

**THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK**

Course Number:	SW 393R1	Instructor's name:	Christine Winston, LCSW Christinewinston@gmail.com (not to be used for submitting assignments)
Unique Number:	64400	Office Number:	SSW 3.104A
Semester:	Spring 2014	Office Phone:	512.289.5802
Meeting Time/Place:	Thursdays 5:30-8:30pm Room #2.122	Office Hours:	By appt.

CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS

I. Standardized Course Description

This course will focus on the incidence, etiology, and assessment of health and mental health issues with children, adolescents, adults, and families. The framework of the course is based on social work values and the ethical decision making process, as illuminated by the [NASW Code of Ethics](#). Students will learn models of assessment to evaluate human functioning throughout the lifecycle. A bio-psycho-social-spiritual and cultural emphasis will be applied to the diagnostic categories within the DSM-IV TR. Students will develop an advanced understanding of people from diverse backgrounds, affirming, and respecting their strengths and differences. The course is built on the identification, analysis, and implementation of empirically-based assessment tools that have incorporated statistically valid reliability and validity studies. Major classification systems, such as Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, and other schemes for assessing and understanding human behavior, will be covered.

- II. Standardized Course Objectives** By the end of the semester, students should be able to:
1. Demonstrate an in-depth understanding of biological, psychosocial, and cultural theories on the etiology of mental health and mental illness; **(CL/APB3)**
 2. Demonstrate the ability to apply methods of empirically-based assessment tools and techniques, including those developed through classificatory schemes, standardized measures, and qualitative typologies; **(CL/APB10b)**
 3. Demonstrate an advanced clinical knowledge of the relationship between assessment and intervention as it relates to the strengths, capacities and resources of individuals and families; **(CL/APB10b)**
 4. Demonstrate the ability to adapt assessment models to reflect an understanding, of persons from diverse backgrounds, including (but not limited to) race, ethnicity, culture, class, gender, sexual orientation, religion, physical or mental ability, age, and national origin; **(CL/APB3; CL/APB 5;)**
 5. Critically evaluate and analyze different theoretical and assessment models as to their efficacy in given situations. This includes: a) the adequacy of the research and knowledge base; b) the range of applicability; c) the value and

ethical issues, including the student's own value system, and d) the policy implications involved in assessment and delivery of services; **(CL/APB1; CL/APB3; CL/APB 5)**

6. Demonstrate an understanding of the limitations in using classification schemes in understanding human behavior and the danger of mislabeling people, particularly those from at-risk populations. Demonstrate advanced knowledge of social work values and the ethical decision making processes as they relate to ethical dilemmas in clinical assessment and practice **(CL/APB10b)**.

The School of Social Work has been continuously accredited by the Council on Social Work Education (CSWE) since 1952. In order to maintain our accreditation status, we engage in ongoing curriculum assessment to demonstrate compliance with CSWE's Education Policies and Accreditation Standards (EPAS). Several required courses in our curriculum are part of this ongoing assessment, including this course. Below is a list of the specific Educational Policies (EP) and Practice Behaviors (PB) that are assessed in this course. The complete EPAS can be optioned from your Student Handbook.

EP 2.1.1. Identify as a professional social worker and conduct oneself accordingly.

CL/APB1 Evaluate professional roles and boundaries

Objectives 5

Assignment: Case assignments, experiential work in class, exams, papers

EP2.1.3. Apply critical thinking to inform and communicate professional judgments.

CL/APB3 Utilize multiple perspectives to analyze client's strengths and problems

Objectives 1, 4, 5

Assignment: Case assignments, experiential work in class, exams, papers

EP2.1.5. Advance human rights and social and economic justice.

CL/APB5 Determine practice delivery and policies to promote social and economic justice and equity at multiple levels

Objectives 4, 5

Assignment: Case assignments, experiential work in class, exams, papers

EP2.1.10b. Assessment

CL/APB10b Design and conduct a multi-level case assessment based on a systematic and conceptually-driven process

Objectives 2, 3, 6

Assignment: Case assignments, exams, papers

III. Teaching Methods

The primary teaching methods will be lectures, discussion, and group exercises. Guest lecturers and audio-visual presentations will also be utilized.

IV. Required and Recommended Texts, and Materials

Required Texts:

American Psychiatric Association (APA). (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). American Psychiatric Association.

Robison, J. E.(2008) Look Me in the Eye: My Life with Asperger's . Three Rivers Press (reprint edition).

Schiller, Lori & Bennett, Amanda (1996). The Quiet Room: A journey out of the torment of madness. Warner Books.

Assigned Article Readings will be available on blackboard

Optional Texts:

Preston, JD, O'Neal, JH, Talaga. MH. (2008) Handbook of Clinical Psychopharmacology for Therapists, 5th edition. New Harbinger Publications.

V. **Course Requirements**

The following course requirements will be completed during the semester, with points given for each course requirement. Grading will be based on total points accrued by the end of the course. **Blackboard assigned readings will be posted for specific class sessions and should be considered part of your required reading assignments.**

Examinations:

Two two-part examinations will be given during the course of the semester (see course schedule for due dates). Exams will consist of both a take-home (50 pts. per take-home portion) and an in-class portion (50 pts. per in-class portion). Students will receive the take-home exam questions at least one week prior to their due date. This portion may include case materials (for assigning diagnoses), short answer, and/or essay questions. **Take home examinations must be TYPED.** The in-class portions of the exams will be similar to the licensing exam questions and will give the student an opportunity to practice the necessary test-taking skills needed to pass that exam. Combined mid-term in-class and take home exams are worth a combined 100 points (50 pts each), and the combined final in-class and take home exams are worth 100 points (50 pts each).

Each Exam (take home and in class portion combined) will be worth 20% of the final grade.

Two Psychosocial Assessment Papers on the Following Books:

- *Look Me in the Eye*
- *The Quiet Room*

Each psychosocial assessment grade will account for 20% of the final grade

Each student will complete a 5-7 page clinical assessment of the main character in each of these books. Instructor will provide an general assessment outline as a basic guide for developing the assessment. Additionally, **The following specific aspects must also be included in the clinical assessment:**

1. Identification of 3-5 **defenses** displayed by the main character or important supporting characters
2. An example of at least 1 **ethical dilemma**, i.e. a circumstance when two or more core social work values as defined by the NASW code of ethics are in conflict.
3. Where relevant in the available reading material, identify **how age, class, culture, race, ethnicity, country of origin, language(s), educational attainment, religious back-ground, sexual orientation, clinician value conflict & physical disability** may influence (limit, compromise, or enhance) the clinical diagnostic effort and the diagnosis
4. The effect of **trauma and economic/social oppression** on the diagnostic

process and on the diagnosis

5. A **complete DSM diagnosis** with codes and suspected etiology of diagnosis.

6. Suggestions for areas for further testing or assessment, if needed

In the final section of the paper, write a **very brief** summary of how this individual and family affected you personally and in your role as a social worker (i.e. what were your initial reactions to this person's disorder; what were your reactions to the family and/or friends' ability to handle this illness; what were the most difficult parts of the story for you to deal with emotionally; what kinds of questions did it create for you; how did you feel about this person and those impacting him/her at the conclusion of the story; as a social worker, did you feel there were other things that could've been done to assist this person and their family or friends). Each paper is graded on 100 points.

Weekly log:

Each week an informal log will be turned in that will include a brief (less than a page) reaction to class reading material for that week and at least one critical "thought question"... one significant question related to course material that feels important to you. The goal for the log is to foster independent, critical thinking about the process of assessment and diagnosis with a focus on the values and ethics of social work, as well as provide another opportunity communicate with the instructor.

The weekly logs will be worth 10% of the final grade

In-Class Participation:

10% of final grade, maximum, will be given based on level of active participation in class discussions throughout the course

Final grades scale:

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	B
80.0 to 83.999	B-
77.0 to 79.999	C+
74.0 to 76.999	C
70.0 to 73.999	C-
67.0 to 69.999	D+
64.0 to 66.999	D
60.0 to 63.999	D-
Below 60.0	F

Graduate students must earn a minimum grade of C in the course for credit; also, graduate students must maintain an overall B average.

VI. Class Policies

1. It is important for social work practitioners to be punctual in both attendance and in meeting deadlines. Therefore, class attendance is expected, as is handing in assignments on time. Students will lose 3 points for each day that an assignment is late. Any adjustments in due dates MUST be discussed with the instructor at least 24 hours PRIOR to the regularly scheduled date.
2. Students who fail to attend class on a regular basis (missing more than one class without a valid excuse, e.g., medical documentation) may receive one course grade lower than their final grade when points are totaled. Students who are one point below the cut-off for a letter grade may receive the higher grade at the end of the semester based on attendance/participation.

By UT Austin policy, you must notify me of your pending absence at least fourteen days prior to the date of observance of a religious holy day. If you must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence

3. Social work practitioners assume responsibility for themselves. Therefore, it is expected that work handed in will be your own. Scholastic dishonesty, including plagiarism and cheating during examinations, violates social work values and will result in recommendation for dismissal from the social work program and a referral to the Dean of Student's Office)
4. Social work practitioners are assertive and function as team members. Therefore, feedback about the course is welcome and the course will be viewed as a joint effort between students and the instructor.
5. Social work practitioners respect others. Therefore, differences in values, opinions, and feelings of class members and guest speakers will be respected.

THE UNIVERSITY OF TEXAS HONOR CODE. The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

PROFESSIONAL CONDUCT IN CLASS. The professor expects students to act as professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

POLICY ON SOCIAL MEDIA AND PROFESSIONAL COMMUNICATION. Public social networks are not private. Even when open only to approved or invited members, users cannot be certain that privacy will exist among the general membership of sites. If social work students choose to participate in such forums, please assume that anything posted can be seen, read, and critiqued. What is said, posted, linked to,

commented on, uploaded, subscribed to, etc., can be accessed and archived, posing potential harm to professional reputations and prospective careers.

Social work students who use social media (i.e. Facebook, Twitter, etc.) and other forms of electronic communication (i.e. blogs, etc.) must be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. Social work students are expected to make every effort to minimize material which could be considered inappropriate for a professional social worker in training. Because of this, social work students are advised to manage security settings at their most private levels and avoid posting information/photos or using any language that could jeopardize their professional image. Students are asked to consider the amount of personal information posted on these sites and are obliged to block any client access to involvement in the students' social networks. Client material should not be referred to in any form of electronic media, including **any** information that might lead to the identification of a client or compromise client confidentiality in **any** way. Additionally, students must critically evaluate any material that is posted regarding community agencies and professional relationships, as certain material could violate the standards set by the School of Social Work, the Texas Code of Conduct for Social Workers, and/or the NASW Code of Ethics.

Social work students should consider that they will be representing professional social work practice as well as the University of Texas at Austin School of Social Work program while in the classroom, the university community, and the broader area communities.

POLICY ON SCHOLASTIC DISHONESTY

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://deanofstudents.utexas.edu/sjs/>).

DOCUMENTED DISABILITY STATEMENT Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471- 6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

RELIGIOUS HOLIDAYS. By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day,

USE OF E-MAIL FOR OFFICIAL CORRESPONDENCE TO STUDENTS. Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time- sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

SAFETY

As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

BEHAVIOR CONCERNS ADVICE LINE (BCAL).

If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual's behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call [512-232-5050](tel:512-232-5050) or visit <http://www.utexas.edu/safety/bcal>.

EMERGENCY EVACUATION POLICY.

Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor's instructions.
- Do not re-enter a building unless you are given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

VII. Course Schedule

January 16	Introduction Overview of Syllabus Overview of Class DSM 5 development And changes from DSM-IV	<i>Begin Reading <u>Look Me in the Eye</u></i>
January 23	Introduction to Assessment and Diagnosis Mental Status Examinations Defense Mechanisms	Introduction of DSM 5 (pp xiii-xiiv, 5-31) Blackboard: ADD: <i>Pomeroy 2012 Diagnosis in the Assessment process, Ch 3. Neukrug and Fawcett, 2013.</i> handout: Mini-Mental Status Exam

January 30	Major and Mild Neurocognitive Disorders Mental Disorders due to a General Medical Condition	DSM 5 Major and Mild Neurocognitive Disorders
February 6	Neurodevelopmental Disorders	DSM-5 Neurodevelopmental Disorders Blackboard Cozolino ch. 20
February 13	Neurodevelopmental Disorders cont Attachment issues and mental health Assessing attachment	Blackboard Wallin, D.J., (2007) from <u>Attachment in Psychotherapy</u> pp 59-112
February 20	Personality Disorders Due: Psychosocial Assessment for <u>Look Me in the Eye</u>	<i>Begin reading <u>The Quiet Room</u></i> DSM-5 Personality Disorders Blackboard: McWilliams 1-8.
February 27	Personality Disorders, Continued	Blackboard Fonagy et al (2004) ch. 9 Cozolino (2006) ch. 18, 19
March 6	Mood Disorders Adjustment Disorders	DSM 5 –Bipolar and Related Disorders Handout: Beck Depression Inventory
March 13	SPRING BREAK	
March 20	Anxiety Disorders Obsessive Compulsive and Related Disorders <u>Receive take home portion of Exam I</u> <u>In-Class Portion of Exam I</u>	DSM 5 Anxiety Disorders chapter Obsessive Compulsive and Related disorders chapter Handout: Yale Brown Obsessive compulsive scale

March 27	Schizophrenia Spectrum and other Psychotic Disorders <u>Take home Portion of Exam 1 due</u>	DSM 5 sections: -Schizophrenia Spectrum and other Psychotic Disorders)
April 3	Trauma and Stressor Related Disorders Dissociative Disorders Somatoform Disorders Factitious Disorders <u>Due: Psychosocial Assessment for, The Quiet Room</u>	DSM 5 sections: Trauma and Stressor Related Disorders Dissociative Disorders Somatic Symptom and Related Disorders Blackboard van der kolk 2002 Shore 2002
April 10	Substance-related and Addictive Disorders	DSM 5 sections: Substance-related and Addictive Disorders
April 17	Feeding and Eating Disorders <u>Receive take home portion of exam II</u>	DSM-5 sections: Feeding and Eating Disorders
April 24	Disruptive, Impulse control and Conduct Disorders Sleep-Wake Disorders Sexual Dysfunctions Paraphilias Gender Dysphoria <u>Take Home Portion of Exam II Due</u>	DSM-5 sections: Disruptive, Impulse control and Conduct Disorders Sleep-Wake Disorders Sexual Dysfunctions Paraphilias Gender Dysphoria
May 1	Last Class day <u>In Class portion of Exam II</u>	

VIII. Bibliography

Allen, L. A.; Woolfolk, R.; Escobar, J.; Gara, M.; Hamer, R. (2006) Cognitive- Behavioral Therapy for Somatization Disorder: A Randomized Controlled Trial *Arch Intern Med.*;166 (14):1512-1518.

American Psychiatric Association (APA). (2000). Diagnostic and statistical manual of mental disorders: Text Revision (4th Edition). Washington, DC: Author.

Ancoli-Israel, S. (2005) Long-term use of sedative hypnotics in older patients with insomnia, *Sleep Medicine*, Volume 6, Issue 2, Pages 107-113

Baethge, Christopher, Baldessarini, Ross J., Khalsa, Hari-Mandir Kaur, Hennen, John, Salvatore, Paola, Tohen, Mauricio (2005). Substance Abuse in First- Episode Bipolar I Disorder: Indications for Early Intervention, *Am J Psychiatry* 162: 1008-1010

Barkley, R. A. (1998). Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment (2nd ed.). New York: Guilford.

Barlow, D. H., & Durand, M. V. (1999). *Abnormal psychology: An integrative approach* (2nd ed.). Pacific Grove, CA: Brooks/Cole. [Chp. 1, Abnormal behavior in historical context]

Bass, C., Jones, D. (2006); Fabricated or induced illness, *Psychiatry*, Volume 5, Issue 2, *Psychological medicine* 1, 1, Pages 60-65

Beck, Aaron T., Brown, Gary, Berchick, Robert J., Stewart, Bonnie L., Steer, Robert A. (2006) Relationship Between Hopelessness and Ultimate Suicide: A Replication With Psychiatric Outpatients, *Focus* 4: 291-296

Berg, M.B., Mimiaga, M.J., & Safren, S.A. (2004). Mental health concerns of HIV- infected gay and bisexual men seeking mental health services: An observational study. *AIDS Patient Care & STDs*, 18(11), 635-643.

Bockting, W. O., & Coleman, E. (1993). Gender dysphoria: Interdisciplinary approaches in clinical management. *Journal of psychology & human sexuality*, v. 5, no. 4. New York: Hayworth Press.

Buelow, G., Hebert, S., & Buelow, S. (2000). *Counselor's resource on psychiatric medications: Issues of treatment and referral* (2nd Ed.). Pacific Grove, CA: Brooks/Cole.

Cook, J M, & O'Donnell, C. (2005). Assessment and psychological treatment of posttraumatic stress disorder in older adults. *Journal of Geriatric Psychiatry & Neurology*, 18, 2. p.61(11).

Cozolino, L. (2006). *The Neuroscience of Human Relationships*. New York: Norton.

DuPaul, G. J., & Stoner, G. (1998). *Assessing ADHD in the schools*. New York: Guilford.

Frances, A and Ross, R. (2001) *DSM-IV-TR Case Studies: A Clinical Guide to Differential Diagnosis*. Washington, DC. American Psychiatric Press.

Franklin, C., & Jordan, C. (1999). *Family practice: Brief systems methods for*

social work. Pacific Grove, CA: Brooks/Cole. [Chp. 9, Rapid Assessment in family practice]

Fonagy, P., Gergley G., Elliott J., Target, M. (2004) *Affect Regulation, Mentalization and Development of the Self*. New York: Other Press.

Gabbard, G. O. (2007). *Gabbard's treatments of psychiatric disorders*. Washington, DC: American Psychiatric Pub.

Garcia-Lopez, L., Jose Olivares, Deborah Beidel, Anne-Marie Albano, Samuel Turner, Ana I. Rosa, (2006) Efficacy of three treatment protocols for adolescents with social anxiety disorder: A 5-year follow-up assessment, *Journal of Anxiety Disorders*, Volume 20, Issue 2, Pages 175-191

Gillberg, C., Harrington, R., & Steinhausen, H.-C. (2006). *A clinician's handbook of child and adolescent psychiatry*. Cambridge, UK: Cambridge University Press.

Greenwald, R., & Rubin, A. (1999). Assessment of posttraumatic symptoms in children: Development and preliminary validation of parent and child scales. *Research on Social Work Practice*, 9(1), 61-75.

Guilleminault, C.; Lee, J.; Chan, A. (2005) Pediatric Obstructive Sleep Apnea Syndrome *Arch Pediatr Adolesc Med.*;159(8):775-785

Hinson, VK., Haren, WB. (2006) Psychogenic movement disorders, *The Lancet Neurology*, Volume 5, Issue 8, Pages 695-700

Janca, A., Isaac, M., & Ventouras, J. (2006, February). Towards better understanding and management of somatoform disorders. *International Review of Psychiatry*, 18(1), 5-12.

Kamphaus, R. W., & Frick, P. J. (2005). *Clinical assessment of child and adolescent personality and behavior*. New York, NY: Springer.

Kaplan, H. I., & Sadock, B. J. (1998). *Clinical psychiatry*. Baltimore: Williams & Wilkens. [Chp. 2, Typical signs and symptoms of psychiatric illness defined]

Kernberg, Otto K. (1993). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, CT: Yale University Press.

Kessler, Ronald C.; Patricia Berglund; Olga Demler; Robert Jin; Kathleen R. Merikangas; Ellen E. Walters (2005) Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication *Arch Gen Psychiatry*;62(6):593-602.

Lahey, B., Loeber, R., Burke, J., & Applegate, B. (2005). Predicting Future Antisocial Personality Disorder in Males From a Clinical Assessment in Childhood. *Journal of Consulting and Clinical Psychology*, 73(3), 389-399.

Lieberman, Jeffrey A.(2005), Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia, *N Engl J Med* 353: 1209-1223

Lock, J. & Steiner, H. (1999). Gay, lesbian, and bisexual youth risks for emotional, physical, and social problems: Results from a community-based survey. *Journal of the*

American Academy for Child and Adolescent Psychiatry, 38(3), 297-304.

March, J. S., & Mulle, K. (1998). *OCD in children and adolescents: A cognitive-behavioral treatment manual*. New York: Guilford.

Mash, E., & Terdal, L. G. (Eds.). (1997). *Assessment of childhood disorders (3rd ed.)*. New York: Guilford Press.

Mc Williams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press.

Nicholls, D., Viner, R. (2005) Eating disorders and weight problems *BMJ* 2005;330:950-953.

Nasrallah, Henry A., Targum, Steven D., Tandon, Rajiv, McCombs, Jeffrey S., Ross, Ruth (2005). Defining and Measuring Clinical Effectiveness in the Treatment of Schizophrenia, *Psychiatr Serv* 56: 273-282.

Nathan, P. E., & Gorman, J. M. (Eds.). (1998). *A guide to treatments that work*. New York: Oxford University Press.

Newman, Louise K. (2002) Sex, Gender and Culture: Issues in the Definition, Assessment and Treatment of Gender Identity Disorder, *Clinical Child Psychology and Psychiatry* 7: 352-359

Nuttall, E. V., Romero, I., & Kalesnik, J. (Eds.) (1999). *Assessing and screening preschoolers: Psychological and educational dimensions (2nd ed.)*. Boston, MA: Allyn & Bacon

Othmer, E. & Othmer S. C. (2002). *The Clinical Interview Using DSM-IV-TR, Vol. 1: Fundamentals*. Washington DC: American Psychiatric Press, Inc.

Paniagua, F. (1998). *Assessing and treating culturally diverse clients (2nd ed.)*. Thousand Oaks, CA: Sage.

Paul, R. (2006). *Language disorders from infancy through adolescence: Assessment & intervention*. St. Louis, Mo: Mosby Elsevier.

Pelham, William E., Fabiano, Gregory A. & Massetti, Greta M. (2005). Evidence- Based Assessment of Attention Deficit Hyperactivity Disorder in Children and Adolescents. *Journal of Clinical Child & Adolescent Psychology*, 34 (3), 449-476.

Pomeroy, EC, DE Parrish (2012). The New DSM-5: Where have we been and where are we going?. *Social Work* Jul 57(3). 195-200.

Portzky, G., Audenaert, K., Heeringen, K. (2005) Adjustment disorder and the course of the suicidal process in adolescents, *Journal of Affective Disorders*, Volume 87, Issues 2-3, Pages 265-270

Preston, JD, JH O'Neal, M. C. Talaga. (2008) Handbook of Clinical Psychopharmacology for Therapists, 5th edition. New Harbinger Publications.

Rappley, Marsha D (2005). Attention Deficit-Hyperactivity Disorder, *N Engl J Med* 352: 165-173

- Roberts, A. R. (2005). *Crisis intervention handbook: Assessment, treatment, and research*. Oxford: Oxford University Press.
- Romero, I. (1999). Individual assessment procedures with preschool children. In E. Nuttall, I. Romero, & J. Kalesnik (Eds.), *Assessing and screening preschoolers* (2nd Ed). Boston: Allyn & Bacon.
- Schore, A.N. (2003). *Affect dysregulation and disorders of the self*. New York: W.W. Norton and Company, Inc.
- Smith, Y., Van Goozen, S., Kuiper, A., Cohen-Kettenis, P., (2005). Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine*, **35**, pp 89-99
- Taylor, C. B.; Prevention of Eating Disorders in At-Risk College-Age Women *Arch Gen Psychiatry*. 2006;63(8):881-888.
- Tazaki, M., & Landlaw, K. (2006). Behavioural mechanisms and cognitive- behavioural interventions of somatoform disorders. *International Review of Psychiatry*, *18*(1), 67-73.
- Tronik, E.Z. & Weinberg, M.K. (1997). Depressed mothers and infants: Failure to form dyadic states of consciousness. In L. Murray & P. J. Cooper (Eds.). *Post partum depression and child development* (pp. 54-81). New York: Guilford Press
- van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L. (Eds.). (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford Press
- van der Kolk, B. A. (2002). The Assessment and Treatment of Complex PTSD. In R. Yehuda (Editor) Treating Trauma Survivors with PTSD. Washington, DC: American Psychiatric Press, Inc.
- van der Kolk, (2006). Clinical Implications of Neuroscience Research in PTSD *Annals of the New York Academy of Sciences*, pp. 1-17
- Wallin, D.J., (2007). *Attachment in Psychotherapy*. New York, NY: Guilford Press.
- Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, A & King, M. (2004). Rates and predictors of mental illness in gay men, lesbians and bisexual men and women: Results from a survey based in England and Wales. *The British Journal of Psychiatry*, *185*, 479-485.
- Widiger, T., & Samuel, D. (2005). Evidence-based assessment of personality disorders. *Psychological Assessment*, *17*(3), 278-287.
- Wilson, G. Terence (2005) *Psychological Treatment of Eating Disorders Annual Review of Clinical Psychology* *1*, 439-465
- Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamentals of assessment and treatment*. New York: Guilford Press.
- Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York: Guilford Press.
- Zucker, Kenneth J. (2005) *Gender Identity Disorder in Children and Adolescents, Annual Review of Clinical Psychology* *1*, 467-492

