FLORIDA ATLANTIC

Graduate Programs—COURSE CHANGE REQUEST¹

UGPC Approval	
UFS Approval	_
SCNS SUBMITTAL	
CONFIRMED	_
BANNER POSTED	
CATALOG	

2. Review Provost Memorandum:

www.fau.edu/provost/files/Definition Cre

3. Consent from affected departments (attach

Definition of a Credit Hour

dit Hour Memo 2012.pdf

syllabus.2011.pdf

if necessary)

DEPARTMENT: SOCIAL WORK	COLLEGE: COLLEGE FOR DESIGN AND SOCIAL INQUIRY	
Course Prefix and Number: SOW6125	CURRENT COURSE TITLE: PSYCHOPATHOLOGY	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM):	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO:	CHANGE PREREQUISITES/N	INIMUM GRADES TO*:
CHANGE PREFIX FROM: TO:		
CHANGE COURSE No. FROM: TO:	CHANGE COREQUISITES TO	* <u>.</u>
CHANGE CREDITS ² FROM: TO:		
CHANGE GRADING FROM: TO:	D	
CHANGE DESCRIPTION TO:	CHANGE REGISTRATION CONTROLS TO:	
THIS COURSE WILL FOCUS ON THE MENTAL HEALTH ISSUES WITH CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES. THE COURSE IS BUILT ON THE IDENTRICATION, 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 HANUAL OF MENTAL DISORDERS AND OTHER SCHEMES FOR ASSESSING AND UNDERSTANDING HUMAN BEHAVIOR WILL BE COVERED.	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.	
Attach syllabus for ANY ch	anges to current course	e information.
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Please consult and list departments that might be affected by the change(s) and attach comments. ³	
N/A	N/A	
Faculty contact, email and complete phone number: Elwood Hamlin, ehamlin@fau.edu 561-297-2864		
Approved by:	Date:	Syllabus must be attached; see guidelines for requirements:
Department Chair:		www.fau.edu/provost/files/course

Email this form and syllabus to UGPC@fau.edu one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.

Provost: _

College Curriculum Chair:

College Dean:

UGPC Chair:

Graduate College Dean:

UFS President:

FLORIDA ATLANTIC UNIVERSITY DEPARTMENT OF SOCIAL WORK

SOW 6125 003 CRN 25472

Boca Campus

Psychopathology in Clinical Practice

Credit Hours: 3

Semester: Spring 2013

Start/End Date: January 5 - May 3

Classroom: SO112

Class Times: Thursday 1:00-3:50

Instructor: Dr. Diane Green, PhD, MSW

Boca Office Hours:

Thursday 12:30-1:00; 4:00-4:30

Virtual Office Hours:

Tuesday 3:00-5:00

And by appointment – call professor Jupiter Office Location: Jupiter SR 224

Office Phone: 561-297-3234 Cell Phone: 561-310-4767

Email: dgreen@fau.edu

Blackboard: http://bb.fau.edu

Web: www.fau.edu/ssw

MSW Program Mission

We are committed to maximizing human potential, alleviating human suffering, enhancing the vitality and caring capacity of communities, and promoting the ideals of a humane and just society. We educate competent and compassionate social workers as practitioners and leaders for the 21st Century. Our graduates possess critical thinking skills and engage in evidence-based practice, with a deep respect for human diversity and strengths.

COURSE DESCRIPTION

This is the last of the three required courses in the human behavior sequence. The first two courses taught the student about (functional) normative development and human behavior within the context of the social environment. They focused on the biological, psychological, social, cultural and spiritual aspects of development. They took into account the differences encountered because of race, gender and ethnicity. This course focuses on the dysfunctional (abnormal) aspects of human behavior and personality. In this course students are taught to recognize and classify mental disorders most frequently encountered by social workers in their practices.

An important aspect of this course for social work students is to be competent and knowledgeable of biological, cultural, and psychosocial aspects of emotional disorders and mental illness. These factors affect both the diagnosis and treatment of clients. Special attention is given to problems in classification and treatment of the mentally ill because of lack of recognition of the impact of culture, race, gender and sexual preference upon human behavior and emotions.

Students are taught descriptive and development approaches to the diagnosis and treatment of mental disorders. An effort is made to integrate different viewpoints about the diagnosis, classification, treatment of mental illness, and emotional disorders.

Students are expected to learn the standard classification systems, and to be able to ask appropriate questions for a mental status examination. They also have an opportunity in class to analyze its validity and implications for social work.

RELEVANCE TO THE EDUCATIONAL PROGRAM

Knowledge of psychopathology is essential for any clinical area of social work practice and a requirement for licensure. Psychopathology is clearly related to student's field experiences. In order to help someone with his/her problems, one must be knowledgeable about what causes the problems. One of the causes of dysfunctional behavior is the existence of emotional and mental disorders in either the individual and/or the other people with whom he/she interacts. Social workers must be able to identify whether psychopathology exists and assess its impact on the person and family.

In community mental health centers, family agencies, and many other settings, social workers are frequently the first people to interview the client. A thorough knowledge of psychopathology is required in order to understand and treat what may be central to the client's dysfunction.

SOW 6125 is also related to the concentration year methods sequence. Concentration year practice courses include several practice models, some of which explain psychopathology differently. However, they all presuppose knowledge of emotional disorders, mental illness, and their consequences for clients as a result of these problems. The material in the psychopathology course is an important frame of reference for working with clients who are addressed in the practice sequence.

Students also need to understand how knowledge of psychopathology shapes services to clients. This relates SOW 6125 to social policy content.

Finally, the DSM IV-TR, the classification manual, is based upon empirical data, as are the findings about the biological and cultural impact of mental illness on those afflicted. Research studies in psychiatry frequently don't agree. The ability to critically read and interpret such studies is derived from the student's experiences in his/her research classes.

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

EDUCATIONAL OBJECTIVES - Upon completion of this course, students will be able to:

Competency 3

EP 2.1.3: Apply critical thinking to inform and communicate professional judgments.

PB 3a: distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom

Assignments: Exams 1 and 2, Critical analysis paper

PB 3b: critically analyze models of assessment, prevention, intervention, and

Assignments: Critical analysis paper, Oral Presentation, Exam

Competency 7

EP 2.1.7: Apply knowledge of human behavior and the social environment.

PB 7a: utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation

Assignments: Exams, Case assessments, presentation of case assessments

Competency 9

EP 2.1.9: Respond to contexts that shape practice.

PB 10e: (assessment): assess client strengths and limitations Assignments: Case assessments, exams

TEACHING METHODOLGY

The methods of instruction will be lectures, discussion, and inquiry simulations using a case study approach. Class discussion is encouraged as a way of stimulating an exchange of opinions and ideas.

COURSE ASSIGNMENTS and GRADING

The following course requirements will be completed during the semester, with a grade given for each assignment. Grading will be based on the final averages of cumulative grades across assignments and the student's attendance and participation in the class.

Critical Analysis Paper/Presentation(PB3a, PB3b, PB7a)	20%
Class exercises/homework/role play – in class and on-line	
(e.g. Case Assessments from Workbook, Presentations of	
Case Assessments (PB7a, PB10e)	20%
Exam 1 (PB3a, PB3b, PB7a, PB10e)	30%
Exam 2 (PB3a, PB3b, PB7a, PB10e)	30%

This class involves discussion and your input and ideas are important. Students will be discussing diagnostic & etiological issues in class in simulated treatment teams. Brainstorming with peers/colleagues and seeking feedback on ideas is a major part of becoming a responsible social worker.

This course demands your active participation. In order to enhance feelings of safety and to create a positive learning environment the following must apply:

- The class will be conducted as a seminar with a combination of lecture, discussion, videos, exercises, group work with each other, and guest speakers.
- Know and interact with your classmates. They will be your learning partners and your peer support. This will create a mutual educational experience.
- You will be assigned a small group for in-depth case discussion and presentation
- Be prompt.
- Attend class, the whole class period.
- Read the assigned materials as they correspond with the class schedule.
- Do all your work.
- Raise your concerns and criticism with the instructor.
- Conduct yourself in a professional, productive, respectful, and non-violent manner.
- Classroom dynamics must be safe, appropriate, on the topic, and respectful of diversity of opinion and experience.
- Consistently insensitive or counterproductive classroom dynamics will not be tolerated. NASW Code of Ethics will be strictly enforced. Ethical violations (e.g., disrespect for colleagues) may result in failure of this course, particularly if the instructor or the field instructor has previously advised a student of the violation(s).

GROUP WORK: You will be working in teams of 2-3 people for the critical analysis paper/presentation and for the class exercises. Each team will turn in one version of each assignment and every team member will receive the same grade. This is purposeful on my part because social work "in the real world" is very often done in teams. This makes group dynamics, clear communication among group members, and competent completion of agreed upon responsibilities by each group member crucial. This will be no less true when you engage in social work "in the real world" as it is in this class. Please do not hesitate to let me know immediately if any problems emerge with regard to this aspect of the course so that I can address it in a timely and equitable manner

I. Critical Analysis Paper/Presentation

Each group will select one diagnosis that is included in the DSMIV-TR and assigned class readings. You will complete a 3-4 page critical analysis of the diagnosis you have chosen, focusing your intervention on evidence-based treatment interventions. Your resources must consist of a minimum of 4 peer reviewed journal articles. Include in your critical analysis a thorough discussion of the strengths and limitations of the current research. (suggestions) – Discuss other possible interventions that could be beneficial for clients with this diagnosis – What are they, what are the main tenets and why do you think they would fit with your diagnosis? Does the intervention comprehensively address the complexity of the diagnosis? And if so, how? Are there interventions that you believe from, either research or practical clinical experience, do you think may work with this diagnosis? Based on your research, what are some of the implications of the research?

IMPORTANT: You must be sure to back up your analysis/arguments with PEER REVIEWED journals (i.e. scholarly journals).

The topic for your paper is due in writing at the beginning of class, September 19, 2012.

Helpful Notes and Resources for Writing your Critical Analysis Paper

NREPP: SAMHSA's National Registry of *Evidence-based* Interventions, Programs and Practices

This resource is a very helpful tool to aid in your understanding of what goes into the developing of Evidence-based treatment interventions.

http://www.nrepp.samhsa.gov/SubmissionCourse.aspx http://www.dshs.wa.gov/dasa/services/research/CurrentEfforts/EBP.shtml

- Research. The practice has been studied in randomized clinical trials, quasiexperimental studies, or in some cases, a less rigorously controlled research design. Research results are published in peer reviewed journals.
- **Meaningful outcomes**. The practice has resulted in benefits to the individuals receiving the service. It has helped consumers achieve positive outcomes related to treatment goals and objectives.
- **Standardization**. The practice has been standardized so that it can be replicated. Preference is given to programs which have developed a manual or similar documentation.
- **Replication**. The intervention has been studied in more than one setting and findings have yielded consistent results.
- **Fidelity measure.** A fidelity measure either exists or could be developed from available information. Such measures allow practitioners to verify that an intervention is being implemented in a manner consistent with the protocol evaluated in the research.

II. Homework/Class Exercises/participation and attendance

A critical piece to this class is practicing your new assessment skills throughout the semester. Prepared vignettes taken from your Clinical Assessment Workbook (Pomeroy & Wambach, 2003) will allow you to immediately apply and practice your understanding of the DSM-IV-TR readings for that week. All homework assignments **must be typed** with the student's name at the top. APA is not required. Homework activities will not be accepted after the due dates and times. NO EXCEPTIONS--not even for sickness, or injuries, not even for broken printers, computer problems, bad memories, etc. If you can't make it to class, e-mail it to me BY THE BEGINNING OF YOUR SCHEDULED CLASS ON THE DUE DATE. For example, if your class begins at 1:00p.m., the activity is due no later than 1:00 p.m. on the due date—whether you are in class or not.

Case Assessments from Workbook/Video Clips/Class exercises

You will be responsible for reading and preparing Pomeroy and Wambach "weekly sets" for class, which will be used in the small clinical dialogue groups. At the discretion of the professor, weekly quizzes will be given to encourage students to keep up with assigned material. Cases from the Clinical Assessment Workbook and/or video clips will be assigned throughout the semester. Students will work together in groups during class to answer questions about cases. Please bring in the assigned cases typed and on hard copy to be turned in (with the worksheet).

Group work will be completed primarily in class in mock treatment teams. Each week one treatment team may lead a discussion/presentation on the assessment and diagnosis. You may wish to have each person in the group take responsibility for discussing an Axis. You may lead the discussion in whatever manner you, as a team, think will be most helpful in demonstrating your ability to think critically as well as engage the class in discussion. While this is a group activity, grades will be given individually for each student's demonstration of professionalism, ability to articulate the diagnosis, and ability to engage classmates.

III. Exams

There will be two (2) exams given during the course of the semester (see course schedule for due dates). Each exam will be worth 100 points. Both exams may include multiple choice, short answer, & short essay questions. Make-up exams will not be given. The exams will be similar to the state licensing exam questions and will give the student an opportunity to practice the necessary state-taking skills needed to pass that exam

How to study for my tests: Studying with other students can be very helpful. This course requires a lot of reading. I highly recommend banding together with other students and sharing the outlining of chapters. The chapter outlines and notes that you create are valuable when you have to study for the comprehensive and licensing exams down the road. My tests are characterized as comprehensive, but fair. Learn the material well! The outlines that I just mentioned are a great way to study for my tests. It is better to get that uncomfortable feeling when a peer asks a question you can't answer than during the exam. The more ways your peers ask you questions, the more likely it is that you will come across an item that will be on the exam

Extra Credit

Psychosocial Assessment Papers on either of the Following Books:

- * The Quiet Room
- * Look Me in the Eye: My Life with Asperger's

Each student will complete a 5-8 page clinical assessment of the main character in one of these. Include a brief (1/2 -1 page) description/assessment of the family situation. Write a 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). Due by Dec. 1.

****ACTIVITY ASSIGNMENTS MUST BE YOUR ORIGINAL WORK. YOU MAY STUDY WITH OTHER STUDENTS, BUT WHEN YOU PREPARE ASSIGNMENTS, THEY MUST BE YOUR IDEAS AND WORDS. ASSIGNMENTS THAT ARE IDENTICAL OR REMARKABLY SIMILAR WILL RESULT IN 0 POINTS FOR EACH STUDENT THE FIRST TIME. THE SECOND TIME, THIS BREACH OF ACADEMIC INTEGRITY WILL BE REPORTED TO THE VICE-PRESIDENT FOR STUDENT AFFAIRS. *****

Outline of a typical class:

- review previous week highlights
- lecture on new chapter(s)
- case vignettes assigned
- group work on vignette assigned from previous weeks lecture (homework)
- presentation of group exercises

Late Assignments - Late assignments will not be accepted except in the case of emergencies, and then only with the permission of the professor. Students are expected to turn in all required assignments on the agreed upon due date at the beginning of class. Assignments turned in after class starts will be considered late.

Student Feedback - Student feedback is welcome. Students are also encouraged to provide feedback during office hours, by phone, by e-mail, and by appointment if they desire.

Final grades

If students are concerned about their class performance, the professor is more than willing to work with students to help them improve their course grade prior to the end of the semester. **Final grades earned and assigned are <u>not</u> negotiable.**

Grading: Grades will be based on the final grade breakdown. There will NOT BE A CLASS CURVE. This means that everyone can get an "A".

A total of 100 points may be earned for this course, with grading as follows:

Students should note that a considerable portion of your grade may involve writing. An inability to present clear and concise work will have an impact on the grade you receive for the class. Cheating, plagiarism, and submitting the same assignment or essay for two or more courses (without the permission of the instructors involved) are classified as academic offenses and will be dealt with accordingly.

Definition of Grades:

A = significantly exceeds assignment/performance expectations (evidence of critical thinking, quality and quantity of research, and analysis that resulted in work additional to that set forth in the assignment directions);

B = Assignment/overall performance in course meets all the requirements with evidence of critical thinking, evidence of research effort, and analysis (i.e. coherence and integration of ideas);

C = Average. Assignment/performance meets all the requirements but lacks evidence of in depth thinking and analysis and lacks evidence of research from professional journals or recent or influential books;

D = There are important gaps in the assignment both in terms of requirements and critical thinking and analysis

TWO REQUIRED TEXTS:

Abnormal Psychology: An Integrative Approach, 6th Edition. David H. Barlow & V. Mark Durand 2009 | • ISBN-10: 1111343624 • ISBN-13: 9781111343620

Alternate Formats: Ebook and Echapter save you money if that format works for you...you can find info for these formats at the following website..be sure to click on the correct edition.

http://www.wadsworth.com/cgi-

wadsworth/course products wp.pl?fid=M20b&flag=student&product_isbn_issn=9780495095 569&discipline number=10

http://www.ichapters.com/tl1/en/US/storefront/ichapters;CMGTJSESSIONID=XJlgKDmZsQFTk75fynrLJgqpMFfMJ5sQTTnsmJVm9BvwyJcyB5Np!1476096441!NONE?cmd=catProductDetail&entryPoint=storefront&ISBN=9780495095569&cid=APL1&messageType=catProductDetail

Pomeroy, E. C. & Wambach, K. G. (2003). The Clinical Assessment Workbook:

Balancing Strengths and Differential Diagnosis. Belmont, CA: Wadsworth.

ISBN-10: 0-534-57843-8

ISBN-13: 978-0-534-57843-5

SUGGESTED TEXT:

American Psychiatric Association. (2002). Diagnostic and Statistical Manual of Mental Disorders Text Revision (DSM-IV-TR). Fourth Edition Revised. Washington, D.C.: Author

REFERENCE TEXTS

Buelow, G., Herbert, S. & Buelow, S. (2000). Psychotherapist's resource on psychiatric medications: Issues of treatment and referral. Belmont, CA: Wadsworth.

Kaplan, H. I.; Sadock, B.J. (1998). Synopsis of Psychiatry. Sixth Edition. Williams and Wilkings:Baltimore.

Other course readings may be distributed in class. Also, please visit the **Blackboard Web site** for this course at http://blackboard.fau.edu for additional information. IMPORTANT:
Blackboard uses the email addresses assigned to you by FAU—if you do not pick up email from the FAU account; you need to forward your email to the email address that you generally use. Log onto MyFAU (http://myfau.fau.edu) and forward your email to the email address that you want all Blackboard and other FAU email directed to... and if your email address changes, remember to change the forwarding in MyFAU. If you are experiencing problems logging onto MyFAU or Blackboard, you can contact the helpdesk at 561.297.3999.

Abnormal Psychology is a very interesting course that takes an integrative approach to psychopathology. Areas of study include research methods, clinical assessment and diagnosis; causes and treatments of the major psychological disorders; and legal and ethical issues in abnormal psychology.

This is NOT a "how to" course. You will NOT learn how to counsel your family and friends. This is an introductory course that will survey our current understanding, categorization, and treatment of mental illness.

Human beings are complex and so are their mental illnesses. There are no easy answers and much we do not understand about the field. Students need to be mature, motivated, and have the ability to carefully consider and apply concepts and to think critically to succeed in this course

STUDY AIDS - TWO REALLY HELPFUL HINTS:

A. Use the text Web site. Go to blackboard and you can find the link.

It has great study aids that will help you to master the text material. These include pretests, crossword puzzles, flashcards, quizzes and posttests, sample multiple choice questions, true-false, matching exercises, fill-in-the-blanks, essay questions, etc. Go to the pull-down "Select a Chapter" menu at the top left to find the relevant chapter.

B. Check out the Abnormal Psychology LIVE! CD that came with your text. For each chapter there are interesting video clips that expand upon chapter content or, when applicable, feature interviews with people diagnosed with disorders presented in the chapter.

Class Attendance and Participation

Social work education is designed to help students prepare for professional practice. In order to model ethically appropriate practice, please treat coming to classes as you would treat working at an agency. Given the Council on Social Work Education's requirements for professional behavior, attendance for all classes is required. More than one unexcused absence, excessive tardiness, or patterns of leaving early may result in a reduction of the final grade. Students may be asked to present a written excuse from a healthcare provider for excused absences due to illness or other documentation for other circumstances. Since participating in class is an integral part of social work education, it is vital that the student be in class; therefore, even with excused absences, the student may be required to withdraw or retake the class. If a student misses more than 2 classes – whether or not there is a documented, excused absence – the student may receive a substantial decrease in the final grade.

Professional Expectations of Student Behavior

The Florida Atlantic University School of Social Work is mandated by the Council on Social Work Education (CSWE) to foster and evaluate professional behavioral development for all students in the social work program. The School of Social Work also bears a responsibility to the community at large to produce fully trained professional social workers who consciously exhibit the knowledge, values, and skills of the profession of social work. The values of the profession are codified in the NASW Code of Ethics. Given this context, all students in the social work program will be expected to exhibit the following ethical standards of behavior.

1. Accountability: Attend class, arrive on time, and return from break in a timely manner.

Participate in group activities and assignments at a comparable level to peers. Complete work in a timely fashion and according to directions provided. Come to class prepared, with readings and other homework completed.

2. **Respect**: Treat all your peers, your instructors and all those you come in contact with, with dignity and respect at all times.

Listen while others are speaking.
Give feedback to peers in a constructive manner.
Approach conflict with peers or instructors in a cooperative manner.
Use positive and nonjudgmental language.

3. **Confidentiality**: Treat any personal information that you hear about a peer or an instructor as strictly confidential.

Maintain any information shared in class, dyads or smaller groups within that unit. Use judgment in self-disclosing information of a very personal nature in the classroom. (Class time should not be used as therapy or treatment. If students feel the need to

talk about issues they are struggling with, they many consult with their instructor to receive a referral for counseling.)

Never use names of clients or disclose other identifying information in the classroom.

4. **Competence**: Apply yourself to all your academic pursuits with seriousness and conscientiousness, meeting all deadlines as given by your instructors. Constantly strive to improve your abilities.

Come to class with books, handouts, syllabus, and pens

Seek out appropriate support when having difficulties to ensure success in completing course requirements.

Take responsibility for the quality of completed tests and assignment.

Strive to work toward greater awareness of personal issues that may impede your effectiveness with clients.

5. **Integrity**: Practice honesty with yourself, your peers, and your instructors. Constantly strive to improve your abilities.

Academic: Commit yourself to learning the rules of citing other's work properly. Do your own work and take credit only for your own work.

Acknowledge areas where improvement is needed.

Accept and benefit from constructive feedback

Submission of Papers: Students will submit their written assignments on paper and electronically. Electronic copies will be subject to plagiarism analysis and will be kept in electronic file for future reference. A student may not submit the same paper, or essentially the same, paper, project, assignment, or finished project to an instructor, which has been submitted to another instructor, unless specifically authorized by both instructors to do so.

6. **Diversity**: Strive to become more open to people, ideas, and creeds that you are not familiar with. Embrace diversity.

Maintain speech free of racism, sexism, ableism, heterosexism, or stereotyping. Exhibit a willingness to serve diverse groups of persons.

Demonstrate an understanding of how values and culture interact.

7. **Communication**: Strive to improve both verbal and written communication skills as these skills are used heavily in interactions with clients and peers and also with creating client records.

Demonstrate assertive communication with peers and instructors.

Practice positive, constructive, respectful and professional communications skills with peers and instructor: (body language, empathy, listening)

8. Social Justice: Strive to deepen your commitment to social justice for all populations at risk.

Demonstrate an understanding of how institutional and personal oppression impede the experience of social justice for individuals and groups.

Strive to learn about methods of empowering populations and enhancing social justice at micro, mezzo, and macro levels.

Consequences of Unacceptable Behavior

The School of Social Work may terminate a student's participation in the program on the basis of professional non-suitability if the School's faculty members determine that a student's behavior has constituted a significant violation or pattern of violations of the NASW Code of Ethics, the FAU School of Social Work Student Manual, or the FAU Academic Policies and Regulations. Examples of violations that may lead to termination include (but are not limited to) the following:

- 1. Failure to meet or maintain academic grade point requirements as established by the University and the Social Work program.
- 2. Academic cheating, lying, or plagiarism.
- 3. Behavior judged to be in violation of the NASW Code of Ethics.
- 4. Failure to meet generally accepted standards of professional conduct, personal integrity, or emotional stability requisite for professional practice.
- 5. Inappropriate or disruptive behavior toward colleagues, faculty, or staff (at the School or in the field placement).
- 6. Consistent failure to demonstrate effective interpersonal skills necessary for forming professional relationships (for example, unable to demonstrate nonjudgmental attitude or unable to allow client self-determination).
- 7. Documented evidence of criminal activity occurring during the course of study. For additional university-wide policies and regulations see the FAU Catalog at http://www.fau.edu/registrar/universitycatalog/welcome.php. This web site contains information on grading, incomplete grades, cheating on exams, plagiarism, expectations of student behavior, and communications devices (e.g., cell phones to be disabled during class sessions).

Academic Irregularities, Academic Policies and Regulations:

According to FAU policies, the following constitute Academic Irregularities:

- 1. The use of materials and devices such as notes, books, calculators, etc., while taking an examination, unless specifically authorized by the instructor; or assistance from or to other persons while taking an examination unless specifically authorized by the instructor acts defined as "cheating".
- 2. The presentation of words or ideas from any other source as one's own is an act defined as plagiarism.

- 3. The unauthorized obtaining, distributing, or receiving of materials which is, or is purported to be an examination, or part of an examination, without the expressed consent of the instructor.
- 4. Taking an examination for another person or having another person take an examination, and presenting, or having same presented as one's own exam.
- 5. Other activities that interfere with the academic mission of the classroom.
- 6. Submission of the same, or essentially the same, paper, project, assignment, or finished project to an instructor, which has been submitted to another instructor, unless specifically authorized by both instructors to do so.

For the Academic Policies and Regulations see the FAU Graduate catalogue which contains information on grading, incomplete grades, plagiarism, expectations of student behavior, and communications devices (e.g., cell phones to be disabled during class sessions).

Policy on Use of Computers and Recording Devices in the Classroom

The School of Social Work prohibits the use of computers, audio recording, or video recording devices during instructional activities in classrooms, laboratories, and studios without the expressed written consent of the instructor. This prohibition does **not** apply to specific accommodations approved by the FAU Office for Students with Disabilities. When the instructor's consent is given, the materials produced are for personal use only and are not for distribution or sale in any fashion.

COURSE OUTLINE

The following schedule is offered as a general guide to the course. It is organized in terms of subject areas more than dates and is flexible, not fixed. In other words, the pace at which we move through material may vary slightly and alter the sample schedule. It is a good idea, a very good idea, to keep your reading ahead of the lecture: at least be familiar with the material ahead of time.

Date	Description	Text / Readings
	Introduction	DSM-IV-TR
Jan. 10	Overview of Syllabus	(pp. xxiii-xxxvii)
	What is "normal" and "abnormal"	
	Use of ancillary tools	Barlow & Durand
	Introduction to Assessment and Classification	(B & D), Ch. 1
	Systems DSM Multiaxial system	B & D, Ch.2 & 3
	Mental status examination/methods of assessment (PB3a, PB3b,PB7a)	DSMIVTR 1-12, 27-36
		Desk reference 37-49
Jan. 17	Continue week one (PB3a, PB3b,PB7a)	

Jan. 24	Anxiety Disorders	B & D, Ch. 5
	(PB3a, PB3b,PB7a)	DSMIVTR 429-484
		Desk reference 209-227
		CAW – Ch.7 (173-207)
Jan. 31	Mood Disorders and Suicide	B & D, Ch. 7
	(PB3a, PB3b,PB7a, PB10e)	DSMIVTR 345-428
		Desk reference 167-208
		CAW - Ch. 6 (143-171)
Feb. 7	Somatoform and Dissociative Disorders	B & D, Ch. 6
	Topic for Critical Analysis Paper/presentation due	DSMIVTR 485-533
	(PB3a, PB3b,PB7a, PB10e)	Desk reference 229-243
		CAW – Ch. 8 (209-213)
Feb. 14	Developmental Disorders	B & D, Ch. 14
	Disorders usually first diagnosed in Infancy, Childhood, or Adolescents	DSMIVTR 39-134 Desk reference 51-81
	(PB3a, PB3b,PB7a, PB10e)	CAW – Ch 2 (14-67)
Feb. 21	On-line - Substance Related Disorders	B & D, Ch. 11
ONLINE		DSMIVTR 191-295
,	(PB3a, PB3b,PB7a, PB10e)	Desk reference 105-151
		CAW Ch 4 (88-117)

Feb. 28	Exam 1	
	(PB3a, PB3b,PB7a, PB10e)	
Mar. 7	SPRING BREAK	
Mar. 14	Eating and Sleep Disorders	B & D, Ch. 8
	Guest Speaker	DSMIVTR 583-678 Desk reference 263-279
	(PB3a, PB3b,PB7a)	
		CAW – CH 11 (257-262)
Mar. 21	Schizophrenia and Other Psychotic Disorders	B & D Ch. 9
		DSMIVTR 663-677
	(PB3a, PB3b,PB7a, PB10e)	Desk reference 281-284
		DSMIVTR 679-683
		Desk reference 285-286
		DSMIVTR 731-743
		Desk reference 299-316
		CAW Ch 5 (118-147)
Mar. 28	Sexual and Gender Identity Disorders	B & D, Ch. 10
	Guest Speaker	DSMIVTR 535-582
		Desk reference 245-262
	(PB3a, PB3b,PB7a, PB10e)	CAW – Ch 12 (281-285)
	Physical Disorders and Health Psychology	B & D Ch. 13
	Impulse Control Disorder	DSMIVTR 297-343

	Adjustment Disorders Other Conditions that may be a Focus of Clinical Attention (V-codes)	Desk reference 153-165 CAW Ch 13 (293-295) CAW Ch 15 (329-360)
Apr. 4	Personality Disorders (PB3a, PB3b,PB7a, PB10e)	B & D, Ch.12 DSMIVTR 685-729 Desk reference 297-297 CAW Ch 14 (305-311)
Apr. 11	Cognitive Disorders Mental Health Services: Legal and Ethical Issues (PB3a, PB3b,PB7a, PB10e)	B & D, Ch 15 B & D, Ch 16 DSMIVTR 135 – 180 Desk reference 83-98 CAW Ch 3 (69-87)
Apr. 18	Paper/Presentations (PB3a, PB3b)	·
April 25 FINAL EXAM	10:30 – 1:00 (Chapters 8, 9, 11, 12, 13, 15, 16) (PB3a, PB3b,PB7a, PB10e)	

SAFEWALK - Night Owls

Boca Raton 561-297-6695 Davie 954-236-1902 Ft. Lauderdale 954-762-5611 Jupiter 561-799-8700 Campus security will escort individuals, day or night. Call ahead or go to their offices at Room 155 in the LA Building, Davie to make appropriate arrangements.

STUDENTS WITH DISABILITIES

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton - SU 133 (561-297-3880), in Davie - MOD I (954-236-1222), in Jupiter - SR 117 (561-799-8585), or at the Treasure Coast - CO 128 (772-873-3305), and follow all OSD procedures.

DISCRIMINATION OR HARASSMENT - 561-297-4004

Students who have concerns about on-campus discrimination or harassment (including sexual harassment) can contact the FAU Equal Opportunity Program for assistance. The Boca office is located in Administration Building Room 291. Our full Nondiscrimination Policy is posted on our website at http://www.fau.edu/ssw/nondiscrim.html.

RELIGIOUS HOLIDAYS

This course has been arranged so that there will be no classes on religious holidays, such as Christmas or Yom Kippur. Please advise the instructor at the beginning of the term if you need accommodations for other religious holidays.

HONOR CODE

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see http://www.fau.edu/regulations/chapter4/4.001 Honor Code.pdf.

ADDITIONAL INFORMATION ON STUDENT RIGHTS and RESPONSIBILITIES

For additional information on student rights and responsibilities, please see the FAU Catalog at http://www.fau.edu/registrar/universitycatalog/welcome.php, and the BSW Student Manual at http://www.fau.edu/ssw/pdf/BSWstudmanual.pdf. or the MSW Student Manual at http://www.fau.edu/ssw/pdf/MSWstudmanual.pdf.

Suggested articles for further reading

CLASSIFICATION

Acton, G. S. (1998). <u>Classification of psychopathology: The nature of language.</u> The Journal of Mind and Behavior, 19, 243-256.

Grayson, D. A. (1987). Can categorical and dimensional views of psychiatric illness be distinguished? *British Journal of Psychiatry*, 151, 355-361.

Meehl, P. E. (1992). Factors and taxa, traits and types, differences of degree and differences in kind. *Journal of Personality*, 60, 117-174.

Blashfield, R. K., Sprock, J., Haymaker, D., & Hodgin, J. (1989). The family resemblance hypothesis applied to psychiatric classification. *Journal of Nervous and Mental Disease*, 177, 492-497.

DEPRESSION: DEFINITION

Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, *96*, 358-372.

Frances, A., Widiger, T., and Fyer, M. R. (1990). The influence of classification methods on comorbidity. In J. D. Maser and C. R. Cloninger (Eds.), *Comorbidity of mood and anxiety disorders* (pp. 41-59). Washington, DC: American Psychiatric Press.

Kendler, K. S., Neale, M. C., Kessler, R. C., Heath, A. C., & Eaves, L. J. (1992). A population-based twin study of major depression in women: The impact of varying definitions of illness. *Archives of General Psychiatry*, 49, 716-722.

DEPRESSION: RELATION TO PERSONALITY

Akiskal, H. S., Hirschfeld, R. A., & Yerevanian, B. I. (1983). The relationship of personality to affective disorders. *Archives of General Psychiatry*, 40, 801-810.

Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology*, 100, 316-336.

Hirschfeld, R. M., Klerman, G. L, Clayton, P. J., & Keller, M. B. (1983). Personality and depression. *Archives of General Psychiatry*, 40, 993-998.

Roberts, J. E., Gotlib, I. H., & Kassel, J. D. (1996). Adult attachment security and symptoms of depression: The mediating roles of dysfunctional attitudes and low self-esteem. *Journal of Personality and Social Psychology*, 20, 310-320.

Vrendenberg, K., Flett, G. L., & Krames, L. (1993). Analog versus clinical depression: A clinical reappraisal. *Psychological Bulletin*, 113, 327-344.

DEPRESSION: COGNITIVE AND INTERPERSONAL ASPECTS

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 32-48.

Hooley, J. M., & Teasdale, J. D. (1989). Predictors of relapse in unipolar depressives: Expressed emotion, marital distress, and perceived criticism. *Journal of Abnormal Psychology*, 98, 229-235.

Horowitz, L. M., Locke, K. D., Morse, M. B., Waikar, S. V., & Dryer, D. C. (1991). Self-derogations and the interpersonal theory. *Journal of Personality and Social Psychology*, 61, 68-79.

Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, 101, 259-282.

BIPOLAR DISORDER: RELATION TO PERSONALITY

Akiskal, H. S. (1991). Cyclothymic, hyperthymic, and depressive temperaments as subaffective variants of mood disorders. In A. Tasman & M. B. Riba (Eds.), *Review of psychiatry* (Vol. 11, pp. 43-62). Washington, DC: American Psychiatric Press.

Russell, J. A. (1980). A circumplex model of affect. *Journal of Personality and Social Psychology*, 39, 1161-1178.

SCHIZOPHRENIA: DEFINITION

Carson, R. C., & Sanislow, C. A., III. (1993). The schizophrenias. In P. B. Sutker & H. E. Adams (Eds.), *Comprehensive handbook of psychopathology* (2nd ed.) (pp. 295-333). New York: Plenum.

Claridge, G., McCreery, C., Mason, O., Bentall, R., Boyle, G., Slade, P., and Popplewell, D. (1996). The factor structure of 'schizotypal' traits: A large replication study. *British Journal of Clinical Psychology*, 35, 103-115.

SCHIZOPHRENIA: RELATION TO PERSONALITY

Berenbaum, H., & Fujita, F. (1995). Schizophrenia and personality: Exploring the boundaries and links between vulnerability and outcome. *Journal of Abnormal Psychology*, 103, 148-158.

Eysenck, H. J. (1992). The definition and measurement of psychoticism. *Personality and Individual Differences*, 13, 757-785.

SCHIZOPHRENIA: DIATHESIS-STRESS MODELS

Fowles, D. C. (1992). Schizophrenia: Diathesis-stress revisited. *Annual Review of Psychology*, 43, 303-336.

Gray, J. A., Feldon, J., Rawlins, J. N. P., Hemsley, D. R., & Smith, A. D. (1991). The neuropsychology of schizophrenia. *Behavioral and Brain Sciences*, 14, 1-84.

Walker, E. F., & Diforio, D. (1997). Schizophrenia: A neural diathesis-stress model. *Psychological Review*, 104, 667-685.

STRESS

Coyne, J. C., & Downey, G. (1991). Social factors and psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology*, 42, 401-425.

Dohrenwend, B. P., & Egri, G. (1981). Recent stressful life events and episodes of schizophrenia. *Schizophrenia Bulletin*, 7, 12-23.

Dohrenwend, B. P., & Shrout, P. E. (1985). "Hassles" in the conceptualization and measurement of life stress variables. *American Psychologist*, 40, 780-785.

Dohrenwend, B. P., Shrout, P. E., Egri, G., & Mendelsohn, P. S. (1980). Measures of nonspecific psychological distress and other dimensions of psychopathology in the general population. *Archives of General Psychiatry*, 37, 1229-1236.

Dohrenwend, B. P., Shrout, P. E., Link, B., Martin, J., and Skokol, A. (1986). Overview and initial results from a risk-factor study of depression and schizophrenia. In J. E. Barrett (Ed.), *Mental disorder in the community: Progress and challenges*. New York: Guilford.

BEHAVIOR GENETICS

Reiss, D., Hetherington, E. M., Plomin, R., Howe, G. W., Simmens, S. J., Henderson, S. H., O'Connor, T. J., Bussell, D. A., Anderson, E. R., & Law, T. (1995). Genetic questions for environmental studies: Differential parenting and psychopathology in adolescence. *Archives of General Psychiatry*, *52*, 925-936.

Roberts, J. E., & Gotlib, I. H. (1997). Social support and personality in depression: Implications from quantitative genetics. In G. R. Pierce, B. Lakey, I. G. Sarason, & B. R. Sarason (Eds.), *Sourcebook of social support and personality* (pp. 187-214). New York: Plenum.

PROTECTIVE FACTORS

Adler, N., & Matthews, K. (1994). Health psychology: Why do some people get sick and some stay well? *Annual Review of Psychology*, 45, 229-259.

Gillhan, J. E., Reivich, K. J., Jaycox, L. H., and Seligman, M. E. P. (1995). Prevention of depression in schoolchildren: Two year follow-up. *Psychological Science*, *6*, 343-351.

Jessor, R., Turbin, M. S., & Costa, F. M. (1998). Protective factors in adolescent health behavior. *Journal of Personality and Social Psychology*, 75, 788-800.

Weise, R. E., Blehar, M. C., Maser, J. D., & Akiskal, H. S. (1996). Competence models in adult psychopathology: A report on a National Institute of Mental Health workshop. *Psychotherapy*, 33, 61-67

Bibliography

- Abraham, S., & Lewellyn-Jones, D. (1992). <u>Eating disorders.</u> New York: Oxford University Press.
- American Psychiatric Association (APA). (1994). <u>Diagnostic and statistical manual of mental disorders</u> (4th Edition). Washington, DC: Author.
- Assad, G. (1995). <u>Understanding mental disorders due to medical conditions or substance</u> abuse: What every therapist should know. New York: Bruner/Mazel.
- Aust, P. H. (1994). When the problem is not the problem: Understanding attention deficit disorder with and without hyperactivity. <u>Child Welfare</u>, 73, 215-227.

- Barkley, R. A. (1998). <u>Attention-deficit hyperactivity disorder: A handbook for diagnosis</u> and treatment (2 ed.). New York: Guilford.
- Barlow, D. H., Brown, T. A., & Craske, M. G. (1994). Definitions of panic attacks and panic disorder in the DSM-IV: Implications for research. <u>Journal of Abnormal Psychology</u>, 103, 553-564.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., Granville, A. D., Akamn, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse & Neglect, 16, 101-118.
- 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.
- Buelow, G., Hebert, S., & Buelow, S. (2000). <u>Counselor's resource on psychiatric medications: Issues of treatment and referral (2nd Ed.)</u>. Pacific Grove, CA: Brooks/Cole.
- Cabaj, R.P. (1995). Sexual orientation and the addictions. <u>Journal of Gay and Lesbian</u> Psychotherapy, 2(3), 97-117.
- Cantwell, D. P., & Baker, L. (1992). Attention deficit disorder with and without hyperactivity: A review and comparison of matched groups. <u>Journal of the American</u> Academy of Child and Adolescent Psychiatry, 31(3), 432-438.
- Dana, R. (1993). <u>Multicultural assessment perspectives for professional psychology</u>. Boston, MA: Allyn & Bacon.
- Dublin, W. R., & Weiss, K. J. (1991). <u>Handbook of psychiatric emergencies</u>. Springhouse, PA: Springhouse Corp.
- DuPaul, G. J., & Stoner, G. (1998). <u>Assessing ADHD in the schools.</u> New York: Guilford.
- Evans, K., & Sullivan, J. M. (1990). <u>Dual diagnosis: Counseling the mentally ill</u> substance abuser. New York: The Guilford Press.
- Figley, C. R. (1989). <u>Helping traumatized families</u>. San Francisco, CA: Jossey-Bass. Fischer, J., & Corcoran, K. (1994). <u>Measures for clinical practice: A sourcebook</u>. <u>Volumes I & II (2</u> ed.). New York: The Free Press.
- Frable, D.E.S., Wortman, C., & Joseph, J. (1997). Predicting self-esteem, well-being, and distress in a cohort of gay men: The importance of cultural stigma, personal visibility, community networks, and positive identity. <u>Journal of Personality</u>, 65(3), 599-625.
- Franklin, C., & Jordan, C. (1999). <u>Family practice: Brief systems methods for social work</u>. Pacific Grove, CA: Brooks/Cole. [Chp. 9, Rapid Assessment in family practice]
- Frick, P. J., Lahey, B. B., Loeber, R., Stouthamer-Loeber, M., Christ, M. A. G., & Hanson, K. (1992). Familial risk factors to oppositional defiant disorder and conduct disorder: Parental psychopathology and maternal parenting. <u>Journal of Consulting and Clinical Psychology</u>, 60(1), 49-55.
- Gallagher, B. J. (1987). The sociology of mental illness (2 ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Gaw, A. C. (1993). <u>Culture, ethnicity, and mental illness.</u> Washington, D.C.: American Psychiatric Press.

- Giancarlo, T. J. (1991). Multiple personality disorder: A challenge to practitioners. Families in Society, 95-102.
- Giannini, A. J., & Slaby, A. E. (Eds). (1993). The eating disorders. New York: Springer.
- Goldman, H., Skodol, A. E., & Lave, T. R. (1992). Revising Axis V for DSM-IV:
 A review of measures of social functioning. <u>American Journal of Psychiatry</u>, 149(9), 1148-1156.
- Green, W. H. (1991). <u>Child and adolescent clinical psychopharmacology.</u> Baltimore, MD: Williams and Wilkins.
- Greene, B. (1994). Ethnic-minority lesbians and gay men: Mental health and treatment issues. Journal of Consulting & Clinical Psychology, 62(2), 243-251.
- Greenwald, R., & Rubin, A. (1999). Assessment of posttraumatic symptoms in children: Development and preliminary validation of parent and child scales. Research on SocialWork Practice, 9(1), 61-75.
- Gregg, D. (1994). <u>Alzheimer's disease</u>. Boston: Harvard Medical School Health Publications Group.
- Guze, S. B. (1989). Biological psychiatry: Is there any other kind? <u>Psychological Medicine</u>, 19(2), 315-323.
- Jordan, C., & Franklin, C. (1995). <u>Clinical assessment for social workers: Quantitative</u> and qualitative methods. Chicago, IL: Lyceum Press.
- Kaplan, H. I., & Sadock, B. J. (1988). <u>Clinical psychiatry</u>. Baltimore: Williams & Wilkens. [Chp. 2, Typical signs and symptoms of psychiatric illness defined]
- Karls, J. M., & Wandrei, K. E. (1992). PIE: A new language for social work. Social Work, 37(1), 80-85.
- Kendall, P. C., & Dobson, K. S. (Eds). (1993). <u>Psychotherapy and cognition.</u> San Diego: Academic Press.
- Kendall, P. C. (1991). <u>Child and adolescent therapy: Cognitive-behavioral procedures.</u> New York: Guilford Press.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. <u>Psychological Bulletin</u>, <u>113</u>(1), 164-180.
- Kirk, S. A., & Kutchins, H. (1988). Deliberate misdiagnosis in mental health practice. Social Service Review, 62(2), 225-237.
- Kirk, S.A., Siporin, M., & Kutchins, H. (1989). The prognosis for social work diagnosis. Social Casework, 70, 295-304.
- Kluft, R. P. (1993). Dissociative disorders: A clinical review. Lutherville, MD: Sidran.
- Koss, J. D. (1990). Somatization and somatic complaint syndromes among Hispanics: Overview and ethnopsychological perspectives. <u>Transcultural Psychiatric</u> Research Review, 27(1), 5-29.
- L'Abate, L., Farrar, J. E., & Serritella, D. A. (Eds). (1992). <u>Handbook of differential treatments for addictions</u>. Boston, MA: Allyn & Bacon.
- Last, C. G. (Ed). (1993). <u>Anxiety across the lifespan: A developmental perspective.</u> New York: Springer Publishing.
- Lefley, H. P., & Wasow, M. (1994). <u>Helping families cope with mental illness.</u> Chur, Switzerland: Harwood Academic Publishers.
- Lock, J. & Steiner, H. (1999). Gay, lesbian, and bisexual youth risks for emotional,

- physical, and social problems: Results from a community-based survey. <u>Journal of the American Academy for Child and Adolescent Psychiatry</u>, 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). <u>Assessment of childhood disorders (3</u> ed.). New York: Guilford Press.
- Meyer, C. H. (1995). Assessment in social work: Direct practice. Encyclopedia of social work (19 ed.). Washington, D.C.: National Association of Social Workers.
- Nathan, P. E., & Gorman, J. M. (Eds). (1998). A guide to treatments that work. New York: Oxford University Press.
- Neal, A. M., & Brown, B. J. (1994). Fears and anxiety disorders in African American children. In S. Friedman (Ed.), <u>Anxiety disorders in African Americans</u>. New York: Springer.
- Nuttall, E. V., Romero, I., & Kalesnik, J. (Eds.) (1999). <u>Assessing and screening preschoolers: Psychological and educational dimensions (2</u> ed.). Boston, MA: Allyn & Bacon.
- Paniagua, F. (1998). <u>Assessing and treating culturally diverse clients</u> (2nd ed.). Thousand Oaks, CA: Sage.
- Reid, W. H., Balis, G. U., & Sutton, B. J. (1997). The treatment of psychiatric disorders (3 ed.). Bristol, PA: Bruner/Mazel.
- Romero, I. (1999). Individual assessment procedures with preschool children. In E. Nuttall, I. Romero, & J. Kalesnik (Eds.), <u>Assessing and screening preschoolers</u> (2nd Ed). Boston: Allyn & Bacon.
- Ryan, C. & Futterman, D. (1992). Lesbian and gay youth: Care and counseling. New York: Columbia University Press.
- Sattler, J. M. (1992). <u>Assessment of children (3</u> ed.). San Diego: Jerome M. Sattler Publisher, Inc.
- Schatzberg, A. F., & Cole, J. O. (1991). <u>Manual of clinical psychopharmacology</u> (2 ed.) Washington, D.C.: American Psychiatric Press.
- Spiegel, D. (Ed). (1993). <u>Dissociative disorders, a clinical review.</u> Lutherville, MD: Sidran.
- Suzuki, L. A., Meller, P. J., & Ponterotto, J. G. (Eds). (1996). <u>Handbook of multicultural assessment: Clinical, psychological, and educational applications</u>. San Francisco, CA: Jossey-Bass.
- 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. <u>The British Journal of Psychiatry</u>, 185, 479-485.
- Yamamoto, J., Silva, J. A., Ferrari, M., & Nukariya, K. (). Culture and psychopathology. In Transcultural Child Development (pp. 34-53).
- Yates, A. (1991). <u>Compulsive exercise and the eating disorders: Toward an integrative theory of activity.</u> New York: Bruner/Maze