THE UNIVERSITY OF TEXAS AT AUSTIN STEVE HICKS SCHOOL OF SOCIAL WORK

Course Number: SW n393R1 Instructor: Barbara Jefferson LCSW-S

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Semester: Summer 2023 Office: 3.104a

and Wednesday, SSW 2.122 Office Hours: By appointment on zoom

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 DSM5. Students will develop an advanced understanding of people from diverse backgrounds, affirming, and respecting their strengths and differences. The course is built on the ability to provide clinical assessment through conducting a one-to-one diagnostic interview, as well as developing an understanding of 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;
- 2. Demonstrate understanding of the various methods of empirically-based assessment tools and techniques, including those developed through classificatory schemes, standardized measures, and qualitative typologies;
- 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;
- 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;
- 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;
- 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.

III. TEACHING METHODS

This course is designed to include a variety of teaching methodologies to achieve the expectation of student mastery of the skills involved in the examination of social work practice as it is supported by selected

scientific findings. Readings, discussion, lecture, experiential exercise, videos, audio CDs, case examples, and presentations are designed to enhance the learning experience.

IV. REQUIRED TEXTS AND MATERIALS

Required and Optional Texts/Materials:

Required material:

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders*, *Fifth edition (DSM-5-TR)*. Washington, DC

American Psychiatric Association. (2022). The Pocket Guide to The DSM-5-TR Diagnostic Exam, Abraham M. Nussbaum, M.D., Washington, DC

Optional Texts/Materials:

Preston, J. & Johnson, J. (2015). *Clinical psychopharmocology made ridiculously simple*, *edition* 8, *updated for DSM-5*, Miami, Florida: MedMaster, Inc.

V. COURSE REQUIREMENTS

The assignments include the following:

*Note: All articles associated with this class are contained in Canvas.

1. Group Case Study Paper and Clinical Case Presentation:

This will consist of 1) Presentation Paper that addresses the group's diagnostic evaluation of the case study, and 2) a clinical presentation in class.

Information about the Clinical Case Study Presentation:

The group will lead the class in a discussion of the case study in which potential diagnoses have been identified by the group.

The case study provides for the clinical thought process into determination of diagnoses. The Case Studies are in Canvas. Students will develop their own clinical thought process and considerations of diagnoses, that can include provisional and differential diagnoses. The expectation for all class members is to have read the case study to engage in class discussion.

The group will provide 3 prompt questions to the class to engage the class in discussion around clinical assessment, diagnostic considerations, and treatment planning.

The Groups' Case Study **paper** should include the following:

- Were there cultural factors that could potentially affect the diagnostic process;
- Example of 1 defense mechanism typical of this "client's" diagnosis including examples of the following: the coping style, the function, inferred cognition, potential impact of this on interactions with others;
- Brief description of what you might anticipate with the client's response to the diagnostic interview and how you would engage with the client;
- The group's agreed upon diagnosis (or diagnoses), and brief description of the treatment plan;
- Identify the presenting problems, identification of considerations in the diagnostic interview and evaluation process, identification of questions that would be asked during the diagnostic evaluation, detail the critical thought process that went into consideration of diagnoses, provisional diagnoses, and potential differential diagnoses that were considered and why.

Group Case Study paper: 12.5 points

The Groups' Clinical Case presentation should highlight:

- Review of the case:
- The presenting problems and strengths;
- Identification of clinical issues to be addressed in the diagnostic interview and within the evaluation process;
- Identification of questions that would be asked during the diagnostic evaluation;
- Detail the critical thought process that went into consideration of potential diagnoses,
- Provisional diagnoses and why;
- Potential differential diagnoses and why;
- Address critical thought process on how to develop and establish a working alliance with the client;
- Potential initial treatment plan.

Group Case Study presentation: 12.5 points

2. Film Study Presentation, Paper, and brief Summary:

This will consist of 1) Film Presentation Paper that addresses the group's diagnostic evaluation of the film, and 2) a clinical presentation in class.

The Group Film Study Paper:

• 1 paper to be submitted to the instructor before the day of the presentation.

The Group Film Study Paper should include:

- Strengths of client and/or client system;
- Identification of defenses;
- Identification of at least 2 ethical dilemmas, as defined by NASW Code of Ethics; quote the ethical standard;
- Identify ways the factors of age, class, culture, race, ethnicity, country of origin, language(s), educational attainment, religious background, sexual orientation, clinician value conflict and/or physical *ability may influence (limit, compromise, or enhance)* the clinical diagnostic effort and the diagnosis/diagnoses;
- The effect of trauma and economic/social oppression on the diagnostic process and on the diagnosis/diagnoses;
- Description of diagnoses and/or provisional diagnoses that the group agreed upon and supporting information that led to this (include symptoms considered and potential assessment measures that you would use);
- Legal issues that might arise;
- Differential diagnoses considered;
- Group member's own reactions to the characters experiences and how the individual clinician might manage reactions that could potentially arise;
- What would the individual's or family's treatment plan include?

Group Film Study paper: 12.5 points

The Group Film Study **presentation** should include:

Review of the identified client system;

- The presenting problems and strengths;
- Identification of clinical issues to be addressed in the diagnostic interview and within the evaluation process;
- Identification of questions that would be asked during the diagnostic evaluation;
- Detail the critical thought process that went into consideration of potential diagnoses,
- Provisional diagnoses and why;
- Potential differential diagnoses and why;
- Address critical thought process on how to develop and establish a working alliance with the client:
- What would the individual's or family's treatment plan include?

Group Film Study presentation: 12.5 points

Each group will lead a discussion on some of the film material as they illustrate certain technical material from the texts and other assigned material. The expectation is for all class members to watch the film under study before the discussion in class. The presenter(s) will guide us in attending to selected scenes that illustrate the technical material to be discussed.

Clinical material illustrated through films such as "What's Eating Gilbert Grape", "Like Water for Chocolate", "A Brilliant Mind", "Fatal Attraction", "As Good As It Gets", "Girl Interrupted", "Sybil", "Four Good Days", and others may be used.

The group can use film clips with diagnosis identification and with potential provisional and differential diagnostic questions in mind. This will be presented during class discussion. All class discussions are to be treated as a clinical staffing in a clinical setting.

The group will provide 3 prompt questions to the class to engage the class in discussion around clinical assessment, diagnostic considerations, and treatment planning.

Group Film Study presentation: 12.5 points

3. <u>Individual Article Presentation</u>:

Each student will do 1 article presentations which will include 1 paper (no more than 8 pages).

All of the articles are available in Canvas and additional reference material is available through online resources. You can also reference material from the DSM manual and the DSM Pocket Guide.

The articles you choose for your individual presentation should relate to the diagnosis topic of the assigned week. In your presentation, you will tie the article you've chosen to the diagnostic category addressed that week. The instructor will address this in more detail on the first day of class.

Individual Article Paper and Presentation should include:

- The main points of the article;
- Identification of the biological, psychosocial, cultural theories, diversity issues that are considered, or should be considered;
- Identification of neurobiological issues that are considered, or should be considered;
- Your critical analysis of how the article ties into the diagnostic category being discussed at the time of your presentation.

4. Class Participation:

The information addressed in class will be approached as a case staffing that you would encounter in individual or group clinical supervision or case consultation within a clinical working environment.

To develop your critical analysis and clinical problem-solving skills, actively engaging in discussion through asking questions, brainstorming solutions, providing your insights, providing feedback, ideas, and your clinical opinions, is essential to your own growth as a clinician.

Class participation – 25 points

Grading:

- 25% Group Film Presentation and Paper, due to instructor day before presentation.
- 25% Group Case Study Presentation and Paper, due to instructor day before presentation.
- 25% Individual Article Paper and Presentation, due to instructor on day of presentation.
- 25% Class Participation

VI. GRADES

94.0 and Above	A
90.0 to 93.999	A-
87.0 to 89.999	B+
84.0 to 86.999	В
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

VII. CLASS POLICIES

- 1. Students are expected to attend ALL class meetings, to read ALL the assigned readings, and to participate in class discussions.
- 2. Students missing more than three (3) or more class sessions may receive an "F" for the course. The instructor may use their discretion. Illness and emergencies are understandable. As soon as you know that you will not be attending class because of illness or an emergency, please let your instructor know by email.
- 3. Coming to class late or leaving class early may count as an absence.
- 4. Assignments are to be submitted according to the schedule.

- 5. <u>The Publication Manual of the American Psychological Association (APA 7th Edition)</u> is the style manual to be used for all assignments.
- 6. Appropriate referencing is required. Student failure to use quotation marks for direct quotes or citation for indirect quotations and/or others' ideas may result in a "0" for the paper and/or an "F" for the course.
- 7. All papers are to be word-processed or typewritten, double-spaced, 10 12-point font, and 1-inch margins.
- 8. Any modifications, amendments, or changes to the syllabus and or assignments are the discretion of the instructor. Changes will be announced in class. It is the responsibility of the student to inquire about any changes that might have been made in their absence.
- 9. Students who have difficulty with the course materials, assignments, or class activities should schedule an appointment with the instructor as soon as possible so that, where appropriate, additional assistance can be provided.
- 10. The instructor's goal is to create a comfortable, inviting environment for all students so learning can take place. We encourage taking the opportunity to engage in clinical discussion in efforts to offer, analyze, and connect a variety of viewpoints in efforts to strengthen our own abilities as critical thinkers and future social workers. In this environment, we should be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. With this in mind, the instructor does require that students engage one another with respect and courtesy.

VIII. UNIVERSITY POLICIES

COVID-19 RELATED INFORMATION. The University's policies and practices related to the pandemic may be accessed at: https://protect.utexas.edu/

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.

DISABILITY ACCOMODATION STATEMENT. If you are a student with a disability, or think you may have a disability, and need accommodations please contact Disability and Access (D&A). You may refer to D&A's website for contact and more information: http://diversity.utexas.edu/disability/. If you are already registered with D&A, please deliver your Accommodation Letter to me as early as possible in the semester so we can discuss your approved accommodations and how they apply in my class.

PROFESSIONAL CONDUCT AND CIVILITY IN THE CLASSROOM. 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. A course brings together a group of diverse individuals with various backgrounds. Students are influenced and shaped by such factors as race, ethnicity, gender, sex, physical abilities, religious and political beliefs, national origins, and sexual orientations, among others. We expect to learn from each other in an atmosphere of positive engagement and mutual respect. This atmosphere includes working intentionally to recognize and dismantle racism, sexism, heterosexism, and ableism in the classroom. Social Work also deals with complex and controversial issues. These issues may be challenging and uncomfortable, and it would be impossible to offer a substantive classroom experience that did not include potentially difficult conversations relating to challenging issues. In this environment, we will be exposed to diverse ideas and opinions, and sometimes we will not agree with the ideas expressed by others. Nevertheless, the professor requires that students engage one another with civility, respect, and professionalism.

UNANTICIPATED DISTRESS. Students may experience unexpected and/or distressing reactions to course readings, videos, conversations, and assignments. If so, students are encouraged to inform the professor. The professor can be responsive and supportive regarding students' participation in course assignments and activities, but students are responsible for communicating clearly what kind of support is desired. If counseling is needed, students may contact a service provider of their choosing, including the UT Counseling Center at 512-471-3515 or online at https://cmhc.utexas.edu/.

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 (e.g. Facebook, Twitter, Instagram) and other forms of electronic communication (e.g. blogs) 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 ACADEMIC INTEGRITY. Students who violate University rules on academic 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 academic dishonesty will be strictly enforced. For further information, please visit the Student Conduct and Academic Integrity website at: http://deanofstudents.utexas.edu/conduct.

USE OF COURSE MATERIALS. The materials used in this course, including, but not limited to exams, quizzes, and homework assignments, are copyright protected works. Any unauthorized duplication of the course materials is a violation of federal law and may result in disciplinary action being taken against the student. Additionally, the sharing of course materials without the specific, express approval of the professor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This sharing includes, among other things, uploading class materials to websites for the purpose of distributing those materials to other current or future students.

CLASSROOM CONFIDENTIALITY. Information shared in class about agencies, clients, and personal matters is considered confidential per the NASW Code of Ethics on educational supervision and is protected by regulations of the Family Educational Rights and Privacy Act (FERPA) as well. As such, sharing this information with individuals outside of the educational context is not permitted. Violations of confidentiality could result in actions taken according to the policies and procedure for review of academic performance located in sections 3.0, 3.1, and 3.2 of the Standards for Social Work Education.

UNIVERSITY ELECTRONIC MAIL STUDENT NOTIFICATION. Electronic mail (email), like postal mail, is a mechanism for official University communication to students. The University will exercise the right to send email communications to all students, and the University will expect that email communications will be received and read in a timely manner. Students can find UT Austin's policies and instructions for updating their e-mail address at https://it.utexas.edu/policies/university-electronic-mail-student-notification-policy.

RELIGIOUS HOLY DAYS. A student who misses classes or other required activities, including examinations, for the observance of a religious holy day should inform the instructor as far in advance of the absence as possible so that arrangements can be made to complete an assignment within a reasonable period after the absence. A reasonable accommodation does not include substantial modification to academic standards, or adjustments of requirements essential to any program of instruction. Students and instructors who have questions or concerns about academic accommodations for religious observance or religious beliefs may contact the Office for Inclusion and Equity. The University does not maintain a list of religious holy days.

TITLE IX REPORTING. In accordance with Title IX of the Education Amendments of 1972, the University of Texas at Austin is committed to maintaining a learning environment that is free from discriminatory conduct on the basis of sex https://titleix.utexas.edu/. Faculty, field instructors, staff, and/or teaching assistants in their supervisory roles are mandated reporters of incidents of sex discrimination, sexual harassment, sexual violence, stalking, dating violence, or any other forms of sexual misconduct. Students who report such incidents will be informed of University resources. Incidents will be reported to the University's Title IX Coordinator. Further information, including student resources related to Title IX, may also be found at https://titleix.utexas.edu/.

CAMPUS CARRY POLICY. The University's policy on campus carry may be found here: https://campuscarry.utexas.edu.

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 and COVID-19 ADVICE LINE (BCCAL). If students have concerns about their behavioral health, or if they are concerned about the behavioral health of someone else, students may use the Behavior Concerns and COVID-19 Advice Line to discuss by phone their concerns. This service is provided through a partnership between 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 or visit https://safety.utexas.edu/behavior-concerns-advice-line. The Behavior Concerns and COVID-19 Advice Line has been expanded to support The University of Texas at Austin community during the COVID-19 pandemic. By calling 512-232-5050 - Option 2 for COVID-19, students, faculty and staff can be assisted in English and Spanish with COVID-19 support.

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 in the classroom and the building. Remember that the nearest exit door may not be the one you used when entering 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.

IX. COURSE SCHEDULE

Date	Topic	Assignment	Readings
6/5 Mon	Introduction to course: DSM-5-TR	Becoming familiar with the DSM-5-TR	For next class: Explore the DSM-5-TR
			Read: Pocket Guide: Ch. 2, Alliance Building During a Diagnostic Interview pgs. 15-25 Ch. 3, The 30-Minute Diagnostic Interview, pgs. 27-44 Ch. 10, Mental Health Treatment Planning, pgs. 215-
			220
6/7 Wed	Diagnosis, Assessment, and Treatment Planning	What's in the diagnostic interview? Types of Assessment tools. DSM assessment tools: WHODAS Cultural Formulation Interview Developing a treatment plan	For next class: Read: DSM-5-TR Posttraumatic Stress Disorder, 301-313; Acute Stress Disorder, 313-319; Prolonged Grief Disorder, 322- 327; Watch film for next class: Choices: Harriet, Woman Walks Ahead, Like Water for Chocolate, The Pianist
6/12	Trauma & Stressor	Group 1	For next class:
Mon	Related Disorders	Presentation:	Read: DSM-5-TR
	Film Study:	Group's film choice	D3M-2-1 K

	Group's choice	Individual Article presentations	Other Specified Trauma-and Stressor-Related Disorder, 327-328 Unspecified trauma- and Stressor-related Disorder 328; Depersonalization/Derealization Disorder, 343-347.
6/14 Wed	Trauma & Stressor Related Disorders Case Study: Case #2 Maddy	Group 2 presentation: • Diagnostic Interview considerations, Case Formulation, and Initial Treatment Plan Community	
<u> </u>	HOLIDAY	Presentation: TBD	HOLIDAY
<mark>6/19</mark> Mon	HOLIDAY	HOLIDAY	HOLIDAY
6/21 Wed	Trauma and Stressor Related Disorders - developmental trauma	Clinical Assessment: Using a neurobiological lens. Community Presentation: Susan Bednar- Haynes Austin Oaks Hospital 2:00-3:30	For next class: Read: DSM-5-TR Substance-Related and Addictive Disorders Pgs., 543-661 Watch for next class: Four Good Days
6/26 Mon	Substance-Related and Addictive Disorders Film Study: Four Good Days	Group 3 presentation: • Four Good Days • Individual Article Presentations	For next class: Read: Case Study - Sarah
6/28		i e	

7/3	Personality Disorders	Formulation, and Initial Treatment Plan Community Presentation: Joe Dias LPS-S 1:30-2:30 Group 5	Choices: We Need to Talk About Kevin, Fatal Attraction, or Girl Interrupted. For next class:
Mon	Film Study: Group's film choice	Presentation: Group's choice Individual Article presentations	Read: Case Study - Ellie
7/5 Wed	Personality Disorders Case Study: Case Study - Ellie	Group 6 presentation: Diagnostic Interview considerations, Case Formulation, and Initial Treatment Plan Community Presentation: TBD	For next class: Read from DSM-5-TR: Neurodevelopmental Disorders, 35-99 For next class: Watch: What's Eating Gilbert Grape?
7/10 Mon	Neurodevelopmental Disorders Film Study: What's Eating Gilbert Grape?	Group 2 Presentation: Gilbert Grape Individual Article presentations	Read: Case Study - Bakary
7/14 Wed	Neurodevelopmental Disorders Case Study: Case Study - Bakary	Group 1 presentation: Diagnostic Interview considerations, Case Formulation, and Initial Treatment Plan Community Presentation: Ashley Minnitt- Richardson LCSW-S Autism Spectrum Education and Outreach Coordinator	For next class: Read DSM-V-TR: Schizophrenia Spectrum and Other Psychotic Disorders Pgs., 101-138 Watch film: Choices: A Brilliant Mind, Take Shelter, The Soloist

		2:15-3:15	
7/17 Mon	Schizophrenia Spectrum and Other Psychotic Disorders Film Study: Group's choice	Group 4 Presentation: Group's choice Individual Article presentations	For next class: Read: Case Study - Gerry
7/19 Wed	Schizophrenia Spectrum and Other Psychotic Disorders Case Study: Case study - Gerry	Group 3 presentation: Diagnostic Interview considerations, Case Formulation, and Initial Treatment Plan Community Presentation: TBD	For next class: Read: DSM-V-TR Pgs. 177-214 Watch film: We Need to Talk About Kevin, Girl Interrupted
7-24 Mon	Depressive Disorders Film Study: Group's film choice	Group 6 Presentation: • Group's choice • Individual Article presentations	For next class: Read: Case Study - Dakotah
7-26 Wed	Depressive Disorders Case Study: Dakotah	Group 5 presentation: Diagnostic Interview considerations, Case Formulation, and Initial Treatment Plan Community Presentation: TBD	We are done and best wishes to you all!

X. BIBLIOGRAPHY

Suggested References for Clinical Assessment and Differential Diagnosis

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.

Alverez, 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.
- Cassidy, J. & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical application*. New York: Guilford Press.
- Comas-Diaz, & Minrath, M. (1985). Psychotherapy with ethnic minority borderline clients. *Psychotherapy*, 22(2), 418-426.
- Courtois, C. A. & Ford, J.D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.
- Damasio, A. (1999). *The feeling of what happens*. New York: Harcourt, Brace, and Company.
- 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.
- Elson, M. (March, 1989). Kohut and Stern: Two views of infancy and early childhood. *Smith College Studies in Social Work, 131-145*.
- Fenester, 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.
- Freed, A.O. (June, 1985). Linking developmental, family and life cycle theories. *Smith College Studies in Social Work*, 169-182.
- Garzon, F. & Tan, S. (1992). Counseling Hispanics: Cross-cultural and Christian Perspectives. *Journal of Psycholology and Christianity*, 11(4), 378-390.
- 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.
- 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 prolounged 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.
- 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
- McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press. 1-8.
- Miller, N.E., Luborsky, L., Barber, J.P., & Docherty, J.P. (Eds.). (1993). *Psychodynamic treatment research*. New York: Basic Books.
- Pawlukewicz, J. (2003). World Trade Center trauma interventions: A clinical model for affected workers. *Psychoanalytic Social Work*, 79-88.
- Pliszka, S.R. (1998). Co-morbidity of attention-deficit/hyperactivity disorder with

- psychiatric disorder: An overview. Journal of Clinical Psychiatry, 59, 50-58.
- Main, M. & Hesse, E. (1990). Parent's unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. Greenberg, D. Cicchetti, & M. Cummings (Eds.). Attachment in the preschool years: Theory, research and intervention (pp. 161-182). Chicago: University of Chicago Press.
- Mattison, M. (2000). Ethical decision making: The person in the process. Social Work 45(3) 201-212.
- Mailick, M. D. (1991). Re-assessing assessment in clinical social work practice. *Smith College Studies in Social Work*, *3-19*.
- 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*.
- Organista, K. C., Munoz, R. F., & Gonzalez, G. (1994). Cognitive-behavioral therapy for depression in low- income and minority medical outpatients: Descriptions of a program and exploratory analyses. *Cognitive Therapy and Research*, 18(3), 241-259.
- Millon, T., Krueger, R.F., & Simonsen, E. (Eds.). (2010). Contemporary directions in psychopathology: *Scientific foundations of the DSM-V and ICD-11*. New York: The Guilford Press.
- Patterson, J., Albala, A.A., McCahill, M.E., & Edwards, T.M. (Eds.). (2010, revised). The therapist's guide to psychopharmacology: Working with patients, families, and physicians to optimize care. New York: the Guilford Press.
- Palombo, J. (1985). The treatment of neurocognitively impaired children: A Perspective from Self Psychology. *Clinical Social Work Journal*, 13, 117-128.
- Post, R. M., Weiss, S. R. B., Smith, M., Li, H., & McCann, U. (1997). Kindling versus quenching: Implications for the evolution and treatment and posttraumatic stress disorder. In R. Yehuda & A. C. McFarlane (Eds.). *Psychobiology of posttraumatic stress disorder*. Annual New York Academy of Sciences, 821, 285-295.
- Rauch, S.L., van der Kolk, B. A., Fisler, R.E.A., Nathaniel, M., Orr, S.P., Savage, C.R., Fischman, A.F., Jeneki, M.A., & Pittman, R.K. (1996). A symptom provocation study of posttraumatic stress disorder using positron emission tomography and script-driven imagery. Archives of General Psychiatry, 53, 380-387.
- Reamer, F. G. Boundary issues in social work: Managing dual relationships. *Social Work* 48(1), 121-133.
- Regier, D.A., Narrow, W.E., Kuhl, E.A., & Kupfer, D.J. (Eds.). (2011). *The conceptual evolution of DSM-5*. Washington, DC: American Psychiatric Publishing.
- Rosenthal, C. (2000). Latino practice outcome research: A review of the literature. *Smith College Studies in Social Work*, 70(2)), 217-238.

- Roth, A. & Fonagy, P. (Eds.). (2005). What works for whom? A critical review of psychotherapy research. New York: The Guilford Press.
- Saari, C. (2000). *The environment: Its role in psychosocial functioning and psychotherapy*. New York: Columbia University Press.
- Sands, R. G. (2001). *Clinical social work practice in behavioral mental health*. Needham Heights: Allyn and Bacon.
- Sharpe, S. A. (2000). *The ways we love: A developmental approach to treating couples*. New York: The Guilford Press.
- Shonkoff, J. P. & Phillips, D. (2000). From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press.
- Solomon, M. & Weiss, N. (1992). Integration of Daniel Stern's developmental theory into a model of couple's therapy. *Clinical Social Work Journal*, 29(4), 377-393.
- Strom-Gottfried, K. (2000). Ensuring ethical practice: An examination of NASW code violation, 1986-97. *Social Work* 45(3), 251-261.
- Study cites most reported ethics breaches, (1995, April). NASW News, p.4.
- Sue, S. Zane, N. & Young, K. (1994). Research on psychotherapy with culturally diverse populations. In A.E. Bergin & S. L. Garfield (Eds.). *Handbook of psychotherapy and behavioral change (4th ed.)* (pp. 783-817), New York: Wiley.
- 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. (2002). Beyond the talking cure: Somatic experience and subcortical 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.

Video Material resources on Neurodevelopment and Trauma - YouTube resources:

- Perry, Bruce (2014). Seven Slide Series: State-dependent functioning (10 min. 42 sec). The ChildTrauma Academy Channel.
- Perry, Bruce (2013). Seven Slide Series: Sensitization and Tolerance (10 min. 13 sec.). The ChildTrauma Academy.
- Perry, Bruce (2013). Seven Slide Series: Threat Response Patterns (12 min. 04 sec). The ChildTrauma Academy.
- Perry, Bruce (2013). Seven Slide Series: The Human Brain (13 min. 40 sec). The ChildTrauma Academy

- van der Kolk, Bessel (2021). 6 ways to heal trauma without medication (8 min. 53 sec). Big Think.
- van der Kolk, Bessel (2021). What is trauma? (7 min. 48 sec). Big Think
- van der Kolk, Bessel (2021). *How to rewire your brain after trauma (3 min. 31 sec)*. Big Think