

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

Course Number:	SW 393R1	Instructor:	M. Peterson Armour, Ph.D.
Unique Number:	62090 62080	E-mail:	marmour@mail.utexas.edu
Semester:	Spring 2003	Phone:	471 3197
Meeting Time:	Tues. 2:30-5:30 Wed. 5:30-8:30	Office Room:	3.122C
Meeting Place:	2.112 2.118	Office Hours:	Tuesday 1:30-2:30, Wednesday 4:30-5:30 or by appointment

**CLINICAL ASSESSMENT AND DIFFERENTIAL DIAGNOSIS**

**1. COURSE DESCRIPTION**

This course will focus on the incidence, etiology, and assessment of dysfunctional behavior patterns with children, adolescents, adults, and families. Students will learn models of assessment to evaluate human functioning throughout the life cycle, with emphasis on vulnerable and diverse populations. Major nosological 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.

This course is required of MSSW students in the Clinical concentration.

**II. COURSE OBJECTIVES**

By the end of the semester, students will be able to:

1. Demonstrate familiarity with biological, psychosocial, and cultural theories on the etiology of dysfunctional behavior patterns.
2. Demonstrate the ability to apply multiple methods of assessment, including those developed through classificatory schemes, standardized measures and qualitative typologies.
3. Describe the relationship between assessment and intervention in social work practice;
4. Demonstrate the ability to adapt assessment models to reflect the needs of persons of diverse social, economic, cultural or ethnic backgrounds, including understanding issues of gender, sexual orientation, and ability

5. Critically evaluate 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.

### **III. TEACHING METHODS**

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

### **IV. REQUIRED AND OPTIONAL TEXTS/MATERIALS**

#### **Required Readings**

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

Buelow, G. Hebert, S., & Buelow, S. (2000). Psychotherapist's resource on psychiatric medications: Issues of treatment and referral (2<sup>nd</sup> ed.). Belmont, CA: Brooks/Cole.

Pomeroy, E. & Wambach, K. (2003). The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis. Pacific Grove, CA: Brooks/Cole.

Readings are available in the LRC. They are listed under "Armour" by title of the article. Readings are also available on electronic reserves. To access them, go to <http://www.utexas.edu/>. Click Libraries, click Library Services-Reserves, click Electronic Reserve, click Marilyn Armour on the drop-down menu under Instructor. The password for the class will be given at the first class. Check the Electronic Reserves frequently for important information about the class.

### **V. COURSE REQUIREMENTS**

The following course requirements will be completed during the semester, with points given for each course requirement. Grading will be based on total points accrued by the end of the semester.

#### **1. Examinations**

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. All exams will consist of both a

take-home and an in-class portion. Brief case vignettes will be provided on the take-home portion. Students will receive the exam questions at least one week prior to their due date. Students will have one week to develop a diagnosis (on all 5 axes of the DSM-IV) and to summarize the most pertinent biological, psychological, social systems and environmental issues impacting the case. Students will turn in the completed take-home portion at the beginning of the class when the exam is due. Each answer must be typed and in the form of a one page (only) case summary. The in-class portions of the exam 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.

### **200 points maximum, Examinations**

#### **II. Culture and Mental Illness**

The Surgeon General released his report of Culture, Race, and Ethnicity: A Supplement to Mental Health in August, 2001. It can be found on the website: <http://www.surgeongeneral.gov/library/mentalhealth/cre/default.asp> Chapters 3 to 6 deal with different ethnic groups (Chapter 3--African American ; Chapter 4--American Indians and Alaskan Natives; Chapter 5-- Asian Americans and Pacific Islanders; Chapter 6-- Hispanic Americans). Each student is to select one of the groups and read the appropriate chapter. Students will find “fact sheets” on the 4 ethnic groups on Electronic Reserves or the LRC that will help in doing this assignment. Each student is to write a 5 page paper that summarizes the chapter, highlights the key findings, and discusses the findings in relationship to the student’s values and ethics.

### **10 points maximum**

#### **II. Assessment Research Paper**

Each student is to select a problem area of interest and write a scholarly paper focused on assessment and treatment. A typed, well-written paper is to be submitted. The paper should be written in APA format (4<sup>th</sup> edition) and should not exceed 15 type written pages (excluding references, title page, and appendices). The search of the literature should include journal articles as well as pertinent book chapters and monographs. Emphasis should be given to the most recent (within the past 5 to 7 years) literature and studies. Of course, seminal pieces that fall outside of this time parameter should still be included. In addition to the formal paper, students will prepare an annotated bibliography for distribution to their classmates. Papers will be graded on both content and writing style: APA format will also be graded. The paper is worth a possible 100 points. An outline of the paper is provided below. Several examples of excellent student papers are available on Electronic-Reserves.

- I. Introduction/ Statement of the problem area. This should include criteria for determining specification of your problem area of interest. For example, “depression” can mean many things. You would need to clarify if, by “depression,” you meant Major Depressive Disorder, Dysthymic Disorder,

- etc. Also, set parameters (e.g. age, gender, etc.) on the problem you are assessing. For example, “This paper addresses adolescent females, ages 13 to 17, with a diagnosis of Major Depressive Disorder.”)
- II. Critical examination of assessment methods and instruments relevant to the particular problem area.\*
- A. What are the preferred methods to assess this problem. If you were a social worker in the field, based on your review of the literature, how would you assess for the existence and severity of this problem in a client system.
- B. Standardized measures, such as rating scales and self-report instruments, and semi-structured interviews.
1. Description (e.g. This is a 25-item standardized self-report instrument, measured on a 5-point Likert scale, that measures level of depression).
  2. Summary of reliability (i.e. coefficients, standard error of measurement) and validity (i.e. construct, concurrent known-instruments, know-groups, factor analysis) characteristics of each available instrument.
  3. Discussion of clinical utility of assessment tools and how they are being used in assessment and treatment of clients. Identifying that a measurement tool possesses sound psychometric properties does not necessarily preclude its clinical utility. Describe which tool(s) you would use in the field and why.
- III. A review of the literature regarding the efficacy of treatment approaches with the problem area. The primary focus here should be on outcome studies. Draw on your own values/ethics to discuss which approaches you prefer and why.
- IV. An overview of any relevant contributions of diversity issues to the understanding of the assessment and treatment of the problem area. Diversity can include age, class, ethnicity, disability, family structure, gender, religion/spirituality, and/or sex/sexual orientation.
- V. Conclusions that summarize the knowledge discussed in the paper and point out criticisms in available assessment methods.

\* For this part of the assignment consult the following in the LRC.

- 1) Corcoran, K. & Fischer, J. Measure for Clinical Practice, Vols. I & II: A Sourcebook. New York: Free Press.
- 2) Sajatovic, M. & Ramirex, L.F. (2001). Rating Scales in Mental Health. Hudson, Ohio: Lexi-Comp Inc.
- 3) Health and Psychosocial Instruments—Under Indexes in the UT Library <http://www.lib.utexas.edu/indexes/h.html>

**90 points maximum, paper**

## **VI. COURSE GRADING CRITERIA**

Examinations	200 points (2 @ 100 points each)
Culture & Mental Illness Paper	10 points
<u>Assessment Research Paper</u>	<u>90 points</u>
<b>TOTAL</b>	<b>300 points</b>

## **GRADING SCALE**

A total of 300 points may be earned for the above assignments. Grades will be assigned as follows.

300-270 points	=	A
269-240 points	=	B
239-210 points	=	C
209-180 points	=	D
179 and below	=	F

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

## **IMPORTANT DATES**

February 4/5	Report on Culture and Mental Illness Paper Topic Due
February 25/26	Paper Preliminary Bibliography Due
March 3/4	Exam I: Take Home Portion Given
March 18/19	Exam I: In-Class Portion Exam I: Take Home Portion Due
March 25/26	Paper Outline Due
April 8/9	Paper Due
April 22/23	Exam II: Take Home Portion Given
April 29/30	Exam II: In-Class Portion Exam II: Take Home Portion Due

## VI. CLASS POLICIES

1. It is important for social work practitioners to be punctual in both attendance and in meeting deadlines. Class attendance and participation is expected, as is handing in assignments on time. Role will be taken each class period and students are expected to attend the full class. If a student leaves class early, the absence will be treated as unexcused. Students are also expected to complete assigned readings prior to each class. Except in case of extreme emergencies, and then only with the permission of the professor, late assignments will not be accepted without penalty. Students are expected to turn in all required assignments on the agreed upon due date at the beginning of class. Students will lose 3 points for each day that an assignment is late. If the due date is a problem, then the student must see the professor and negotiate another due date at least 24 hours PRIOR to the regularly scheduled date.
2. Students who fail to attend class on a regular basis (missing more than one class without a valid excuse, e.g. medical documentation) may receive one course grade lower than their final grade when points are totaled. Students who are one or two points below the cut-off for a letter grade may receive the higher grade at the end of the semester based on attendance/participation.
3. Social work practitioners assume responsibility for themselves. Therefore, it is expected that the work handed in will be your own. Scholastic dishonesty, including plagiarism and cheating during examinations, violates social work values and will result in recommendation for dismissal from the social work program and a referral to the Dean of Student's Office.
4. Social work practitioners are assertive and function as team members. Therefore, feedback about the course is welcome and the course will be viewed as a joint effort between students and the instructor. Students are encouraged to provide feedback during office hours and by appointment if they desire.
5. Confidentiality. Personal disclosure is not an expectation or a requirement of this course. However, it might be appropriate for students to talk about personal information during class as it relates to our learning about a particular topic. Students are expected to adhere to all professional standards of confidentiality during the semester.
6. The Publication Manual of the American Psychological Association (APA) is the style manual to be used for all assignments. Incorrect APA style will result a deduction of points on assignments.
7. Special Accommodations for Students with a Disability. The University of Texas at Austin provides upon request appropriate academic accommodations for qualified students with disabilities. For more information, contact the Office of the Dean of Students at 471-6259; 471-4641 TTY. Please notify the professor of any special accommodations that you may need prior to the end of the second week of class.
8. At times, the instructor may ask students for a copy of their papers to use as a sample paper for students in future classes. If asked, students have the right to decline

without fear of reprisal. They will be asked to sign a form indicating that they have freely given the instructor permission to use their paper as a sample.

9. This class may use Electronic Reserves and Eudora for exchanging e-mail, engaging in class discussions and chats and exchanging files. Also, the instructor may send e-mail to members of the class (as a group) about assignments or to answer questions. If a web site is used, your name will appear on an electric class roster. If e-mail is sent to you and other class members, your name and e-mail address will be known by other class members.
10. 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 the policies and practice related to agency and/or community safety. Student should also notify instructors regarding any safety concerns.

## Course Schedule

Date	Description	Text/Readings
1/14/03 1/15/03	<p>Introductions and Class Overview</p> <p>Overview of Syllabus</p> <p>Introduction to Psychopathology &amp; Clinical Assessment: A Public Health Model: Relationship to Social Work Values &amp; Ethics</p> <p>DSM Multiaxial system</p>	<p>DSM-IV-TR: pp. xxiii-xxxvii pp. 1-12; : pp. 27-37</p> <p>Durand and Barlow (1997), Clinical Assessment, diagnosis and research methods (ER &amp; LRC)</p>
1/21/03 1/22/03	<p>Brain Development and the Impact of Attachment and Trauma</p> <p>Neurochemistry, Mental Disorders &amp; Medications</p>	<p>Buelow et al., Chapt 2</p> <p>Perry (1997), Incubated in Terror (ER &amp; LRC)</p>
1/28/03 1/29/03	<p>Culture, Race, Ethnicity and Mental Illness—Policy Implications for Underserved Populations</p> <p>Guest: Dr. King Davis and the Surgeon General's Report</p>	<p>Canino &amp; Spurlock (1994), Diagnostic Categories (ER &amp; LRC)</p> <p>Surgeon General's Report: Chapter 2 (ER &amp; LRC)</p>
2/4/03 2/5/03	<p>Disorders of Childhood and Adolescence: ADHD &amp; Conduct Disorder</p> <p><b>Report on Culture and Mental Illness Due</b> <b>Paper Topic Due</b></p>	<p>DSM-IV-TR: pp. 85-134</p> <p>Pomeroy &amp; Wambach: 14-25 Cases 2.1 and 2.6</p>
2/11/03 2/12/03	<p>Disorders of Childhood and Adolescence: Infancy, Childhood &amp; Adolescence</p> <p>Medications Used With Children</p>	<p>DSM-IV-TR: 39-84</p> <p>Pomeroy &amp; Wambach: Cases 2.3 &amp; 2.5</p>
2/18/03 2/19/03	<p>Mental Status Examinations</p> <p>Delirium, Dementia, Amnesic, and other Cognitive Disorders</p> <p>Mental Conditions Due to GMC</p> <p>Other Conditions (V-Codes)</p>	<p>DSM-IV-TR: pp 135-180; 181-190; 731-743</p> <p>Waldinger,(1990), The Mental Status Exam (ER &amp; LRC)</p> <p>Pomeroy &amp; Wambach: 69-73 Cases 3.1, 3.2, 3.3.</p>

2/25/03 2/26/03	Schizophrenia and Other Psychotic Disorders Antipsychotic Medications <b>Paper preliminary bibliography due</b>	DSM-IV-TR: pp. 297-343 Buelow et al., Chapter 4: Psychosis and Antipsychotics  Pomeroy & Wambach:118-123 Cases: 5.2, 5.3
3/4/03 3/5/03	Mood Disorders  Suicidal Risk  Antidepressant/Anti-manic Meds <b>Exam I: Take-home portion given</b>	DSM-IV-TR: pp. 345-428  Buelow et al., Chapter 2  Lukas (1993) How to determine whether a client might hurt herself  Pomeroy & Wambach:143-148 Cases: 6.1, 6.3, 6.5
<b>SPRING BREAK</b>		
3/18//03 3/19/03	Anxiety Disorders  Anxiolytic Medications <b>Exam I: In-class portion</b> <b>Exam I: Take-home portion due</b>	DSM-IV-TR: pp. 429-484  Buelow et al., Chapter 3: Anxiety and the Anxiolytics (pp. 79-93)  Pomeroy & Wambach:173-178 Cases 7.1, 7.3, 7.5
3/25/03 3/26/03	Posttraumatic Stress Disorder and Dissociative Disorders  <b>Paper Outline Due</b>	DSM-IV-TR: pp. 519-533  Van der Kolk (1994), The body keeps score (Handout)  Pomeroy & Wambach:226-228 Cases 7.2, 9.2
4/1/03 4/2/03	Substance-related Disorders Eating Disorders & Gender Issues Defense Mechanisms	DSM-IV-TR: pp. 191-295; 811-813; 583-595  Pomeroy & Wambach: 257-263 Cases:11.1, 11.3.
4/8/03 4/9/03	Adjustment Disorders  Impulse-Control Disorders  Personality Disorders I : Gender Dynamics <b>Paper Due</b>	DSM-IV-TR: pp. 663-677; 685-729; 679-685    Pomeroy & Wambach:293-295, 329-334 Cases:13.1, 13.2

4/15/03 4/16/03	Personality Disorders II: Gender Dynamics	DSM-IV-TR: pp. 685-729 cont. from previous week  Pomeroy & Wambach:305-309 Cases: 14.1.14.2, 14.3, 14.4,14.5
4/22/03 4/23/03	Somatoform Disorders  Factitious Disorders  Sexual and Gender Identity Disorders  Sleep Disorders  <b>Exam 2: Take-home portion given</b>	DSM-IV-TR: pp. 485-513; 4513-519; 535-583; 597-661  Buelow et al., Chapt 3, Sleep Disorders & the Hypnotics  Buelow et al., Chapt 5, Pain & the Analgesics  Pomeroy & Wambach:209-212, 237-240, 281-284 Cases: 8.1, 10.2, 12.1
4/29/03 4/30/03	<b>Exam II: In-class portion</b> <b>Exam II: Take-home portion due</b>	

## Required Readings

### **Books:**

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

Buelow, G. Hebert, S., & Buelow, S. (2000). Psychotherapist's resource on psychiatric medications: Issues of treatment and referral (2<sup>nd</sup> ed.). Belmont, CA: Brooks/Cole.

### **Required Coursepack (Available through E-Reserves and in the LRC):**

Durand, V.M., & Barlow, D.H. (1997). Clinical assessment, diagnosis, and research methods. In Abnormal psychology: An introduction (pp. 69-93). Pacific Grove, CA: Brooks/Cole.

Canino, I.A. & Spurlock, J. (1994). Diagnostic categories. In Culturally diverse children and adolescents: Assessment, diagnosis, and treatment (pp. 87-124). New York, NY: Guilford Press.

Perry, B. D. (1997). Incubated in terror: Neurodevelopmental factors in the "cycle of violence". In J.D. Csofsky (Ed.), Children in a Violent Society (pp. 124-145). New York, NY: Guilford Press.

U.S.Department of Health and Human Services.(2001). Culture Counts: The Influence of Culture and Society on Mental Health. In Mental Health:Culture,Race, and Ethnicity—A Supplement to Mental Health:A Report of the Surgeon General.Rockville,MD:U.S.Department of Health and Human Services,Substance Abuse and Mental Health Services Administration,Center for Mental Health Services. <http://www.mentalhealth.org/cre/ch2.asp>

Waldinger, R.J. (1990). The mental status exam. In Psychiatry for medical students (2<sup>nd</sup> ed.). Washington, D.C: American Psychiatric Press.

Lukas, S. (1993). How to determine whether a client might hurt herself. In Where to start and what to ask: An assessment handbook. New York: W.W. Norton & Co.

## Suggested Readings

Abraham, S., & Lewellyn-Jones, D. (1992). Eating Disorders. New York: Oxford University Press.

Assad, G. (1995). Understanding mental disorders due to medical conditions or substance abuse: What every therapist should know. New York: Bruner/Mazel.

Aust, P.H. (1994). What the problem is not the problem: Understanding attention deficit disorder with and without hyperactivity. Child Welfare, 73, 215-227.

Barkley, R.A. (1998). Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment (2<sup>nd</sup> 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. Journal of Abnormal Psychology, 103, 553-564.

Beitchman, J.H., Zucker, K.J., Hood, J.E., Granville, A.D., Akamm, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse and Neglect, 16, 101-118.

Brent, D. A., Perper, J.A., Moritz, G., Liotus, L., Schweers, J., Canobbio, R. (1994). Major depression or uncomplicated bereavement? A follow-up of youth exposed to suicide. Journal of the American Academy of Child and Adolescent Psychiatry, 33(2), 231-239.

Brown, T.C., & Myers, W.C. (1995). Comorbidity among anxiety disorders: Implications for treatment and DSM-IV. Journal of Consulting and Clinical Psychology, 60, 835-844.

Burket, T.C. & Myers, W.C. (1995). Axis I and personality comorbidity in adolescents with conduct disorder. Bulletin of the American Academy of Psychiatry and the Law, 23, 73-82.

Cuellar, I. & Paniagua, F.A. (2000). Handbook of multicultural mental health. San Diego CA: Academic Press.

Dana, R. (1993). Multicultural assessment perspective for professional psychology. Boston, MA: Allyn & Bacon.

Diala, C., Muntaner, C., Walrath, C., Nickerson, K.J., LaVeist, T.A., & Leaf, P.J. (1999). Racial differences in attitudes toward professional mental health care and in the use of services. American Journal of Orthopsychiatry 70(4): 455-464.

Dublin, W.R. & Weiss, K.J. (1991). Handbook of psychiatric emergencies. Springhouse, PA: Springhouse Corp.

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

Evans, K. & Sullivan, J.M. (1990). Dual diagnosis: Counseling the mentally ill substance abuser. New York: The Guilford Press.

Figley, C.R. (1989). Helping traumatized families. San Francisco, CA: Jossey-Bass.

Gaw, A.C. (1993). Culture, ethnicity, and mental illness. Washington, D.C.: American Psychiatric Press.

Gerstley, L.J., Alerman, A.I., McLellan, A.T., & Woody, G.E. (1990). Antisocial personality disorder in patients with substance abuse disorders: A problematic diagnosis. American Journal of Psychiatry, 147(2), 173-8.

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.

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

Gregg, D. (1994). Alzheimer's disease. Boston: Harvard Medical School Health Publications Group.

Harris, M.L. (1998). Curanderismo and the DSM-IV: Diagnostic and treatment implications for the Mexican American client. JSRI Occasional Paper #45, The Julian Samora Research Institute, East Lansing, MI: Michigan State University.

Holderness, C.C. Broosgunn, J., & Warren, M.P. (1994). Co-morbidity of eating disorders and substance abuse: A literature review. International Journal of Eating Disorders, 16, 1-34.

Johnson, E.D. (2000). Differences among families coping with serious mental illness: A qualitative analysis. American Journal of Orthopsychiatry 70(1): 126-134

Jordan, C., & Franklin, C. (1995). Clinical assessment for social workers: Quantitative and qualitative methods. Chicago, IL: Lyceum Press.

- Karls, J.M., & Wandrei, K.E. (1992). PIE: A new language for social work. SocialWork, 37(1), 80-85.
- Kendall, P.C. & Dobson, K.S. (Eds). (1993). Psychotherapy and cognition. San Diego: Academic Press.
- Kendall, P.C. (1991). Child and adolescent therapy: Cognitive-behavioral procedures. New York: Guilford Press.
- 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.
- Kirmayer, L., & J; Groleau, D. (2001). Affective disorders in cultural context. Psychiatric Clinics of North America.24(3) Sep 2001, 465-478.
- Kirmayer, L.J. & Young, A. (1999). Culture and context in the evolutionary concept of mental disorder. Journal of Abnormal Psychology 108:446-452.
- 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. Transcultural Psychiatric Research Review, 27(1), 5-29.
- L'Abate, L., Farrar, J.E., & Serritella, D.A. (Eds). (1992). Handbook of differential treatments for addictions. Boston, MA: Allyn & Bacon.
- Lahey, B.B., Loeber, R., Quay, H.C., Frick, P.J., & Grimm, J. (1992). Oppositional defiant and conduct disorders: Issues to be resolved in DSM-IV. Journal of the American Academy of Child and Adolescent Psychiatry, 31, 539-546.
- Last, C.G. (Ed). (1993). Anxiety across the lifespan: A developmental perspective. New York: Springer Publishing.
- Lefley, H.P., & Wasow, M. (1994). Helping families cope with mental illness. Chur, Switzerland: Harwood Academic Publishers.
- March, J.S., & Mulie, K. (1998). OCD in children and adolescents: A cognitive-behavioral treatment manual. New York: Guilford.
- Mash, E., & Terdal, L.G. (Eds). (1997). Assessment of childhood disorders (3<sup>rd</sup> ed.). New York: Guilford Press.

Meyer, C.H. (1993). Assessment in social work practice. New York: Columbia University Press.

Mezzich, J.E., Kirmayer, L.J., Kleinman, A., Fabrega, Jr., H., Parron, D.L., Good, B.J., Kin, M.K., & Manson, S.M., (1999). The place of culture in DSM-IV. *Journal of Nervous Mental Disorders* 187: 457-464.

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.), Anxiety disorders in African Americans. New York: Springer.

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

Office of the Surgeon General (2001). Inclusion of minorities in controlled clinical trials used to develop professional treatment guidelines for major mental disorders. U.S. Department of Health and Human Services. *Retrieved 11/25/01*  
[http://www.mentalhealth.org/cre/appendix\\_a.asp](http://www.mentalhealth.org/cre/appendix_a.asp).

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

Reid, W.H., Balis, G.U., & Sutton, B.J. (1997). The treatment of psychiatric disorders (3<sup>rd</sup> ed.). Bristol, PA: Bruner/Mazel.

Sattler, J.M. (1992). Assessment of children (3<sup>rd</sup> ed.). San Diego: Jerome M. Sattler Publisher, Inc.

Schatzberg, A.F., & Cole, J.O. (1991). Manual of clinical psychopharmacology (2<sup>nd</sup> ed.). Washington, D.C.: American Psychiatric Press.

Spaccerelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin*, 116, 340-362.

Spiegel, D. (Ed). (1993). Dissociative disorders, a clinical review. Lutherville, MD: Sidran.

Springer, D. W. (1998). Validation of the Adolescent Concerns Evaluation (ACE): Detecting indicators of runaway behavior in adolescents. Social Work Research, 22(4), 241-250.

Suzuki, L.A., Meller, P.J., & Ponterotto, J.G. (Eds). (1996). Handbook of multicultural assessment: Clinical, psychological, and educational applications. San Francisco, CA: Jossey-Bass.

Turner, F.E. (Ed.) (1995). Differential diagnosis and treatment in social work (4<sup>th</sup> ed.). New York, NY: The Free Press.

Whaley, A.L. (2000). Cultural mistrust of white mental health clinicians among African Americans with Severe Mental Illness. (2001). *American Journal of Orthopsychiatry* 71(2): 252-256.

Winokur, G., Coryell, W., Endicott, J., & Hagop, A. (1993). Further distinctions between manic-depressive (bipolar disorder) and primary depressive disorder (unipolar depression). *American Journal of Psychiatry*, 150(8), 1176-1181.

Yates, A. (1991). Compulsive exercise and the eating disorders: Toward an integrative theory of activity. New York: Bruner/Mazel.

Zanaeini, M.C. (1990). Discriminating borderline personality disorder from the other axis II disorders. *American Journal of Psychiatry*, 147(2), 161-7.