

**This Material Provided By:  
Dr. Angele McGrady  
Medical College of Ohio  
Ruppert Health Center  
3120 Glendale Ave  
Toledo, OH 43614-5809**

**June 2, 2000**

**BLOCK GOALS**

Instructional Goals

Instruction in the neurobehavioral block will:

- a) Establish the foundation in neurobehavioral science to prepare the students for the clinical clerkships and step I USMLE
- b) Demonstrate the relevance of neurobehavioral science to the practice of medicine

Learner Goals

At the end of block III, the student will be able to:

- a) Integrate knowledge from neurobehavioral science and apply this knowledge to the understanding of pain, stress, memory and learning and sleep. Apply information from neurobehavioral science to clinical cases depicting the major neurological and psychiatric disorders Design management models based on sound understanding of neurobiological and behavioral processes.
- b) Be prepared to perform in the clinical clerkships, particularly, neurology and psychiatry.

**MAJOR TOPIC AREAS IN BEHAVIORAL SCIENCE:  
Hours Allotted to Each Area**

1. Principles of Behavioral Science: Introduction, Genetics, Ethnicity: 6 hours
2. Health and Behavior: theories of behavior, health and behavior, stress and illness, violence: 12 hours
3. Non-pharmacological Treatment of Psychiatric Disorders: psychosocial, behavioral, complementary therapies, management of chronic pain: 7 hours
4. Assessment: Classification of mental illness, psychological testing: 4 hours
5. Psychopathology: mood, anxiety, personality, somatoform, psychotic, eating, sleep, delirium, dementia, childhood: anxiety, mood, disruptive, mental retardation: 24 hours
6. Development: theories, early, middle, adolescence, adulthood, late life, consequences of developmental trauma: 12 hours

## Behavioral Science Course Objectives

1. Integrate the influences of genetics and environment in the expression of mental illness.
2. Define the general terminology used in behavioral science.
3. Differentiate between the biopsychosocial level and biomedical models of illness.
4. Acquire an attitude of openness about cultural diversity.
5. Compare and contrast the two major psychological theories of behavior and how they have been applied to therapy
6. Diagram the major psychophysiological pathways mediating stress and illness.
7. Summarize the relationship between stress and illness.
8. Using the health belief model, predict the probability of a person initiating and maintaining a healthy behavior change.
9. Using the risk factors explain the evaluation of a suicidal and or homicidal person.
10. Demonstrate the ability to perform a suicide and violence assessment.
11. Compare and contrast the major psychotherapies, including goals, selection criteria, and outcome.
12. Construct an appropriate management plan for a patient with chronic and acute pain.
13. Define the major behavioral medicine and alternative therapies.
14. Given a listing of patient characteristics, predict the outcome of a behavioral therapy.
15. Demonstrate the ability to obtain information about patient's use of alternative medicine. Realize patient's desire to learn about alternative medicine.
16. Differentiate child and adolescent therapy from adult therapy.
17. Define and explain how DSM-IV is used in the classification and how it's applied in diagnosis and treatment of mental illness.
18. Mental Status Exam: Demonstrate and explain the procedures used in the mental status exam.
19. Define and describe psychological testing and procedures, important aspects and their uses
20. Define and explain the symptoms and criteria as required under the classification of the DSM-IV for Axis I and Axis II disorders in adults and children.
21. Demonstrate knowledge of treatment of DSM-IV for Axis I and Axis II disorders in adults and children.
22. Summarize the important features of each stage of the life cycle from birth through late life
23. Compare and contrast the major theories of development from birth to late life and how they apply to clinical practice.

TO: Students Enrolled in Behavioral Science

FROM: Angele McGrady, Ph.D., LPCC  
Course Coordinator

DATE: February 16, 2000

**Welcome to Behavioral Science!** The Psychiatry teaching faculty hopes that you will find this course interesting and useful for your future practice of medicine. Behavioral Science covers the principles of human behavior, development, and an introduction to psychopathology. The goals of this course are to:

- Introduce the fundamentals of human behavior from a developmental viewpoint.
- Demonstrate the relevance of human behavior to the practice of medicine.
- Assist students in recognizing psychopathology in patients seeking medical care.
- Establish the foundation for clinical clerkships.
- Prepare students for Step 1 USMLE.

The major topic areas in Behavioral Science are Principles of Behavioral Science, Development, Health and Behavior, Assessment, Non-pharmacological Treatment of Psychiatric Disorders and Psychopathology.

The textbooks for the course are:

- Stoudemire, Alan, *Human Behavior - An Introduction for Medical Students* Third Edition 1998, required.
- Kaplan, H.I. Sadock, B.J. *Concise Textbook of Clinical Psychiatry* 1996, required.

The course offerings in the Department of Psychiatry are organized in a logical sequence, beginning with Interviewing, continuing with Behavioral Science and Ethics. The clerkship in Psychiatry in the third year is designed to build on the knowledge, attitudes and skills developed by the student in prior courses. In addition, the content and experience of Behavioral Science are integrated with your other course in this block, Neuroscience, as much as possible.

The course director is Angele McGrady, Ph.D. who can be reached at 383-5695 or e-mail: [amcgrady@mco.edu](mailto:amcgrady@mco.edu). Her office is in the Ruppert Health Center, Room 0079. The course director will attend most of the lectures in Behavioral Science and the faculty are available for consultation with students as needed. The names, phone numbers and e-mail addresses of the faculty are listed below. Contact either the faculty or the course director for assistance with course material. **We are glad to help you develop greater understanding and mastery of Behavioral Science.**

Guillermo, Bernal, Ph.D.	383-5686	<a href="mailto:ga*rguetabernal@mco.edu">ga*rguetabernal@mco.edu</a>
Michael Carey, Ph.D.	383-3815	<a href="mailto:mcarey@mco.edu">mcarey@mco.edu</a>
Thomas Fine, M.A., LPCC	383-5686	<a href="mailto:tfine@mco.edu">tfine@mco.edu</a>
<b>Jane Giddan, M.A.</b>	383-3521	<a href="mailto:jgiddan@mco.edu">jgiddan@mco.edu</a>
Wun Jung Kim, M.D.	383-3815	<a href="mailto:wjkim@mco.edu">wjkim@mco.edu</a>
Mary Lenkay, M.D.	383-5674	n/a
Ronald McGinnis, M.D.	383-5686	<a href="mailto:rmcginnis@mco.edu">rmcginnis@mco.edu</a>
A. John McSweeny, Ph.D.	383-5672	<a href="mailto:jmcsweeny@mco.edu">jmcsweeny@mco.edu</a>
Maria Paluszny, M.D.	383-3815	n/a
Doug Smith, M.D.	381-1881	<a href="mailto:dosmlth@mco.edu">dosmlth@mco.edu</a>
Mary Kay Smith, M.D.	383-5672	<a href="mailto:maryksmith@mco.edu">maryksmith@mco.edu</a>
Marijo B. Tamburrino, M.D.	383-5669	<a href="mailto:mtamburrino@mco.edu">mtamburrino@mco.edu</a>
Jeff Wahl, M.D.	383-3815	<a href="mailto:jwahl@mco.edu">jwahl@mco.edu</a>
Kristi Williams, M.D.	383-5674	<a href="mailto:kwi1hams@mco.edu">kwi1hams@mco.edu</a>

The Behavioral Science course is organized in a lecture/small group format. All lectures and most small groups will be held in Room 100. Attendance at lectures is strongly recommended to facilitate learning of more difficult content. The small groups will allow a format for discussion of key concepts with carefully selected case material. Students will arrange themselves into working groups in the large lecture hall and two to three faculty will circulate among the groups. The entire class will reconvene for a summary at the end of the discussion time.

Two small group sessions are organized differently. These involve a group of 10-15 students meeting with one faculty member to discuss clinical cases. The two sessions are March 31, 2000 from 11:41:50 AM and May 2, 2000 from 11-11:50 AM. Students should wear their ID's on these days. Students will be assigned to specific groups. 'Attendance is mandatory' Attendance at each small group counts for 2% of the final grade (see grading policy).

## POLICY

**(Please keep this document for future reference)**

**This** policy is provided to students for the purpose of informing them how the Department of Psychiatry assigns grades to medical students taking the Behavioral Science course. This grading policy does not supersede institutional policies of the Medical College of Ohio with respect to student promotion, dismissal, or requirements to repeat course work.

1. Exam Schedule

<b>Behavioral science Exam schedule, 2000</b>				
	Date	Time	Class Hours	% of Final Grade
Exam 1	April 11	8:30 am – 11:30 am	34	48
Exam 2	May 9	8:30 am – 11:30 am	34	48
Small Group Sessions on 3/31 and 5/2			2	4
<b>TOTAL</b>				100%

2. Student grade: We will adhere to a minimum grade for a Pass of 70%. Standard rules of mathematical rounding will apply. Students achieving a total score of less than 70% will receive a grade of Fail.

A grade of Honors will be awarded to at least 10% of the class with the highest final averages. In addition, all students who achieve a composite total score of 90% or greater will receive a grade of Honors.

A grade of High Pass will be awarded to at least the next 10% of the class with the highest final averages below the category of "Honors." All students who achieve a composite total score between 80% and 89% will receive a grade of High-Pass. For the last three years the class final average grade has been 80%.

3. Absence from an exam m: In case of illness or other circumstances that result in absence from an examination, students must contact the Associate Dean for Student Affairs to request postponement of the examination. Please refer to the most recent edition of the Student Policy Manual for procedures to be followed to request a postponement of an examination. If a student does not take an examination and does not obtain permission from the Associate Dean for Student Affairs to postpone the exam, then the student will receive a score of zero on the exam and the score of zero will be included in calculating the student's accumulated score. Request to take make-up examinations will be considered by the course director only after receiving notification from the Associate Dean of Student Affairs that the absence is excused. You must contact the course director within two days of your return to classes to schedule a make-up exam. The course director will schedule make-up exams within one week of the student's return. No examinations **Will** be given early.
4. Grade of Fail and remedial work: A student receiving an accumulated score of less than 70% who receives a grade of Fail may be given the opportunity to take a remedial exam in August or to repeat the entire Behavioral Science Course at the Medical College of Ohio. These two options are the only acceptable means to earn a Pass after receiving a grade of Fail. The remedial exam will only be given with the permission of the Student Promotion Committee. This remedial exam will be given in August at a time set by the Department of Psychiatry.
- The exam will cover all the areas of Behavioral Science presented in the Behavioral Science course. A score of 70% is the minimum score required to pass the remedial examination. If a student achieves a score of 70% or greater on the remedial exam, a grade of Pass will be given. No grade higher than Pass may be earned when taking the remedial examination.

If a student receives a score of less than 70% on the remedial examination, the grade of Fail will stand but the student may still have the option to repeat the Behavioral Science course according to institutional policies. If a student repeats the entire Behavioral Science course, then their grade will be assigned according to the accumulated score as described above (i.e., the student can earn Honors, High Pass, Pass or Fail).

5. Review of exams - no exams will be returned to the students. However, students may review their exam until the next scheduled exam. This may be arranged with the course director or with her secretary who can be reached at 383-5686. The second exam may be reviewed for the subsequent 5 working days. Exams may not be reviewed after these dates.
6. Institution-wide policies for administration of exams will be followed. These policies appear on the next page.

GUIDELINES FOR ADMINISTRATION OF WRITTEN EXAMINATIONS  
SCHOOL OF MEDICINE  
MEDICAL COLLEGE OF OHIO

Seating of students

- A. Minimum of one unassigned seat between students (if possible)
- B. Assigned, random student seating

Announcements which will be read prior to the beginning of each examination

- A. Number of pages in examination
- B. Number of questions in examination
- C. Any correction on examination
- D. Clear and concise instructions on completing computer answer sheets
- E. Policy on cheating for the School of Medicine of the Medical College of Ohio

Students are allowed to bring to the examination the following:

- A. Pencils and erasers (unless otherwise instructed)
- B. Can of pop or other beverage
- C. NO hats may be worn during examinations

Questions during the examination

- A. No questions will be answered during the examination
- B. To make comments pertaining to individual questions, use the back side of the last Exam page. These will be reviewed by the course director.

Absence during the examination

Students may leave the examination room during the examination, one at a time, with a proctor accompanying them.

Late admission to the examination

The examination room will be closed for entry of late students when the first student has turned in a completed examination or when a student leaves the room for any reason.

**MEDICAL COLLEGE OF OHIO ♦ SCHOOL OF MEDICINE 0 POLICY ON CHEATING**

The following is taken from the Policy Manual for Medical Students and is to be read prior to the start of each examination:

*Students are subject to disciplinary action, including dismissal for violation of institutional standards of conduct. Examples of such violations include, but are not limited to:*

*All forms of dishonesty, such as cheating, plagiarism, knowingly furnishing false information to the College, forgery, alteration or misuse of College documents, records or instruments of identification.*

**BEHAVIORAL SCIENCE**  
**2000 - Spring Semester**

DATE / DAY	TIME	SESSION	INSTRUCTOR
3/13/00 Monday	10-11:50 AM	Concepts of Behavioral Science	McGrady
3/14/00 Tuesday	10-11:50 AM	Biology and Behavior	McGrady
3/16/00 Thursday	10-10:50 AM 11-11:50 AM	Ethnicity and Behavior Small Group	Giddan
3/17/00 Friday	10-11:50 AM	Theories of Behavior	Bernal
3/20/00 Monday	10-10:50 AM 11-11:50 AM	Health and Behavior Small Group	Fine
3/21/00 Tuesday	10-11:50 AM	Theories of Development	Bernal
3/23/00 Thursday	10-11:50 AM	Early Childhood	Wahl
3/24/00 Friday	10-10:50 AM 11-11:50 AM	Early Childhood/Language Small Group	Giddan
3/27/00 Monday	10-10:50 AM 11-11:50 AM	Middle Childhood Small Group	Carey
3/28/00 Tuesday	10-11:50 AM	Adolescence	Carey
3/29/00 Wednesday	1-1:50 PM 2-2:50 PM	Adulthood Small Group	Fine
3/30/00 Tuesday	10-11:50 AM	Late Life	Lenkay
3/31/00 Friday	10-10:50 AM 11-11:50 AM	Classification and Mental Status Small Group Mental Status Exam <b>ATTENDANCE REQUIRED</b>	McGinnis
4/3/00 Monday	10-11:50 AM	Psychosocial Interventions	Fine
4/4/00 Tuesday	10-11:50 AM	Behavioral and Complementary Therapies	McGrady
4/5/00 Wednesday	1-2:50 PM	Psychological Testing	McSweeny
4/6/00 Thursday	10-10:50 AM 11-11:50 AM	Mood Disorders Small Group	MK Smith
4/7/00 Friday	10-11:50 AM	Anxiety Disorders	Tamburrino
4/11/00 Tuesday	9-12 Noon	<b>EXAM</b>	



DATE / DAY	TIME	SESSION	INSTRUCTOR
4/13/00 Thursday	10-10:50 AM 11-11:50 AM	Personality Disorders Small Group	Williams
4/14/00 Friday	10-10:50 AM 11-11:50 AM	Psychoses Small Group	McGinnis
4/17/00 Monday	10-10:50 AM 11-11:50 AM	Somatoform Disorders Small Group	Williams
4/18/00 Tuesday	10-10:50 AM 11-11:50 AM	Consequences of Developmental Trauma Small Group	Paluszny
4/19/00 Wednesday	1-2:50 PM	Violence	D. Smith
4/20/00 Thursday	10-11:50 AM	Domestic Violence	Schoonmaker
4/21/00 Friday	10-11:50 AM	No Lecture	
4/24/00 Monday	10-11:50 AM	Mental Retardation	Paluszny
4/25/00 Tuesday	10-11:50 AM	Disruptive Behavior Disorders	Paluszny
4/26/00 Wednesday	1-2:50 PM	Stress and Illness	Fine
4/27/00 Thursday	10-11:50 AM	Sexual Disorders	McGrady
4/28/00 Friday	10-11:50 AM	Eating Disorders	Tamburrino
5/1/00 Monday	10-11:50 AM	Sleep and Sleep Disorders	McGrady
5/2/00 Tuesday	10-10:50 AM 11-11:50 AM	Behavioral Management of Chronic Pain; Small Group <b>ATTENDANCE REQUIRED</b>	Bernal
5/3/00 Wednesday	1-2:50 PM	Psychosocial Interventions in Adolescence and Children	Kim
5/4/00 Thursday	10-11:50 AM	Mood and Anxiety Disorders in Children	Kim
5/5/00 Friday	8-9:50 AM	Delirium and Dementia	Williams
5/9/00 Tuesday	9-12 Noon	<b>EXAM</b>	

# **CONCEPTS OF BEHAVIORAL SCIENCE**

**March 13, 2000**

**Angele McGrady, Ph.D.**

This lecture will discuss the basic concepts of behavioral science as the foundation for understanding normal and abnormal behavior.

Objectives:

1. Explain the importance of understanding human behavior.
2. Define the terms epidemiology, incidence and prevalence.
3. List the major mental disorders in the U.S.: Compare the percentage of persons who have a mental disorder in their lifetime with the numbers of persons who are mentally ill and seek treatment. Compare men's and women's prevalence of depression, substance abuse and schizophrenia.
4. Define the biopsychosocial model of illness and differentiate this model from the biomedical model. Explain how mental illness is viewed from the biomedical and biopsychosocial perspectives.
5. Explain the relevance of the major behavioral indicators of morbidity to assessment of patients.
6. Contrast the types of treatment consistent with the biopsychosocial and biomedical models of illness.
7. Explain the principle of "offset costs" of treatment of mental illness.
8. Describe the importance of demographic, psychological and behavioral factors in predisposition, etiology and outcome of disease.
9. Explain the effects of perception of illness on help seeking behavior. Discuss the influence of personality and social variables on decision time.
10. Differentiate among disease, illness and illness behavior. Define the sick role and the rights and responsibilities of the sick role.

Reading Assignment: Stoudemire, Chapter 2

**Biology and Behavior**  
**March 14, 2000**  
**Angele McGrady, Ph.D.**

This lecture will consider behavioral genetics; the major neurotransmitters involved in behavior, and psychosocial influences on normal functioning of physiological systems.

Objectives

1. Describe the standard methods used in genetic investigation of personality and the major mental illnesses.
2. Explain the types of information that can be obtained from family, twin and adoption studies.
3. Summarize the evidence supporting genetic influence on personality.
4. Contrast, using examples, inherited behavior patterns with learned behavior patterns.
5. Describe the interaction between genetics and environment in the development of mental illness.
6. Discuss the genetic origins of schizophrenia, mood disorder, and alcoholism. Briefly define each disorder and the prevalence in the general population. Explain the relative risk for first degree relatives of an affected person.
7. Summarize the major factors that are important in genetic counseling in psychiatry.
8. Briefly discuss the function of acetylcholine, serotonin, norepinephrine, dopamine and gamma aminobutyric acid in behavior.
9. Explain the relationship between facial expression and mood.
10. Describe the influence of emotional and behavioral factors in the normal function of the musculoskeletal system. Include effects on reaction time and tracking.

Reading assignment: Stoudemire - Chapter 13 and handout

**ETHNICITY AND BEHAVIOR**  
**March 16, 2000**  
**Jane J. Giddan, M.A., CCC-SLP**

Objectives

1. Define the terms: culture, ethnicity, gender and race.
2. Discuss acculturation.
3. List the major American subcultures. Recognize some beliefs and practices that characterize American sub-cultures.
4. Discuss some ethnic, cultural, racial and gender issues important in the practice of medicine.
5. Describe the impact of culture on the client-clinician relationship.
6. Explain ways to improve cross-cultural communication in a clinical setting.
7. Provide examples of questions that can elicit a patient's explanatory model of illness.

Reading Assignment: Stoudemire, Chapter 4

**Psychological Theories of Behavior**  
**March 17, 2000**  
**Guillermo A. Bernal, Ph.D.**

**Objectives:**

1. Define the key elements of Freud's psychoanalytic theory.
2. Identify and describe the stages of psychosexual development.
3. Differentiate between the conscious and the unconscious.
4. Trace the development of personality according to Freud.
5. Describe the development of the ego.
6. Define the five mechanisms of defense.
7. Describe psychoanalysis and psychoanalytic psychotherapy, including objectives and major elements.
8. Define learning.
9. Describe classical conditioning.
10. Describe operant conditioning.
11. Describe modeling.
12. Describe the schedules of reinforcement.
13. Describe clinical applications of behavioral therapies.
14. Explain therapies based on classical conditioning.
15. Describe therapies based-on operant conditioning.
16. Compare and contrast psychoanalytic models and behavioral models.

Reading assignment: Stoudemire: Chapter 5 and 6

## **CHECK IT OUT**

[http: / Acweb.loc.gov/exhibits/freud/](http://Acweb.loc.gov/exhibits/freud/)

[http: / /www.viLLagevoice.com/features/9842/schoofs-shtmt](http://www.viLLagevoice.com/features/9842/schoofs-shtmt)

**HEALTH AND BEHAVIOR**  
**March 20, 2000**  
**Thomas H. Fine, M.A., LPCC**

**Objectives:**

1. Define health behavior.
2. Describe the Health Belief Model.
3. Discuss adherence within a health behavior paradigm.
4. Describe changes in health regimen and elements of health delivery that are important to modifying health behavior.
5. Discuss behavioral issues and interventions in coronary heart disease.
6. Discuss health issues and interventions for smoking.
7. Discuss behavior issues in HIV infection prevention.

Reading assignment: Stoudernire; Chapter 3

Optional reading: *Health Psychology - A Psychological Perspective*, Chapter 8

**Theories of Development**  
**March 21, 2000**

**Guillermo A. Bernal, Ph.D.**

This lecture will provide an overview of the major theories of development from birth to old age. Each stage is discussed in detail in subsequent lectures.

1. Briefly review Freud's views of development
2. Describe the theory of Margaret Mahler
3. Differentiate among the subphases described in Mahler's theory
4. Describe the theory of Erik Erikson
5. Explain the eight stages of the life cycle according to Erikson
6. Describe the theory of Jean Piaget
7. Discuss intellectual development according to Piaget
8. Describe the Theory of Laurence Kohlberg
9. Summarize the six stages of moral development according to Kohlberg

Reading Assignment: Stoudemire; pp. 265-269, 277-281, 283-284, 288-289, 294-295, 341-342, 346-348

## **EARLY CHILDHOOD**

**March 23, 2000**

**JEFF WAHL, M.D.**

1. Identify and describe Freud's first three stages of psychosexual development.
2. Identify and describe Erikson's first three stages of psychosocial development.
3. Identify and understand Piaget's stages of sensorimotor and preoperational cognitive development; define object permanence, assimilation and accommodation as used by Piaget.
4. Identify and describe Mahler's phases of separation-individuation; define object constancy.
5. Identify psychological tests or screening procedures commonly used to assess development in early childhood.
6. Describe normal and abnormal reactions to parent-infant separations; define stranger anxiety, anaclitic depression.
7. Describe typical responses of young children and their families to physical illness in early childhood.
8. Review "milestones" in development of gross motor skills, fine motor skills and hand-eye coordination, play, social relations and self-help skills.
9. Relate principles of behavior therapy and social learning to the discipline of young children.

Reading Assignment: Stoudemire, Human Behavior, 3rd Ed., Chapter 8 (and parts of chapters 5, 6 & 7)



## **Reading references from Stoudemire, Human Behavior, 3rd ed.**

### Theories of Early Childhood Development

Freud: Psychosexual Development (pp. 150-157, table p. 168)

Mahler et al.: Separation-Individuation (pp. 164-170, table pp. 166-167)

Erikson: Psychosocial development (pp. 346-347, table p. 341)

Piaget: Cognitive development (pp. 265-269, 276, 283, 288, table p. 268)

Kohut: Development of sense of self (pp. 170-173)

Bowlby & Ainsworth: Attachment (pp. 227-281)

### **Early Childhood Development in Reality**

The competent infant

Temperament (pp. 263-264, table p. 263)

The transitional object (p. 281)

Reinforcement and discipline (pp. 192-199)

Oppositional behavior

Play (pp. 287, 291-292)

The imaginary companion (p. 291)

Sexual development (pp. 238-240)

Intelligence assessments (table p. 270)

The Denver II, a developmental screening test (pp. 266-267)

### **Normal Responses of the child and family to physical illness**

Infancy (p. 311)

Toddler (p. 311-312)

Preschool (p. 312)

# **SPEECH AND LANGUAGE DEVELOPMENT**

**Jane J. Giddan, M.A. CCC-SLP**

**March 24, 2000**

This lecture will present aspects of communication development from birth to age five.

## **OBJECTIVES**

1. Explain ways to track early communication development in the primary care setting.
2. Describe use of the Early Language Milestone Scale for infants and toddlers.
3. List factors that compel referral to an audiologist for hearing assessment.
4. Summarize stages of communication development from birth to age 5.
5. Discuss the importance of hearing with regard to language development and later school learning.
6. Explore relationships between communication development and socioemotional development in the first four years of life.
7. Define and explain aspects of psycholinguistic development:
  - A. Phonology
  - B. Semantics
  - C. Syntax
  - D. Pragmatics

Required reading: Moskowitz article at end of handout

Film: "Out of the Mouths of Babes" to be shown in class

**MIDDLE CHILDHOOD**  
**March 27, 2000**

**MICHAEL P. CAREY, Ph.D.**

1. Describe the key components of physical development in middle childhood.
2. Describe key components of Motor, Cognitive, and Social skills in middle childhood and how these factors impact on health care delivery to this age group.
3. Apply the concepts of Concrete Operational Thought, Psychosocial Development, Cognitive Skills to ill children.
4. Identify sexual development in middle childhood.
5. Identify and describe the Psychosocial Issues, Concepts of Illness, Reaction to Hospitalization in middle childhood.
6. Identify and describe the perception and concept of death in middle childhood.

Reading Assignment: Stoudemire, Chapter 8

**ADOLESCENCE**  
**March 28, 2000**

**MICHAEL P. CAREY, Ph.D.**

1. Describe the physical development and impact on adolescents.
2. Apply the concepts of Formal Operational Thought, Psychosocial Development, and Cognitive Skills to ill adolescents.
3. Identify and contrast Piaget's Cognitive Development, Kohlberg's Moral Judgement.
4. Apply the Concepts of Indestructibility, Personal Fable, and the Imaginary Audience to illness in adolescence.
5. Apply Erickson's stage of Identity Versus Identity Confusion as it relate to illness.
6. Identify and discuss adolescent sexuality as it applies to adolescent health illness.
7. Identify and describe adolescent risk taking behavior.
8. Identify and describe the Psychological Issues, Concepts of Illness, Reaction to Hospitalization in adolescence.'
9. Identify and describe the perception and concept of death in adolescence.

Reading Assignment:                      Stoudemire. Chapter 8

**ADULTHOOD**  
**March 29, 2000**  
**Thomas H. Fine, M.A., LPCC**

**Objectives**

1. Explain the Eriksonian stages relevant to adulthood
2. Discuss the concepts of stage, transition and normative crisis
3. Identify 5 developmental tasks of young adulthood
4. Describe a failure in early adult development
5. Discuss courtship, marriage and marital crisis
6. Describe the major roles and tasks in parenting
7. Summarize the effects of divorce or being single on parenting
8. Describe the Midlife transition
9. Discuss the process of bereavement

Reading Assignment: Stoudemire, Chapters 9 and 10

**LATE LIFE**  
**March 30, 2000**

**Mary A. Lenkay, M.D.**

**OBJECTIVES:**

1. Describe four troublesome normal aging changes which are the basis of functional complaints of many elderly persons.
2. Discuss the altered presentation of illness in the elderly.
3. Contrast "integrity" and "despair".
4. Evaluate tube feeding in the elderly.
5. Discuss professional observations when evaluating elder abuse.
6. Discuss "the upside down of senescence".
7. Describe five coping mechanisms, which are used by a mature elderly person.
8. Identify two most common fears of the dying person.
9. Describe advantages of working with the elderly.
10. Discuss the varied responses to the realities of late life.

Reading Assignment: Stoudemire, Human Behavior 3rd Ed., pp. 245-246; 263-264;  
371-381.

Kaplan & Sadock, Concise Textbook of Clinical Psychiatry  
pp. 589-599

**Diagnosis of Emotional Illness;  
Classification in DSM IV - Mental Status Examination  
Ronald McGinnis, M.D. - Assistant Professor of Psychiatry  
March 31, 2000**

Introduction to Diagnostic and Statistical Manual of Mental Disorders; Mental Status Examination

This lecture will introduce the student to the classification of mental illness and the basics of diagnosis of mental illness. The assessment of mental status will be discussed and demonstrated using a videotape interview followed by small group discussion.

1. Define the fundamentals of classification of mental illness with the DSM IV.
2. Explain the usefulness of the multiaxial system of diagnosis of mental illness.
3. List and describe each component of the multiaxial system of diagnosis of mental illness.
4. Describe the relevance of DSM IV to the practice of primary care.
5. Differentiate between classification with the DSM IV and the ICD (international classification of diseases) system.
6. Define and demonstrate aspects of psychiatric differential diagnosis.
7. Characterize the components of the mental status examination.
8. Explain the rationale for the mental status examination.
9. Demonstrate the procedure of the mental status examination.
10. Contrast signs and symptoms of disease and contrast syndromes and disorders.

Reading assignment:       *Concise Textbook of Clinical Psychiatry*: Kaplan & Saddock,  
Chapter 1, pg. 1-12  
Chapter 3, pg. 29-44

**PSYCHOSOCIAL INTERVENTIONS - ADULTS**  
**Thomas H. Fine, M.A., LPCC**  
**April 3, 2000**

**Objectives:**

1. Discuss general principles for all psychotherapies.

For Psychoanalytic, Cognitive, Supportive and Behavioral Psychotherapies:

2. Describe the basic approach.

3. Describe the usual therapeutic goals.

4. Compare and contrast with the other therapies.

5. Discuss patient selection criteria.

6. Discuss appropriate length of therapy.

7. Discuss group, couples, and family therapies.

8. Describe the goals, selection, types and duration of sexual dysfunction therapies.

Reading assignment: Kaplan and Sadock, *Concise Textbook of Psychiatry*, Chapter 26



**Behavioral Medicine  
Complementary Therapies  
Angele McGrady, Ph.D.  
April 4, 2000**

**This lecture will discuss Behavioral Medicine theory and applications. It will also provide an introduction to complementary therapies.**

**Objective**

1. Define Behavioral Medicine and the major therapies included in Behavioral Medicine.
2. Explain the use of the major Behavioral Medicine therapies in specific disorders.
3. Differentiate among relaxation, biofeedback, and hypnotherapy.
4. Discuss the components of a standard behavioral medicine treatment plan for muscle tension headache.
5. Explain the characteristics of patients that increase the likelihood of their success in a biofeedback-assisted relaxation program.
6. Develop a psychophysiological rationale for the use of biofeedback and relaxation in tension-type headaches, Raynauds' disease, essential hypertension and muscle rehabilitation.
7. Define the approximate number of individuals in the United States who choose complementary therapies. Characterize these individuals in terms of age, culture and type of disease.
8. Summarize common beliefs among the complementary medicine systems.
9. Discuss the major categories of complementary medicine practices and describe in more detail: acupuncture and massage.
10. List three common medical conditions, the percent of patients with the condition who seek complementary therapies and the type of complementary therapy most likely to be sought by these patients.
11. Explain the major barriers to the integration of the complementary therapies into standard medical practice.
12. Summarize the factors involved in advising patients who seek alternative medical therapies.

**Reading Assignment: Kaplan and Saddock, Chapter 26, pgs. 391-398.  
Handout Provided**

**Psychological Assessment**  
**5 April 2000**  
**A. John McSweeney, Ph.D.**

**Objectives:**

1. Define what a psychological test is and discuss the key features that differentiate it from less structured forms of assessment.
2. Discuss the advantages and disadvantages of direct structured behavioral observation versus types of tests as behavior assessment methods.
3. Compare and contrast a) Maximum performance and typical performance tests, And b) Psychometric and impression approaches to assessment. Give examples of each.
4. Discuss the concepts of a) reliability, b) validity, and c) referencing procedures in relation to psychological tests. Explain how they inter-relate.
5. Describe the basic uses of psychological tests.
6. Provide specific examples of tests for assessment of personality and intellectual functioning.
7. Discuss case examples of assessment of psychopathology and personality using a structured questionnaire (the MMPI-2).
8. Discuss the concept of neuropsychological assessment and give examples of how it is used.
9. Discuss how to make a referral for psychological assessment. Note what essential in a referral and what is not.

Reading Assignment: Kaplan & Sadock; Concise Textbook of Clinical Psychiatry, pp. 479-480

Optional Reading: *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences, Clinical Psychiatry: Eighth Edition (1998)*. Chapter Five: Psychology and Psychiatry: Psychometric and neuropsychological testing, pp. 193-205.

**MOOD DISORDERS**  
**Mary Kay Smith, M.D.**  
**April 6, 2000**

This lecture will review major depressive disorder, bipolar I disorder, bipolar II disorder, dysthymic disorder and cyclothymic disorder. The etiology, major symptomatology and primary diagnostic classification of the mood disorders will be explained.

**Objectives**

1. Define the epidemiological profiles for major depressive disorder and bipolar I disorder. Include prevalence, incidence, gender, age, social class, race, family history, childhood experiences and marital status.
2. Describe the neurochemical bases of major depressive disorder and bipolar I disorder.
3. Discuss the differential diagnosis for the mood disorders.
4. Explain the common symptoms associated with a major depressive episode.
5. Explain the common symptoms associated with manic and hypomanic episodes and distinguish between the two.
6. Using the criteria for major depressive, manic and hypomanic episodes, compare the diagnoses of major depressive disorder, bipolar I and bipolar II disorders.
7. Discuss the diagnostic criteria for the two less severe, more chronic mood disorders: dysthymic disorder and cyclothymic disorder.
8. Summarize major treatment modalities for the acute phase of depression: pharmacotherapy, psychotherapy, and ECT.
9. Diagram a typical major depressive episode in terms of symptom severity and time.
10. Evaluate a clinical case presentation and diagnose the appropriate mood disorder.

Reading Assignment: Kaplan, H., Sadock, B., "Concise Textbook of Psychiatry", 1996,

**ANXIETY DISORDERS**  
**April 7, 2000**  
**Marijo B. Tamburrino, M.D.**

**Objectives:**

1. Be able to differentiate diagnoses among the Anxiety Disorders and outline their specific treatments.
2. Name the three major neurotransmitters associated with anxiety.
3. Present the organic differential diagnosis for Panic Disorder.
4. List predisposing factors for the development of Posttraumatic Stress Disorder.
5. Understand the behavioral theories of anxiety.
6. Differentiate Obsessive Compulsive Disorder from Obsessive Compulsive Personality Disorder.
7. Outline the psychoanalytic, neuropathologic and biochemical hypotheses of Obsessive Compulsive Disorder.
8. List medications that have been found to be effective in the treatment of Obsessive Compulsive Disorder.
9. Give an example of how exposure and response prevention might be applied to treat a person with a hand washing compulsion.

Reading assignment: Kaplan, Sadock. Concise Textbook of Clinical Psychiatry, 1996.  
Anxiety Disorders, pp 189-217

**Kristi Williams, M.D.**  
**April 13, 2000**

## **PERSONALITY DISORDERS**

### **Objectives:**

1. Identify characteristics of each of the personality disorders and how they influence behavior.
2. Describe basic concepts in management and treatment of patients with personality disorders.
3. Differentiate among the following terms: personality style personality trait and personality disorder.
4. Describe the three clusters of personality disorders.
5. Compare and contrast the three clusters of personality disorders.
6. Explain the etiology of each personality disorder.
7. Discuss the prognosis for patients with personality disorders.

Required Reading: Concise Textbook of Clinical Psychiatry - Chapter 20

**Handout for Psychoses**  
**Ronald McGinnis, M.D.**  
**Assistant Professor of Psychiatry**  
**April 14, 2000**

This lecture will familiarize the student with the psychotic disorders, including the classification, description, etiology, and treatment of schizophrenia, and other psychotic disorders.

1. Define psychosis.
2. State the incidence of schizophrenia.
3. State the incidence of schizophrenia, in terms of genetic predisposition, environment influence, socioeconomic status and neurobiology.
4. List the primary and secondary symptoms of schizophrenia according to DSM IV.
5. Demonstrate the assessment of the psychotic patient with the mental status examination.
6. Define the following terms relevant to psychotic illness: blocking, neologism, flight of ideas, loose associations, clang associations, word salad, hallucinations, illusion, delusion.
7. Differentiate among the psychotic disorders.
8. Explain the impact of psychotic illness on the person, the family and society.
9. Discuss factors involved in pharmacological treatment of psychotic illness.
10. Explain the evolution of non-pharmacological treatments of psychotic illness.
11. Describe other psychotic disorders, including schizoaffective disorder, delusional disorder, brief psychotic disorder, schizophreniform disorder.

Reading Assignment:     *Concise Textbook of Clinical Psychiatry*: Kaplan & Saddock,  
Chapter 7, pg. 121-138  
Chapter 8, pg. 139-158

**Kristi Williams, M.D.**  
**April 17, 2000**

**SOMATOFORM AND FACTITIOUS DISORDERS**

Objectives:

1. Identify characteristic features of each of the somatoform disorders.
2. Compare the management and treatment of patients with each of the somatoform disorders.
3. Characterize pain disorder associated with psychological factors.
4. Explain the specific factors that facilitate somatization, including secondary gain.
5. Identify characteristic features of factitious disorder.
6. Describe the characteristic features of malingering.
7. Discuss the management and treatment of patients with factitious disorders and malingering.
8. Differentiate among somatoform and factitious disorders and malingering.

Required Reading: Concise Textbook of Clinical Psychiatry - Chapters 11 & 12, and pp. 357-8.

# **CONSEQUENCES OF DEVELOPMENTAL TRAUMA**

**Maria Paluszny, M.D.**

**April 18, 2000**

## Objectives:

1. Define neglect, deprivation, sexual and physical abuse.
2. Discuss the incidence of physical, sexual abuse and deprivation of children.
3. Explain the State of Ohio requirements for reporting abuse. State the MCO Hospital policy concerning suspected child abuse/ neglect.
4. Describe the clinical presentations of an abused child.
5. Discuss how separation and isolation can effect an infant. Cite one study that supports your ideas.
6. Name the most common perpetrators of physical and sexual abuse as well as the victim in each category.
7. Discuss why an abused child may show clinging behavior to the abuser yet show aggression to himself and to other people.
8. Discuss some of the immediate and long lasting effects of physical and sexual abuse of children.
9. Explain the major risk factors for child abuse or neglect.
10. List two factors that may decrease the negative effects of abuse.
11. Summarize treatment of abused children and their abusers.

## Reading References:

Stoudemire, Alan, Human Behavior Chapter 11  
Kaplan & Sadock, Concise Textbook of Clinical Psychiatry,  
Chapter 23, pp. 347-351



**SUICIDE AND VIOLENCE**  
**Douglas Smith, M.D.**  
**April 19, 2000**

This lecture will review the epidemiology of suicide and violence. The major risk factors associated with each will be explained as will interventions and treatment.

**OBJECTIVES**

1. Define the epidemiologic profile of someone at risk for suicide.
2. List the lifetime prevalence of completed suicide for individuals with various psychotic illnesses.
3. List the risk factors for suicide among psychiatric patients.
4. Discuss those issues to be addressed in evaluating someone who has attempted suicide.
5. Explain the difference between affective and predatory violence.
6. List the personality traits associated with violence.
7. Describe the factors in childhood correlated with later violence.
8. Discuss how to conduct an assessment of risk of future violence.
9. List the mental illnesses associated with an increased risk of violence.

**READING ASSIGNMENT**

**Kaplan, H., Sadock, B., Concise Textbook of Clinical Psychiatry, 1996,**  
Chapter 25, pp. 361-373.

**DOMESTIC VIOLENCE**  
**April 20, 2000**  
**Judith Schoonmaker, M.D.**

This lecture will address the characteristic of the abusive relationship, barriers to identification of domestic violence and the available treatment modalities. Reporting requirements will also be discussed.

Objectives

1. Define domestic violence with respect to physical, emotional and sexual abuse.
2. Explain the patient and physician barriers to identifying domestic abuse.
3. Demonstrate ways of obtaining information from patients about DV.
4. Recognize the risk factors increasing the likelihood for DV.
5. Provide examples of emotional, physical and sexual abuse.
6. List common types of injury observed in DV cases.
7. Discuss the medical and mental health symptoms associated with DV.
8. Correlate choice of intervention for DV with the abused person's readiness for treatment.
9. List the reporting requirements for suspected and observed DV.

Reading Assignment: Kaplan and Sadock, Relevant parts of Chapter 23.

# **MENTAL RETARDATION & PERVASIVE DEVELOPMENTAL DISORDER**

**April 24, 2000**

**Maria Paluszny, M.D.**

## Objectives:

### **I. Mental Retardation**

1. Define Mental Retardation according to DSM-IV criteria
2. Starting with Mild Mental Retardation, describe the 4 levels of severity of Mental Retardation
3. Discuss 5 causes of Mental Retardation
4. List 2 medical problems associated with Mental Retardation
5. Differentiate Mental Retardation from Pervasive Developmental Disorder

### **II. Pervasive Developmental Disorder**

**II**

1. List 4 features of Autistic Disorder

### **III 2. Differentiate Autistic Disorder from Pervasive Developmental Disorder**

3. Discuss 2 possible causes or possible etiologies of Autism
4. Describe possible treatment options for a child with Autism. What is such a child's prognosis?

## Reading:

Kaplan & Sadock, *Concise Textbook of Clinical Psychiatry*, (1996)

1. Mental Retardation, Chapter 29, pg. 481-495
2. Pervasive Developmental Disorders, Chapter 33, pg. 511-518

## **DISRUPTIVE BEHAVIOR DISORDERS**

**April 25, 2000**

***Maria Paluszny, M.D.***

### Objectives:

#### **I. Attention Deficit Disorder**

- 1) List and describe the major characteristics of Attention Deficit (hyperactivity) disorder
- 2) Explain why a child with this disorder may be hyperactive in school but not in a psychiatric evaluation
- 3) Discuss treatment of an Attention Deficit hyperactive 10-year-old child
- 4) Discuss the prognosis of children with this disorder

#### **II. Disruptive Disorders (Oppositional-Defiant Disorder and Conduct Disorder)**

- 1) Describe the similarities and differences between Oppositional Defiant Disorder and Conduct Disorder
- 2) Discuss 2 stages of development when Oppositional Defiant behaviors may be seen as "normal"
- 3) Explain how a conduct disorder may develop - list the potential factors involved in its etiology
- 4) Discuss the course of conduct disorders and the prognosis for children with these disorders

### Reading:

Kaplan & Sadock, *Concise Textbook of Clinical Psychiatry* (1996)

- 1) Attention-Deficit Hyperactivity Disorder, Chapter 34, pg. 519-525
- 2) Disruptive Behavior Disorders, Chapter 35, pg. 525-531

**STRESS AND ILLNESS**  
**April 26, 2000**  
**Thomas H. Fine, M.A., LPCC**

**Objectives:**

1. Describe the development of the stress concept.
2. Define stress operationally.
3. Discuss techniques of measuring stress.
4. Describe the psychophysiological pathways of stress.
5. Describe factors that influence the stress response.
6. Discuss possible models of stress and illness.
7. Discuss treatment strategies for stress related disorders.

Reading assignment: Stoudemire; Chapter 3

Optional reading: *Health Psychology - A Psychobiological Perspective*, Chapters 5,6

# **SEXUAL DYSFUNCTION DISORDERS AND THE PARAPHILIAS**

April 27, 2000  
Angele McGrady, Ph.D.

This lecture will consider the criteria for diagnosis of several sexual dysfunction disorders and their presentation. Guidelines for obtaining information from patients about sexual concerns and recommended treatment for sexual problems will also be discussed.

## **Objectives**

1. Discuss common sexual concerns of patients.
2. Demonstrate appropriate questioning of a patient on his/her sexual history
3. Define the three types of sexual behavior disorders.
4. Correlate sexual desire disorder, sexual arousal disorder, orgasmic disorder, and sexual pain disorder with phases of the normal sexual response cycle.
5. Explain the two common elements in the diagnostic criteria for the sexual disorders.
6. Differentiate among the specific diagnostic criteria for the major sexual dysfunction disorders.
7. Describe the PLISSIT model and its usefulness in planning interventions for sexual problems.
8. Explain the basic concepts underlying dual sex therapy.

Explain the criteria for diagnosis of exhibitionism, fetishism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, and voyeurism.

10. Discuss the two common elements in the diagnosis of the paraphilias.
11. Provide a brief overview of treatment for the paraphilias.

Reading assignment: Chapter 14

# ***BEHAVIORAL SCIENCE***

## **EATING DISORDERS**

**April 28, 2000**

**Marijo B. Tarnburrino, M.D.**

### **Objectives:**

1. List the DSM-IV diagnostic criteria for anorexia nervosa and bulimia nervosa.
2. Discuss how the following factors pertain to eating disorders: genetic factors, dynamics, predisposition to depression, and personality pathology.
3. Know the epidemiology of eating disorders.
4. Expound theories that explain why eating disorders are found predominantly among females.
5. Discuss the effects of starvation in anorexia nervosa on the following organ systems: cardiovascular, immunologic, hematologic, endocrine, gastrointestinal, metabolic, and dermatologic.
6. Present the role of medications in the treatment of anorexia nervosa and bulimia nervosa.
7. Outline the key elements of cognitive behavioral therapy for bulimia nervosa.
8. Understand the psychiatric and physical morbidity of eating disorders.
9. Discuss the etiology and treatment of rumination disorder in infant and adult populations.
10. Explain the differential diagnosis and etiologic theories of pica.

Reading assignment: Kaplan, Sadock. *Concise Textbook of Clinical Psychiatry*, (1996)

Eating Disorders .....pp 273-278

Feeding and Eating Disorders of Infancy or

Early Childhood .....pp 531-533

**Sleep and Sleep Disorders**  
**May 1, 2000**  
**Angele McGrady Ph.D.**

**Objectives:**

This lecture will present the behavioral and physiological aspects of sleep. Sleep patterns across the lifespan will be discussed. An introduction to sleep disorders and the parasomnias will be given.

1. Discuss sleep physiology; correlate the activity of other physiological systems with sleep patterns.
2. Trace the changes that occur in sleep with normal aging.
3. Provide examples of biological rhythms that are related to sleep.
4. Describe the behavioral aspects of sleep.
5. List the typical symptoms of the sleep disordered patient.
6. Discuss briefly the comorbidity of sleep disorders with psychiatric and neurologic disorders.
7. Define the prevalence of sleep disorders.
8. Diagram the evaluation of the sleep disordered patient and relevant sources of information.
9. Explain the diagnostic criteria for the sleep disorders and provide clinical examples.
10. Describe the parasomnias.

Reading assignment:      *Concise Textbook of Clinical Psychiatry*, Kaplan & Sadock-  
Chapter 17



## **BEHAVIORAL MANAGEMENT OF PAIN**

**May 2, 2000**

**Guillermo A. Bernal, Ph.D.**

### Objectives:

1. Describe the behavioral and psychological characteristics of chronic pain patients.
2. Describe the effects of mental factors on pain.
3. Compare and contrast the experience of pain vs. pain behavior vs. medical indications of disease and injury.
4. List the assumptions underlying cognitive behavioral treatment of chronic pain.
5. Compare and contrast the behavioral pain model and the biomedical pain model.
6. Describe the biopsychosocial model of pain.
7. Compare and contrast medical versus self management of chronic pain.
8. List the major self management goals for a patient with chronic pain.
9. Discuss the pain tension cycle.
10. Describe various approaches to pain control including relaxation training, hypnosis, imagery, biofeedback and meditation.

Reading assignment, Kaplan and Sadock, pp. 226-228.

**Psychosocial and Psychotropic Interventions in Children and Adolescents**  
**Wun Jung Kim, M.D., M.P.H.**  
**May 3, 2000**

This lecture will focus primarily on the psychosocial treatment of mental illness in children and adolescents. A brief introduction to the principles of psychotropic interventions will also be presented.

**Objectives:**

1. Estimate the prevalence of mental illness in children and the percent of those that receive treatment.
2. Summarize the theoretical basis of treatment of mental illness.
3. Compare the different types of psychotherapy; indicate the major factors that most of these therapies have in common.
4. Describe the indications for psychotherapy.
5. Contrast child and adolescent therapy from adult therapy.
6. Describe the unique characteristics of adolescent interviews and adolescent treatment.
7. Explain the use of milieu therapy, including the type of environment, and disorders appropriately treated with this therapy.
8. Discuss the general principles of pediatric psychotropic use.
9. List the kinds of baseline assessments recommended before psychotropic treatment is begun.
10. Provide examples of commonly used pediatric psychotropic drugs.

Reading Assignment:            Concise Textbook of Clinical Psychiatry (1996), Chapter 43

**Mood Disorders of Childhood and Adolescence**  
**Wun Jung Kim, M.D., M.P.H.**  
**May 4, 2000**

**Objectives:**

1. Classify types of mood disorders.
2. Describe symptoms and signs of each mood disorder.
3. Distinguish the characteristics of mood disorders of children and adolescents from those of adults.
4. Cite the prevalence of mood disorders.
5. Formulate the theoretical causal factors of mood disorders.
6. Discuss the treatment strategy

Reading Assignment:        Concise Textbook of Clinical Psychiatry (1996), Chapter 40

**Anxiety Disorders In Children and Adolescents**  
**Wun Jung Kim, M.D., M.P.H**  
**May 4, 2000**

**Objectives:**

1. Recognize and understand the development of anxiety and anxiety disorders in children.
2. List the criteria for the diagnosis of Separation Anxiety Disorder, and differentiate it from truancy and depression
3. Discuss the treatment of Separation Anxiety Disorder.
4. Recognized the difference in symptoms of children with PTSD as compared to adults.
5. List the criteria/symptoms of Generalized Anxiety Disorder in children and differentiated it from Separation Anxiety Disorder.

**Readings:**

Kaplan & Sadock, Concise Textbook of Clinical Psychiatry (1996) Chapter 39, Separation Anxiety pg. 545-547.

**Kristi Williams, M.D.**  
**May 5,2000**

**DELIRIUM, DEMENTIA AND OTHER COGNITIVE DISORDERS**

**Objectives:**

1. Identify signs, symptoms and causes of the various cognitive disorders, and what distinguishes them from each other.
2. Identify the categories of dementia and how they differ from one another.
3. Become familiar with management modalities for the cognitive disorders.
4. Compare and contrast delirium and dementia.
5. Describe two major psychiatric disorders associated with general medical conditions.
6. Discuss the clinical examination of the patient with cognitive dysfunction.
7. Explain the physician's role in the management of dementia.

**Required Reading: Concise Textbook of Clinical Psychiatry Chapter 4**