UT Family Medicine Residency
Behavior Medicine Rotation
Grant K. Studebaker, M.D (updated June 2026)

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 asses risk for abuse and neglect and be able to intervene professionally in emergent situations. *(Professionalism, Systems-based Practice, Medical Knowledge, Interpersonal and Communication Skills)*

Behavioral Medicine Experiences

1. Behavioral Medicine Rotation – The Behavioral Medicine Rotation at the UT Family Medicine Center is a four-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. Supervisor(s): Sylvester Nwedo, M.D., Vandankumar Patel, M.D., Evelyn Harris, N.P.

c. Rotation Structure:
    i. Three to four half-days per week in continuity clinic at the UTFMC.
    ii. Three to six half-days per week working with various subspecialty clinics at Pathways such as the outpatient medicine clinic, inpatient detox unit, inpatient crisis stabilization unit, and adolescent-focused care.

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.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	**SPECIALTY SPECIFIC OBJECTIVES**			
	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.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Assess for psychiatric factors that could affect the patient's health care, (i.e. depression, anxiety, etc.).	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	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.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	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	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Develop a differential diagnosis on these patients and arrive at a diagnosis.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually

			Videotaped Encounter	Annually
	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.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Determine which patients need further evaluation by a specialist or community resource and understand the central therapeutic role of the primary care provider	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Perform a psychiatric evaluation.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Perform a mini-mental status exam.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
Medical Knowledge	**SPECIALTY SPECIFIC OBJECTIVES**			
	Develop an understanding of normal patterns of adult behavior.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Develop a basic understanding of the physiology and pathology of psychiatric conditions listed in selected reading topics.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Develop an understanding of normal patterns of childhood behavior and development.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Integrate knowledge of diagnostic criteria for various psychiatric disorders into patient care, such as	Conferences/Didactics Daily Rounds	Direct Feedback Global Evaluation	Daily Monthly

	a. Mood disorders (depression, mania and bipolar disorder) b. Anxiety disorders such as generalized anxiety disorder, panic disorder, obsessive compulsive disorder and post-traumatic stress disorder. c. Eating Disorders d. Sleep Disorders e. Personality Disorders f. Substance Abuse g. Dementia h. ADHD	Clinical Teaching Self Directed Learning	In-training Exam Faculty Evaluation Videotaped Encounter	Annually Annually Annually
	Compare and contrast the various options available for treatment of psychiatric disorders, such as: a. Pharmaceutical Therapy b. Non-pharmaceutical Therapy such as counseling, etc	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
Practice Based Learning and Improvement	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Actively review information provided by preceptors concerning the evaluation and treatment of patients with psychiatric conditions and use this information to continuously improve.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Utilize evidence based resources 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 Annually
	Review current literature relevant to the care of patients of psychiatric conditions.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation	Daily Monthly Annually Annually
Interpersonal and Communication Skills	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professional across a broad range of socioeconomic and cultural backgrounds.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually

	Utilize motivational interviewing to support behavioral and lifestyle changes	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
Professionalism	**SPECIALTY SPECIFIC OBJECTIVES**			
	See General Family Medicine Objectives for a comprehensive list.			
	Provide compassionate, high quality medical care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Commitment to lifelong learning about the psychosocial dynamics that influence human behavior.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly Annually Annually Annually
	Behave in a professional manner when interacting with patients, families, or other health care providers.	Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning	Direct Feedback Global Evaluation In-training Exam Faculty Evaluation Videotaped Encounter	Daily Monthly 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 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) Paranoid
   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

Kavan MG, Elsasser GN, Barone EJ. The physician's role in managing acute stress disorder. *Am Fam Physician*. 2012;86(7):643-649.

Locke AB, Kirst N, Shultz CG. Diagnosis and management of generalized anxiety disorder and panic disorder in adults. *Am Fam Physician*. 2015;91(9):617-624.

Bipolar and Related Disorders

Price AL, Marzani-Nissen GR. Bipolar disorders: a review. *Am Fam Physician*. 2012;85(5):483-493.

Depressive Disorders

Adams S, Miller KE, Zylstra RG. Pharmacologic management of adult depression. *Am Fam Physician*. 2008;77(6):785-792.

Ebell MH. Screening instruments for depression. *Am Fam Physician*. 2008;78(2):244- 246.

Mabry-Hernandez IR, Koenig HC. Screening and treatment for major depressive disorder in children and adolescents. *Am Fam Physician*. 2010;82(2):185-186.

Maurer DM. Screening for depression. *Am Fam Physician*. 2012;85(2):139-144.

Norris D, Clark MS. Evaluation and treatment of the suicidal patient. *Am Fam Physician*. 2012;85(6):602-605.

Disorders Principally Diagnosed in Infancy, Childhood, or Adolescence

Daughton JM, Kratochvil CJ. Review of ADHD pharmacotherapies: advantages, disadvantages, and clinical pearls. *J Am Acad Child Adolesc Psychiatry.* 2009;48(3):240-248.

Kenney C, Kuo SH, Jimenez-Shahed J. Tourette's syndrome. *Am Fam Physician*. 2008;77(5):651-658.

Feeding and Eating Disorders

Harrington BC, Jimerson M, Haxton C, Jimerson DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46- 52.

Williams PM, Goodie J, Motsinger CD. Treating eating disorders in primary care. *Am Fam Physician*. 2008;77(2):187-195.

Gender Dysphoria

Samuel L, Zaritsky E. Communicating effectively with transgender patients. *Am Fam Physician*. 2008;78(5):648, 650.

Neurodevelopment Disorders

Carbone PS, Farley M, Davis T. Primary care for children with autism. *Am Fam Physician.* 2010;81(4):453-460.

Felt BT, Biermann B, Christner JG, Kochhar P, Harrison RV. Diagnosis and management of ADHD in children. *Am Fam Physician*. 2014;90(7):456-464.

Kavan MG, Elsasser G, Barone EJ. Generalized anxiety disorder: practical assessment and management. *Am Fam Physician*. 2009;79(9):785-791.

Lurio JG, Peay HL, Mathews KD. Recognition and management of motor delay and muscle weakness in children. *Am Fam Physician*. 2015;91(1):38-44.

McLaughlin MR. Speech and language delay in children. *Am Fam Physician*. 2011;83(10):1183-1188.

Post RE, Kurlansik SL. Diagnosis and management of adult attention- deficit/hyperactivity disorder. *Am Fam Physician*. 2012;85(9):890-896.

Prater CD, Zylstra RG. Autism: a medical primer. *Am Fam Physician*. 2002;66(9):1667- 1675.

Personality Disorders

Angstman KB, Rasmussen NH. Personality disorders: review and clinical application in daily practice. *Am Fam Physician*. 2011;84(11):1253-1260.

Dean L, Falsetti SA. Treating patients with borderline personality disorder in the medical office. *Am Fam Physician*. 2013;88(2):140-141.

Fenske JN, Schwenk TL. Obsessive-compulsive disorder: diagnosis and management. *Am Fam Physician*. 2009;80(3):239-245.

Schultz SH, North SW, Shields CG. Schizophrenia: a review. *Am Fam Physician*. 2007;75(12):1821-1829.

Ward RK. Assessment and management of personality disorders. *Am Fam Physician*. 2004;70(8):1505-1512.

Schizophrenia Spectrum and Other Psychotic Disorders

Griswold KS, Del Regno PA, Berger RC. Recognition and differential diagnosis of psychosis in primary care. *Am Fam Physician*. 2015;91(12):856-863.

Sexual Dysfunctions

Frank JE, Mistretta P, Will J. Diagnosis and treatment of female sexual dysfunction. *Am Fam Physician*. 2008;77(5):635-642.

Phillips NA. Female sexual dysfunction: evaluation and treatment. *Am Fam Physician*. 2000;62(1):127-136, 141-142.

Sleep-Wake Disorders

Carter KA, Hathaway NE, Lettieri CF. Common sleep disorders in children. *Am Fam Physician*. 2014;89(5):368-377.

Pagel JF. Excessive daytime sleepiness. *Am Fam Physician*. 2009;79(5):391-396.

Ramakrishnan K, Scheid DC. Treatment options for insomnia. *Am Fam Physician*. 2007;76(4):517-526.

Ramar K, Olson EJ. Management of common sleep disorders. *Am Fam Physician*. 2013;88(4):231-238.

Somatic Symptom and Related Disorders

Oyama O, Paltoo C, Greengold J. Somatoform disorders. *Am Fam Physician*. 2007;76(9):1333-1338.

Substance-Related and Addictive Disorders

Bayard M, McIntyre J, Hill KR, Woodside J Jr. Alcohol withdrawal syndrome. *Am Fam Physician.* 2004;69(6):1443-1450.

Griswold KS, Aronoff H, Kernan JB, Kahn LS. Adolescent substance use and abuse: recognition and management. *Am Fam Physician*. 2008;77(3):331-336.

Shapiro B, Coffa D, McCance-Katz EF. A primary care approach to substance misuse. *Am Fam Physician*. 2013;88(2):113-121.

Unwin BK, Davis MK, De Leeuw JB. Pathologic gambling. *Am Fam Physician*. 2000;61(3):741-748.

Trauma- and Stressor-Related Disorders

Briere J. *Trauma Symptom Checklist for Children (TSCC): Professional Manual*. Odessa, Fla: Psychological Assessment Resources; 1996.

Ebell, MH. Screening instruments for post-traumatic stress disorder. *Am Fam Physician* 2007;76(12):1848-1849.

Hamilton SS, Armando J. Oppositional defiant disorder. *Am Fam Physician*. 2008;78(7):861-866.

Kavan MG, Elsasser GN, Barrone EJ. The physician's role in managing acute stress disorder. *Am Fam Physician*. 2012;86(7):643-649.

Searight HR, Rottnek F, Abby SL. Conduct disorder: diagnosis and treatment in primary care. *Am Fam Physician*. 2001;63(8):1579-1588.

Warner CH, Warner CM, Appenzeller GN, Hoge CW. Identifying and managing posttraumatic stress disorder. *Am Fam Physician*. 2013;88(12):827-834.

Additional Resources

American Psychiatric Associate. *Diagnostic and Statistical Manual of Mental Disorders. 5 ed.* Arlington, Va: American Psychiatric Publishing; 2013

American Psychiatric Association. Highlights of changes from DSM-IV-TR to DSM-5. www.dsm5.org/documents/changes from dsm-iv-tr to dsm-5.pdf. Accessed March 25, 2016.

Carlat DJ. The psychiatric review of symptoms: a screening tool for family physicians. *Am Fam Physician*. 1998;58(7):1617-1624.

Gillies R, Manning JS, eds. Mental health issue. *Prim Care*. 2007;34(3):445-682.

Goldman LS, Wise TN, Brody DS, eds. *Psychiatry for Primary Care Physicians.* 2nd ed. Chicago, Ill: American Medical Assocaition; 2004

Stuart M, Liberman JA. *The Fifteen Minute Hour: Practical Therapeutic Interventions in Primary Care*. 3 ed. Philadelphia, Pa: Saunders; 2002.

Website Resources

Advancing Integrated Mental Health Solutions (AIMS) Center. Evidence-Based Behavioral Interventions in Primary Care. https://aims.uw.edu/evidence-based-behavioral-interventions-primary-care

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

American Psychiatric Association. www.psych.org

American Psychological Association. www.apa.org

Centers for Disease Control and Prevention, Injury Prevention & Control: Division of Violence Prevention. The Adverse Childhood Experiences (ACE) Study. www.cdc.gov/violenceprevention/acestudy/index.html

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

www.UpToDate.com

***updated using ACGME program requirements for Graduate Medical Education in Family Medicine and AAFP Human Behavior and Mental Health Recommended Curriculum Guidelines for Family Medicine Residents.**