hall Office #514Email address: jleflore@uta.edu | **E. Monee’ Carter-Griffin DNP, RN, ACNP-BC**Associate Chair, Graduate Nurse Practitioner ProgramsPickard Hall Office – TBA817-272-4832Email address:  monee@uta.edu |
| **Rose Olivier**, Administrative Assistant IIPickard Hall Office # 513(817) 272-9517Email address: olivier@uta.edu  | **Lauri John, PhD, RN, CNS**Associate Chair, Graduate Educator and Administration ProgramsPickard Hall Office #519817-272-0172Email address: ljohn@uta.edu |
| **Angel Trevino-Korenek,** Clinical CoordinatorAO & On-campusPickard Hall Office # 518 (817) 272-6344Email address: angel.korenek@uta.edu | **Janette Rieta,** Clinical CoordinatorAO & On-campusPickard Hall #518817-272-1039jrieta@uta.edu |
|  | **Christina Gale,** Administrative AssistantNursing Education and DNPPickard Hall Office #518817-272-1039Email address: christina.gale@uta.edu |

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| **Graduate Advisors – see the link below**<http://www.uta.edu/conhi/students/advising/nursing-grad.php> |

**Course Schedule:**

*As the lead instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course.*

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| --- | --- | --- | --- | --- | --- | --- |
| Week # | Dates | Topic | Reading Assignment | Lecture | Assignment  | Test |
| 1 | 1/16-1/19 | Introduction toDSM | DSM: Introduction – pp. 5-6 (to DSM-5 Revision Process), pp. 10-17. Use of the manual – pp. 20-23. Classification – pp. xiii-xlKaplan and Saddock: Chapter 2 – pp. 93-96 (to Implications for Psychotherapy), pp. 123-130 (2.5) Chapter 3 – pp. 131-150. Chapter 4 – pp. 167-174 (4.2 to Treatment). Chapter 6 – pp. 290-299See Blackboard Course Materials for additional resources and/or content | Dr. Albright’s Intro to DSM 5 Lecture | NA | NA |
| 2 | 1/22-1/26 | The PsychiatricInterview  | Zimmerman: Components of the Psychiatric Interview p. 5. Beginning the Psychiatric Interview p. 6. Mental Status Examination (pp. 138-140)Kaplan and Saddock: Chapter 5 – pp. 192-236 (5.1, 5.2, and 5.3), pp. 283-289 (5.9). Chapter 23 pp. 763-774 (23.1), p. 777 (23.2 – Depression and Potentially Suicidal Patients), p. 786 (23.3 – Suicidal Behavior: Assessment). Chapter 31 – p. 1233-1234 (31.12a – Suicide), p. 1305 (31.18e – Suicide). Chapter 33 – p. 1343 (Mood, Feelings, and Affect), p. 1349 (Suicide Risk). Chapter 36 – p. 1384 (Suicidal Patients)Robinson:Chapters 1 through 11 – pp. 5-119. The Comprehensive MSE – pp. 120-121. Sample MSE Reports – pp. 122-124.See Blackboard Course Materials for additional resources and/or content | **In person class January 22nd****10-1150**Intro to the Psychiatric interview, MSE, and Suicide risk assessmentLecture | **Mental Status Exam due****1/22.**See blackboard for additional details. | NA |
| 3 | 1/29-2/2 | Neurodevelopmental disorders  | DSM 5: Neurodevelopmental Disorders – pp. 31-86Kaplan & Sadock’s: Chapter 31 – pp. 1082-1205 (31.1-31.8)Zimmerman: Attention-Deficit/Hyperactivity Disorder (Adult) – pp. 81-87See Blackboard Course Materials for additional resources and/or content | See blackboard | **Suicide Risk****Assessment****Assignment due 2/2.**See blackboard. | NA |
| 4 | 2/5-2/9 |  MDD and depressive disorders | DSM-5Depressive Disorders – pp. 155-188Kaplan & Sadock’s: Chapter 8 – pp. 347-380 (8.1), pp. 380-384 (Dysthymia)Zimmerman: Major Depression – pp. 40-43Persistent Depressive Disorder (Dysthymia) – pp. 44-45Premenstrual Dysphoric Disorder – pp. 46-47See Blackboard Course Materials for additional resources and/or content |  | **CDM #1 due****2/9.**See blackboard. | NA |
| 5 | 2/12-2/16 | Bipolar Disorder and related disorders | DSM-5: Bipolar and Related Disorders – pp. 123-154Kaplan & Sadock’s: Chapter 8 – pp. 347-380 (8.1), pp. 384-386 (Cyclothymic Disorder)Zimmerman:Manic Episode – pp. 32-35. Hypomania – pp. 36-39See Blackboard Course Materials for additional resources and/or content  | See blackboard | NA | **Test 1:****Due February 16th.**See blackboard. |
| 6 | 2/19-2/23 | Psychotic Disorders | DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders – pp. 87-122Kaplan & Sadock’s: Chapter 7 – pp. 300-318 (7.1 to Treatment), pp. 323-326 (7.2 to Treatment), pp. 327-329 (7.3 to Treatment), pp. 330-337 (7.4 to Treatment), pp. 339-346 (7.5) | See blackboard |  |  |
| 7 | 2/26-3/2 | Psychotic Disorders | Zimmerman: Schizophrenia and Other Psychotic Disorders – pp. 24-31See Blackboard Course Materials for additional resources and/or content | See blackboard |  |  |
| 8 | 3/5-3/9 | Anxiety disorders | DSM-5: Anxiety Disorders – pp. 189-233Obsessive-Compulsive and Related Disorders – pp. 235-264Trauma and Stressor-Related Disorders – pp. 265-290Kaplan & Sadock’s:Chapter 9 – pp. 387-391 (9.1), pp. 392-396 (9.2 to Treatment), pp. 398-399 (9.3 to Treatment), pp. 400-403 (9.4 to Treatment), pp. 405-406 (9.5 to Treatment), pp. 407-410 (9.6 to Treatment), pp. 413-416 (9.7)Chapter 10 – pp. 418-424, 426-427 (10.1 excluding Treatment section), pp. 427-429 (10.2 excluding Treatment section), pp. 429-431 (10.3 to Treatment), pp. 431-433 (10.4 to Treatment), pp. 434-436 (10.5 to Treatment)Chapter 11 – pp. 437-446 (11.1 excluding Treatment section), pp. 446-449 (11.2 to Treatment)ZimmermanSeparation Anxiety Disorder – pp. 102-104Specific Phobia Disorder – pp. 54-55Social Anxiety Disorder/Social Phobia – pp. 52-53Panic Disorder – pp. 48-49Agoraphobia – pp. 50-51Generalized Anxiety Disorder – pp. 56-57Obsessive-Compulsive Disorder – pp. 68-69Hoarding – pp. 70-71Body Dysmorphic Disorder – p. 72-73Excoriation Disorder – p. 74Trichotillomania – p. 75Posttraumatic Stress Disorder – pp. 58-63Acute Stress Disorder – pp. 64-67See Blackboard Course Materials for additional resources and/or content | See blackboard | **CDM #2 due****3/9.**See blackboard. | NA |
| 9 | 3/12-3/16  | \*\*BREAK\*\*\* | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | \*\*\*\*\*\*\*\* | \*\*\*\*\*\*\*\*\*\* | \*\*\*\*\*\*\*\*\* |
| 10 | 3/19-3/23 | Feeding and Eating Disorders, Sleep-Wake disorders | DSM-5: Feeding and Eating Disorders – pp. 329-354. Sleep–Wake Disorders – pp. 361-422Kaplan & Sadock’s: Chapter 15 – pp. 509-514 (15.1 to Treatment), pp. 516-518 (15.2 to Treatment), pp. 519-521 (15.3 excluding Treatment section). Chapter 16 – pp. 533-562 (excluding Treatment sections)Zimmerman: Anorexia Nervosa – p. 8. Binge Eating Disorder – p. 9Bulimia Nervosa – pp. 10-11See Blackboard Course Materials for additional resources and/or content | See blackboard | NA | NA |
| 11 | 3/26-3/30 | Impulse Control and Conduct Disorders | DSM-5: Disruptive, Impulse Control, and Conduct Disorders – pp. 461-480Kaplan & Sadock’s:Chapter 19 – pp. 608-615 (excluding Treatment sections)ZimmermanConduct Disorder – pp. 96-99Oppositional Defiant Disorder – pp. 100-101See Blackboard Course Materials for additional resources and/or content | See blackboard | NA | **Test 2: Due 3/30**See blackboard |
| 12 | 4/2-4/6 | Substance-Related and Addictive disorders | DSM-5: Substance-Related and Addictive Disorder – pp. 481-589Kaplan & Sadock’s:Chapter 20 – pp. 616-622 (20.1 to Treatment), pp. 624-635 (20.2 to Treatment), pp. 639-643 (20.3 to Treatment), pp. 644-647 (20.4 excluding Treatment section), pp. 648-655 (20.5 to Treatment), pp. 656-658 (20.6 to Treatment), pp. 659-664 (20.7 to Treatment), pp. 666-669 (20.8 to Treatment), pp. 671-679 (20.9 to Treatment), pp. 680-682 (20.10 to Treatment), pp. 685-689 (20.11 excluding Treatment section), pp. 689-690 (20.12 to Treatment), pp. 690-693 (20.13 to Treatment)Zimmerman: Alcohol Use Disorder – pp. 12-15Drug Use Disorder – pp. 16-21Gambling Disorder – pp. 22-23See Blackboard Course Materials for additional resources and/or content | See blackboard | NA | NA |
| 13 |  4/9-4/13 | Neurocognitive Disorders | DSM-5: Neurocognitive Disorders – pp. 591-643Kaplan & Sadock’s: Chapter 21 – pp. 694-701 (21.1-21.2 to Treatment), pp. 704-717 (21.3 to Treatment), pp. 718-722 (21.4 to Treatment), pp. 723-736 (21.5 excluding Treatment sections), pp. 737-740 (21.6 to Treatment)Mini Mental Status Examination (MMSE) p. 233 | See blackboard | NA | **Test 3 due****4/13.**See blackboard. |
| 14 | 4/16-4/20 | Neurocognitive Disorders | Zimmerman: Mini Mental Status Examination – pp. 141-143. Different from MSE. Please be sure to understand the difference.See Blackboard Course Materials for additional resources and/or content | See blackboard | **Neurocognitive** **Assessment****Due 4/20.**See blackboard. |  |
| 15 | 4/23-4/27 | Sexual dysfunction, Gender Dysphoria, and other topics | DSM-5: Sexual Dysfunctions – pp. 423-450Gender Dysphoria – pp. 451-459Other Mental Disorders – pp. 707-708Other Conditions that may be a focus of clinical attention pp. 715-727Kaplan & Sadock’s:Chapter 17 – pp. 564-593 (excluding Treatment sections)Chapter 18 – pp. 600-607 (excluding Treatment sections)Chapter 25 – pp. 812-823 (excluding Treatment sections)See Blackboard Course Materials for additional resources and/or content | See blackboard | **CDM #3 due** **4/27**See blackboard. |  |
| 16 | 4/30-5/4 | Review for final | See Blackboard Course Materials for additional resources and/or content | No lecture | NA | NA |
| 17 | TBD | Comprehensive final exam  | See Blackboard Course Materials for additional resources and/or content  | No lecture | NA | See blackboard for Final Review. |

**The University of Texas at Arlington College of Nursing and Health Innovation**

**N5211 Diagnostic Principles in Psychiatry and Mental Health**

**Fall 2017**

**Test Blueprint**

|  |
| --- |
| Numbers in the parentheses represent the number of questions for each topic |
| TEST | TOPICS  |
| Test 1 (Weeks 1-4)Blueprint | There will be 60 questions covering the following content:DSM-5 and psychiatric evaluation (15)Suicide Risk Assessment (5)Neurodevelopmental Disorders (20)Schizophrenia Spectrum/Other Psychotic Disorders (20) |
| Test 2 (Weeks 5-8)Blueprint | There will be 60 questions covering the following content:Bipolar and Related Disorders (15)Depressive Disorders (15)Anxiety Disorders (15)Obsessive-Compulsive and Related Disorders (5)Trauma and Stressor-Related Disorders (5)Feeding and Eating Disorders (3)Sleep–Wake Disorders (2) |
| Test 3 (Weeks 9-12)Blueprint | There will be 60 questions covering the following content:Disruptive, Impulse-Control, and Conduct Disorders (15)Substance-Related and Addictive Disorders (15)Neurocognitive Disorders (15)Sexual Dysfunctions & Gender Dysphoria (12)Other Mental Disorders/Conditions of Clinical Attention (3) |
| Comprehensive Final Exam Blueprint | There will be 85 questions covering the following content:DSM-5 and psychiatric evaluation (2)Neurodevelopmental Disorders (4)Schizophrenia Spectrum/Other Psychotic Disorders (10)Bipolar and Related Disorders (10)Depressive Disorders (10)Anxiety Disorders (10)Obsessive-Compulsive and Related Disorders (8)Trauma and Stressor-Related Disorders (8)Feeding and Eating Disorders (5)Sleep–Wake Disorders (3)Disruptive, Impulse-Control, and Conduct Disorders (5)Substance-Related and Addictive Disorders (2)Neurocognitive Disorders (8) |

**The University of Texas at Arlington College of Nursing and Health Innovation**

**N5211 Diagnostic Principles in Psychiatry and Mental Health**

**Spring 2018**

**Mental Status Examination Template**

Some aspects are documented from observation (memory, insight, judgment, etc.), while others (mood, SI, HI, etc.) are from both directed questions and observation.

**General Appearance:**

Clothing, personal hygiene, makeup, manner of dress, body odor, etc.

**Motor Behavior:**

Agitated (motor excitation), decreased, tics, restlessness, akathisia

**Attitude:**

Cooperative, evasive, arrogant, angry, manipulative, apathetic, hostile, etc.

**Mood:**

Happy, euthymic, depressed, sad, angry, irritable, dysphoric, euphoric; rate mood on 1-10 scale

**Affect:**

Flat, blunted, labile, agitated, inappropriate, congruent, constricted

**Speech:**

Rate – fast, slow, pressured; volume – loud, soft, neologisms, etc.

**Perceptual Disturbance:**

Ask about and describe hallucinations (is patient responding to internal stimuli?)

**Visual Hallucinations:** What do you see? When do you see it? Does it frighten you? Get details - size/color of object(s)

**Auditory Hallucinations**: What do you hear? When do you hear it? What is said? Do the voices talk to you or about you? Are the voices commanding (most serious)? Get details

**Tactile Hallucinations:** Describe what you feel. Where/when do you feel it? What do you think the feeling is? Get details

**Olfactory Hallucinations:** Describe what you smell. When do you smell it? Does it make you nauseated, hungry, etc.? Get details

**Gustatory Hallucinations:** Describe what you taste. When do you taste it? Does it make you nauseated, hungry, etc.? Get details

**Time:** Ask are they hypnogogic (when they are falling asleep) or hypnopompic (when they are waking up) – these are less pathological and more so related to PTSD; Ask how often hear voices/experience hallucinations – times a week, per day, per hour, etc.

 **Depersonalization:**

Do you feel disconnected, detached, or unreal?

**Derealization:**

Do you feel the world is unreal or as if you are not apart of this world?

 **Illusions:**

Misinterpretation of real/existing stimuli/objects (i.e., see shadow and think it is person)

**Thought Process:**

Organized, goal directed, tangential, circumstantial, loose associations, flight of ideas, etc.

**Thought Content:**

 **Delusions:**

Somatic, religious, persecutory, grandiose, paranoid, reference, controlling/controlled

 **Obsessions:**

Intrusive or repetitive thought

 **Compulsions:**

Rituals – describe, i.e. hand washing, counting, checking, symmetry, perfectionism

 **Phobias:**

Animal, situational, people/social, blood/injection, places/agoraphobia, and/or surroundings

**Suicidal Ideation:**

Passive, chronic, active, planned, denies

 **Homicidal Ideation:**

Passive, chronic, active, planned, denies

**Cognition:**

**Orientation:**

To time, place, person, and situation

**Attention & Concentration:**

Spell the word “W-O-R-L-D” forward. Now spell it backward. (Tests attention)

Ask to complete serial 7’s or serial 3’s – “I’d like you to start with the number 100 and subtract 7 and continue subtracting 7 from every number you get until I say stop” (Tests concentration)

Ask patient to follow a three-stage command: "Take a paper in your right hand. Fold it in half. Put it on the floor." (Test of apraxia)

**Short Term Memory:**

Name 3 objects/words, ask to recall immediately, and then ask to recall in 5 minutes (words should be unrelated to each other, to something in the room, to interest/vocation)

Indicate number of objects recalled and whether recall intact or impaired

**Long Term Memory:**

Name 3 past presidents, dates of wars, name of first grade teacher, etc.

Determine if can identify/name a watch as a “watch” and/or a pen as a “pen” when pointed to

**Intelligence:**

Describe level of education, language, and comprehension;

Name all animals they can think of in 60 seconds OR all words that start with F, A or S.

Ask to repeat “no ifs ands or butts”

**Knowledge/Fund of Information:**

Ask, “Who is the Governor”, “Who was JFK”, name 3 large states, current event in the news, state capitals

**Capacity to Read and Write:**

Ask patient to write a sentence (any sentence)

Ask patient to read a written sentence

**Abstract/Concrete Thinking:**

Ask the meaning of a proverb: Do you know what “a stitch in time saves nine” means?

Ask similarities: What do an apple and an orange have in common? How are painting and music alike?

Document as abstract, concrete, or bizarre

**Visuospatial Ability:**

Copy image of an interlocking pentagon; Ask to draw a cube (3D); Ask to draw an analog clock at 11:10 – Document intact or impaired if lines do not cross

**Insight:**

Indicate as good, fair, poor, or age appropriate

Give example of level of insight – What kind of help have they indicated they need during the interview?

**Judgment:**

Indicate as good, fair, poor, or age appropriate

Can ask questions related to judgment – write their response to the question, i.e. “What would you do if you saw a child separated from the parent?”, “If you realized you had locked yourself out of the car?”

Can also be determined from their recent decision-making

**See template for the psych evaluation for additional information on mental status assessment**

**The University of Texas at Arlington College of Nursing and Health Innovation**

**N5211 Diagnostic Principles in Psychiatry and Mental Health**

**Spring 2018**

**Psychiatric Evaluation Template**

The following is a suggested format for a psychiatric evaluation of a patient – note that this is only a template, not a cookbook approach. For children, adjust language to the developmental level of the child and add developmentally specific questions on parenting, discipline, ADHD etc. For the older adult or disabled, add functional assessment and additional questions on cognitive function, memory, executive function, MMSE, SLUMS, etc. Remember to tailor questions to the patient when using this template. If you have questions for sections not listed here, then address those questions in the proper area.

**SUBJECTIVE DATA**

**Patient (age, marital status, gender; ethnicity; reliability; presenting alone/with family)**

**Source of Data:**

**Chief Complaint:** What can I help you with today?

**(Can use as a means of building rapport; should be a direct quote)**

**History of Present Illness:**

(Explore issues in depth – get details of patient’s story and validate patient’s feelings. Do a symptom analysis of each area of concern.)

Ask to describe the symptoms/concerns in detail – track with patient, listen for cues

When did symptoms begin?

What was going on in your life when this began?

Have you ever had this before? Get details

How long has this been going on? Get details

Is there anything that you can do to make it better? Or, is there anything that’s helped?

Are you taking any medication for this concern? If yes, get details – Did they help?

**Neurovegetative Symptoms:**

**Sleep:**

(Get full details of duration, problems, etc.)

How many hours do you sleep?

Do you wake up before the alarm?

Do you feel rested when you get up?

Do you have problems going to sleep or staying asleep? How many times do you get up at night? How long does it take to fall back to sleep?

Do you take any medications to help you go to sleep?

Have you changed your routine?

Do you drink caffeine before going to bed? Do you exercise before going to bed?

Does your mind race when you try to go to sleep?

Any nightmares?

What is your normal amount of sleep?

Do you take naps?

**Appetite and Weight:** (recent)

How is your appetite? Increased? Decreased?

Have you lost or gained any weight? If yes, over what period of time?

Do you feel that you need to lose weight?

Do you ever binge or fast? If yes, then get full details.

Use any laxatives or vomiting to lose weight? If yes, then get full details.

Do you use exercise to lose weight?

Are you afraid of gaining weight?

Are you afraid you won’t be able to stop eating if you start?

What do you think about the appearance of your body?

What is your usual food intake in a day?

**Psychomotor Agitation or Retardation:**

Do you feel your body is in constant motion? Do you feel agitated?

Do you feel sluggish/slow/not wanting to get out of bed?

**Energy:**

How would you describe your energy level?

Is there a certain time of the day that you have more energy?

Do you have more energy lately? Or less energy recently? For how long?

**Anhedonia:**

What do you enjoy doing?

Are activities you used to enjoy still enjoyable?If not, is there anything you still enjoy and can feel pleasure from doing?

How long have you not been able to enjoy things you once enjoyed?

**Concentration:**

Are you able to concentrate? (Give examples: can you remember what you read, concentrate on a movie, or pay attention to conversations?)

**Guilt/Worthlessness:**

Are you feeling a lot of guilt or low self-esteem/down on yourself?

**Mood:**

How would you describe your mood? Have you been feeling sad? Irritable? Angry? Happy?

Rate mood on a 1-10 scale, with 10 the worst. Define mood being rated: is it sad mood they are rating? Is it manic mood? Is it anxious mood?

(If bipolar disorder is suspected, can rate on a 1-100 scale, with 50 being “level or stable mood”, below 50 being depressed, and above 50 being manic; Get details, is it most days, how long has it been this way, 2 weeks or more, is this is a change for you, etc.)

**Diurnal Variation of Mood:**

Are there certain times of the day where you feel better or worse than others?

**Suicidal Ideation:**

(Concern is recent/current thoughts, but also, history of suicidal thoughts and suicidal attempts)

Have you ever thought it would be better if you were dead?

Have you ever wanted to hurt yourself or kill yourself? Are you having these thoughts now? Have you ever hurt yourself or made a suicide attempt? If yes, then get full details (dates, methods, help received, etc.)

How often do you these thoughts of wanting to hurt or kill yourself occur? Is it every day, twice a week, etc.? When was the last time? What do you do when these thoughts occur?

Do you feel your life is worth living? Or do you feel hopeless?

Do you have a plan? What would keep you from acting on this plan? If yes, then get full details (what kind of plan, access to plan).

How close have you come to acting on the plan?

**Homicidal Ideation:**

Have you ever thought things would be better if someone else was dead? If yes, then get full details (who is the person, is there a current plan, is there intent, etc.)

**Anxiety/Obsessive-Compulsive/Trauma and Related Disorders:**

**(**Ask at least 3 key screening questions for *each* disorder – If “yes” to any of the screening questions, then *you will need to assess all the criteria for that disorder to arrive at diagnosis using DSM 5 criteria* (note that not all criteria are listed here) – If answers to all screening questions are “no”, then no further questions are needed for that disorder)

**Separation Disorder:**

Do you feel distress thinking about being away from home or from family?

Do you worry about harm happening to family members?

Do you have fear of leaving home because of fear of separation?

**Selective Mutism:**

Do you have trouble speaking when spoken to?

**Specific Phobia:**

Do you have fear or anxiety about a particular situation or object, such as heights, animals, seeing blood or receiving an injection?

**GAD:**

Do you worry a lot? Is it difficult for you to control the worry?

Do you ever feel restless, fidgety, or on edge? Do you have muscle tension?

Do you feel like the worse thing will happen?

Do you experience fatigue? Your mind going blank? Irritability? Sleep disturbance?

How long has this been going on? Has it lasted for 6 months or more?

**Panic Disorder:**

Do you ever have short bursts (abrupt surge) of anxiety that comes on very fast (should be within 10 minutes) when you feel you can’t breathe, your heart is racing, you get sweaty and feel like you are going to die?

How long does it they last? (Should be less than 1 hour)

Do these attacks ever happen out of the blue like in middle of night? (Should be unexpected)

Do you fear another one will happen? Do you avoid things that might bring on another panic attack?

**Agoraphobia:**

Do you have fear or anxiety about situations where you might not be able to escape?

Do you have fear or anxiety about situations where you won’t be able to get the help you need

Do you have fear or anxiety about situations where you have panic like symptoms?

Do you have fear or anxiety about using public transportation, being in open spaces, being in enclosed spaces, standing in line or being in a crowd, being outside of the home alone?

**Social Anxiety Disorder (Social Phobia):**

Do you feel uncomfortable around people in social situations (e.g. social interactions, being observed, and performing in front of others) and think that they are scrutinizing you?

Do you avoid certain social situations?

Do you feel you will say or do something embarrassing or that will lead to rejection or offend others?

How long has this been going on? Has it lasted for 6 months or more?

**Obsessive-Compulsive Disorder:**

Do you constantly go back and check things that you did to see if you did them or feel the need to wash your hands?

Do you constantly perform any other kind of rituals you feel compelled to do?

Do you have thoughts that are intrusive, and unwanted and that you try to ignore, suppress or neutralize with a compulsion?

Does this take up an hour or more of your day?

**Body Dysmorphic Disorder:**

Are there parts of your body you feel are defective?

Do you stand in front of the mirror for long periods of time or do excessive grooming?

Do you compare yourself to others?

**Trichotillomania:**

Do you frequently pull out your hair resulting in hair loss?

**Hoarding:**

Do you have difficulty letting go of possessions or throwing things away?

Is your house very cluttered by items you accumulate?

**Skin Picking:**

Do you frequently pick your skin and cause skin lesions?

**PTSD**:

Were you exposed to an actual or threatened death, serious injury, or sexual violence? If yes, then ask: Do you have nightmares or flashbacks of any traumatic events in your life? Do you startle easily? Do you avoid talking about the trauma? Do you feel numb or detached from others? Do you feel hypervigilant? Do you feel an inability to experience positive emotions? Do you experience sleep disturbance? Do you become verbally or physically aggressive? Do you engage in reckless or self-destructive behavior? So you experience hearing voices or seeing things when falling asleep? How long has this been going on? Has it lasted for 1 month or more?

**Manic Symptoms:**

**(Ask at least 5 screening questions to rule out mania – If “yes” to any of the screening questions, then you will need to *thoroughly assess duration of symptoms and severity to determine whether the criteria for a hypomanic or manic episode have been met*, which will determine whether the individual hasBipolar I or Bipolar II Disorder)**

Do you ever have periods of extreme happiness or elevated mood or irritability?

How long do they last? How high do the “ups” go (can rate 1-10 for mania, with 10 as highest ever) and then, how low do the “lows” go (can rate 1-10, with 10 as lowest, suicidal feeling)?

Where you are today? Where have you been for the last two weeks?

Can you go 4-7 days without sleeping? Do you ever feel rested after little sleep? Is that happening now? When was the last time?

Are you extremely talkative or has someone told you that you were during these times?

Do you have periods of excessive energy? Do others comment about this increased energy?

During these times, do you have racing thoughts? Feel agitated? Go on spending sprees?

During these times, do you engage in other reckless behavior?

During these times, do you experience increased sexual activity? Sexual indiscretion?

During these times, do you use/have increase use of drugs or alcohol?

During these times, do you get in fights? Start lots of projects that you don’t finish? Jump from one thing to another? Get started with something and won’t stop even if it is hurting you or someone else?

What are the consequences of these episodes? (Can be financial, legal, occupational, educational, and relational)

**Psychosis**:

Hallucinations:

Do you see things others don’t see? Hear things others don’t hear?

Do you hear your name called or strange sounds? So you smell things others don’t smell?

So you feel something crawling on your skin? Do you taste strange things in your mouth?

Do they happen only when you are falling asleep?

Delusions:

Do you ever think people are planning to hurt you?

Do you ever feel you have special talents or gifts?

Do you ever have the idea you can read people’s minds or they can read yours?

Do you ever feel you can put thoughts in someone’s head or they can put thoughts in yours?

Do you feel like the TV is talking just to you?

(Looking for paranoia, grandiose ideas, delusions of control, ideas of reference)

**Focus and Attention:**

(Evaluating problems with inattention - ADHD)

Do you have difficulty paying attention?

Do you have trouble understanding what you read or finishing a book?

Did these difficulties happen before the age of 12?

Do you have trouble with procrastination or being easily distracted?

Do you have trouble with being late for meetings or misplacing things?

Adjust questions to age of patient – Were you hyperactive as child? Were you impulsive or blurting out answers? Did you finishing others sentence?

**Consequences of Any of the Symptoms:**

What problems have these symptoms caused for you in your relationships, in your job, etc.?

**Psychiatric History:**

Have you ever been diagnosed with any psychiatric disorders such as…(list some)?

Have you ever been treated for a mental illness or stress problem? If “yes”, then get details like who treated, when, how long, etc.

Have you ever had problem you think you should have had treatment for?

What meds have you tried? Did they work? Were there any side effects?

(Get thorough medication history)

Have you ever been hospitalized? If “yes”, then get details.

Have you ever attempted suicide?If “yes”, then get details.

Have you ever gone to counseling? If “yes”, then get details.

**Substance Use/Alcohol and Other Drug History:**

(Ask about *each specific drug* in this section – including prescription drugs (e.g. Soma, Vicodin, Xanax); If HPI includes drugs and alcohol and it is thoroughly covered in HPI, then can say see HPI)

Have you ever used tobacco, alcohol, or illicit drugs? What kind and how often?

Have you ever engaged in IV drug use?

Do you feel you may have a problem? (insight)

For any use of drugs/alcohol, ask questions to identify symptoms of intoxication, withdrawal, and severity: Have you ever had 3 or more drinks at one time (for females & males over 65)? Have you ever had 4 or more drinks at one time (for males)? How many times in past year? How many drinks per week?

Ask about size of drink – use standardized drink chart for size of drink, which indicates 12 oz beer, 1 ½ oz liquor, 5 oz wine = 1 drink. More than 14 drinks a week for men or 7 drinks a week for women is considered problem use.

When did you have your first drink/drug? When did you have your last drink/drug? (Withdrawal)

Do you ever have blackouts? Do you ever have withdrawal symptoms (ask about specifics for substance been using)?

Have you Ever been through detox? How many times? Have you ever had a seizure?

Ask about craving – must ask even if they are not currently using; can rate on 1-10 scale

Has substance use caused a financial burden? Do you drink when driving?

Has substance use caused medical problems?

For each class of drugs, as current, past, first use, last use, consequences of use – Marijuana, cocaine, methamphetamine, opiates (Vicodin, Lortab, Oxycodone), benzos, hallucinogens, inhalants, ecstasy?

What are consequences of using drugs or alcohol (e.g. losing relationships, losing job)?

Have you been involved in any illegal activities? Steal to get drugs? Arrested for possession or sales?

Have you had difficulty going without drugs or alcohol? Have you tried to stop? Do you need more to get high or have the same effect? Do you have withdrawal symptoms if you try to stop? Do you use more than you intended?

Have you ever taken more prescription drugs than prescribed (Lortab, Vicodin, Xanax)? If “yes”, then get details.

Have you ever abused OTC drugs like dextromethorphan or bath salts?

Have you ever been treated fro substance use? If “yes”, then get details.

Have you been to a 12-step program? When was the last meeting you attended? Who is your sponsor?

Have you had formal treatment?

Do you use nicotine? What form of nicotine do you use?

How many packs per day do you smoke? How long have you smoked this much? Do you smoke cigars, smokeless tobacco, SNUS?

Do you have plans to change your current smoking habits?

What is your caffeine intake per day? What form of caffeine do you use (coffee, soda, tea, energy drinks, chocolate, other substances with caffeine)?

Do you have plans to change your current drug use, alcohol use, nicotine use, and/or caffeine use?

**Current Health Status**

Allergies (drug/environmental/food/other)

Current Psychiatric Medications & Other Prescribed Medications

(Inquire dose, frequency, and duration; any missed doses; side effects)

Current OTC/Herbal Medications

Immunization Status (if applicable) \*Required for Children\*

Health Maintenance Behaviors

(Inquire about diet, exercise, self-exams, safety, etc.)

Last Physical Exam

(Inquire about date, PCP, labs, results, last dental exam, etc.)

LMP; menstrual history

**Past Health Status:**

Inquire about common illnesses: heart disease, diabetes, arthritis, asthma, etc.

Any operations? Accidents? Hospitalizations? Surgeries? (Get dates, circumstances, etc.)

Head injuries? Did you lose consciousness? (Get details, dates, circumstances, etc.)

Past prescription, OTC, or herbal medications? What kind? What did you take them for?

For women: Pregnancy history, complications? C-Section? Vaginal delivery?

**Family History:**

Inquire history of specific psychiatric disorders: depression, ADHD, bipolar, drug/alcohol abuse, OCD, anxiety, etc.

Inquire history of specific psychiatric disorders in each family member: parents, siblings, grandparents, aunts, uncles, cousins, and offspring

Inquire history of health problems in family members: HTN, diabetes, sudden death, etc.

Inquire history of relationships with family members: Who is close; sexual, physical, emotional abuse or neglect

Inquire history of completed suicides in family or among close friends

**Developmental History:**

Did you have a normal delivery? Were there any complications?

Was your mom using drugs or alcohol during her pregnancy with you?

Did you meet your milestones on time?

Inquire about social relationships, cognitive, motor development from birth through 3 years, childhood, and adolescence

Did you have problems with learning? How were your peer relationships?

Were you involved in any activities in school? Did you take in special classes?

Were you diagnosed with a learning disability? Did you have any odd behavior?

Did you have any stereotypic behaviors (e.g. head banging, etc.)?

How many jobs have you had? Describe your relationship with co-workers?

Have you lost any family members or friends?

Did you experience any physical, psychological/mental, and/or sexual abuse?

**Social History:**

Current health habits/functional assessment of geriatric patient (ADL, IADLS)

Education (how far in school, major)

Hobbies, talents, interests

Legal history (current or past charges)

Current living situation (housing needs; crowding conditions)

Marital & relationship history (number of marriages, reasons for failure)

Work history (types of jobs, reasons for job loss, ability to provide for self and family)

Military history (if yes, was there combat?)

Religion/spirituality (source of support?)

Support systems (who would call to ask for help?)

Abuse in the past? Did you tell anyone? What happened? Are you safe now?

Sexual history (STIs, number of partners; preference of men, women, or both, etc.)

**Review of Systems**

Complete a system review for each system PERTINENT to complaint (e.g. neurological, etc.)

**OBJECTIVE DATA**

**Mental Status Exam:**

Do memory test: name 3 objects – ball, car, dog – Ask to repeat now and then to recall objects later (at least 3-5 minutes).

Appearance:

Appears stated age

Body Build:

Position:

Posture:

Eye Contact:

Dress:

Grooming:

Manner/Attitude:

Attentiveness:

Alertness:

Behavior and Psychomotor Activity:

Mannerisms, ticks, gestures, twitches, hyperactivity, agitation, combativeness, etc.

Attitude Toward Examiner/Reliability:

Cooperative, friendly, attentive, interested, frank, seductive, defensive, apathetic, hostile, evasive, etc.

Mood:

Euthymic, depressed, sad, tearful, hopeless, angry, hostile, suspicious, sullen, anxious, belligerent, elated, etc.

Affect:

Constricted, blunted, flat, labile (shifts rapidly), euphoric, etc.

Speech:

Quantity, rate, volume, and tone; Rapid, slow, pressured, hesitant, emotional, dramatic, monotonous, loud, whispered, slurred, mumbled; foul language; rhyming/punning; etc.

Perceptual Disturbance:

Hallucinations (auditory, visual, tactile, gustatory); illusions; depersonalization; etc.

Thought Processes:

Coherent, goal directed, flight of ideas, circumstantial, loose associations, word salad, perseveration, tangential, thought blocking, etc.

Thought Content:

Obsessions, compulsions, preoccupations, phobias, delusions, paranoia, religious, somatic, grandiose, suicidal, homicidal, etc.

Alertness and Level of Consciousness:

Alert, disoriented, lethargic, clouded, stuporous, comatose, etc.

Orientation:

To time, place, person, and situation

Attention and Concentration:

Spell the word “W-O-R-L-D” forward. Now spell it backward. (Tests attention)

Ask to complete serial 7’s or serial 3’s – “I’d like you to start with the number 100 and subtract 7 and continue subtracting 7 from every number you get until I say stop” (Tests concentration)

Ask patient to follow a three-stage command: "Take a paper in your right hand. Fold it in half. Put it on the floor." (Test of apraxia)

Memory:

Name 3 objects/words, ask to recall immediately, and then ask to recall in 5 minutes (words should be unrelated to each other, to something in the room, to interest/vocation)

Indicate number of objects recalled and whether recall intact or impaired

Ask, “Can you name the last 3 presidents”, “Street you grew up on”, “First grade teacher”

Determine if can identify/name a watch as a “watch” and/or a pen as a “pen” when pointed to

Intelligence:

Describe level of education, language, and comprehension

Name all animals they can think of in 60 seconds OR all words that start with F, A or S.

Ask to repeat “no ifs ands or butts”

Knowledge/Fund of Information:

Ask, “Who is the Governor”, “Who was JFK”, name 3 large states, current event in the news

Capacity to Read and Write:

Ask patient to write a sentence (any sentence)

Ask patient to read a written sentence

Abstract/Concrete Thinking:

Ask “How are apples and oranges alike?”, “How are a chair and a table alike?” – indicate whether thinking is abstract, concrete, or impaired

Ask proverb interpretation – Have you heard the expression “A bird in the hand is worth 2 in the bush?” (If they have not heard of the expression, then try another one.), “The grass is not always greener on the other side?”, “Don’t cry over spilled milk”, etc. Ask what does that mean to you?

Ask similarities: What do an apple and an orange have in common? How are painting and music alike? – Document as abstract, concrete, or bizarre

Visuospatial Ability:

Ask patient to correctly copy figure of intersecting pentagons or to draw a 3D cube or analog clock at 11:10.

Judgment:

Consider what you know so far, i.e., are they drinking and driving? – Look at the whole picture

Ask: “What would you do if you found a stamped letter with an address lying on the street” OR “What would you do if you found a child who lost her parent in the mall” OR “What would you do if you heard the fire alarm go off in the movie theater”

Indicate whether judgment is good, fair, poor, or age appropriate and give an example

Insight:

Consider the problem as you have determined it and the patient’s view into their problem

Ask: “What do you think you need” OR “What can I help you with”

Indicate whether insight is intact, good, fair, age appropriate, or limited

Assets/Strengths:

Consider and include what you have determined to the patient’s strengths from your interview

What is their motivation? What are they good at?

Liabilities:

Consider and include what you have determined to be the patient’s liabilities from your interview

Other Objective Assessments:

T: P: R: BP: Wt. Ht: BMI

*Focused Physical Exam pertinent to patient’s presenting problems, which always includes heart, lungs, musculoskeletal, and neurological exam)*

**ASSESSMENT**

Psychiatric Disorders

* Should be prioritized
* Should include the DSM 5 code for each

Medical Diagnoses

* Including unexpected weight loss; hypersomnia; arthritis, DJD, Diabetes, etc.

Social/Environmental Factors Contributing to Illness (Stressors/contextual factors)

* Includes social support; economic; educational; occupational; parenting; marital discord;
* List the specific stressors and contextual factors (V codes or Z codes)

Disability

* Includes ability/inability to work, negative outcomes with educational process, social problems, physical disability, etc.

Rule Out Diagnoses

* Diagnoses you are considering as a possible cause of the presenting mental health problems
* Diagnoses for which more information is needed (e.g. for MDD R/O Bipolar Disorder)

Differential Diagnoses

* Medical diagnoses that could likely be the cause of presenting symptoms (e.g. hypothyroidism; brain tumor; B12 deficiency; substance induced mood disorder; substance induced anxiety disorder; HIV, etc.)

**The University of Texas at Arlington College of Nursing and Health Innovation**

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**Spring 2018**

**Formatting Tips For Course Assignments**

Do not cite any faculty PowerPoints in any work you submit in this course, as these are bullets only. Good references for use in course assignments come from peer reviewed clinical or research articles and, to a limited extent, from course textbooks or organizational websites, not from your syllabus.

APA format and a UTA title page are required for all assignments submitted in this course. You may access an example of a UTA title page at <http://www.uta.edu/nursing/files/APAFormat.pdf>.

When citing an edited book, refer to the section of your APA manual on how to cite an edited book. Under no circumstances will you cite an entire book. Thus, *cite the chapter from which you have taken information to use as a reference.* The page number(s) should be included in the reference per APA format.

For book and article titles, you only capitalize the first word or the first word that follows a colon.

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