

**UNIVERSITY OF TEXAS AT ARLINGTON  
SCHOOL OF SOCIAL WORK**

**SOCW 6336.001: Direct Practice with Mental Health Clients**

**Spring, 2008**

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**Office Hours:** 1:00 – 3:00 p.m., Monday

10:00 – 12:00 a.m., Tuesday

**Course Time and Place:** 9:00 – 11:50 a.m., Monday; SWCA 218

**I. Academic Standards and Descriptions**

**A. Council on Social Work Education – Educational Policy and Academic Standards:**

Social work practice is anchored in the purposes of the social work profession and focuses on strengths, capacities, and resources of client systems in relation to their broader environments. Students learn practice content that encompasses knowledge and skills to work with individuals, families, groups, organizations, and communities. This content includes engaging clients in an appropriate working relationship, identifying issues, problems, needs, resources, and asset; collecting and assessing information; and planning for service delivery. It includes using communication skills, supervision, and consultation. Practice content also includes identifying, analyzing, and implementing empirically based interventions designed to achieve client goals; applying empirically based interventions designed to achieve client goals; applying empirical knowledge and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice (pp. 35-36).

**B. Course Description for the Graduate Catalog**

SOCW 6336: Focuses on assessment and intervention with those evidencing acute and chronic mental health problems and disabilities. The course addresses the delivery of services to various populations (children, adolescents, and adults), service delivery systems (community mental health, managed behavioral health care), and a wide range of problems. Topics include well-being, ethics, case management, treatment planning, managed care, DSM, PIE, and substance abuse. Required of all DP students specializing in Mental Health. Prerequisite: SOCW 6325.

## C. Course Description

*Direct Practice with Mental Health Clients* follows the course SOCW6325 Advanced Micro Practice. While 6325 details a broad range of interventions, this course narrows the focus to evidence-informed practice with persons with mental health concerns. The course briefly summarizes the history of previous assessment and interventions for mental illness, substance abuse, and mental health disabilities. The current research literature on mental health is explored to determine the most reliable bases for contributing factors, assessment, and treatment. The categorical system, DSM-IV, will be explored. Particular mental health issues will include the fundamentals of mental well-being, personal empowerment of clients, problems-in-living, chronic and acute mental illnesses, and substance abuse.

### **UTA-School of Social Work: Definition of Evidence-Informed Practice:**

Evidence-informed practice (EIP) is a guiding principal for the UTA-SSW. This approach is guided by the philosophy espoused by Gambrill (2006) and others who discuss evidence-based practice (EBP). Though many definitions of EIP/EBP saturate the literature, we offer two definitions that most closely define our understanding of the concept and serve to explicate our vision of EIP for the UTA-SSW:

The use of the best available scientific knowledge derived from randomized, controlled outcome studies, and meta-analyses of existing outcome studies, as one basis for guiding professional interventions and effective therapies, combined with professional ethical standards, clinical judgment, and practice wisdom (Barker, 2003, p. 149).

.....the integration of the best research evidence with our clinical expertise and our patient's unique values and circumstances (Strauss, et al. (2005).

The UTA SSW vision statement states that the "School's vision is to promote social and economic justice in a diverse environment." Empowerment connects with the vision statement because, as Rees (1991) has pointed out, the very objective of empowerment is social justice. Empowerment is a seminal vehicle by which social justice can be realized. It could well be argued that true social justice cannot be realized without empowerment. Empowerment, anchored with a generalist base, directs social workers to address root causes at all levels and in all contexts, not simply "symptoms". This is not a static process but an ongoing, dynamic process, a process leading to a greater degree of social justice and equality.

### **UTA-School of Social Work: Definition of Empowerment**

Empowerment is defined by Barker (2003:142) as follows:

In social work practice, the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socioeconomic, and political strength and develop influence toward improving their circumstances.

### **D. Course Learning Objectives and the MSSW Program Objectives**

The course relates to and advances the program objectives by demonstrating direct practice skills for mental health clients. The course describes multidimensional, biosocial assessments tools for individuals and groups. Students are taught to critically analyze theoretical models and evaluate their effectiveness. Also, the course emphasizes the role of gender, race, sexual orientation, and other personal and social factors in the acceptance and utilization of assessment and treatment skills. These objectives are reflected below in student learning outcomes.

## **II. Student Learning Outcomes:**

1. Students will be able to define mental health, mental illness, and mental well-being.
2. The participants will describe an effective decision-making strategy for deciphering ethical dilemmas in mental health treatment.
3. Students will be able to describe the structure of the DSM IV and conduct an assessment using the DSM criteria and structure.
4. Students will be able to describe causes (empirically validated and theoretical), advanced assessment methods, and the most effective treatments for depression, anxiety disorders, phobias, psychotic disorders, and other acute and chronic mental disorders.
5. Students will use critical thinking to adapt established assessment and treatment approaches to the unique characteristics and needs of diverse clients.
6. Students will be able to compare the various etiology and treatment options for substance abuse and addiction.

## **III. Requirements for Enrollment:** Second year standing in the MSSW program and 6325 (or concurrent registration).

#### IV. Required and Recommended Texts and Materials

The required texts are:

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders IV - TR*. Washington, D. C.: APA. ISBN: 0-89042-025-4

Rohrer, G. E. (2005). *Mental health in literature: Literary lunacy and lucidity*. Chicago: Lyceum. ISBN: 0-925065-84-6

Sands, R. G. (2001). *Clinical social work practice in behavioral mental health*. Boston: Allyn and Bacon. ISBN: 0-205-29699-8

And other journal articles and book chapters as assigned in class.

Supplemental Readings:

Bentley, K. J., & Walsh, J. (2006). *The social worker and psychotropic medication: Toward effective collaboration with mental health clients, families, and providers (3<sup>rd</sup> ed.)*. Belmont, CA: Brooks/Cole.

Fischer, J., & Corcoran, K. (2007). *Measures for clinical practice*, Vol. 2. New York: Oxford University Press. ISBN13: 978-0-19-518191-3

Zide, M. R., & Gray, S. W. (2008). *Psychopathology: A competency-based assessment model for social workers*. Belmont, CA: Brooks/Cole.

#### V. Course Schedule and Assignments:

##### Class 1 & 2: Social Workers and Mental Health Client.

To introduce the course requirements and expectations.

To put students at ease about the content and expectations of the course.

Definitions: Mental Health, Mental Illness, Mental Well-Being.

Mental Health Themes and Concepts

Social Deviance, Societal Reactions, Labeling, and, Community Norms

Historical and Professional Perspectives on Mental Health

Research Based Practice

### **Class 3: Definitions, Themes, Concepts, Research, Social Context, and Assessment of Mental Disorders.**

Development of Mental Health Problems: Heredity, biology, genetics  
 Psychosocial development and social learning  
 Social stress, systems/ecological perspectives.  
 Ethical Dilemmas in the Delivery of Mental Health Service  
 Categorizing Mental Illnesses – DSM IV  
 Racial, Ethnic, and Cultural Issues

Sands, R. G. (2001): Chapter 1-5, & 7.  
 Jordan, C., & Franklin, C. (1995). Chapters 1 & 3.  
 Zide, M. R., & Gray, S. W. (2008). Chapter 1.

### **Class 4-5: Mood Disorders: Assessment and Treatment**

Clients with Depression  
 Multiple Dimensions of Assessment  
 Effective Treatments

Bentley, K. J., & Walsh, J. (2001). Chapter 3-4.  
 Sands, R. G. (2001): Chapter 8.  
 Zide, M. R., & Gray, S. W. (2008). Chapter 4.

### **Class 6-7: Anxiety Disorders: Assessment and Treatment**

Explanatory Theories: The learning and maintenance of fears  
 Assessment and interventions  
 Effective Treatments

Craske, M. G., & Barlow, D. H. Therapist's guide for the mastery of your anxiety and panic.  
 Sands, R. G. (2001): Chapter 9.  
 Zide, M. R., & Gray, S. W. (2008). Chapter 5.  
 Marrick, R. P., & Petters, L. (1988). Treatment of severe social phobia: Effects of guided exposure with and without cognitive restructuring. *Journal of Consulting and Clinical Psychology*, 56, 251-260.  
 Ozar, E. M., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology*, 58, 472-486.

### **Class 8: Exam I**

**Class 9: Sexual Disorders**

Survey of Sexual Disorders: Dysfunction and conditioning

Leiblum, S., & Rosen, R. (1989). *Principles and practice of sex therapy: Update for the 1990s*. New York: Guilford.

Schover, L. R., Friedman, J., Weiler, S., Heiman, J. R., & LoPiccolo, J. (1982). A multi-axial diagnostic system for sexual dysfunctions: An alternative to DSM-III. *Archives of General Psychiatry*, 39, 614-619.

**Class 10: Eating Disorders**

Types of eating disorders  
Assessment and Treatment

Fairburn, C. G., & Wilson, G. T. (Eds). (1993). *Binge eating: Nature, assessment and treatment*. New York: Guilford.

Perri, M. G., McAllister, D. A., Gange, J. J., Jordan, R. C., McAdoo, W. G., & Nezu, A. M. Effects of four maintenance programs on the long-term management of obesity. *Journal of Consulting and Clinical Psychology*, 56, 529-534.

**Class 11-12: Psychotic Disorders: Assessment and Treatment of Schizophrenia**

Severe Mental Disorders: Theories, Concepts, and Philosophies  
Theoretical Issues  
Effective Treatment

Bentley, K. J., & Walsh, J. (2001). Chapter 5

Sands, R. G. (2001): Chapter 10, 12, & 13.

Zide, M. R., & Gray, S. W. (2008). Chapter 3.

**Class 13: Substance Abuse Treatment and Mental Disorders**

Dual Diagnosis and Substance Abuse  
Etiology of Substance Use Disorders  
Assessment

Sands, R. G. (2001): Chapter 13

Watkins, Lewellen, & Barrett: Chapters 1-3, & 9.

**Class 14: Managed Care**

Managed Care  
Case Management  
Community Resources

Bentley, K. J., & Walsh, J. (2001). Chapters 6-7  
Sands, R. G. (2001): Chapters 11-12

### **Class 15: Exam II and Video Tape Submission**

## **VI. Description of Assignments and Examinations:**

**Exams.** The exams will be in-class experiences. They will pull together the information from the class presentations and readings. The last four digits of your social security numbers will be used for identification and anonymity during grading. The exams address Student Learning Outcomes 1-4, and 6.

**Training Video.** Students will assume the role of trainers for a local community mental health agency. The videotape will train new employees to a particular type of client and treatment. You must select and present the essential and advanced skills necessary for the clinicians and last approximately 20-30 minutes. The material must (1) touch on the assessment strategies and ethical issues, (2) emphasize the treatment methods for the disorder(s), and (3) any other elements that are essential for working with the particular type of mental health client such as client's age, gender, ethnicity, philosophical or theological perspectives, and personal orientations.

The tape should be a demonstration and a teaching tool. It should contain the most relevant materials to justify your selection of assessment tools, intervention methods, possible medications, ethical issues, and maintenance strategies. A reference list of sources should be included with your tape (using APA format). You may work in pairs for this project, however, each student will be responsible for his or her own tape and materials. (You may not submit one tape for two people.) The following is a possible outline for the tape:

- Part 1: Information about typical clients with a particular mental health concern at your hypothetical agency – Description of the mental health concern, diagnostic criteria, assessment tools, validity and reliability of viable treatment options. (5-10 minutes)
- Part 2: Scenes showing the various elements or stages of the treatment approach. (10 to 20 minutes total)

Personal Reminder: I will be the only person who will see your tape. Do not worry about your on-camera persona. The grade is dependent on the content and the demonstration of your skills. Do not spend money on professional video services. (If you use the class assignment as an

excuse to buy a video camera, tell you banker, partner, agency, etc. that I did not require or even slightly recommend it!) The video project addresses Student Learning Outcomes 2, 4, and 5.

## **VII. Grading**

Exam I:	Week 8	40%
Exam II:	Week 15	40%
Training Video:	Week 15	20%

## **VIII. Americans with Disabilities Act**

The University of Texas at Arlington is on record as being committed to both the spirit and letter of federal equal opportunity legislation; reference Public law 93-112—The Rehabilitation Act of 1973 as amended. With the passage of new federal legislation entitled Americans with Disabilities Act (ADA), pursuant to section 504 of The Rehabilitation Act, we have a renewed focus on providing this population with the same opportunities enjoyed by all citizens.

As a faculty member, I am required by law to provide “reasonable accommodation” to students with disabilities, so as not to discriminate on the basis of that disability. Student responsibility primarily rests with informing faculty at the beginning of the semester and in providing authorized documentation through designated administrative channels.

## **IX. Academic Dishonesty**

The philosophy of The University of Texas at Arlington is that academic dishonesty is a completely unacceptable mode of conduct and will not be tolerated in any form. All persons involved in academic dishonesty will be disciplined in accordance with University regulations and procedures. Discipline may include suspension or expulsion from the University.

"Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts." (Regents' Rules and Regulations, Part One, Chapter VI, Section 3, Subsection 3.2, Subdivision, 3.22)

## **X. Available Student Support**

The University of Texas at Arlington supports a variety of student success programs to help you connect with the University and achieve academic success. They include learning assistance,

developmental education, advising and mentoring, admission and transition, and federally funded programs. Students requiring assistance academically, personally, or socially should contact the Office of Student Success Programs at 817-272-6107 for more information and appropriate referrals.

## **XI. Dropping the Class**

If you chose to drop the class, you have the responsibility to complete the paperwork according to the University's schedule. Not doing so may result in a failing grade.

## **XII. Electronic Communication**

Email shall be considered an official means of communication. Handouts for class, reading (if electronically available), and/or review materials will be emailed to each student. Students should feel free to communicate and send assignments through email. If written course materials are submitted for a grade, a brief confirmation will be sent as a reply. Also, if and when PowerPoint slides are used in class, copies will be transmitted to every class member.

## **XIII. Laptops and Other Electronic**

Please turn off all electronic devices during classtime as a courtesy to both the professor and fellow students. Laptop computers may be used for taking notes. To preserve academic integrity and as a courtesy to student colleagues, **USE OF LAPTOPS FOR E-MAILING , NET SURFING, OR OTHER PURPOSES IS PROHIBITED.** Failure to comply with this expectation will result in dismissal from the course for the semester.

## **XIV. Extended References**

### **A. General Texts:**

Corcoran, K., & Briggs, H. E. (Ed.). (2001). *Social work practice: Treating common client problems*. Chicago, IL: Lyceum Books.

Dorfman, R. (1988). *Paradigms of clinical social work*. New York: Brunner/Mazel.

Rohrer, G. E. (2005). *Mental health in literature: Literary lunacy and lucidity*. Chicago: Lyceum.

Sands, R. G. (2001). *Clinical social work practice in behavioral mental health*. Boston Allyn and Bacon.

Watkins, T. R., Lewellen, A., & Barrett, M. C. (2001). *Dual diagnosis: An integrated approach to treatment*. Thousand Oaks: Sage.

Zide, M. R., & Gray, S. W. (2001). *Psychopathology: A competency-based assessment model for social workers*. Belmont, CA: Brooks/Cole.

## **B. Clinical Assessment**

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders IV-TR*. Washington, D. C.: American Psychiatric Association.

Anello, E. (1989). DSM-III is a useful tool: Response to Kutchins and Kirk. *Social Work, 34*(2), 186.

Beck, A. (1967). *The Beck depression inventory*. San Antonio: The Psychological Corporation.

Beck, A., Ward, C., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for depression. *Archives of General Psychiatry, 4*, 561-71.

Cole, C. J. (1996). *Practical guide to DSM IV diagnosis and treatment*. Huntington Beach: Cole.

Coleman, R. L. (1989). The use of decision analysis in quality assessment. *Quality Review Bulletin, 15*(2), 236-245.

Fischer, J., & Corcoran, K., (2007). *Measures for clinical practice, Vols. 1 & 2*. New York: Oxford University.

Gazette, C., Conners, C., & Ulrich, R. (1978). Normative data on Conner's Parent and Teacher Rating Scales. *Journal of Abnormal Child Psychology, 6*, 221-236.

Groth-Marnat, G., & Schumaker, J. (1989). Computer-based psychological testing: Issues and guidelines. *American Journal of Orthopsychiatry, 59*(2), 257-263.

Grotevant, H., & Carlson, C. (1989). *Family assessment: A guide to methods and measures*. New York: Guilford.

Hudson, W. (1982). *The clinical measurement package: A field manual*. Homewood, Ill.: The Dorsey Press.

Hudson, W. (1985). Indexes and scales. In R. Grinnel (Ed.). *Social work research and evaluation*. Itasca, Ill.: ; F. E. Peacock.

- Inwald, R. (1987). *Hilson adolescent profile*. Hilson Research, 8228 Abingdon Road, Kew Gardens, NY, 11415.
- Jordan, C., & Franklin, C. (1995). *Clinical Assessment: Quantitative and Qualitative Methods*. Chicago, IL: Lyceum Books.
- Kirk, S. A., Siporin, M., & Kutchins, H. (1989). The prognosis for social work diagnosis. *Social Casework, 70*(5), 295-304.
- Kirk, S. A., & Kutchins, H. (1988). Deliberate misdiagnosis in mental health practice. *Social Service Review, 62*(2), 225-237.
- Kutchins, H., & Kirk, S. (1989). Human errors, attractive nuisances and toxic wastes: A reply to Anello. *Social Work, 34*(2), 187-188.
- Nouris, P., & Hudson, W. (1993). *The clinical measurement package*. Homewood, IL: Dorsey Press.
- Olson, D., McCubbin, H., Barnes, H., Larsen, A., Maxen, M., & Wilson M. (Eds.). *Family inventories*, (revised ed.). St. Paul, MN: Family Social Science, University of Minnesota.
- Rodwell, M. K. (1987). Naturalistic inquiry: An alternative model for social work assessment. *Social Service Review, 61*(2), 231-246.
- Sattler, J. (1988). *Assessment of children* (3rd ed.). San Diego: Sattler Publisher.
- Sattler, J. (1998). *Clinical and forensic interviewing of children and families*. San Diego: Sattler Publisher.
- Stuart, R., & Stuart, F. (1975). *Guide to family pre-counseling inventory program*. Champaign, IL: Research Press.
- Tancredi, L. R. (1987). The mental status examination. *Generations, 11*(4), 24-31.

### **1. Culturally Diverse Clients**

- Paniagua, F. A. (1998). *Assessing and treating culturally diverse clients: A practical guide* (2nd ed.). Thousand Oaks, CA: Sage.

### **C. Treatment**

## 1. Children and Family Therapy

- Barkley, R. (1981). *Hyperactive children: A handbook for diagnosis and treatment*. New York: Guilford.
- Beavers, R. W., Hampson, R. B., & Hulgue, Y. F. (1985). Commentary: The Beavers system approach to family assessment. *Family Process*, 24, 98-40.
- Bornstein, P., & Kazdin, A. (1985). *Handbook of clinical behavior therapy with children*. Homewood, IL: Dorsey.
- Breen, M., & Altepeter, T. *Disruptive behavior disorders in children: Treatment-focused assessment*. New York: Guilford.
- Cautela, J., Cautela, J., & Esonis, J. (Eds.). *Forms for behavior analysis with children*. Champaign, IL: Research Press.
- Epstein, N. E., & Baucom, D. H. (2003). *Enhanced cognitive-behavioral therapy for couples: A contextual approach*. Washington, D.C., American Psychological Association.
- Falloon, I. R. H. (Ed.). (1988). *Handbook of behavioral family therapy*. New York: Guilford.
- Falloon, I. R. H. (1991). Behavioral family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy*. New York: Brunner/Mazel.
- Frieson, J. (1985). *Structural-strategic marriage and family therapy*. New York: Gardner Press.
- Polster, R., & Dangel, R. (1989). Behavioral parent training in family therapy. In B. Thyer, (Ed.), *Behavioral family therapy*. Springfield, Il: Charles C. Thomas Publisher.
- Thyer, B. (Ed.). (1989). *Behavioral family therapy*. Springfield, Il: Charles C. Thomas Publisher.

## 2. Cognitive-Behavioral Therapy

- Beck, A. T., & Hollon, S. D. (2004). Cognitive and cognitive-behavioral therapies. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapies and behavior change* (5<sup>th</sup> ed.), pp. 497-492. New York: Wiley.
- Craighead, L. W., Craighead, W. E., Kazdin, A. E., & Mahoney, M. J. (1994). *Cognitive and behavioral interventions: An empirical approach to mental health problems*. Boston: Allyn and Bacon.

- Ellis, A. (1977). Rational-emotive therapy: Research data that supports the clinical and personality hypotheses of RET and other modes of cognitive-behavior therapy. *The Counseling Psychologist*, 7(1), 2-42.
- Ellis, A. (1994). Reason and emotion in psychotherapy: A comprehensive method for treating human disturbances (revised and updated). New York: Carol Publishing Group.
- Fichter, M., & Postpischil, F. (1988). Alcoholism. In I. R. H. Falloon, (Ed.). *Handbook of behavioral family therapy*. New York: Guilford.
- Hudson, B. L., & Macdonald, G. M. (1986). *Behavioral social work*. Chicago: Dorsey Press.
- Kazdin, A. E. (2001). *Behavior modification in applied settings* (6th ed.). Belmont, CA: Wadsworth.
- Gottman, J. M. (1999). *The marriage clinic: A scientifically based marital therapy*. New York: Norton.
- Granvold, D. (1994). *Cognitive and behavioral treatment: Methods and applications*. Pacific Grove: Brooks/Cole.
- Granvold, D. (1999). Integrating cognitive and constructive psychotherapies: A cognitive perspective. In T. B. Northcut, & N. R. Heller (eds), *Enhancing psychodynamic therapy with cognitive-behavioral techniques*. Northvale, NJ: Jason Aronson.
- Jacobson, N. S. & Hollon, S. D. (1996). Cognitive-behavior therapy versus pharmacotherapy: Now that the jury's returned its verdict, it's time to present the rest of the evidence. *Journal of Consulting and Clinical Psychology*, 64, 74-80.
- Neimeyer, R. A. (1993). Constructivism and the cognitive psychotherapies: Same conceptual and strategic contrasts. *Journal of Cognitive Psychotherapy*, 7, 159-171.
- Regehr, C. (2001). Cognitive-behavioral theory. In P. Lehmann, & N. Coady, Eds. *Theoretical perspectives for direct social work practice: A generalist-eclectic approach*. New York: Springer.

### **3. Medications**

- Bentley, K. J., & Walsh, J. (2001). *The social worker and psychotropic medication: Toward effective collaboration with mental health clients, families, and providers*. Belmont, CA: Brooks/Cole.

## **D. Disorders**

### **1. Anger Control & Developmental Disorders**

Novaco, R. W. (1975). *Anger control: The development and evaluation of an experimental treatment*. Lexington, MA: Heath.

Taylor, J. L. & Novaco, R. W. (2005). *Anger treatment for people with developmental disabilities : A theory, evidence, and manual based approach*. Chichester, West Sussex, England: Wiley.

### **2. Anxiety Disorders**

#### **a. Agoraphobia and Panic Disorders**

Antony, M. M., & Swinson, R. P. (2000). *Phobic disorders and panic in adults: A guide to assessment and treatment*. Washington, DC: American Psychological Association.

Barlow, D. H., & Brown, T. A. (1996). Psychological treatments for panic disorder and panic disorder with agoraphobia. In M. R. Mavissakalian & R. F. Prien (Eds.), *Long-term treatments of anxiety disorders* (pp. 221-240). Washington, DC: American Psychiatric Press.

Barlow, D. H., Raffe, S. D., & Cohn, E. M. (2002). Psychosocial treatments for panic disorders, phobias, and generalized anxiety disorder. In P. E. Nathan & J. M. Gorman (Eds.), *A guide to treatments that work* (2<sup>nd</sup> ed.). New York: Oxford University Press.

Barlow, D. H., Craske, M. G. (2000). *Mastery of your anxiety and panic: Client workbook for anxiety and panic*. San Antonio: Graywind Psychological Corporation.

Beck, A. T., Sokol, L., & Clark, D. A. (1992). A crossover study of focused cognitive therapy of panic disorder. *American Journal of Psychiatry*, 147, 778-783.

Craske, M. G., & Barlow, D. H. (1990). *Therapist's guide for the mastery of your anxiety and panic*. Albany: Graywind.

#### **b. Obsessive-Compulsive Disorders**

Abramowitz, J. S., Brigidi, B. D., & Roche, K. R. (2001). Cognitive-behavioral therapy for obsessive-compulsive disorder: A review of the treatment literature. *Research on Social Work Practice*, 11(3), 357-372.

### **c. Post-Traumatic Stress Disorder and Exposure Therapy**

Boudewyns, P. A., & Hyer, L. (1990). Physiological response to combat memories and preliminary treatment outcome in Vietnam veteran PTSD patients treated with direct therapeutic exposure. *Behavior Therapy, 21*, 63-87.

Foa, E. B., Keane, T. M., & Friedman, M. J. (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford Press.

Mulick, P. S., & Naugle, A. E. (2004). Behavioral activation for comorbid PTSD and major depression: A case study. *Cognitive and Behavioral Practice, 11*(4), 378-387.

Routhbaum, B. O., Meadows, E. A., Resick, P., & Foy, D. W. (2000). Cognitive-behavioral therapy. In E. B. Foa, T. M. Keane, & M. J. Fredman (Eds). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress*. New York: The Guilford Press.

### **d. Phobias**

Marrick, R. P., & Petters, L. (1988). Treatment of severe social phobia: Effects of guided exposure with and without cognitive restructuring. *Journal of Consulting and Clinical Psychology, 56*, 251-260.

Wolpe, J. (1973). *The practice of behavior therapy*. Elmsford, NY: Pergamon Press.

Wolpe, J. (1990). *The practice of behavior therapy* (4<sup>th</sup> ed.). Elmsford, NY: Pergamon.

## **3. Eating Disorders**

### **a. Anorexia Nervosa**

Harris, F. C., & Phelps, C. F. (1985). Anorexia nervosa. In M. Hersen, & A. Bellack (Eds.). *Handbook of clinical behavior therapy with adults*. New York: Plenum.

### **b. Bulimia**

Fairburn, C. G., Cooper, Z., & Cooper, P. J. (1986). The clinical features and maintenance of bulimia nervosa. In K. D. Brownell, & J. P. Foreyt (Eds.), *Handbook of eating disorders*. New York: Basic Books.

### **c. Obesity**

Brownell, K. D., & Jeffery, R. W. (1987). Improving long-term weight loss: Pushing the limits of treatment. *Behavior Therapy, 18*, 353-374.

Franklin, M. E., & Foa, E. B. (2002). Cognitive-behavioral treatments for obsessive-compulsive disorder. In P. E. Nathan, & J. M. Gorman (Eds.), *A guide to treatments that work* (2<sup>nd</sup> ed.). New York: Oxford University Press.

Perri, M. G., McAllister, D. A., Gange, J. J., Jordan, R. C., McAdoo, W. G., & Nezu, A. M. (1988). Effects of four maintenance programs on the long-term management of obesity. *Journal of Consulting and Clinical Psychology, 56*, 529-534.

## **4. Mood Disorders**

### **a. Major Depression**

Beck, A. T., Rush, A. J., Shaw, F. B., & Emery, G. (1979). *The cognitive therapy of depression*. New York: Guilford.

Kratochvil, C. J., Simons, A., Vitiello, B., Walkup, J., Emslie, G., Rosenberg, D., & March, J. S. (2005). A multisite psychotherapy and medication trial for depressed adolescents: Background and Benefits. *Cognitive and Behavioral Practice, 12*(2), 159-165.

Jacobson, N. S., Dobson, K. S., Truax, P. A., Addis, M. E., Koerner, K. & Gollan, J. K. (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology, 64*, 295-304.

### **b. Bipolar Disorder**

Reilly-Harrington, N. A., & Knauz, R. O. (2005). Cognitive-behavioral therapy for rapid cycling bipolar disorders. *Cognitive and Behavioral Practice, 12*(1), 66-75.

## **5. Sexual Disorders**

Schover, L. R., Friedman, J., Weiler, S., Heiman, J. R., & LoPiccolo, J. (1982). A multi-axial diagnostic system for sexual dysfunctions: An alternative to DSM-III. *Archives of General Psychiatry, 39*, 614-619.

## **6. Stress Management**

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