Western University of Health Sciences | College of Osteopathic Medicine of the Pacific & Heatherington College of Osteopathic Medicine

Syllabus Psychiatry Clerkship

Course No.:	OM 7080	**Course Title:**	Psychiatry
Credit Hours:	4 weeks, 4 credit hours for each rotation	**Clerkship Director Department Chair**	Yadi Fernandez Sweeny, PsyD, MS, CRNA CRNA - UCLA School of Medicine
Term - Dates:	Academic Year 2026-2027	**Level:**	OMS III

COURSE INSTRUCTORS & CONTACT INFORMATION

Course Faculty:
Yadi Fernandez Sweeny, PsyD, MS, CRNA
Chair and Professor of Behavioral Medicine and Psychiatry
Western University of Health Sciences
College of Osteopathic Medicine of the Pacific
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Course Administrative Support:
Mary Guenthart
Administrative Associate I • Clinical Sciences
mguenthart@westernu.edu

Rotations Administrative Support:
Students to contact the Clinical Education Department by submitting a TDC ticket. Preceptors can email Compsite@westernu.edu or nwsite@westernu.edu

EDUCATIONAL GOAL

OM 7080 Psychiatry (4 credit hours) Description:

The onsite and/or virtual rotation in Psychiatry will be offered during the third year and may, in rare instances, be taken later, or as an elective. Successful completion will be required for graduation with the D.O. degree. This will be a four-week onsite rotation during which the student will demonstrate and apply concepts of diagnosis and treatment to patients with mental/emotional disorders. The course is intended as a practical application and demonstration of concepts covered in the first- and second-year courses in Behavioral Science and Psychiatry.

COMMUNICATION & LEARNING PLATFORM

Communication for this rotation will come from Mary Guenthart using WesternU e-mail and through eMedley. Students are responsible for checking and maintaining communication throughout the duration of this rotation.

- Mary Guenthart should be your first point of contact for administrative questions.
- Dr. Sweeny should be your first point of contact for specialty/faculty advising questions.
- If you do not have access to eMedley or the learning materials, please contact Mary Guenthart at mguenthart@westernu.edu

GRADING

Evaluation/Grading:

Grading for your clerkship will be calculated according to the Clinical Education Manual https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf. However, completion of the rotation will also depend on:

- Completing the assignment described above (Expectations During Rotation)

Several required benchmarks must be completed prior to the assignment of a passing grade which will be assigned according to the scale outlined in the clinical rotations manual. Failure to complete these requirements may result in an incomplete or failing grade.

Four-Week In-Person / On-Site Clinical Rotation Benchmarks

- Passing grade on evaluation from the clinical rotation site, with no significant professionalism concerns.
- Completion of all required didactic overlay activities and assignments.
- Successful passing of the COMAT examination.

Once the benchmarks have been completed the final grade for this course is assigned in accordance with the Clinical Education Manual which may include the following components:

- Rotation evaluation (may be completed up to 60 days after end of rotation)
- Didactic overlay activities (reading, modules, assignments, quizzes, presentations, etc.)
- Participation in all required activities and events (4th Friday/2nd Friday, weekly meetings, presentations, etc.)
- COMAT exam score
- Grading: 70% Preceptor evaluation; 30% COMAT exam. For additional details please refer to the Clinical Education grading policy here https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf

SCHEDULE

Each rotation site will provide students with a schedule on the first day of the rotation. If a schedule is not provided, students are expected to request one and clarify site expectations. Please note that schedules are rarely available prior to the start of the rotation. Students are required to attend and actively participate in all assigned and/or required activities as specified by the rotation site. It is the student's responsibility to read, understand, and adhere to all information, policies, and instructions provided by the site.
Please note this does not include requirements of your rotation site*

PURPOSE OF THE ROTATION

Purpose of the Rotation:

The purpose of the clinical psychiatric rotation is to provide the student didactic experience in the recognition and management of the patient with psychiatric illness. This rotation is meant not only to enhance the student's knowledge and abilities in the field of psychiatry, but also to allow him/her to understand personal limitations and when to consult and refer when appropriate. It is hoped that this rotation will allow the student to apply and reinforce basic and more advanced psychiatric concepts so that he/she more properly treats future patients in whatever specialty he/she may choose, more competently. Specific expected competencies include development of interviewing and assessment skills, development of diagnostic and management plans, and inter-professional communication. The goal of this rotation is to develop, in each student, competence in the basic areas of clinical psychiatry which are applicable and important to the functioning of any physician practicing medicine.

REQUIRED ACTIVITIES

- **4th Friday:**
  - Follow ClinEd scheduled presentations. Psychiatry COMAT prep meetings will be held on Wednesday evenings (schedule will be sent by Dr. Sweeny).
- **2nd Friday:**
  - Follow ClinEd scheduled presentations. Psychiatry COMAT prep meetings will be held on Wednesday evenings (schedule will be sent by Dr. Sweeny).
- **Case Conference: (if applicable)**
  - Case Conference: Students are required to attend all assigned case conferences where an attending faculty member will guide students through a case from chief complaint to management.
  - SymptomMedia Website symptommedia.com DSM5 Clinical Case review. To be discussed at the first evening rotation meeting with Dr Sweeny
  - Foundational Psychiatry end of rotation mandatory quiz to be completed.

*IMPORTANT: Psychiatry specific zoom meeting times will be e-mailed to you along with other requirements/information, in a Welcome Letter, the week prior to starting your rotation.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Week 1			Evening meeting Dr. Sweeny 5:30-6:30pm				
Week 2			Evening meeting Dr. Sweeny 5:30-6:30pm		• 2nd Friday • Follow ClinEd scheduled presentation.		
Week 3			Evening meeting Dr. Sweeny 5:30-6:45pm				
Week 4	Mandatory end of rotation quiz opens at 8 am.		No rotation meeting in support of focused COMAT study End of Rotation Mandatory Quiz Deadline 11:59 pm		• COMAT • 4th Friday • Review the syllabus for the next rotation. • Review arrival instructions from site		

SITE SPECIFIC EXPECTATIONS AND PRACTICES

Rotation Site Expectations (provided by each preceptor). In addition to the specialty specific guidelines provided by the chair, students are expected to be mindful of the site-specific expectations and practices as provided by the preceptor.

PREPARING FOR THE ROTATION

Requirements for plenary/didactic week

- Please see Psych SOAP Note: "How To's of Writing a Psych SOAP Note" Power Point.
- Review lectures and Power Points from FOM8 specific to psychiatric disorders.
- Please see syllabus section on TEXTS AND MEDIA on reading recommendations for textbooks, articles and online sources (symptommedia.com clinical cases).
- The Mental Status Exam is the backbone of a psychiatric assessment. Please be sure to review both the FOM8 MSE lecture and related DSM5 lecture Power Points.

EXPECTATIONS DURING THE ROTATION - DIDACTICS

Assignments:

Students will be in the traditional 4-week rotation with an attending and resident with involvement in the direct care of patients presenting with the full spectrum of psychiatric conditions. Other students will have exposure in an outpatient setting or both inpatient and outpatient clinic setting.

Regardless of the mixture of experiences a student is scheduled to have, the learning objectives and the curriculum for this rotation are the same. What differs is the additional online materials the student will need to use to supplement the didactic content and diagnoses encountered at each rotation site.

COMAT Review Session – Weekly zoom meetings with Dr. Sweeny. Didactic and clinical case review of core areas of psychiatry shelf exam: Anxiety Disorders/Trauma Related Disorders/Obsessive Compulsive Disorder; Depressive, Bipolar and Related Disorders; Neurocognitive Disorders; Neurodevelopmental Disorders; Gender Dysphoria; Disruptive Developmental Disorder; Personality Disorders; Psychiatric Illness due to Another Medical Condition; Schizophrenia and Other Psychotic Disorders; Sleep-Wake Disorders; Somatic Symptom and Related Disorders; Substance Related and Addictive Disorders/Eating Disorders

SOAP Notes: Each rotation site will include teaching on Mental Status Exam and formulation of a Psychiatry SOAP note. It is expected that the medical student will learn, formulate, and discuss Psych SOAP notes with attending and/or resident while on rotation.

Mandatory End of Psychiatry Rotation Multiple Choice Quiz Please note quiz completion at 70% is a requirement to avoid delay of course grade and a possible Fail for ISSM Professionalism grade. Quiz content: DSM5 diagnostic categories, psychotropic medication management, psychopharmacology, psychosocial assessment, and clinical case scenarios.

ROTATION EXPECTATIONS, PROFESSIONALISM STANDARDS, & ACADEMIC DISHONESTY

Students are expected to adhere to all policies and standards outlined in the **Clinical Rotations Manual (CRM)** and the **University Catalog**, including but not limited to expectations regarding rotation performance, professional behavior, attendance, disability accommodations, and academic integrity.

Violations of these standards, whether occurring in academic settings, clinical environments, or non-academic contexts, including those outside of WesternU-sponsored activities constitute a breach of the professional trust placed in each student. Such violations may result in disciplinary actions, including suspension or dismissal from the program.

- Link to Clinical Rotations Manual: cem.pdf
- Link to University Catalog: https://www.westernu.edu/registrar/catalog/

Students with any questions or concerns regarding these policies should promptly consult the course director.

CORE PSYCHIATRY CLERKSHIP LEARNING OBJECTIVES

The students will be expected to:

1. Apply basic knowledge of the organ systems' pathology and physiology into the medical patient's care.
2. Apply basic knowledge of molecular, biochemical, and cellular mechanisms to the care of the medical patient for maintaining homeostasis.
3. Perform an appropriately comprehensive history on both hospitalized and ambulatory medical patients.
4. Formulate and communicate a focused differential diagnostic problem list on each medical/psychiatric patient.
5. Search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual medical patient.
6. Formulate strategies for disease prevention based on knowledge of mental health conditions and mechanisms of health maintenance.
7. Integrate concepts of epidemiology and population-based research methods into the care of the individual psychiatric patient.
8. Formulate diagnostic and treatment plans considering a cost-benefit analysis, access to healthcare, and personal preferences of the patient.
9. Respect the cultural and ethnic diversity of their patients' beliefs in evaluating and managing their medical care.
10. Display honesty, integrity, respect, and compassion for patients and their families.
11. Develop ongoing awareness of and ability to discuss professional boundary management in the context of doctor-patient relationship.
12. Identify and understand the importance of self-reflection. Develop appropriate management skills in working through internal feelings (countertransference) while maintaining a therapeutic stance toward the patient.
13. Participate in the education of patients, families, and other students.

14. Perform as part of an inter-professional team to enhance patient safety and improve patient care.
15. Display collegiality and professionalism toward all members of the healthcare team.
16. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA).
17. Integrate osteopathic principles in the Biopsychosocial Assessment of mental health.

SUMMARY OF REQUIREMENTS

1. Complete required assignments.
2. Prepare for COMLEX/COMAT using practice U-World/Anki test bank questions and First Aid for the Psychiatry Clerkship Seventh Edition
3. Attend weekly ZOOM sessions with department chair, Dr. Sweeny.
4. Complete end of rotation Multiple Choice Quiz (30 questions) during designated times.

CASE CONFERENCE/CASE PRESENTATION/CASE STUDY

Students may be able to attend one or more virtual case conferences. Students will be notified of dates and times as they are available.

HIGH YIELD TOPICS, SKILLS, PROCEDURES, AND RESOURCES/APPS

TOPICS:

- ADHD/Learning Disorders Adjustment Disorder Autism Spectrum Disorder
- Bipolar Disorder
- Borderline Personality Disorder and all other PD's
- Delirium Dementia
- Drug Interactions in Psychiatry
- Persistent Depressive Disorder (Major Depressive Disorder)
- Eating Disorder
- Factitious Disorder
- Generalized Anxiety Disorder (GAD)
- Grief reaction/Bereavement
- Infant and Childhood Disorders
- Mood Disorders
- Neuropsychiatric Disorders
- Obsessive Compulsive Disorder
- Panic Attacks/Panic Disorder
- Postpartum Depression
- Post-Traumatic Stress Disorder
- Psychosis
- Psychiatric Disorders due to GMC.
- Schizophrenia
- Sleep Disorders

- Somatization Disorder
- Substance Use Disorders

REQUIRED PROCEDURES:

Psychiatric history and evaluation	Comprehensive Mental Status Exam
SOAP Note	Depression Screening
Substance Abuse Screening	Anxiety Screening
Bi-Polar Disorder I and II Screening	Assessment and Treatment of Schizophrenia
Assessment and Treatment of Schizoaffective Disorder	Focused Neurologic Exam (AIMS)
Lifestyle Health Risk Assessment	Patient Counseling: Lifestyle changes to promote mental health/modification
Assessment and treatment of delirium	Assessment and treatment of dementia
Assessment and treatment of substance use disorder	Mini Mental Status Exam (MMSE)
Development of Differential Diagnosis	

OTHER PROCEDURES:

ADHD Assessment	Assessment of Patient's decision-making capacity
Group Therapy Session (i.e. anger management, support group, pain mgmt.)	Individual/ Family Psychotherapy Session
Assessment and Treatment of Psychiatric Disorders due to General Medical Conditions	Neuropsychological Testing
Cognitive Behavioral Therapy	Dialectical Behavioral Therapy
Motivational Interviewing	

AACOM ENTRUSTBLE PROFESSIONAL ACIVITIES (EPAS)

EPAs or activities to which you are expected to have on your first day of residency is found within the Clinical Education Manual

TEXTS AND MEDIA

Required Textbook:

1. Introductory Textbook of Psychiatry Seventh Edition, DSM-5 Edition Black, Donald W., Andreasen, Nancy C.
2. Desk Reference to the Diagnostic Criteria from DSM 5-TR; American Psychiatric Association

Instructions to access DSM 5 online:

DSM5-TR Published March 2023:
https://proxy.westernu.edu/login?url=https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787

DSM-TR Updates:
https://www.psychiatry.org/getmedia/eecccfbe-91de-4171-b7ba-8d6c1aae3d11/APA-DSM5TR-Update-September-2023.pdf.

Click the tab Psychiatry Online
Enter username and password

Required Media:

1. Access www.symptommedia.com Please do not share access information. This site is strictly for WU students.
   User: WesternU
   PW: Wesernu12

Optional Textbooks: For additional references

1. Diagnostic and Statistical Manual of Mental Disorders 5th Edition (Text Revision) (Available online)
2. The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition, Edited by Robert
   a. Hales M.D., M.B.A.; Stuart C. Yudofsky, M.D.; Laura Weiss Roberts, M.D., M.A.
3. DSM 5 Handbook of Differential Diagnosis: Michael B. First M.D.; American Psychiatric Association
4. Sadock & Sadock: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. Eleventh 11th Edition; Wolters Kluwer
5. Foundations for Osteopathic Medicine AOA 4th edition
6. Board review book is recommended, First Aid, Psychiatry Clerkship

INSTRUCTIONAL METHODS

1. Online interactive cases
2. Reading List
3. Weekly zoom meetings with Dr. Sweeny; Power Point and lecture covering foundational concepts along with case study analysis.

OUTCOMES & COMPETENCIES

WU INSTITUTIONAL OUTCOMES	Health Professional Education
1. Critical Thinking	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.
2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence	The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.
3. Interpersonal Communication Skills	The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.
4. Collaboration Skills	The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients
5. Ethical and Moral Decision Making Skills	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.
6. Life Long Learning	The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.
7. Evidence-Based Practice	The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.
8. Humanistic Practice	The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.

COMP/AOA CORE COMPETENCIES	**Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:**
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine	Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life- long learning and to practice habits in osteopathic philosophy and manipulative medicine.
2. Medical Knowledge	Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
3. Patient Care	Graduates must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.
4. Interpersonal and Communication Skills	Graduates are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. Professionalism	Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to provide effective care for patients.
6. Practice-Based Learning and Improvement	Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Systems-based Practice	Graduates are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost- effective medicine.

COMPARISON OF OUTCOMES STANDARDS: WU AND COMP	**WU**	**COMP**
Critical Thinking	1	1, 2, 3, 6
Breadth and Depth of Knowledge in the Discipline/Clinical Competence	2	1, 2, 3, 4, 5, 6, 7
Interpersonal Communication Skills	3	4
Collaboration Skills	4	4
Ethical and Moral Decision Making Skills	5	1, 3,5,6
Life Long Learning	6	1, 2, 3, 6, 7
Evidence-Based Practice	7	1, 2, 3, 6, 7
Humanistic Practice	8	3, 4, 5

ATTACHMENT I

SUPPLEMENTAL LEARNING RESOURCES – PSYCHIATRY CLERKSHIP ADDENDUM DOCUMENT
Dr. Sweeny

Psychiatry Topics List to be used as a guideline, not a strict schedule of reading.

WEEK 1:
1. Interviewing skills
2. Psychiatric history, physical, and the mental status examination
3. Diagnosis, classification, and treatment planning
4. Diagnostic testing
5. Community and forensic psychiatry
6. Psychopharmacology
7. Psychotherapies
8. Osteopathic approach to Psychiatry
9. Osteopathic primary care approach to stress management

WEEK 2:
1. Psychiatric emergencies
2. Delirium, dementia, amnestic and other cognitive disorders
3. Substance-related disorders
4. Schizophrenia and other psychotic disorders
5. Mood disorders
6. Anxiety disorders
7. Personality disorders

WEEK 3:
1. Somatoform and factitious disorders
2. Dissociative and amnestic disorders
3. Eating disorders

WEEK 4:
1. Child and adolescent psychiatry

PLEASE NOTE: Topics are divided by each week of the rotation for simplicity. Try to cover as many of the topics as possible and consult a board review book for an overview of all topics to prepare for the COMAT and Boards.

Reading List – Reminder: the reading is divided by week for simplicity.

WEEK 1:

1. **Introductory Textbook of Psychiatry, by Andreasen and Black 6th or 7th edition**
   a. Chapter 2: The Psychiatric Interview
   b. Chapter 21: Psychopharmacologic Interventions
   c. Chapter 20: Behavioral and Cognitive-Behavioral Interventions
   d. Chapter 17: Personality Disorders
2. **DSM 5 Handbook of Differential Diagnosis**
   a. Chapter 1: Differential Diagnosis Step by Step
   b. Chapter 2: Decision Tree for Etiological Medical Conditions
   c. Decision Tree for Suicidal Ideation or Behavior
3. **The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
   a. Chapter 1: The Psychiatric Interview and Mental Status Examination
   b. Chapter 2: DSM-5 as a Framework for Psychiatric Diagnosis
   c. Chapter 3: Psychological Assessment
   d. Chapter 4: Laboratory Testing and Imaging Studies in Psychiatry
   e. Chapter 6: Clinical Issues in Psychiatry
   f. Chapter 7: Ethical Aspects of Clinical Psychiatry
   g. Chapter 36: Treatment of Culturally Diverse Populations
4. **Foundations of Osteopathic Medicine 4th edition**
   a. Chapter 18A: Psychoneuroimmunology – Basic Mechanisms
   b. Chapter 18B: Life Stages
   c. Chapter 19A: Mind-Body Medicine
   d. Chapter 19B: Stress Management
   e. Chapter 19C: Spirituality and Healthcare

WEEK 2:

1. **Introductory Textbook to Psychiatry, by Andreasen and Black 6th or 7th edition**
   a. Chapter 7: Anxiety Disorders
   b. Chapter 6: Mood Disorders
   c. Chapter 5: Schizophrenia Spectrum and Other Psychotic Disorders
   d. Chapter 18: Psychiatric Emergencies
   e. Chapter 16: Delirium, Dementia, and Amnestic Syndromes

2. **DSM 5 Handbook of Differential Diagnosis**
   a. Chapter 2
      - Decision Tree for Depressed Mood
      - Decision Tree for Anxiety

- Decision Tree for Panic
- Decision Tree for Elevated or Expansive Mood
- Decision Tree for Speech Disturbance
- Decision Tree for Insomnia
- Decision Tree for Aggressive Behavior
- Decision Tree for Impulsivity or Impulse-Control Problems

3. **The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
   a. Chapter 23: Substance-Related and Addictive Disorders
   b. Chapter 24: Neurocognitive Disorders
   c. Chapter 25: Personality Disorders

WEEK 3:

1. **The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
   a. Chapter 15: Dissociative Disorders
2. **Introductory Textbook of Psychiatry, by Andreasen and Black 6th Edition**
   a. Chapter 10: Somatic Symptom and Related Disorders
   b. Chapter 11: Feeding and Eating Disorders
3. **DSM 5 Handbook of Differential Diagnosis**
   a. Chapter 3: Differential Diagnosis by the Tables
      - Somatic Symptom and Related Disorders

WEEK 4:

1. **The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
   a. Chapter 5: Normal Child and Adolescent Development
   b. Chapter 8: Neurodevelopmental Disorders
   c. Chapter 20: Sexual Dysfunctions
   d. Chapter 22: Disruptive, Impulse-Control, and Conduct Disorders
   e. Chapter 34: Treatment of Children and Adolescents

Strongly encouraged: DSM5 Symptom Media Case Review :
Online mental health education and training film library – clinical cases (DSM 5 diagnostic criteria and assessments).

Symptom Media: www.symptommedia.com

View as many of case film clips as possible during the rotation with particular attention to DSM5 diagnoses not seen on rotation. Cases will reinforce didactic content and support learning in preparation for COMAT.

- Symptom Media Logon User ID: WesternU
- PW: Westernu12
- PLEASE DO NOT SHARE Symptom Media logon information. The site is intended for WesternU students only.

Symptom Media Assignments: Psychiatry DSM 5 Clinical Cases; Psychology Lifespan Development relevant to boards and patient assessment; Behavioral Medicine

Assessment Tools
CAGE questionnaire
Mental Status Exam

- Mental Status Exam B-1

Mental Status Examination Measures

- Poor Concentration
- Impaired Immediate Recall
- Impaired Long-Term Memory
- Impaired Short-Term Memory

Mental Status Exam Series

- Mental Status Exam B-1
- Mental Status Exam B-2
- Mental Status Exam B-3
- Mental Status Exam B-4
- Mental Status Exam B-5
- Mental Status Exam B-6

Anger Assessment Series

- Anger Assessment A-1
- Anger Assessment A-2
- Anger Assessment A-3

Anxiety Assessment Series

- Anxiety Assessment A-1
- Anxiety Assessment A-2
- Anxiety Assessment A-3
- Anxiety Assessment A-4
- Anxiety Assessment with Primary Diagnosis Obsessive Compulsive Disorders – Tic-Related
- Anxiety Assessment with Primary Diagnosis Opiate Use Disorder, Moderate

CAGE Questions Series

- CAGE Questions A-1
- CAGE Questions A-2

Depression Assessment Series

- Assessment to Evaluate Insight or Treatment in Patients with Depression A-1
- Depression Assessment A-1
- Depression Assessment A-2
- Depression Assessment A-3
- Depression Assessment A-4 with Primary Diagnosis PTSD

Gun Safety Assessment Series

- Gun Safety Assessment A-1
- Gun Safety Assessment A-2

Healthy Thinking Assessment Series

- Healthy Thinking Assessment A-1
- Healthy Thinking Assessment A-2

Loss and Grief Assessment Series 1

- Loss and Grief Assessment A-1 (Loss of Sister)
- Loss and Grief Assessment A-2 (Loss of Girlfriend due to Mass Shooting)
- Loss and Grief Assessment A-3 (Loss of Friends due to Mass Shooting)

Loss and Grief Assessment Series 2

- Loss and Grief Assessment A-6 (Loss of a Friend due to Suicide)
- Loss and Grief Assessment A-7 (Loss of Identity Post Military Career)
- Loss and Grief Assessment A-8 (Loss of Daughter due to Overdose)

PTSD Brief Screening Assessment Series

- PTSD Brief Screening Assessment A-1
- PTSD Brief Screening Assessment A-2
- PTSD Brief Screening Assessment A-3
- PTSD Brief Screening Assessment A-4

Substance Use Assessment Series

- Substance Use Assessment A-1
- Substance Use Assessment A-2
- Substance Use Assessment A-3
- Substance Use Assessment A-4
- Substance Use Assessment A-5

Substance Use Assessment Series 2

- Substance Use Assessment A-6
- Substance Use Assessment A-7
- Substance Use Assessment A-8
- Substance Use Assessment A-9
- Substance Use Assessment A-10
- Substance Use Assessment A-11

Suicide Assessment Series

- Suicide Assessment A-1
- Suicide Assessment A-2
- Suicide Assessment A-3
- Suicide Assessment A-4
- Suicide Assessment A-5

Trauma Assessment Series

Trauma Assessment A-1
Trauma Assessment A-2
Trauma Assessment A-3

DSM 5
Trauma and Stressor-Related Disorders
Adjustment Disorders

- Adjustment Anxiety Disorder

Post-Traumatic Stress Disorder

- Post-Traumatic Stress Disorder: Car Accident
- Post-Traumatic Stress Disorder: Combat Veteran
- Post-Traumatic Stress Disorder: Sexual Assault

Personality Disorders

- Antisocial Personality Disorder Version 1
- Antisocial Personality Disorder Version 2
- Avoidant Personality Disorder
- Borderline Personality Disorder
- Dependent Personality Disorder
- Histrionic Personality Disorder Version 1
- Histrionic Personality Disorder Version 2

- Narcissistic Personality Disorder
- Obsessive Compulsive Personality Disorder
- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

Other Specified Personality Disorders
- Passive Aggressive Personality Disorder (in DSM-III)

Anxiety Disorders
- Agoraphobia
- Generalized Anxiety Disorder
- Panic Disorder

Bipolar and Related Disorders
- Bipolar I Disorder with Mood-Congruent Psychotic Features
- Bipolar I Disorder with Mood-Congruent Psychotic Features (After Treatment)

Depressive Disorders
- Major Depressive Disorder with Melancholic Features
- Major Depressive Disorder with Anxious Distress
- Major Depressive Disorder with Peripartum Onset
- Major Depressive Disorder with Seasonal Pattern

Dissociative Disorders
- Dissociative Amnesia without Dissociative Fugue (With localized or selective amnesia as opposed to general amnesia)

Other Conditions That May Be a Focus of Clinical Attention
- Conditions for Further Study Persistent Complex Bereavement Disorder
- Relationship Distress with Spouse or Intimate Partner; Phase of Life Problem

Nonadherence to Medical Treatment
- V65.2 Malingering

Schizophrenia Spectrum and Other Psychotic Disorders
- Brief Psychotic Disorder
- Delusional Disorder-Erotomanic
- Delusional Disorder-Jealous
- Delusional Disorder-Mixed
- Delusional Disorder-Persecutory
- Delusional Disorder Persecutory Type with Bizarre Content
- Delusional Disorder-Somatic
- Schizophrenia (with delusions, disorganized speech of derailment type, and negative symptoms of diminished emotional expression)

Obsessive-Compulsive and Related Disorders

- Body Dysmorphic Disorder

Somatic Symptom and Related Disorders

- Conversion Disorder (Functional Neurological Symptom Disorder) with weakness or paralysis
- Conversion Disorder (Functional Neurological Symptom Disorder) with weakness or paralysis
- Illness Anxiety Disorder Version 1
- Illness Anxiety Disorder Version 2
- Illness Anxiety Disorder Version 3

ADHD Series

- ADHD Combined Presentation A-1
- ADHD Combined Presentation A-2
- ADHD Combined Presentation A-3
- Rule/Out ADHD Combined Presentation
- Rule/Out ADHD Combined Presentation; Rule/Out Alcohol Use Disorder, Moderate
- Rule/Out ADHD Combined Presentation; Rule/Out Malingering

Child & Adolescent Series

- Conduct Disorder – Adolescent-Onset Type
- Disruptive Mood Dysregulation Disorder
- Oppositional Defiant Disorder
- Posttraumatic Stress Disorder B-1
- Separation Anxiety Disorder
- V62.4 Social Exclusion or Rejection and V69.9 Problem Related to Lifestyle

Eating Disorder Series

- Anorexia Nervosa Binge-Eating Purging
- Anorexia Nervosa Restricting Type Moderate
- Anorexia Nervosa Restricting Type Moderate B-2
- Binge Eating Disorder
- Bulimia Nervosa

First Responder Series

- Posttraumatic Stress Disorder B-2 (Police Officer 1)
- Posttraumatic Stress Disorder B-4 (EMT)
- Posttraumatic Stress Disorder B-5 (Nurse)
- Posttraumatic Stress Disorder B-6 (Doctor)
- Posttraumatic Stress Disorder B-7; Other Specified Trauma- and Stressor-Related Disorder: Persistent Complex Bereavement Disorder (Firefighter)

OCD Series

- Obsessive-Compulsive and Related Disorders: Hoarding Disorder with Excessive Acquisition
- Obsessive-Compulsive and Related Disorders: Tourette's Disorder (Tic Disorder); Obsessive-Compulsive Disorder

- Obsessive-Compulsive and Related Disorders: Trichotillomania (Hair-Pulling Disorder); Obsessive-Compulsive Disorder

Sleep-Wake Disorders Series
- Insomnia Due to a Medical Condition
- Insomnia Due to a Mental Disorder; Major Depressive Disorder in Partial Remission; Relationship Distress with Spouse or Intimate Partner

Substance-Related and Addictive Disorders
- Alcohol Use Disorder
- Opioid Use Disorder, Moderate
- Opioid Use Disorder, Severe
- Opioid Use Disorder; Alcohol Use Disorder; Cannabis Use Disorder; Tobacco Use Disorder; Stimulant Use Disorder (cocaine); and with Possible Sedative, Hypnotic, Anxiolytic Use Disorder
- Stimulant Disorder, Moderate, Cocaine
- Stimulant Use Disorder – A, Severe, Cocaine
- Stimulant Use Disorder – B, Severe, Cocaine

Violence Series
- Adjustment Disorder with Anxiety
- Adolescent Antisocial Behavior; Alcohol Use Disorder, Severe; Other or Unknown Substance Use Disorder; Severe
- Dissociative Amnesia
- Posttraumatic Stress Disorder; Alcohol Use Disorder; Other or Unknown, Conviction or Civil Proceedings with Imprisonment

DSM 5 Military Series
Mood Disorders
- Major Depressive Disorder A-1

Other Conditions That May Be a Focus of Clinical Attention
- Other Health Service Encounters for Counseling and Medical Advice: Sex Counseling V65.49

Trauma- and Stressor-Related Disorders
- Adjustment Disorder with Anxiety A-1
- Adjustment Disorder with Depressed Mood and Traumatic Brain Injury (TBI) (Difficulty adjusting to wrist and head injuries from work-related accident)
- Adjustment Disorder with Mixed Anxiety and Depressed Mood

Trauma- and Stressor-Related Disorders
- Military Family: Spouse of a Veteran with Post Traumatic Stress Disorder
- Post Traumatic Stress Disorder with Derealization A-1
- Post Traumatic Stress Disorder and Traumatic Brain Injury (TBI) A-3
- Post Traumatic Stress Disorder & Alcohol Use Disorder A-4

DSM 5 & ICD 10 Guided Case Studies and Assessment Tools Ali, Alcohol Use Disorder, Moderate
DSM 5 Guided Case Study

- Ali, Core Video: Alcohol Use Disorder, Moderate

ICD 10 Guided Case Study

- Ali, Core Video: F10.20 Alcohol Use Disorder, Moderate

Assessment Tools

- Ali, Alcohol Use Disorder, Alcohol Assessment
- Ali, Alcohol Use Disorder, Anxiety Assessment
- Ali, Alcohol Use Disorder, AUDIT
- Ali, Alcohol Use Disorder, Depression Assessment
- Ali, Alcohol Use Disorder, Substance Use Assessment
- Ali, Alcohol Use Disorder, Trauma Assessment

Arnie, Opioid Use Disorder, Mild DSM 5 Guided Case Study

- Arnie, Core Video: Opioid Use Disorder, Mild

ICD 10 Guided Case Study

- Arnie, Core Video: F11.10 Opioid Use Disorder, Mild

Assessment Tools

- Arnie, Opioid Use Disorder, Alcohol Assessment
- Arnie, Opioid Use Disorder, Anxiety Assessment V1
- Arnie, Opioid Use Disorder, Anxiety Assessment V2
- Arnie, Opioid Use Disorder, DAST
- Arnie, Opioid Use Disorder, Depression Assessment
- Arnie, Opioid Use Disorder, Drug Abuse Assessment
- Arnie, Opioid Use Disorder, OCD Assessment V1
- Arnie, Opioid Use Disorder, OCD Assessment V2

Chad, Gambling Disorder Series
DSM 5 Guided Case Study

- Chad, Gambling Disorder

ICD 10 Guided Case Study

- Chad, F63.0 Gambling Disorder

Cooper, Major Depressive Disorder, Single Episode, Severe DSM 5
Guided Case Study

- Cooper, Core Video: Major Depressive Disorder, Single Episode, Severe ICD 10 Guided Case Study
- Cooper, Core Video: F32.20 Major Depressive Disorder, Single Episode, Severe

Assessment Tools

- Cooper, Major Depressive Disorder, Single Episode, Severe, Alcohol Use Assessment

- Cooper, Major Depressive Disorder, Single Episode, Severe, Depression Assessment – Interests
- Cooper, Major Depressive Disorder, Single Episode, Severe, Depression Assessment – Mood Thinking and Energy
- Cooper, Major Depressive Disorder, Single Episode, Severe, Depression Assessment – Sleep
- Cooper, Major Depressive Disorder, Single Episode, Severe, Substance Use Assessment
- Cooper, Major Depressive Disorder, Single Episode, Severe, Suicide Assessment Version 1
- Cooper, Major Depressive Disorder, Single Episode, Severe, Trauma Assessment

Gil, Bipolar I Disorder, Current or Most Recent Episode Hypomanic Series DSM 5 Guided Case Study

- Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 1
- Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 2
- Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 3
- Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 4

ICD 10 Guided Case Study

- Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 1
- Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 2
- Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 3
- Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 4

Assessment Tools

- Gil, Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Substance Use Assessment A-1
- Greg, Cannabis Use Disorder, Moderate DSM 5 Guided Case Study
- Greg, Core Video: Cannabis Use Disorder, Moderate, Part 1
- Greg, Core Video: Cannabis Use Disorder, Moderate, Part 2

ICD 10 Guided Case Study

- Greg, Core Video: F12.20 Cannabis Use Disorder, Moderate, Part 1
- Greg, Core Video: F12.20 Cannabis Use Disorder, Moderate, Part 2

Assessment Tools

- Greg, Cannabis Use Disorder, Moderate, Alcohol and Substance Use Assessment
- Greg, Cannabis Use Disorder, Moderate, Anxiety Assessment
- Greg, Cannabis Use Disorder, Moderate, AUDIT
- Greg, Cannabis Use Disorder, Moderate, Cannabis Use Scale Assessment
- Greg, Cannabis Use Disorder, Moderate, Depression Assessment
- Greg, Cannabis Use Disorder, Substance Use Assessment

Mr. Smith, Catatonia Associated with Schizophrenia
DSM 5 Guided Case Study

- Mr. Smith, Catatonia Associated with Schizophrenia, Part 1
- Mr. Smith, Catatonia Associated with Schizophrenia, Part 2
- Mr. Smith, Catatonia Associated with Schizophrenia, Part 6 Echolalia
- Mr. Smith, Catatonia Associated with Schizophrenia, Part 7 Echopraxia and Echolalia

ICD 10 Guided Case Study

- Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 1
- Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 2
- Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 6 Echolalia
- Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 7 Echopraxia and Echolalia

Mrs. Warren, Schizophrenia Spectrum DSM 5 Guided Case Study

- Mrs. Warren, Rule/Out Schizophrenia demonstrating negative symptoms, Part 1
- Mrs. Warren, Rule/Out Schizophrenia demonstrating symptoms of paranoia, Part 3
- Mrs. Warren, Rule/Out Schizophrenia demonstrating the symptom of self-reference, Part 5
- Mrs. Warren, Schizophrenia demonstrating the symptom of a somatic delusion, Part 6
- Mrs. Warren, Schizophrenia demonstrating the symptom of a grandiose delusion, Part 7
- Mrs. Warren, Schizophrenia demonstrating the symptom of a thought-insertion delusion, Part 9
- Mrs. Warren, Schizophrenia demonstrating the delusional symptom of thought broadcasting, Part 10
- Mrs. Warren, Schizophrenia demonstrating the symptoms of thought blocking and of a thought-withdrawal delusion, Part 11
- Mrs. Warren, Schizophrenia demonstrating the delusional symptom that someone else controls her behaviors / movements, Part 12
- Mrs. Warren, Delusional Disorder Persecutory Type, Part 13
- Mrs. Warren, Delusional Disorder Referential Type, Part 15
- Mrs. Warren, Delusional Disorder Grandiose Type, Part 17
- Mrs. Warren, Delusional Disorder Erotomanic Type, Part 18
- Mrs. Warren, Delusional Disorder Thought Insertion, Part 19
- Mrs. Warren, Delusional Disorder Thought Broadcasting Type, Part 20
- Mrs. Warren, Delusional Disorder Thought Blocking and Thought Withdrawal Type, Part 21
- Mrs. Warren, Delusional Disorder Delusions of Control Type, Part 22

Nicole, Opioid Use Disorder, Moderate, Doctor Shopping DSM 5 Guided Case Study

- Nicole, Core Video: Opioid Use Disorder, Moderate, Doctor Shopping

ICD 10 Guided Case Study

- Nicole, Core Video: F11.20 Opioid Use Disorder, Moderate, Doctor Shopping

Assessment Tools

- Nicole, Opioid Use Disorder, AUDIT
- Nicole, Opioid Use Disorder, DAST
- Nicole, Opioid Use Disorder, Depression Assessment
- Nicole, Opioid Use Disorder, Opiate Withdrawal Assessment
- Nicole, Opioid Use Disorder, Trauma Assessment V1
- Nicole, Opioid Use Disorder, Trauma Assessment V3 with Sexual Assault

Sam, (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe DSM 5 Guided Case Study

- Sam, Core Video: (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Part 1
- Sam, Core Video: (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Mania, Part 2, in Full Remission
- Sam, (Adolescent) Bipolar I Disorder, Current Episode Depressed, Severe
- Sam, (Adolescent) Bipolar I Disorder in Partial Remission, Most Recent Episode Depressed with Anxious Distress

ICD 10 Guided Case Study

- Sam, Core Video: F31.40 (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Part 1
- Sam, Core Video: F31.74 (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Mania, Part 2, in Full Remission
- Sam, (Adolescent) F31.4 Bipolar I Disorder, Current Episode Depressed, Severe
- Sam, (Adolescent) F31.75 Bipolar I Disorder in Partial Remission, Most Recent Episode Depressed with Anxious Distress

Assessment Tools

- Sam, (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Medication Compliance V1 with Poor Insight
- Sam, (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Medication Compliance V3 with Good Insight and Poor Judgment
- Sam, (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Mood, Medication Compliance, and Substance Use Assessment
- Sam, (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Suicide and Self Harm Assessment V1
- Ryan, Autism Spectrum Disorder Series
- Autism Spectrum Disorder, Core Video
- Autism Spectrum Disorder, Mild
- Autism Spectrum Disorder, Moderate
- Autism Spectrum Disorder, Moderate Severe
- Autism Spectrum Disorder, Moderate Severe; Traumatized Presentation
- Autism Spectrum Disorder, Severe
- Not on the Autism Spectrum

Coping Mechanisms & Defenses

- Denial 1
- Intellectualizing 1
- Projection 1
- Reaction Formation 1
- Repression 1
- Splitting 1
- Sublimation 1
- Suppression 1

Human Development Stages Erik Erikson

Stage 1

- Trust vs. Mistrust: Trust 1
- Trust vs. Mistrust: Mistrust 1

Stage 2

- Autonomy vs. Shame: Autonomy 1
- Autonomy vs. Shame: Shame 1

Stage 3

- Initiative vs. Guilt: Initiative 1
- Initiative vs. Guilt: Guilt 1

Stage 4

- Industry vs. Inferiority: Industry 1
- Industry vs. Inferiority: Inferiority 1

Stage 5

- Identity vs. Role Confusion: Identity 1

Stage 6

- Group Identity vs. Alienation: Group Identity 1

Stage 7

- Intimacy vs. Isolation: Intimacy 1

Stage 8

- Generativity vs. Stagnation: Generativity 1

- **Stage 9**

Integrity vs. Despair: Integrity 1

Kohlberg Moral Developmental Stages

Level 1

- Pre-Conventional Obedience and Punishment (1)
- Pre-Conventional Self-Interest Orientation (1)

Level 2

- Conventional Interpersonal Accord and Conformity 1
- Authority and Social-Order Orientation

Level 3

- Conventional Social Contract Orientation 1
- Conventional Universal Ethical Principles 1

Mental Disorder / Illness Symptoms

- Adolescent Risk Taking
- Clang Associations
- Command Hallucinations
- Compulsions
- Concrete Thinking 1
- Derailment
- Flat Affect
- Grandiose Delusions 1
- Inappropriate Affect
- Mania
- Obsessions
- Pressured Speech
- Self Reference 1