

**The University of Texas
School of Social Work**

Course Number:	SW393R1	Instructor:	Arlene Montgomery, Ph.D. LCSW
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Semester:	Spring 2013	Phone:	Home (512) 480-8086; Office (512) 474-8317
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Meeting Place:	Room SW 2.112	Office Hours:	By appointment

**CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS
THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK**

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: Group presentation (b., g.); Paper (g.)

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: Group presentation; Paper Examinations #1 & #2

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: Group presentation (c.); Examinations #1 paper examining readings on cultural issues and considerations in diagnosis and evidence-based practice in mental health care to ethnic minority communities

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: Examination of selected assessment tools; Examinations #1 & #2/ assessment instruments

I. Teaching Methods

The methods include lecture, discussion, experiential exercises, group presentation, guest clinicians demonstrating clinical interviewing skills, clinical cases, and video/DVD materials.

II. Required and Optional Texts/Materials

Required material: American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, Fourth Edition Text Revision (DSM- IV -TR)*. Washington, DC: Author.

Buelow, H., Hebert, S. & Buelow, S. (2000). *Psychotherapist's resources on psychiatric medications: Issues of treatment and referral (2nd ed.)* Belmont, CA: Brooks/Cole.

III. Course Requirements: Attendance & Participation, Special Accommodations, Assignments, Policy on Scholastic Dishonesty, and Grading

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://dean of students.utexas.edu/sjs/academicintegrity.html>).

Attendance

Students are expected to attend all classes; this is particularly important as the experiential component is critical to learning the material. Should a student have to be absent, please communicate with the instructor prior to the class, if possible. One unexcused absence will be permitted; any other unexcused absences will result in a deduction from the final grade. Late material may also result in deduction in points, depending on the circumstances.

Special Accommodations for Students with a Disability

In compliance with the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act, the instructor is available to discuss appropriate academic accommodations with the student. Students with disabilities who need special accommodations should notify the instructor at the beginning of the semester. To insure that the most appropriate accommodations can be provided, students should contact the Services for Students with Disabilities (SSD) Office at 471-6259 or 471-4641 TTY.

Course Assignments

The assignments include the following:

worksheets (primarily done together either with fellow class-mates or in class); a two take-home examinations; a group presentation which includes a group generated handout for classmates (summary of important points from assigned clinical articles and from the texts); a discussion of clinical issues from the assigned video with film clips to illustrate important points from the assigned material and a one page reaction paper; and a 3-5 page critique addressing assessment issues for the role play clinical interviews.

At least 85% of the material on the exams will be taken from the worksheets, summarized material from presentations, texts, and particularly, the practice exercises in class in assessing cases.

Panel Presentation {25% of final grade}

The videos/DVDs can be rented in video stores; on-line, and many are available in the Undergraduate Library. There will be exam questions about examples on the videos which would be difficult to answer correctly without having seen the videos.

The class will be led in a discussion of clinical material illustrated by clips from films such as WHAT'S EATING GILBERT GRAPE; LIKE WATER FOR CHOCOLATE, TAXI DRIVER, FATAL ATTRACTION, AS GOOD AS IT GETS, AND SYBIL. Each student panel will lead a discussion on one of the videos as they illustrate certain technical material from the texts and other assigned material.

The role play will be of a character or characters from the films that illustrate the assessment process of the clinical unit of attention, such as a couple, individual, or family as well as the diagnostic entities. The role play will be conducted by a professional Clinical Social Worker; students may volunteer to conduct the interview if they wish, but this is not a requirement.

Each panel will summarize **briefly** the clinical points in material assigned to their particular video. Each classmate will be provided with a copy of the summaries. *The purpose of the summary is to provide an outline for the discussion. The panel is expected to have mastered those points in order to integrate the material in a class discussion.*

Note: the assigned material from the DSM- IV -TR should not be outlined in detail; further instructions will be provided on the first class day.

The group presentation should include the following:

Examples from movie illustrating

- a. 10 defenses (5%)
- b. examples of at least 2 ethical dilemmas, as defined by NASW Code of Ethics; quote the ethical standard(2%)
- c. in the assigned film material, identify ways the factors of age, class, culture, race, ethnicity, country of origin, language(s), educational attainment, religious back ground, sexual orientation, clinician value conflict and/or physical disability may influence (limit, compromise, or enhance) the clinical diagnostic effort and the diagnosis (4%)
- d. the effect of trauma and economic/social oppression on the diagnostic process and on the diagnosis (5%)
- e. a brief example of a research question generated by the effort to diagnosis a film figure (1%)
- f. psychometric measurement tool(1%){ each panel will discuss with instructor}
- g. preparation for role play (2%)
- h. one page reaction **paper** (5%)
{the reaction paper is intended to reflect the student's educational experience of his/her own panel presentation: The reaction paper should address the student's experience of applying the diagnostic process to a person(s); a value, clinical, and ethical dilemma of the student's toward the diagnostic interview role play {re: the ethical concern, cite the ethical standard from Code of Ethics}; and an emotional experience had by the student regarding the prospect of diagnosing and/or interviewing the "client" in question and a defense mechanism which the student might likely erect to cope with that emotional reaction. Reaction paper is due next class day following the role play.

Paper

The 5 page paper (15% of final grade) will discuss one of the **role play** experiences, including a providing a Multiaxial Assessment (**15%**) of one the interviewees and is to include the following:

- a. a brief discussion of the *assessment* of the client systems with a *sample* of the client's interpersonal behavior and emotional processes that can either support or qualify inferences from the history and examination (*make an inference*)(**4%**)
- b. the following information from a mental status examination: ways the client(s) minimize(s) or exaggerate(s) certain aspects of his or her history, particular topics/questions that evoke hesitation or signs of discomfort, and the general style of relating (**2%**)
- c. client's ability to communicate about emotional issues with *sample of behavior illustrating that ability(or compromised ability)*(**2%**)
- d. *example* of 1 defense mechanism *typical of this "client's" diagnosis* including examples of the following: the coping style, the function, inferred cognition, and the diagnostic language (make a chart)(**3%**)
- e. 4 examples from the clinical interview that contained 4 of elements of a mental status **exam (3)**
- f. An error made by the clinician with the *correction from the assigned literature* (**.5%**)
- g. An example of your personal reaction to the interview including a value conflict, a clinical concern, an ethical concern, and a counter-transference reaction (quote the ethical standard from NASW Code of Ethics)(**.5%**).

Format for Examination #1 {25% of final grade} (use a.- g. above): For this paper, choose one of the role play experiences; if you choose from a family meeting, choose one of the family members to examine.

For Examination #2, the questions will be distributed in April and will address, among other issues, a case assessment with a focus on cultural influences upon the diagnostic process, analyzing hidden strengths which affect the diagnosis, and professional judgment, boundary and ethical issues.

For Examination #2 {30% of final grade}, choose 2 references from the Reference List at back of this syllabus to answer the following questions (a.,b.):

- a. list two strengths and two weaknesses of the assessment measure
- b. suggest a theoretical approach to address any symptom, stating why you make that choice.

Additionally, answer c., d.

- c. speculate on the part of the brain which may be compromised by one of the symptoms/criteria exhibited (Buelow, et al.)
- d. speculate on a class of medications which might address one of the symptoms/criteria and briefly discuss; give the page number(s) from Buelow, et al.

Grading

Per cent of final grade

25%	Group Presentation, role play paper, and summaries
5%	Worksheets (1 point per worksheet; should we not complete 5 worksheets, the points will be added to final examination)
15%	Role play paper
25%	Examination #1(due February 15)
30%	Examination #2 (due May 3)

94-100 = A
93-90 = A-
89-87 = B+
86-84 = B
83-80 = B-
79-77 = C+
76-74 = C
73-70 = C-
69-67 = D+
66-64 = D
63-60 = D-
59 & below = F

January 16

Illustrations of course requirements utilizing film

Lecture: an introduction to psychopathology including neurological issues, clinical assessment, history of theoretical influence on clinical social work and ethics as found in the NASW Code of Ethics

Text:

Introduction of DSM-IV-TR (xxiii-xxxv); 13-37; Defensive Functioning Scale (807-810); and Glossary of Specific Defense Mechanisms and Coping Styles (811-813); GARF Scale (814); SOFAS Scale (817); Glossary of Technical Terms (819-828)

Hand-outs:

Valliant, G. E. (1974). *Adaptation to life*. Boston: Little, Brown & Co. (75-91)

Illustration and hand-outs on definitions of defenses and their function

Worksheets

Websites for evidence-based assessment instruments and other tools

January 16, 23, February 30
Role Play February 30
Film: **Like Water for Chocolate**

Text:
DSM-IV-TR (745-757); (897-903); (535-582);(583-594); 597-66

Articles:

Greenberg, G. (July 2001).The Serotonin Surprise. *Discover*, 22(7). 64-69.

Aisenberg, E. (2008). Evidence-Based practice in mental health care to ethnic minority communities: Has practice fallen short of its evidence? *Social Work*, 53(4), 297-306.

Freed, A.O. (June, 1985). Linking developmental, family and life cycle theories. *Smith College Studies in Social Work*, 169-182.

Chapter 10 Cultural issues in Relational Diagnosis: Hispanics in the United States and Chapter 11 Cultural Considerations in Diagnosis (152-170), Florence W. Kaslow (Ed.) *Handbook of relational diagnosis and dysfunctional family patterns*. (1996). Canada: John Wiley and Sons.

Assessment tool: Beck Hopelessness Scale (BHS) A. T. Beck, A. Weissman, D. Lester, and L. Trexler

Text:
DSM- IV- TR (39-134)
Buelow, et al., Appendix A: the Nervous System

Gottlieb, M.B., Chapter 2, Some Ethical Implications of Relational Diagnoses. (1996). In Florence Kaslow, (Ed.) *Handbook of relational diagnosis and dysfunctional family patterns* (pp.19-34). Canada: John Wiley and Sons.

Notes on Masterson, J. F. (2000). Chapter one, The Role of the Mother or Primary Caretaker in the Development of the Normal Self—25 years later. In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, AZ: Zeig, Tucker & Co., Inc., 7-32.

Assessment tool: In Scarf, M. (1995). *Intimate worlds, life inside the family*. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5; SOFAS, DSM IV-TR (817-818); Defensive Functioning Scale, DSM IV-TR (807-810); Relational Problems, DSM IV-TR(736-742

Examination#1

Role play paper for Like Water for Chocolate: (all students) to be turned in Friday, February 15 @ 4:45 PM to Student Services Desk

February 6 & 13

Role Play: February 20 (first ½ of class)

Film: **Taxi Driver**

Text:

DSM-IV-TR

(297-234); (663-668); (685-658)

DSM-IV-TR Decision Trees for Differential Diagnosis of Psychotic Disorders and of Substance-Induced Disorders (Not Including Dependence and Abuse)

Buelow, et al., Chapter 4, Psychosis and the Antipsychotics, 103-132.

Articles:

Elson, M. (March, 1989). Kohut and Stern: Two views of infancy and early childhood. *Smith College Studies in Social Work*, 131-145.

Gabriel, M.A. (Summer, 1992). Anniversary Reactions: Trauma Revisited. *Clinical Social Work Journal*, 20 (2), 179-192.

Notes on selected chapters from *The clinical and forensic assessment of psychopathy: A practitioner's guide*. Carl B. Gacano, Ed. (2000).(provided by instructor)

Assessment tool: PCL-R Checklist and Forensic Interview Schedule. The Psychopathy Check-list Revised and Screening Version Robert H. Bodholdt, Henry R. Richards, & Carl B. Gacano.

Sybil presentation group writes paper on *Taxi Driver* role play, due Friday, March 6

February 27 (2nd ½ half of class), March 6 & 20

Role Play: March 20 (1st ½ of class)

Film: **As Good As It Gets**

Text:

DSM -IV –TR, 685-731; 429-487; 345-428; 679-684; & Decision Trees for Differential Diagnosis of Anxiety Disorders and Mood Disorders

Buelow, et al., Anxiety and the Anxiolytics: Sleep Disorders and the Hypnotics (79-102)

Articles:

McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press. 1-8.

Appleby, G.A. & Anastas, J.W. (1998). Mental health and substance abuse. In *Not just a passing phase: Social work with gay, lesbian, and bisexual people*. New York: Columbia University Press, 271-300.

Assessment tool: Yale Brown Obsessive Compulsive Scale

Notes on: Masterson J.F. (2000). Chapter Three, Diagnosis—A Psychodynamic Approach to the Borderline, Narcissistic, and Schizoid Personality Disorders (59-74). In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, Az: Zeig, Tucker & Co. Inc., 59-74 (instructor provided)

Fatal Attraction presentation group writes paper on *As Good As It Gets* role play, due Friday, April 3

March 20 (2nd ½ of class), March 27

Role Play: April 3 (1st ½ of class)

Film: **Sybil**

Text:

DSM-IV-TR (597-662); (463-533);(135-190); (484-498)

Buelow, et al.: Pain and Analgesics

Article:

van der Kolk, B. A. (1987). The psychological consequences of overwhelming life experiences. In *Psychological trauma*. Bessel A. van der Kolk (Ed.). USA: American Psychiatric Association, 1-30.

Assessment tool: Steinberg, M., Rounsaville, B., et al., (1994). Distinguishing between multiple personality disorder (dissociative identity disorder) and schizophrenia using the Structured Clinical Interview for DSM IV Dissociative Disorders. *Journal of Nervous and Mental Disorders*, 182, 495-502.

Like Water for Chocolate & Taxi Driver presentation groups write paper on *Sybil* role play, due Friday, April 17

April 10 (2nd ½ of class), April 24
Role Play: May 1

Film: **Fatal Attraction**

Text:

DSM- IV -TR (650-673)

Buelow, et al., Chapter 2, Depression and the Antidepressants: Bipolar Disorder and Lithium, 35-78.

Herman, J. L. & van der Kolk, B. A. (1987). Traumatic Antecedents of Borderline Personality Disorder. In *Psychological trauma* (pp. 111-126) Bessel A. van der Kolk. USA: American Psychiatric Association

Price, S.K. (2008). Women and reproductive loss: Client-Worker dialogues designed to break the silence. *Social Work*, 53(4). 367-376.

Hand-outs on assessment of post-partum depression; Beck Depression Inventory; Beck Anxiety Inventory

Alternative Film

Film: What's Eating Gilbert Grape

Articles:

Mailick, M. D. (1991). Re-assessing assessment in clinical social work practice. *Smith College Studies in Social Work*, 3-19.

Film: What's Eating Gilbert Grape

Articles:

Mailick, M. D. (1991). Re-assessing assessment in clinical social work practice. *Smith College Studies in Social Work*, 3-19.

Gottlieb, M.B., Chapter 2, Some Ethical Implications of Relational Diagnoses. (1996). In Florence Kaslow, (Ed.) *Handbook of relational diagnosis and dysfunctional family patterns* (pp.19-34). Canada: John Wiley and Sons.

Notes on Masterson, J. F. (2000). Chapter one, The Role of the Mother or Primary Caretaker in the Development of the Normal Self—25 years later. In *The personality disorders: A new look at the developmental self and object relations approach*. Phoenix, AZ: Zeig, Tucker & Co., Inc., 7-32.

Assessment tool: In Scarf, M. (1995). *Intimate worlds, life inside the family*. NY: Random House, from Chapter 2: The Beavers Scale of Family Health and Competence: Levels 1-5; SOFAS, DSM IV-TR (817-818); Defensive Functioning Scale, DSM IV-TR (807-810); Relational Problems, DSM IV-TR(736-742)

Suggested References for Clinical Assessment and Differential Diagnosis

- Alvarez, L.R. & Ruiz, P. (2001). Substance abuse in the Mexican American population. In Shulamith Lala Asheberg Straussner (Ed.) *Ethnocultural cultural factors in substance abuse treatment*. New York: The Guilford Press. (111-136).
- In Paul M.G. Emmelkamp & Ellen Vedel, *Evidence-based treatment for alcohol and drug abuse: A practitioner's guide to theory, methods, and practice*. Chapter 5 Complicating Factors 157-193. NY: Routledge.
- Applegate, J. S. (1996). The good-enough social worker: Winnicott applied. In J. Edward & J. Sanville (Eds.), *Fostering Healing and Growth: A Psychoanalytic social work approach* (pp.77-96). Northvale New Jersey: Jason Aronson.
- Antokoletz, J. C. (1993). A Psychoanalytic view of cross-cultural passages. *The American Journal of Psychoanalysis*, 53 (1), 35-54.
- Bamford, K. W. (1991). Bilingual issues in mental health assessment and treatment. *Hispanic Journal of Behavioral Sciences*, 13(4), 377-390.
- Bernal, G. & Scharron del Rio, M. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology*, 7(4), 328-342.
- Brabender, V.M. & Fallon, A. (2009). Ethical hot spots of combined individual and group therapy: Applying four ethical standards. *International Journal of Group Psychotherapy*, 59(1).127-147.
- Brandell, J. R. (2002). The marginalization of Psychoanalysis in academic social work. *Psychoanalytic Social Work*, 9(2), 41-50.
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- Courtois, C. A. & Ford, J.D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.
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- Dyche, L. & Zayes, L. H. (2001). Cross-cultural empathy and training the contemporary psychotherapist. *Clinical Social Work Journal*, 29(3), 245-258.

- Edmond, T., Rubin, A., & Wambach, K. (1999). The effectiveness of EMDR with adult female survivors of childhood sexual abuse. *Social Work Research*, 23, 103-116.
- Fenster, A. (1996). Group therapy as an effective treatment modality for people of color. *International Journal of Group Psychotherapy*, 46(3), 399-416.
- Foster R.P. ((1993, April). The bilingual self. Paper presented at thirteenth annual spring meeting of the Division of Psychoanalysis(39) of the American Psychological Association, New York:NY
- Garzon, F. & Tan, S. (1992). Counseling Hispanics: Cross-cultural and Christian Perspectives. *Journal of Psychology and Christianity*, 11(4), 378-390.
- Gorkin, M. (1986). Countertransference in cross-cultural psychotherapy. The example of Jewish therapist and Arab Patient. *Psychiatry*, 49, 69-79.
- Greenson, R. R.(1950). The mother tongue and the mother. *International Journal of Psycho-Analysis*. 31: 18-23.
- Kail, B.L. & de la Rosa, M. (1998). Challenges to treating the elderly Latino substance abuser: A not so hidden research agenda. *Journal of Gerontological Social Work* (The Haworth Press, Inc.) 30 (½).123-141.
- Katsavdakis, K. A., Sayed, M., Bram, Al, & Brand Bartlett, A. (2001). How was this story told in the mother tongue? An integrative perspective. *Bulletin of the Menninger Clinic*.
- Lazar, S.G. (Ed.). (2010). *Psychotherapy is worth it: A comprehensive review of its cost-effectiveness*. Washington, DC: American Psychiatric Press.
- Lee, C., Gavriel, H., Drummond, P., Richards, J., & Greenwald, R. (2002). Treatment of post-traumatic stress disorder: A comparison of stress inoculation training with prolonged exposure and eye movement desensitization and reprocessing. *Journal of Clinical Psychology*, 58, 1071-1089.
- Lenzenweger,M.F. (2010). *Schizotypy and schizophrenia: The view from experimental psychopathology*. New York: The Guilford Press.
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- Pawlukewicz, J. (2003). World Trade Center trauma interventions: A clinical model for affected workers. *Psychoanalytic Social Work*, 79-88.
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- psychiatric disorder: An overview. *Journal of Clinical Psychiatry*, 59, 50-58.
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imprints in the treatment of trauma. In F. Shipiro (Ed.) *EMDR as an integrative psychotherapy approach: Experts of diverse orientations explore the paradigm prism* (pp. 57-83). Washington, DC: American Psychological Association 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.