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"We are a community that commits itself to diversity and sustainability as dimensions of a just society" --*Lewis and Clark Mission Statement*

**Marriage, Couple & Family Therapy Program**  
**CPSY 522-02 Diagnosis of Mental and Emotional Disorders**  
**SPRING 2023**

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Time & Day: Wednesdays, 5:30pm – 8:30pm, 1/11/23 – 3/22/23

Place: York Graduate Center, Room 101

Instructor: Adam J Rodriguez, PsyD (he/him)

Phone: 503.308.9770

E-Mail: arodriguez@lclark.edu

**Instructor Biography:** I am a first-generation college graduate and licensed psychologist in private practice in Portland, OR. Previously, I was a full-time Assistant Professor and Director of Clinical Training at Notre Dame de Namur University in Belmont, CA. In my practice and scholarly work, I am interested in the study of first-generation college students and the institution of postsecondary education; multiracial identities; the intersection of race/ethnicity and class; and the connections between music and clinical work. As Common spoke: "Through eight-tracks, wax, CDs and tapes, I am music."

**CATALOG DESCRIPTION**

Introduction to the structure and use of the DSM 5 for diagnosing mental and emotional disorders. Limits and weaknesses of these approaches—especially with regard to socio-cultural differences—and alternatives to them. How to use these systems effectively in the context of relational, biopsychosocialspiritual, systemic interventions, and in culturally diverse environments. Current knowledge, theory, and issues regarding selected disorders and their treatment.

**CREDITS:** 2 semester units (30 total clock hours)

**STUDENT LEARNING OUTCOMES**

This course promotes the following student learning outcomes:

SLO 1.1 Students recognize the impact of power on individuals, families, and communities.

SLO 2.1 Students self-reflect on the implications of own and others' social location in clinical practice.

SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural

democracy.

SLO 4.2 Students provide competent service according to the AAMFT code of ethics and core competencies.

### **COURSE OBJECTIVES**

The following objectives are in keeping with the AAMFT Core Competencies. At the end of this course, students are expected to:

1. Consider sociocultural influences on the development of DSM criteria and their application (CC 1.2.1)
2. Understand ethical considerations related to diagnosis of mental and emotional problems in the practice of marriage, couple, and family therapy. (CC 5.1.2)
3. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. (CC 2.1.2; 2.1.3; 2.2.5)
4. Know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). (CC 2.1.5)
5. Understand the established diagnostic criteria for mental and emotional disorders, and describe treatment modalities and placement criteria within the continuum of care. (CC 2.1.5)
6. Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event. (CC 3.3.6; 3.4.3)
7. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments. (CC 2.3.4; 3.3.7)

### **TEXTS:**

#### **Required**

1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition*. Washington, D.C.: American Psychiatric Association Press.
2. Gabbard, G.O. (2014). *Psychodynamic Psychiatry in Clinical Practice. (5<sup>th</sup> Edition)*. Washington, D.C.: American Psychiatric Association Press.
3. Fadiman, A. (1997). *The Spirit Catches You and You Fall Down: A Hmong Child, her American Doctors, and the Collision of Two Cultures*. New York: Farrar, Straus, and Giroux.
4. *Additional Required Reading Links/Citations Will Be Posted to Moodle*

#### **Recommended**

1. McWilliams, N. (1994). *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process*. New York: Guilford Press.

\*Note: All required articles are available through the campus library. Some of the “Some Additional Readings” articles may not be, and are listed for your interest.

Moodle~ Students will be responsible for reading all articles, linked material, resources and class updates posted on the Moodle site!!

### **Course Requirements:**

*All assignments should be sent via email, to: [arodriguez@lclark.edu](mailto:arodriguez@lclark.edu). Assignments are due before midnight on the listed date. Save all sent emails as verification that you sent the assignment. This instructor strongly suggests sending the email at least one hour prior to the time due, to ensure for problems with email delivery or other technological considerations. It is your responsibility to ensure that emails are sent in a timely fashion.*

### **It is expected that you will have read the assignments and participate in class discussions.**

Class participation includes your active participation in discussions of the assigned readings within your small group and in the larger class. This instructor is aware of and sensitive to individual and cultural differences in the expression of participation in a group setting. Because the experience and opinion of each individual is important in any class, if you experience any particular discomfort regarding active participation in a group setting, please speak with me so that alternative, creative solutions can be explored. Seriously, I hardly ever raised my hand in undergrad or grad school. My shrink thinks it's probably partially connected to all my time in Catholic schools in the Midwest when I was very young. Let's just say that the nuns were not sympathetic to a shy Puerto Rican kid. My point is, it's okay to challenge yourself to be uncomfortable in speaking in class, and I will do everything in my power to support that. If it's paralyzingly hard, I respect that too and we'll figure out what to do about that.

Most lectures will require you to read a section from the DSM. I ask students to familiarize themselves with that week's relevant material from the DSM to enhance your participation in the lecture; however, memorizing DSM diagnostic criteria is not essential and we will be reviewing the DSM in class. *I ask you to spend most of your time with the other readings.* These readings will give greater shape and context to the diagnostic criteria established in the DSM and provide us the opportunity to have a more dynamic discussion in class about psychopathology.

### **Case Vignettes – In Class:**

Essential to diagnosis and formulation is consultation among peers and colleagues. Clinicians work best when they are collaborating and sharing thoughts and ideas with others, as well as leaning on others when things are confusing or difficult. Early in the term, the class will be divided into several small groups at random. These groups will remain intact for the duration of

the semester. For our classes on anxiety, mood, psychosis, trauma, and eating disorders, the second half of class will be dedicated to the discussion of a clinical vignette. Each group will have around 20 minutes to discuss potential diagnoses and considerations related to the vignette. These diagnoses will then be presented in class and discussed.

When discussing the vignette, be careful to thoroughly read it and identify what you believe is the clinically relevant information. Highlight what seems **central** to the individual's difficulties. For many vignettes, opinion may differ on the exact diagnosis. *It is less important that you attempt to find the "perfect" diagnosis, but rather that you show evidence to support your diagnosis based on the information provided in the vignette.* Do not make assumptions about the etiology of symptoms or about symptoms that do not appear in the vignette, although you may speak to additional information that you would be curious about in an assessment. When utilizing the DSM, consider the Diagnostic Criteria section, but it is equally important to consider other aspects of the diagnostic section, including Diagnostic Features and Differential Diagnosis. Finally, be careful of groupthink. Dissenting and differing viewpoints are important and can sometimes be the catalyst for a fresh way of thinking about a case. (Counts toward class participation points – 40 points).

Diagnosis Summary Infographic: It is impossible to cover all of the DSM in any one course. Decisions have been made by this instructor about which diagnoses to cover and which to ignore. At random, everyone in class will choose a diagnosis not covered in class. Prepare a one-page infographic for that diagnosis which covers:

1. A brief synopsis
2. Important differential considerations
3. Diagnostic criterion
4. A brief socio-cultural critique

Covering the material listed above will require a lot of editing. Much of the class will be spent offering very elaborate discussions of diagnoses. In this instance, we are striving for brevity. The final one-page infographic will be made accessible to all other students, (with potential edits). The goal is to be able to provide something to your colleagues which can introduce them to a diagnosis and may prove to be a resource to you and them. (25 points)

Midterm Paper: Based on your reading of *The Spirit Catches You and You Fall Down*, by Anne Fadiman, write a 6 to 8 page, APA-formatted, double-spaced paper discussing the complications that evolved in the care of the young Hmong child. One of the physicians said: "I felt it was important for these Hmongs to understand that there were certain elements of medicine that we understood better than they did and that there were certain rules they had to follow with their kids' lives. I wanted the word to get out in the community that if they deviated

from that, it was not acceptable behavior” (p. 79). Discuss your response to this statement and include an exploration of the primary biopsychosocial conflicts that impacted the outcome for the patient. Consider how symptoms and presentation of a disorder may vary across different cultures and how treatment failed potentially as a result of cultural impasse. Do you have any ideas about what might have been done differently? Discuss how Arthur Kleinman’s 8 questions (Chapter 17) may inform your work as a clinician, including how they may be useful. Discuss how your understanding of the events described in the book may inform your work with future patients. (50 points)

### Final Paper:

A highly-detailed and clinically complex vignette will be distributed around the middle of the semester. Read the vignette thoroughly, multiple times, and identify what you believe is the clinically relevant information. Highlight what seems central to the individual's difficulties. I suggest reading the vignette several times, and thinking of the person as a whole. In a 3-5 page, double-spaced paper, discuss your diagnostic and clinical impressions by addressing points presented below. Use APA style. (You do not need to use citations for the DSM). This exercise will be similar to the earlier vignettes; however, it will be much more complex.

1. Provide a DSM-V diagnosis. (10 points).
2. Explain your reasoning for each element of the diagnosis. In discussing your diagnosis, identify the data provided in the vignette that supports each of the criteria that you are using to make the diagnosis. (For example, "This individual's [fill in the behavior/data] fits criterion 1a of the diagnosis because ...). (30 points).
3. Identify other diagnoses you considered and present your reasoning for choosing the diagnosis you did and for ruling out other diagnoses. (15 points).
4. Provide a case formulation as discussed in class. (Utilize Westen’s article on formulation from Week 1). Assess and describe the individual's character structure. This should include a biopsychosocial formulation. This semester will spend a great deal of time discussing the elements of character structure, including defensive structures, object relations and relatedness, and transference/countertransference implications. Make *working hypotheses* with the information that you have available. Be mindful of possible biological contributors, psychological dimensions, and sociological influences on the person's psychopathology. Remember that the vignette may provide you with limited information in some circumstances. Be careful to write in a non-definitive way if you feel that you do not have enough information. (For example, "Due to [fill in the appropriate data], *it is possible* that this individual ...). Cite relevant literature when appropriate. (40 points).

5. In APA style. (5 points).

### **EVALUATION AND GRADING**

Grades for this course will be determined as follows:

**Class Attendance and Participation: 40 points**

**Diagnosis Summary Infographic: 25 points (each vignette = 10 points)**

**Midterm Paper: 50 points**

**Final Paper: 100 points**

94-100 = A      90-93.5 = A-      88-89.5 = B+

83-87.5 = B      80-82.5 = B-      78-79 = C+

73-77.5 = C      70-72 = C-

**Grading Criteria:** Please note that I DO NOT use any online resources to maintain or report grades. It is your responsibility to maintain an accurate account of your standing in the course. Feedback on assignments will be given as quickly as possible. Your grade will be based on academic criteria that include class participation and attendance, written assignments, and a final exam. Credit will be determined in the following way:

**Class Format:** The class is lecture/group discussion. Although I will be presenting (lecturing) much of the time, I strongly encourage questions/comments/general dialogue. There is a massive amount of information to convey; however, this is generally made more fruitful and impactful through dialogue. I strongly encourage questions, particularly those that you may be apprehensive about expressing. If you feel uncomfortable asking a question in class, you are welcome to email me the question and I will respond to it, anonymously, in class.

Class will generally begin with a presentation on the topic for the week in two parts. First will be a broad discussion on the topic followed by an analysis of the corresponding DSM section. After a break, will be the analysis of a clinical vignette. Following the presentation of the vignette, the class will be divided into small groups to discuss the case and present possible diagnoses. We will then discuss the diagnosis collectively. We will be spending considerable time examining how to read and utilize the DSM. **It is essential that you bring the DSM with you to each class.**

### **CPSY Departmental Attendance Policy**

Class attendance is expected and required. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

Are you still reading at this point? Really? That's amazing. There really is so much information in these things.

### **DISABILITY SERVICES STATEMENT**

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

### **DISCLOSURE OF PERSONAL INFORMATION**

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requires the program to have "established policies for informing applicants and students regarding disclosure of their personal information" (COAMFTE Standard 140.02, 2003). Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

### **LINKS TO LEWIS & CLARK GRADUATE SCHOOL ESSENTIAL POLICIES**

The course adheres to the general policies outlines in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: [go.lclark.edu/gsec-nondiscrimination](http://go.lclark.edu/gsec-nondiscrimination)
- Standards for professional student conduct and academic integrity: [go.lclark.edu/gsec-conduct](http://go.lclark.edu/gsec-conduct)
- Sexual misconduct: [go.lclark.edu/titleIX](http://go.lclark.edu/titleIX)

### **COVID RESPONSE**

Lewis & Clark is committed to providing in-person education and support to students in a close-knit campus community. We are also committed to the health of our community, and will take necessary steps to promote public health and protect members of our community whenever possible. Although no college campus can guarantee a COVID-free environment, we can greatly minimize the risks of COVID with appropriate mitigation measures, such as widespread vaccination. Our approach to COVID is based on **Centers for Disease Control (CDC) guidance to colleges and universities**, as well as guidance from the Oregon Health Authority and county public health officials. As the pandemic continues to evolve, and relevant guidance changes, we will update these policies and provide necessary information to the campus community.

Please check the Lewis & Clark guidelines up to date details about our COVID response.

<https://www.lclark.edu/news/covid-19-response/>

## COURSE ORGANIZATION - SCHEDULE AND ASSIGNMENTS

\*This is a tentative schedule and may be subject to change. The schedule is open to making changes or incorporating topics to meet student needs and/or interests.

\*\*Readings are to be completed by the date they are listed.

\*\*\**Readings: I am a STRONG believer in the importance of reading as much as is possible in our field. This course is attempting to introduce you to the fundamental concepts related to psychopathology from a biopsychosocial perspective. The amount of literature written in this area is vast and impressive. I have divided the readings into 3 sections. Section 1 is **Required Reading** for that day's class. Reading this material in advance of class will help you get the most out of it. You are expected to have read the content from Section 1. Section 2 is what I am calling **Secondary Importance**. This content is also very valuable. Although I do not expect that you have read it before class, if you are able to get to it before class, (or even after), I strongly encourage you to do so. Section 3 is what I am calling **Further Reading**. You are definitely not expected to read it before class. It is provided to you because psychopathology is also a reference subject, meaning that one cannot possibly know everything and therefore must have access to resources to learn more as they go through their career. You are, of course, welcome to read it before class, but it is provided more as a resource for you in the future, or if you happen to have a great deal of interest in that topic.*

### **Class 1 – 1/11/23**

**Topics:** Why Diagnosis?; Using the DSM; Course Review; Case Formulation

#### **Readings**

##### **Section 1:**

1. Gabbard: Chapter 3.
2. McWilliams, N. (2021). Diagnosis and its discontents: Reflections on our current dilemma. *Psychoanalytic Inquiry*, 41(8), 565-579.
3. Westen, D. (1998). Case formulation and personality diagnosis: Two processes or one? In J.W. Barron (ed.), *Making Diagnosis Meaningful* (pp. 111-138). Washington, D.C.: American Psychological Association.

##### **Section 2:**

1. Barron, J.W. (1998). *Making diagnosis meaningful* (pp. xiii-xxiii). Washington, D.C.: American Psychological Association.
2. Alarcón, R. (2009). Culture, cultural factors and psychiatric diagnosis: review and projections.
3. Suzuki, Lisa A. et al. (2006). Psychopathology in Schools: Multicultural Factors That Impact Assessment and Intervention.
4. Gabbard: Chapter 1.

##### **Section 3:**

1. Frances, Allen. (2012). America is overdiagnosed and overmedicated.
2. Frances, Allen. (2013). The DSM-5 Badly Flunks the Writing Test.
3. Szasz, Thomas. The Myth of Mental Illness.
4. McWilliams, N. (1999). Assessing Affects.



5. McWilliams, N. (1999). Defense Mechanisms.

### **Class 2 – 1/18/23**

**Topics:** Pathology of the Neurotic Character: Anxiety; Anxiety Disorders

**Readings:**

#### **Section 1:**

1. Gabbard: Chapter 9
2. DSM-5: Anxiety Disorders (pp. 189-234) and Obsessive-Compulsive and Related Disorders (pp. 235-264).

#### **Section 2:**

1. Joseph, B. (1978). Different types of anxiety and their handling in the analytic situation.

#### **Section 3:**

1. Freud, S. (1926). Inhibitions, Symptoms and Anxiety.
2. Hurvich, M. (2003). The place of annihilation anxieties in psychoanalytic theory.

### **Class 3 – 1/25/23**

**Topics:** Pathology of the Neurotic Character: Depression; Affective Disorders

**Readings:**

#### **Section 1**

1. Gabbard: Chapter 8
2. DSM-5: Bipolar and Related Disorders (pp. 123-154) and Depressive Disorders (pp.155-188).
3. Aftab, A. (2023). Understanding depression: A pluralistic approach

#### **Section 2:**

1. Freud, S. (1957). Mourning and melancholia. In: J. Strachey (Ed. and trans.), The Standard Edition of the Complete Psychological Works of Sigmund Freud (Vol. 14, pp. 237-258). London: Hogarth Press. (Original work published 1917).
2. Healy, D. (2006). The latest mania: Selling bipolar disorder. *PLOS*. doi: 10.1371/journal.pmed.0030185

#### **Section 3:**

1. Klein, M. (1935). A contribution to the psychogenesis of manic-depressive states.

### **Class 4 – 2/1/23**

**Topics:** Psychotic Process; Psychotic Disorders

**Readings:**

#### **Section 1**

1. Gabbard: Chapter 7
2. DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders (pp. 870-122).

#### **Section 2:**

1. Ogden, T.H. (1992). Projective Identification and Psychotherapeutic Technique. Chapter 7: The Nature of Schizophrenic Conflict, pp. 135- 172.

#### **Section 3:**

1. Searles, H. (1961). Schizophrenic Communication
2. Searles, H. (1961). Sources of Anxiety in Paranoid Schizophrenia

3. Saks, E. (2007). The Center Cannot Hold. [text]

### **Class 5 – 2/8/23**

**Topics:** Trauma; Trauma Disorders; Dissociative Disorders

**Readings:**

#### **Section 1**

1. Gabbard: Chapter 10
2. DSM-5: Trauma- and Stressor-Related Disorders (p.265-290) and Dissociative Disorders (pp.291-308).
3. Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books. Chapter 2: Terror, pp.33-50.

#### **Section 2:**

1. Fisher, J. (2017). Twenty-Five years of trauma treatment: What have we learned?

#### **Section 3:**

1. Brabeck, K. and Ainslie, R. (2008). The Narration of Trauma: The “True Story” of Jasper, Texas.
2. George, S. (2001). Trauma and the Conservation of African-American Racial Identity.
3. Tummala-Nara, P. (2001). Asian Trauma Survivors: Immigration, Identity, Loss, and Recovery.
4. Tummala-Nara, P. (2014). Cultural Identity in the Context of Trauma and Immigration from a Psychoanalytic Perspective.

### **Class 6 – 2/15/23**

**Topics:** Eating Disorders; Somatic Symptom Disorders

**Readings:**

#### **Section 1**

1. Gabbard: (pp. 357-381)
2. DSM: Feeding and Eating Disorders (pp. 329-354) Somatic Symptom and Related Disorders (pp. 309-328).
3. Zerbe, K.J. (1993). The Body Betrayed: A Deeper Understanding of Women, Eating Disorders, and Treatment. Chapter 5: When Self Meets Society: The Interplay of Cultural and Psychological Factors (pp. 99-124).

#### **Section 2:**

1. Kadish, Y. (2012). The role of culture in eating disorders.
2. Feldman, M. & Meyer, I. (2007). Eating disorders in diverse lesbian, gay and bisexual populations.

#### **Section 3:**

1. Zerbe, K.J. (1993). The Body Betrayed. (entire text!)
2. Austin, S. (2013). Working with dissociative dynamics and the longing for excess in binge eating disorders.
3. Barth, F.D. (2014). Putting it all together: An integrative approach to psychotherapy with eating disorders.

## **NO CLASS – 2/22/23**

### **Class 7 – 3/1/23**

**Topics:** Personality Styles – Paranoid, Schizoid, Schizotypal Personality Styles (Cluster A)

**Readings:**

**Section 1**

1. Gabbard: Chapter 14
2. DSM-5: pp. 645-659
3. Shelder, J. (2021). The Personality Syndromes.

**Section 2:**

1. McWilliams, N. (2006). Some thoughts about schizoid dynamics.
2. Alarcón, R. (1998). Culture in the diagnosis and classification of personality disorders.

**Section 3:**

1. Auchincloss, E. & Weiss, R. (1992). The paranoid character and the intolerance of difference.
2. Ogden, T. (1989). The schizoid condition.
3. Oldham, J. (2015). The alternative DSM-5 model for personality disorders.

### **Class 8 – 3/8/23**

**Topics:** Personality Styles: Narcissistic and Borderline Personality Styles (Cluster B)

**Readings:**

**Section 1**

1. Gabbard: Chapter 15 and 16
2. DSM-5: Personality Disorders – pp. 663-672

**Section 2:**

1. Gabbard, G.O. (1991). Technical approaches to transference hate in the analysis of borderline patients.

**Section 3:**

1. Bender et al. (2001). Cluster B personality traits and attachment.
2. Kernberg, O. (1967). Borderline personality organization. *Journal of the American Psychoanalytic Association*, 16, 641-685.

### **Class 9 – 3/15/23**

**Topics:** Personality Styles: Obsessive-Compulsive, Dependent, Avoidant (Cluster C)

**Readings:**

**Section 1**

1. Gabbard: Chapter 19
2. DSM-5: pp. 672-684.

**Section 2:**

1. McWilliams, N. (1994). Obsessive and Compulsive Personalities

### **Class 10 – 3/22/23**

**Topics:** tbd

**Readings:** Tbd

## Recommended Readings

The canon of literature on psychic processes is enormous. This class is an introduction to the vast amount of information available. I've included a reading list of additional articles and texts that would add to your knowledge of psychological disorders and mental illness.

- Altman, N. (1995). *The analyst in the inner city: Race, culture, and class through a psychoanalytic lens*. Hillsdale, NJ: Analytic Press.
- Barron, J. W. (Ed.) (1998). *Making diagnosis meaningful*. Washington, DC: American Psychological Association.
- Beutler, L. E., Clarkin, J. F. & Bongar, B. (2000) *Guidelines for the systematic treatment of the depressed patient*. New York: Oxford.
- Beutler, L. E. & Groth-Marnat, G. (Eds.). (2003). *Integrative assessment of adult personality* (2<sup>nd</sup> edition). New York: Guilford Press.
- Beutler, L. E. & Malik, M. L. (Ed.) (2002). *Rethinking the DSM: A psychological perspective*. Washington, DC: American Psychological Association.
- Brenner, C. (1982). *The mind in conflict*. Madison, CT: International Universities Press.
- Busch, F. N., Rudden, M., Shapiro, T. (2004). *Psychodynamic treatment of depression*. Washington, DC: American Psychiatric Press.
- Clarkin, J., Yeomans, F.E., & Kernberg, O. F. (2006). *Psychotherapy for borderline personality: Focusing on object relations*. Washington, DC: American Psychiatric Press.
- Cooper, S. & Wannerman, L. (1984). *A casebook of child psychotherapy*. Northvale, NJ: Aronson.
- Gabbard, G. O. & Wilkinson, S. M. (1994). *Management of the countertransference with borderline patients*. Washington, DC: American Psychiatric Press.
- Gibbs, J. T. & Huang, L. N. (1990). *Children of color*. New York: Jossey-Bass.
- Glickauf-Hughes, C. & Wells, M. (1997). *Object relations psychotherapy*. Northvale, NJ: Aronson.
- Greenspan, S. I. & Greenspan, N. T. (2003). *The clinical interview of the child* (3<sup>rd</sup> ed.). Washington, DC: American Psychiatric Press.
- Hays, P.A. (2008). *Assessing cultural complexities in practice* (2<sup>nd</sup> ed.). Washington, DC: American Psychological Association.
- Healy, D. (1999). *The antidepressant era*. Cambridge, MS: Harvard University Press.
- Healy, D. (2004). *Let them eat Prozac*. NY: New York University Press.
- Healy, D. (2011). *Mania*. Baltimore, MD: Johns Hopkins University Press.
- Healy, D. (2012). *Pharmageddon*. California: University of California Press.
- Horowitz, L. (2004). *Interpersonal foundations of psychopathology*. Washington, DC: American Psychological Association.
- Hubble, M. A., Duncan, B. L., & Miller, S.D. (Eds.) (2001) *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Javier, R. A. & Herron, W. G. (Eds.) (1998). *Personality development and psychotherapy in our diverse society: A sourcebook*. Northvale, NJ: Aronson.
- Jensen, P. S., Knapp, P., Mrasek, D.A. (2006). *Toward a new diagnostic system for child*

*psychopathology: Moving beyond the DSM*. New York: Guilford.

Kernberg, O. F. (1984). *Severe personality disorders: Psychotherapeutic strategies*. New Haven, CT: Yale University Press.

Kets de Vries, M. F. & Perzow, S. (Eds.). (1991). *Handbook of character studies: Psychoanalytic explorations*. Madison, CT: International Universities Press.

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

McWilliams, N. (1999). *Psychoanalytic case formulation*. New York: Guilford.

Millon, T. (1996). *Disorders of personality: DSM-IV and beyond*. (2<sup>nd</sup> ed.) New York: Wiley.

Millon, T., Blaney, P. H., Davis, R. D. (1999). *Oxford textbook of psychopathology*. New York: Oxford University Press.

Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford.

Ogden, T. H. (1986). *The matrix of the mind*. Northvale, NJ: Aronson.

Ogden, T. H. (1989). *The primitive edge of experience*. Northvale, NJ: Aronson.

Peebles-Kleiger, M. (2002) *Beginnings: The art and science of planning psychotherapy*. Hillsdale, NJ: Analytic Press.

Perez-Foster, R., Moskowitz, M. & Javier, R.A. (Eds.). *Reaching across boundaries of culture and class* (pp. 93-113). Northvale, NJ: Aronson.

Pine, F. (1985). *Developmental theory and clinical process*. New Haven, CT: Yale.

Piper, W. E. et al. (2002). *Interpretive and supportive psychotherapies*. Washington, DC: American Psychological Association.

Roth, A. & Fonagy, P. (2005). *What works for whom?* (2<sup>nd</sup> ed.). New York: Guilford.

Scaturro, D. J. (2005). *Clinical dilemmas in psychotherapy*. Washington, DC: American Psychological Association.

Shapiro, D. (2000) *Dynamics of character: Self-regulation in psychopathology*. New York: Basic.

Stone, M. (2006). *Personality disordered patients: Treatable and untreatable*. Washington, DC: American Psychological Association.

Stricker, G. & Gold, J. (Eds.) (2006). *A casebook of psychotherapy integration*. New York: American Psychological Association.

Tseng, W. S. (1997). *Culture and psychopathology*. New York: Brunner Mazel.

Vaillant, L. M. (1996). *Changing character*. New York: Basic.

Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Erlbaum.

Zarit, S. H. & Zarit, J. W. (1998). *Mental disorders in older adults*. New York: Guilford.