The teaching of Human Behavior and Psychiatry at the UT Family Medicine Center (UTFPC) is divided into several discreet components, each with a unique purpose and focus. The goal of this element of the curriculum, however, is to teach residents to recognize psychiatric illnesses as well as the psychiatric component of other illnesses in such a way as to effectively address the needs of patients of all ages, either by direct intervention or referral of a mental health provider or appropriate community agency. Residents will be taught to look beyond the individual and their immediate circumstances to assess related familial and environmental needs which may also be contributing to the individual’s illness and have the skills and knowledge of available resources necessary to address identified needs in extended families as well as communities. Residents should also be mindful of the effects of residency and the practice of medicine on their own mental health so they can develop self-care strategies and commit to their own wellness. The overall intent of the curriculum is that residents will become proficient at incorporating insight of human behavior, mental health, and psychiatric illness into the daily practice of family medicine to promote not only lifelong health of their patients but also their own. To facilitate learning, these principals will be applied longitudinally to promote lifelong learning.

During this rotation, residents should achieve competency in the following areas:

i. Develop skills necessary to independently obtain an appropriate history and physical (including cultural values and beliefs) on patients with mental health disorders using techniques that allow for honest patient responses, optimizing the physician-patient relationship. (Interpersonal and Communication Skills, Practiced-Based Learning and Improvement, Patient Care)

ii. Understand and be empathetic to the emotional aspects of illness and the impact of mental health on overall health and the family unit. (Medical Knowledge, Systems-based Practice, Patient Care, Professionalism)

iii. Develop the skills of motivational interviewing and promote change in patient behavior. (Interpersonal and Communication Skills, Practice-based Learning and Improvement, Patient Care)

iv. Understand normal and abnormal psychological growth and development across the lifespan in order to recognize common pathology. (Medical Knowledge, Patient Care)

v. Develop the ability to construct a list of differential diagnoses of common mental health disorders, initiate treatment for, and utilize appropriate referrals to understand the role of the primary care physician in the care of patients with psychiatric conditions in conjunction with other mental health professionals. (Medical Knowledge, Patient Care, Practice-based Learning and Improvement, Systems-based Practice)

vi. Compassionately and effectively screen for prior trauma and assess risk for abuse and neglect and be able to intervene professionally in emergent situations. (Professionalism, Systems-based Practice, Medical Knowledge, Interpersonal and Communication Skills)

vii. Demonstrate respectful, nonjudgmental, and caring behaviors toward patients who have substance use disorders (Patient Care, Professionalism)

viii. Obtain a thorough history regarding the patient’s substance use, including questions about behaviors that may be socially unacceptable or illegal (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)

ix. Develop and facilitate interventions and treatment plans for patients who have substance use disorders and associated comorbid conditions (Medical Knowledge, Systems-based Practice)

x. Demonstrate screening, brief office intervention, and motivational interviewing techniques for patients who have substance use disorders (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)

xi. Understand and be able to educate patients and their families about the disease model of addiction and its expected course (Medical Knowledge, Patient Care, Interpersonal and Communication Skills)

xii. Locate and use evidence-based resources for the diagnosis and treatment of substance use disorders (Practice-based Learning and Improvement)
xiii. Locate available local resources to assist in treatment and intervention for patients who have substance use disorders (*Patient Care, Systems-based Practice*)

xiv. Understand the contribution of physician prescribing practices for opioids, stimulants, and other potential drugs of abuse and addiction to substance use disorders (*Patient Care*)

**Behavioral Medicine Experiences**

1. **Behavioral Medicine Rotation** – The Behavioral Medicine Rotation at the UT Family Medicine Center is a two-week block rotation. During this rotation, residents will work one-on-one with mental health providers at a local psychiatric facility. They will care for patients in both inpatient and outpatient settings.
   a. **Address:**
      West Tennessee Behavioral Center / Pathways
      238 Summar Drive
      Jackson, TN 38301
      Phone # (731) 541-8200
   b. **Recovery +**
      33 Director’s Row
      Jackson, TN 38305
      Phone# (731) 541-8304
   c. **Supervisor(s):** Dr. Kevin Turner, Dr. John Woods, Dr. Grant Studebaker
   d. **Responsibilities:**
      i. Residents should review the Residency Master Schedule to determine the exact times and dates that they are to work.
      ii. Residents are expected to act and dress in a professional and ethical manor at all times in accordance with the residency manual.
   iii. **One week prior to the beginning of the rotation, residents should contact Kim Parker, social worker and director of inpatient services (731.693.4801).**
      iv. Residents should participate in the care of patients with psychiatric conditions and explore individual and family motivators that play a role in a patient’s mental health in various settings.
      v. Evaluate patients with psychiatric conditions in various settings.
      vi. When participating in care, residents should develop a list of differential diagnoses and initial treatment plans for patients with psychiatric conditions and demonstrate effective exchange of information and collaboration with other health professionals.
      vii. Residents should gain a better understanding of the role of the primary care physician, mental health professionals, and psychiatric specialist in the care of patients with psychiatric conditions to gain understanding of the importance of a multidisciplinary approach to optimize individualized care.
      viii. Gain a better understanding of community resources that are available to assist physicians in their care of patients with psychiatric conditions.
      ix. Residents should be aware of and be willing to overcome his or her own biases, attitudes, and stereotypes regarding mental illness and recognize how attitudes affect patient care.
      x. Residents should gain a familiarity with *(Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)*) nomenclature of mental health disorders.
      xi. Residents should gain independence in using common standardized mental health screening tools, eg. Patient Health Questionnaire (PHQ-9) to use in primary care settings.
xii. Residents must demonstrate knowledge of common mental health disorders gained by reading selected topics listed below.

2. **Videotaped Patient Encounters** – Resident’s interactions with patients in the Family Medicine Clinic will be videotaped. These interactions will be reviewed by a faculty member who will evaluate each resident’s interpersonal and communication skills and professionalism. The faculty will discuss this evaluation with the resident and give suggestions for improvement. Residents are expected to develop skills and habits that identify strengths and deficiencies in one’s knowledge and patient care by self-evaluation of taped encounters.

3. **Personal Psychological Evaluation** – Residents will participate in personal psychological assessment through completion of a Myers-Briggs psychological assessment tool. Residents will complete this assessment and then receive counseling from the faculty on the appropriate use of this tool. Residents should strive to use this assessment as a developmental tool in a self-improvement process. Residents will participate in scheduled Resident Wellness meetings.

4. **Longitudinal Exposure to Behavioral Medicine** – Residents will receive longitudinal exposure to Behavioral Medicine through their care of patients at UTFPC. Many of these patients have psychiatric conditions or other problems related to behavioral health. Residents are also expected to participate in the care of patients with acute psychiatric illnesses. They are expected to perform at least five Crisis evaluations during their Emergency Medicine experience. Residents are expected to utilize these longitudinal experiences to improve their knowledge of behavioral medicine and promote lifelong learning.

5. **Didactic Experiences** – Residents will receive structured didactic lectures on issues related to behavioral health throughout their three years of residency.

**Supervision**
Direct supervision of the resident is provided by the preceptor in charge of the behavioral medicine rotation.

**Rotation Objectives**
By the end of the Behavior Medicine rotation, PGY III residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve independence for the following objectives based on the six general competencies.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Required Skill(s)</th>
<th>Teaching Method(s)</th>
<th>Formative Evaluation Method(s)</th>
<th>Frequency of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td><strong>SPECIALTY SPECIFIC OBJECTIVES</strong></td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
<td>Daily Monthly Annually Annually</td>
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<td></td>
<td>Develop skills that allow for up to date, compassionate care of patients with psychiatric conditions while integrating evidence-based medicine, local standards of care, nationally defined quality care markers and specialty recommendations upon consultation.</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
<td>Daily Monthly Annually Annually</td>
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<td></td>
<td>Assess for psychiatric factors that could affect the patient’s health care, (i.e., depression, anxiety, etc.). Demonstrate respectful, nonjudgmental, and caring behaviors toward patients who have substance use disorders</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
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</tbody>
</table>
During each patient visit, screen for psychiatric problems to become familiar with evaluation tools and interviewing skills to enhance data collection while optimizing physician-patient relationships.

<table>
<thead>
<tr>
<th>Conferences/Didactics</th>
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</table>

Perform a thorough history and physical examination on patients with psychiatric problems. Elicit the context of the visit using the BATHE (background, affect, trouble, handling empathy) technique. Obtain a thorough history regarding the patient’s substance use, including questions about behaviors that may be socially unacceptable or illegal.

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<tr>
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Develop a differential diagnosis on these patients and arrive at a diagnosis.

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<tr>
<th>Conferences/Didactics</th>
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Initiate appropriate care for these patients in a timely manner. Properly use psychopharmacologic agents considering:

a. diagnostic indications and contraindications
b. Dosage, length of use, monitoring, side effects, and compliance
c. Drug interactions.

<table>
<thead>
<tr>
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Determine which patients need further evaluation by a specialist or community resource and understand the central therapeutic role of the primary care provider.

<table>
<thead>
<tr>
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<th>Global Evaluation</th>
<th>In-training Exam</th>
<th>Faculty Evaluation</th>
<th>Videotaped Encounter</th>
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<th>Monthly</th>
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Perform a psychiatric evaluation.

<table>
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<tr>
<th>Conferences/Didactics</th>
<th>Daily Rounds</th>
<th>Clinical Teaching</th>
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</table>

Perform a mini-mental status exam.

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<thead>
<tr>
<th>Conferences/Didactics</th>
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<th>Clinical Teaching</th>
<th>Self-Directed Learning</th>
<th>Direct Feedback</th>
<th>Global Evaluation</th>
<th>In-training Exam</th>
<th>Faculty Evaluation</th>
<th>Videotaped Encounter</th>
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**SPECIALTY SPECIFIC OBJECTIVES**
### Medical Knowledge

<table>
<thead>
<tr>
<th>Task</th>
<th>Conferences/Didactics</th>
<th>Direct Feedback</th>
<th>Faculty Evaluation</th>
<th>Videotaped Encounter</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Develop an understanding of normal patterns of adult behavior.</td>
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<tr>
<td>Develop a basic understanding of the physiology and pathology of psychiatric conditions listed in selected reading topics.</td>
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<tr>
<td>Develop an understanding of normal patterns of childhood behavior and development.</td>
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<td>Integrate knowledge of diagnostic criteria for various psychiatric disorders into patient care, such as:</td>
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<td>a. Mood disorders (depression, mania and bipolar disorder)</td>
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<td>b. Anxiety disorders such as generalized anxiety disorder, panic disorder, obsessive compulsive disorder and post-traumatic stress disorder.</td>
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<td>c. Eating Disorders</td>
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<td>d. Sleep Disorders</td>
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<td>e. Personality Disorders</td>
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<td>f. Substance Abuse</td>
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<td>g. Dementia</td>
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<td>h. ADHD</td>
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<tr>
<td>i. Substance use disorder</td>
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<td>Compare and contrast the various options available for treatment of psychiatric disorders, such as:</td>
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<tr>
<td>a. Pharmaceutical Therapy</td>
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<tr>
<td>b. Non-pharmaceutical Therapy such as counseling, etc</td>
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</tbody>
</table>

### Practice Based Learning and Improvement

<table>
<thead>
<tr>
<th>Task</th>
<th>Conferences/Didactics</th>
<th>Direct Feedback</th>
<th>Faculty Evaluation</th>
<th>Videotaped Encounter</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Actively review information provided by preceptors concerning the evaluation and treatment of patients with psychiatric conditions and use this information to continuously improve.</td>
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</table>

### SPECIALTY SPECIFIC OBJECTIVES

See General Family Medicine Objectives for a comprehensive list.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Objective</th>
<th>Learning Activities</th>
<th>Feedback/Assessment</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>Utilize evidence-based resources in the care of patients with psychiatric conditions. Locate and use evidence-based resources for the diagnosis and treatment of substance use disorders</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
<td>Annually Monthly Annually Annually Annually</td>
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<tr>
<td>Interpersonal and Communication Skills</td>
<td>Review current literature relevant to the care of patients of psychiatric conditions.</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation</td>
<td>Daily Monthly Annually Annually</td>
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<tr>
<td>Specialty Specific Objectives</td>
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<tr>
<td>Psychiatry</td>
<td>Utilize motivational interviewing to support behavioral and lifestyle changes. Demonstrate screening, brief office intervention, and motivational interviewing techniques for patients who have substance use disorders. Understand and be able to educate patients and their families about the disease model of addiction and its expected course.</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
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<tr>
<td>Professionalism</td>
<td>Provide compassionate, high quality medical care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
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<tr>
<td>Psychiatry Commitment to lifelong learning about the psychosocial dynamics that influence human behavior. Demonstrate respectful, nonjudgmental, and caring behaviors toward patients who have substance use disorders. Behave in a professional manner when interacting with patients, families, or other health care providers.</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self-Directed Learning</td>
<td>Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter</td>
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Clinical Teaching
Self-Directed Learning

In-training Exam
Faculty Evaluation
Videotaped Encounter

Annually
Annually
Annually

Systems-Based Practice

SPECIALTY SPECIFIC OBJECTIVES

See General Family Medicine Objectives for a comprehensive list.

Demonstrate the role of the primary care physician in the care of patients with psychiatric conditions and advocate for quality patient care.

Conferences/Didactics
Daily Rounds
Clinical Teaching
Self-Directed Learning

Direct Feedback
Global Evaluation
In-training Exam
Faculty Evaluation

Daily
Monthly
Annually
Annually

Demonstrate the appropriate role of mental health professionals and psychiatric specialists in the care of patients with psychiatric conditions.

Conferences/Didactics
Daily Rounds
Clinical Teaching
Self-Directed Learning

Direct Feedback
Global Evaluation
In-training Exam
Faculty Evaluation
Videotaped Encounter

Daily
Monthly
Annually
Annually

Utilize community resources that are available to assist physicians in their care of patients with psychiatric conditions.

Conferences/Didactics
Daily Rounds
Clinical Teaching
Self-Directed Learning

Direct Feedback
Global Evaluation
In-training Exam
Faculty Evaluation

Daily
Monthly
Annually
Annually

Selected reading topics:

1) Basic human behavior
   a) Normal, abnormal, and variant psychosocial growth and development across the life span
   b) Reciprocal effects of acute and chronic illnesses on patients and their families
   c) Stressors on physicians, and approaches to effective coping and wellness
   d) Ethical issues in medical practice, including informed consent, patient autonomy, confidentiality, and quality of life
   e) Differential diagnosis of common mental health disorders

2) Mental health disorders
   a) Neurodevelopmental disorders
      i) Intellectual disability
      ii) Specific learning disorders
      iii) Motor disorders
      iv) Communication disorders
      v) Autism spectrum disorder
      vi) Attention deficit/hyperactivity disorder (ADHD)
      vii) Tic disorder
   b) Feeding and eating disorders
      i) Avoidant/restrictive food intake disorder
ii) Anorexia nervosa
iii) Bulimia nervosa
iv) Binge eating disorder
c) Elimination disorders
d) Sleep-wake disorders
   i) Insomnia disorder
   ii) Hyper somnolence disorder
   iii) Narcolepsy
   iv) Breathing-related sleep disorders
   v) Circadian rhythm sleep disorder
   vi) Restless leg syndrome
e) Neurocognitive disorders
   i) Major neurocognitive disorder (NCD) (dementia)
   ii) Major or mild NCD due to: Alzheimer disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, traumatic brain injury, substance/medication use, HIV infection, prion disease, Parkinson disease, Huntington disease, multiple etiologies unspecified
   iii) Delirium
f) Substance-related and addictive disorders
g) Schizophrenia spectrum and other psychotic disorders
   i) Schizophrenia
   ii) Schizoaffective disorder
   iii) Delusional disorder
   iv) Catatonia
   v) Brief psychotic disorder
   vi) Psychotic disorder due to another medical condition
   vii) Substance-/medication-induced psychotic disorder
h) Bipolar and related disorders (including hypomanic, manic, mixed, and depressed)
i) Depressive disorders
   i) Major depressive disorder
   ii) Persistent depressive disorder
   iii) Disruptive mood dysregulation disorder
   iv) Premenstrual dysphoric disorder
j) Anxiety disorders
   i) Panic attack / disorder
   ii) Phobias (agoraphobia, specific phobia, and social anxiety disorder [social phobia])
   iii) Generalized anxiety disorder
   iv) Separation anxiety disorder
k) Somatic symptom and related disorders
   i) Conversion disorder (functional neurological symptom disorder)
   ii) Somatic symptom disorder
l) Sexual dysfunctions
i) Sexual interest/arousal disorder
ii) Orgasmic disorders
iii) Genito-pelvic pain/penetration disorder
iv) Sexual pain disorders
v) Sexual dysfunction related to a general medical condition

m) Gender dysphoria
n) Personality disorders
   i) Paraphilic
   ii) Schizoid
   iii) Schizotypal
   iv) Antisocial
   v) Borderline
   vi) Histrionic
   vii) Narcissistic
   viii) Avoidant
   ix) Dependent
   x) Obsessive-compulsive

o) Trauma-and stressor-related disorders
   i) Acute stress disorder
   ii) Adjustment disorders
   iii) Post-traumatic stress disorder
   iv) Reactive attachment disorder
   v) Disinhibited social engagement disorder

p) Dissociative disorders
   i) Dissociative identity disorder
   ii) Disruptive, impulse-control, and conduct disorders
   iii) Oppositional defiant disorder
   iv) Conduct disorder
   v) Intermittent explosive disorder

q) Additional conditions
   i) Problems related to family upbringing
   ii) Other problems related to primary support group
   iii) Child maltreatment and neglect problems
   iv) Adult maltreatment and neglect problems
   v) Academic or educational problems
   vi) Occupational problems
   vii) Housing problems
   viii) Economic problems
   ix) Circumstances of personal history (other personal history of psychological trauma; personal history of self-harm; personal history of military deployment; other personal risk factors; problem related to lifestyle; adult antisocial behavior; child or adolescent antisocial behavior)
x) Problems related to access to medical and other health care
xi) Nonadherence to medical treatment
xii) Overweight or obesity
xiii) Malingering
xiv) Borderline intellectual functioning
xv) Problems related to crime or interaction with the legal system
xvi) Other health service encounters for counseling and medical advice
xvii) Religious or spiritual problem
xviii) Acculturation problem
xix) Phase-of-life problem
xx) Problems related to other psychosocial, personal, and environmental circumstances (e.g., unwanted pregnancy; victim of terrorism or torture; exposure to disaster, war, or other hostilities)

**Resources**

**Anxiety Disorders**


**Bipolar and Related Disorders**


**Depressive Disorders**


Disorders Principally Diagnosed in Infancy, Childhood, or Adolescence


Feeding and Eating Disorders


Gender Dysphoria


Neurodevelopment Disorders


Personality Disorders


**Schizophrenia Spectrum and Other Psychotic Disorders**


**Sexual Dysfunctions**


**Sleep-Wake Disorders**


**Somatic Symptom and Related Disorders**


**Substance-Related and Addictive Disorders**


**Trauma- and Stressor-Related Disorders**


**Additional Resources**


Website Resources


Advancing Integrated Mental Health Solutions (AIMS) Center. IMPACT: Evidence-Based Depression Care. http://impact-uw.org/

American Psychiatric Association. www.psych.org


Collaborative Family Healthcare Association (CFHA). http://cfha.site-ym.com

www.UpToDate.com