WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY

PSYCHOSOCIAL PATHOLOGY
SWK 6111
FALL- 2015
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COURSE DESCRIPTION

Psychosocial pathology, is a required course for second year advance clinical practice with individual and families majors, it introduces students to content on the assessment and classification of human behavior that often requires social work intervention. This course expands the knowledge learned in Foundations of Social Work Practice and Human Behavior in the Social Environment.

HBSE and Psychosocial Pathology form the Human Behavior Sequence. HBSE I&II are focused on "normative" development; this course focuses on the distinctions between what is commonly thought to be Anormal@ and that which is viewed as Aabnormal@. It examines signs, symptoms and complexity of mental health diagnostic categories. Students learn to examine mental health concerns of diverse social, racial, ethnic and social class groups with special emphasis on those who have historically been devalued and oppressed.

The initial identification of individuals, whose symptoms and level of functioning indicate that they have a psychologically and/or sociologically based disorder, is often a social work function.. Therefore, social workers need to understand how to use the DSM V and the ICD 10. The under-pinning of use of these manuals is accurately assessing the behavior and competency functioning of clients to expedite referrals, provide concurrent treatment and provide information to other involved mental health disciplines.

The basic premise of the course is that all assessments of psychological pathologies must take into careful consideration three elements of behavior: 1) symptoms; 2) level of functioning; and 3) social and cultural diversity. Students are asked to show that they are able to thoroughly examine these elements of behavior in a context amenable to social work ethics and values.

Students are exposed to the various relevant biological and psychosocial theories of the etiology and treatment of psychopathologies and will have the opportunity to use case examples to assess behavior and recommend treatment based on these theories. Students are expected to demonstrate through class participation and class assignments that they have gained a basic level of proficiency in completing assessments and using DSM V and ICD 10 within the context of understanding the concept of psychosocial pathology from a socio-cultural and a person-in-environment perspective.

CORE COMPETENCY OUTCOMES

At the conclusion of this course students will demonstrate:

1. Identify unusual behavior using the psychosocial structure, and to categorize pathological behavior using the DSM V and ICD 10. (Core competencies: 2.1.3; 2.1.4).

2. Skills in the assessment of behavior, identification of symptoms, definitions of level of functioning, all within the context of social and cultural diversity. (Core competencies 2.1.3; 2.1.4).

3. Use of the bio-psychosocial assessment process to identify and evaluate an individual's strengths, resiliency, vulnerabilities, limitations and possibilities within the context of social and cultural diversity.(Core competencies: 2.1.3; 2.1.4).

4. The ability to reflect thoughtfully on current discussions and controversies in the field such as the relevance of the categorical vs. dimensional approach, the weighing of genetic vs. environmental causes of mental illness, the relevance of associated syndromes, the significance of iatrogenic symptoms, the over diagnosis of some pathologies, and the relevance of understanding criminal behavior in the context of mental illness. (Core competencies: 2.1.1; 2.1.3; 2.1.4; 2.1.9).

5. The knowledge to examine psychosocial pathology as it relates to social demographics such as race, gender, age, socioeconomic status, religion, sexual preference, and others.(Core competencies: 2.1.1; 2.1.3; 2.1.4; 2.1.9).

6. An understanding of the value of research through oral presentation, in the areas of symptom etiology and abatement, and the value of programs that attempt to maintain human dignity and promote concrete goals.(Core competencies:2.1.1; 2.1.3; 2.1.4; 2.1.6; 2.1.7; 2.1.10(b); 2.1.10(d)).

7. An understanding of the effects of social policies that result in managed, care and disability assessments as they impact on clients with mental illness.(Core competencies: 2.1.4; 2.1.5; 2.1.10(b); 2.19).

8. An understanding of value assumptions embedded in the social construction of assessment and the ability to apply values and ethics of the profession to their assessments and interventions with clients suffering with mental illness. (Core competencies: 2.1.2; 2.1.4; 2.1.5).

9. An ability to examine problems in functioning within the context of forces that impact psychological development, such as issues of diversity, oppression, racism, ageism, ableism, classism, religious discrimination, hetero-sexism. (Core competencies: 2.14; 2.1.10d).

10. An ability to identify the social work roles of diagnostician, collaborator, advocate, mediator, evidenced-based practitioner and educator in the area of mental health service delivery. (Core competencies: 2.1.10).

INSTRUCTIONAL METHODS

Psychosocial pathology is designed as a lecture/discussion course. Students will have ample opportunity to ask questions, discuss relevant issues and present relevant material. There will be announced quizzes, a midterm assignment and a final examination.

COURSE REQUIREMENTS

10% Assigned readings in preparation for class discussions, on-line posts.
25% Mid-term assignment #1(Students must write a mental status evaluation. The case situation will be decided by the professor.)
25% Mid-term assignment #2 (Brief assessment and treatment plan of a client and quizzes)
40% Final examination (Multiple choice)

A. Required Texts:

Barlow, David H. & Durand, V. Mark (2015). *Abnormal Psychology: An Integrative Approach* (7th edition). Stamford, Conn.: Cengage Learning. ISBN:13:978-1-285-75561-8. $199.00.

American Psychiatric Association.(2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). (Pocket Edition)Washington, DC: Author. ISBN: 978-0-89042-555-8

B. Suggested Supplemental Texts

Miller, R. & Mason, S. (Eds). (2011). *Diagnosis Schizophrenia (2nd. Ed.)* New York: Columbia University Press.

C. Additional Articles

Additional articles will be available on e-res; for the online course the articles will be available online in the reading folders for each module.

D. Assignments

1. **Class Participation:** Class participation is an important part of the learning process and all students are expected to participate in all assigned exercises and discussions. (Core competencies: 2.1.3; 2.1.4; 2.1.6; 2.1.7).

   Traditional In class: students are expected to be prepared for class discussions on assigned readings, related questions raised by the professor and/or in class exercises. You will be graded on the depth of your contributions and preparedness for class discussions and exercises.

   On-line class participation: Due to the nature of the on-line course, your participation is imperative. *You will be responsible for being on-line each week and responding to the on-line questions found in the lessons and for responding to classmates posts. This is an interactive class where you will need to both post and respond to your classmates' posts.* You are expected to complete assignments on time and take responsibility for your learning. Responses to posts must be informed by your readings and identification of same in the posts and responses. Respect for the variety of views and values will foster an atmosphere of free exchange and growth through group process. Your time on-line will be logged and the depth of your participation will be graded by responses to assigned questions and responses to posts.

2. **Assignment #1:** This is a written assignment for which the content and context will be created by the individual professor. However, the thematic focus of the assignment is to measure the assessment skills and practice behavior (2.11.10a "develop a mutually-agreed on focus of work and desired outcomes"). Therefore, you will be expected to write a Mental Status Assessment and apply different psychological perspective(s) to a given situation or event in order to explore how the clinician might develop an understanding of the client and the situation. (Core competencies: 2.1.10(b); 2.1.3; 2.1.4; 2.1.6; 2.1.7; 2.1.9). This is your mid-term assignment #1.

   Students will write a mental status assessment based upon either the student choice of a client from his/her present or past caseload or a case presented by the professor. The professor may present a *first contact with a client in class. This may be a film clip, a role play or other presentation. This first contact is the basis for writing a Mental Status Evaluation.* You will be required to use the current evaluation system in the DSM 5 and ICD 10 and to discuss possible recommendations for further contact. You may use any resources that are available on the syllabus or on-line lesson section.

   You should use 2-3 outside readings from **professional journals or texts** in addition to any assigned readings. **Do not use online computer sites such as Wikepedia or sites that provide psycho-educational information.** Use APA 6th edition style for writing, citations and references. Total number of pages should be 7-10 pages, double spaced, 12

pt. font.

The specific outline to be used for the assessment assignment will be distributed by the professor. The due date will also be given by the individual professor. There may also be other specific instructions given to you by the individual professor. (Core competencies: 2.1.10b; 2.1.3; 2.1.4; 2.1.6; 2.1.9).

Due date will be given by the individual professor.

3. **Assignment-Midterm #2:** This assignment is a combination of demonstration of mastery of content as well as application of content in an assessment and quizzes. Either weekly or bi-weekly practice quizzes will be given in class. The quizzes are multiple choic and will include content questions and practice developing a diagnosis based upon a given vignette. Although there are several quizzes, the scores will be summed so that there is one grade for the quizzes.

   In addition, students will write a brief assessment and treatment plan of a client. This written assignment is focused on creating a meaningful treatment plan for a client who presents with an identifiable DSM 5 psychological disorder. Use at least 2 research articles to inform and validate your choice of treatment with the client. Thus, the content of the articles must include reference to the specific DSM 5 diagnosis and treatment modality.

   Use APA 6 style of writing. Due date will be given by the professor.

4. **Final Examination:** There will be a final examination testing students on the mastery of content covered during the semester. The details and a review will be discussed during the semester. The questions are multiple choice objective questions and short essay. (Core competencies: 2.1.2; 2.1.3; 2.1.4; 2.1.6; 2.1.7; 2.1.9; 2.1.10a-c).

All students must complete ALL class assignments, pass quizzes, mid-terms and final exams to receive a passing grade for the course. DO NOT make last minute requests for special accommodations for completion of work; if accommodations are necessary this must be thoroughly discussed with the professor with sufficient time to explore options and for the professor to plan. Late assignments are not accepted!

PLAGIARISM

Students should remember that the School will not condone plagiarism in any form and will sanction acts of plagiarism. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. Plagiarism occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the

work of different authors into a new statement without reference to those authors. It is also plagiarism to use the ideas and/or work of another student and present them as your own. It is not plagiarism to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. Any student who can be shown to have plagiarized any part of any assignment in this course will automatically **FAIL** the course and will be referred to the Associate Dean for disciplinary action that may include expulsion.

HIPAA ALERT

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work, will need to be de-identified. What this means is that any information that would allow another to identify the person needs to be changed or eliminated. This includes obvious things like names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity, or gender. If diagnosis, race/ethnicity, or gender is directly related to the case presentation it can be included if it will not allow for identification.

CONFIDENTIALITY

Given the nature of classroom discussion and the presentation of case materials and at times personal revelation in class, students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.

STUDENTS WITH DISABILITIES

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations are asked to make an appointment with the Office of Disability Services, Abby Kelsen, Wilf Campus, *646-685-0118*, *akelsen@yu.edu*, during the first week of class. Please submit your accommodations letter to the Disability Services Office immediately. **After approval for accommodations is granted, documentation should be submitted to the professor; this should be done by the end of the third class. Any accommodations must be discussed and negotiated with the individual professor; specific accommodations are not automatic.**

E-RES (Electronic Reserve)

Most of the articles mentioned in the curriculum are available on electronic reserve [**E-RES**]. You can access the full text articles from your home or from a university computer at no charge.

You may have to locate specific journal articles independently; the absence of an article on **ERES** is not a reason to be unprepared for class.

How do I Use E-RES?

1. Go to the library's online resources page: **http://www.yu.edu/libraries/online_resources.asp**

2. Click on E-RES. If you are off-campus, at this point you will be prompted for your Off Campus Access Service login and password.

3. Click on "Search E-RES" or on "Course Index," and search by instructor's name, department, course name, course number, document title, or document author.

4. Click on the link to your course.

5. Enter the password given to you by your instructor.

6. Locate and click on the item you wish to view. Titles beginning with "A", "An", or "The" are alphabetized under "A" and "T" respectively.

7. When the article text or book record appears on the screen, you can print, email, or save it to disk.

To view documents that are in pdf format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at **www.adobe.com/products/acrobat/readstep2.html**

COURSE OUTLINE

*Article on reserve in library.

I. Introduction to Course

- Definition and content of course
- Historical and theoretical concept of illness and disease, normality and abnormality and use of diagnostic manuals
- Adaptiveness in illness and health
- Bio-psychosocial emphasis of assessment for social workers
- The social worker's role: diagnostician, advocate, collaborator, mediator, educator, evidenced-based practitioner
- Use of DSM V and ICD 10 as paradigms for diagnosing mental illness and use of

psycho-pharmacology

Required Reading:

*Aneshensel, C. (2009). Toward explaining mental health disparities. *Journal of Health and Social Behavior, 50, (4), Dec. 377-394.*

*Barnes, H. (2011). Does mental illness have a place alongside social and recovery models of mental health in service users' lived experience? Issues and implications for mental health education. *Journal of Mental Health training Education and Practice,6, (2), 65-71.*

*Davidson, L. et al. (2006). Play, pleasure and other positive life events: Non-specific factors in recovery from mental illness? *Psychiatry*, 69 (2), Summer, 151-161.

*Gove, W. (2004). The career of the mentally ill: An integration of psychiatric labeling/social construction and lay perspectives. *Journal of Health and Social Behavior,* 45, (4), Dec. 357-375.

*Hudson, C. (2012). Disparities in the geography of mental health: Implications for social work. *Social Work, 57, (2),* April, 107-119.

II. Abnormal Behavior in Society: Historical Perspectives, Diagnosis and Dimensional Approach to understanding Psychopathology

Required Reading:

Barlow, David H. & Durand, V. Mark (2015) *Abnormal Psychology: An Integrative Approach.*

Stanford, Conn: Cengage Learning.

Chapter I: Abnormal Behavior in Historical Context, 1-27
Chapter II: An Integrative Approach to Psychopathology, 28-66

* Overton, SL., Medina, SL., (2008) The Stigma of Mental Illness. *Journal of Counseling and Development*, 86, (2), Spring, 1-11.

* Roberts, R. (2006). Laing and Szasz: Anti-psychiatry, Capitalism and Therapy. *Psychoanalytic*

Review, 93, (5) October, 781-801.

*Scheyett, A. M. (2005). The mark of madness: Stigma, serious mental illnesses, and social work. *Social Work in Mental Health: The Journal of Behavioral and Psychiatric Social Work*, 3 (4), 79-97.

* Szasz, T. (1998). Parity for mental illness, disparity for the mental patient, *The Lancet*, 352, (9135) October, 1213-1215.(CLASSIC)

III. Assessment: Continual Process and a product

Required Reading

Barlow, David & Durand, V. Mark, (2015) *Abnormal Psychology: An Integrative*

Approach.. Stamford, Conn: Cengage Learning.

Chapter III: Clinical Assessment and Diagnosis, 69-97

*Applegate, J.S. "The Good Enough Social Worker: Winnicott Applied" in Edward, J. & Sanville, J.Eds. (1996) *Fostering Healing.* Northvale, N.J.: Jason Aronson.

*McWilliams, N. (1994).*Psychoanalytic Diagnosis. New York: Guilford Press.*

- Chapter 1 "Why Diagnose?"(CLASSIC)

Suggested Reading:

Hudson, C. (2005) Socioeconomic status and mental illness: Test of the social causation and selection hypothesis. *American Journal of Orthopsychiatry*, 75, 3-18.

Lopez, S.R. & Guarnaccia, P.J. (2000) Cultural psychopathology: Uncovering the social world of mental illness. *Annual Review of Psychology*, 51, 571-598.

Millard, D. W.(2000). A transdiciplinary view of mental disorder. Turner(Ed). *Adult*

psychopathology, a social work perspective (2nd ed). New York: Free Press.

Taylor, R.J.,Ellison, C.G.,Chatters, L.M.,Levin, J.S., & Lincoln, K.D. (2000). Mental health Services in faith communities: The role of clergy in black churches. *Social Work*, 45, 73-87

III. Building Blocks of Diagnosis

Man is whole; we teach the breakdown of mental functions as an artifice for the purpose of teaching the theoretical content. The professional defines the illness. The professional functions in the following roles in the process: collaborator, mediator, advocate, educator, diagnostician and evidence based practitioner. The following issues must be considered in causality.

A. Understanding the whole patient

B. How physical and mental disorders are related (medication and adverse effects)

C. Mental Status Evaluation and Diagnostic Statement as Baseline Assessment: Dimensional Approach, Developmental and Lifespan Considerations

D. Culture, Genetics and Social Construction

Required reading:

Barlow, David & Durand, V. Mark (2015). *Abnormal Psychology: An Integrative Approach.* Stamford, Conn:Cengage Learning.

Chapter IV: Research Methods, 98-120

*Malott, R. (2007). Are women, people of color, Asians and southern Europeans inherently inferior to north-European males? A history of biological determinism-a cultural, spiritual and intellectual disgrace-Implications for understanding mental illness.

Behavior and Social Issues, 16, (2), Fall, 134-169.

*Walker, I. & Read, J. (2002). The differential effectiveness of psychosocial and biogenetic causal explanations in reducing negative attitudes toward mental illness. *Psychiatry*, 65, (4), Winter.

IV. Basics of Diagnosis

A. The roadmap- Developing the clinical history includes the history of present illness with symptoms, signs and syndromes; previous mental health history; personal and social background; family history; physical symptoms; mental status evaluation.

B. The diagnostic method- This includes systematic assessment of data; hierarchy of diagnoses; differential diagnosis; the decision tree.

C. Tips for Integration of data- (1) History may beat current appearance in developing the diagnosis. (2) Recent history may be more important than ancient history. (3) Collateral history may be more accurate than client's version of history. (4) Signs, meaning what you observe may be more important than symptoms. (5) Objective findings may be more important than subjective judgment. (6) Consider family history. (7) Prefer the diagnosis that gives the simplest explanation,that is more common. (8) Evaluate for differential diagnosis.

D. Red Flags and Uncertainty-Accept diagnostic uncertainty. The condition may be undiagnosed. Typical red flags are (1) a story that keeps changing (2) repeated unsuccessful suicide attempts (3) unusual symptoms (4) spotty amnesia (5) memory loss in absence of cognitive disorder (6)incongruous affect (7) hospitalizations in many locations (8) history that conflicts with the usual course of mental illness as we know it.

E. Multiple Diagnoses- Identify co-morbidity and impose an order for this.

<u>Class Lecture</u>

VI. Diagnostic Categories, DSM V and ICD 10

These manuals are classifications of mental disorders with specifically defined criteria. They are not sacred texts; they are guides to categorize illness and provide a language of communication for professionals. The diagnoses overlap with each other and with normality.

All diagnoses in the manuals will not be discussed but specific diagnostic categories from each section will be explored as representative.

Class Lecture

Use of the manuals, coding and reporting

VII. Study of Specific Diagnostic Categories

A. Neuro-developmental & Neuro-Cognitive Disorders

Required Readings :

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.) Washington, DC: Author.* 31-86,591-644

Barlow, David & Durand, V.Mark (2015). *Abnormal Psychology: An Integrative Approach.* Stamford, Conn: Cengage Learners.

Chapter 14: Neuro-developmental Disorders, 510-541

Chapter 15: Neurocognitive Disorders, 542- 567

B. Schizophrenia Spectrum and Other Psychotic Disorders

Required Reading

Barlow, David & Durand, V. Mark (2015) *Abnormal Psychology: An Integrative Approach,* Stamford, Conn: Cengage Learners.

Chapter 13: Schizophrenia Spectrum and Other Psychotic Disorders, 476-509

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders (5th ed)* Washington, DC: Author. 87-122

*Clarke, M. et al. (2009). Evidence for an interaction between familial liability and prenatal exposure to infection in causation of schizophrenia. *American Journal of Psychiatry,* 166, (9), September, 1025-1030.

*Holttum, S. (2012). Condition management and the causes of psychosis. *Mental Health and Social Inclusion,* 16, (1), 8-13.

C. **Mood Disorders (Bi-polar and Depressive Disorders**)

Required Reading

Barlow, David & Durand, V. Mark (2015). *Abnormal Psychology: An Integrative Approach.* Stamford, Conn:Cengage Learners.

Chapter 7: Mood Disorders and Suicide, 212-265

American Psychiatric Association (2013) *Diagnostic and Statistical Manual od Mental Disorders (5th ed).* Washington, DC: Author 123-188

D. Anxiety Disorders & Stress and Physical Disorders

Required Reading

American Psychiatric Association *(2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed).* Washington, DC: Author. 189-234, 235-264, 265-290.

Barlow, David & Durand, V. Mark (2015). *Abnormal Pwsychology: An Integrative Approach.* Stamford, Conn: Cengage Leaners

Chapter 5: Anxiety, Trauma and Stressor Related & Obsessive Compulsive

Disorders, 122-177,

Chapter 9: Physical Disorders and Health Psychology 316-350

E. Feeding& Eating Disorders, Sleep-Wake Disorders

Required Reading

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders (5th ed).* Washington, DC: Author329-354, 361-422,355-360.

Barlow, David & Durand, V. Mark (2015). *Abnormal Psychology: An Integrative Approach.* Stamford, Conn: Cengage Learners
Chapter 8: Eating and Speep Wake Disorders, 268-313

Beumont, P., Touyz, S. (2003) What kind of illness is anorexia nervosa? *European Child and Adolescent Psychiatry, (Suppl. 1)* 12: 20-24.

Hope, Tony, Tan, Jancinta, Stewart, Anne; Fitzpatrick, Ray (2011) Anorexia Nervosa and the language of authenticity. *The Hastings Center Report.* 41.6 (Nov/Dec) 19-29.

F. Substance Related and Addictive Disorders

Required Readings

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental*

Disorders (5th ed). Washington, DC: Author481-590.

Barlow, David & Durand, V. Mark (2015). *Abnormal Psychology : An Integrative Approach.* Stamford, Conn: Cengage Learners.

Chapter 11: Substance Related Addictive Impulse-Control Disorders 396-437

G. Personality Disorders

Required Reading:

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders (5th ed).* Washington, DC: Author, 645-684.

Barlow, David & Durand, V. Mark (2015). *Abnormal Psychology: An Integrative Approach.* Stamford, Conn: Cengage Learners.

Chapter 12: Personality Disorders, 440-473

H. Mental Health/Legal and Ethical Issues

Required Reading

Barlow, David & Durand, V. Mark (2015) *Abnormal Psychologty: An Integrative Approach.* Stamford Conn: Cengage Learners.

Chapter 16: Mental Health Services/ Legal & Ethical Issues, 570-587

REFERENCES

Berger, C.S. & Ai, A. (2000) Managed care and its implications for social work curricula reform: Policy and research initiatives. *Social Work in Health Care,* 31, 59-82.

Dulmus, C. N. & Rapp-Paglicci, L.A. (2000) The prevention of mental disorders in children and adolescents: Future research and public policy recommendations. *Families in Society,* 81, 94-303.

Dulmus, C.N. & Smyth, N.L. (2000) Early onset schizophrenia: A literature review of empirically-based interventions. *Child and Adolescent Social Work Journal,* 17, 55-69.

Gantt, A.B., Cohen, N.L. & Sainz, A. (1999) Impediments to the discharge planning effort for psychiatric inpatients. *Social Work in Health Care,* 29, 1-14.

Glass, C.R.& Arnkoff, D.B. (2000) Consumers' perspectives on helpful and hindering factors in mental health treatment. *Journal of Clinical Psychology,*56, 1467-1480.

Lesser, J.G.(2000) Clinical social work and family medicine. *Health and Social Work, 25, 119-126.*

Lewinsohn, P.M., Solomon, A., Seely, J.R. & Zeiss, A. (2000) Clinical implications of "subthreshhold" depression symptoms. *Journal of Abnormal Psychology,* 109, 345-351.

Loveland Cook, C.A., Becvar, D.S., & Pontious, S.L. (2000). Complimentary alternative

medicine in health and mental health: Implications for social work practice. *Social Work in Health Care,* 31, 39-57.

McFall, M., Malte, C., Fontana, A. & Rosenheck, R.A. (2000) Effects of an outreach intervention on use of mental health services by veterans with posttraumatic stress disorder. *Psychiatric Services,* 51, 369-374.

Melchert, T.P. (1999). Relations among childhood memory: A history of abuse, dissociation and repression. *Journal of Interpersonal Violence,* 14, 1172-1192.

Miller, B.V., Fox, B.R. & Garcia-Beckwirth, L. (1999). Intervening in severe physical abuse cases: Mental health, legal and social services. *Child Abuse and Neglect,* 23, 905-914.

Murray, M.G. & Steffen, J. J.(1999). Attitudes of case-managers toward people with serious mental illness. *Community Mental Health Journal,* 35, 505-514.

Nobles, A.Y., & Sciarra, D.T.(2000). Cultural determinants in the treatment of Arab Americans: A primer for mainstream therapists. *American Journal of Orthopsychiatry,* 70, 182-191.

Olfson, M., Guardino, M., Streuning, E., Schneier, F.R., Klein, D.F.(2000). Barriers to the treatment of social anxiety. *American Journal of Psychiatry,* 157, 521-527.

Olsen, D.P. (1998). Toward an ethical standard for coerced mental health treatment: Least restrictive or most therapeutic? *Journal of Clinical Ethics,* 9, 235-246.

Ohayon, M.M. & Schatzberg, A.F. (2002).Prevalence of depressive episodes with psychotic features in the general population. *The American Journal of psychiatry,*159, 1855-1861.

Okuji, Y., Matsura, M., Kawasaki,N., Kometani, S. & Abe, K. (2002). Prevalence of insomnia in various psychiatric diagnostic categories. *Psychiatry and Clinical Neurosciences,* 56, 239-240

.Olfson, M., Shaffer, D., Marcus, S.C. & Greenberg, T.(2003). Relationship between antidepressant medication treatment and suicide in adolescents. *Archives of General Psychiatry,* 60,978-982.

Primm, A.B., Gomez, M.B., Tzolvz-lontchev, l., Perry, W., Vu, H.T., & Crum, R.M. (2000). Mental health versus substance abuse treatment programs for dually diagnosed patients . *Journal of Substance Abuse Treatment,* 19, 285-290.

Rahkonen, T., Makela, H., Paanila, S., Halonen, P., Sulkava, R. (2000). Delirium in elderly people without severe predisposing disorders: Etiology and 1-year prognosis after discharge. *International Psychogeriatrics,* 12,(4), 473-481.

Rapport, M.D. (2001). Bridging theory and practice: Conceptual understanding of treatments for children with attention deficit hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD), autism and depression. *Journal of Clinical Child Psychology,* 30, (1), 3-7.

Ritter, B. & Dozier, C.D. (2000). Effects of court ordered substance abuse treatment in child protective services cases. *Social Work,* 45, 131-140.

Ruggiero, K.J., McLeer, S.V., & Dixon, J.F. (2000). Sexual abuse characteristics associated with survivor psychopathology. *Child Abuse and Neglect,* 24, 951-964.

Takeuchi, D.T. & Cheung, M.K.(1998). Coercive and voluntary referrals: How ethnic minority adults get into mental health treatment. *Ethnicity and Health,* 3, 149-158.

Thabet, A.A. & Vostanis, P.(2000). Posttraumatic stress disorder reactions in children of war: A longitudinal study. *Child Abuse and Neglect,* 24, 291-298.

Yeschin, N.J. (2000). A new understanding of attention deficit hyperactivity disorder: Alternate concepts and interventions. *Child and Adolescent Social Work Journal,* 17, 227-245.