

**THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK**

SW 530: Cognitive Behavioral Therapy (2 - 3 credits)

Prerequisite(s): 510, 512, 513, 517, 519, 520, 522, 537, 538, 539.

Professor: David Dia, Ph.D., LCSW, CCBT

Contact: 448-4431

Office Hours: Mondays 2 to 4

Office Room #: 612E

Tuesdays 9 to 12

Email: ddia@utk.edu

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.utk.csw.edu)

Honor Statement

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*, 2008).

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 2227 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

Course Description

This is an advanced elective course. This course focuses on empirically validated treatment approach, cognitive behavioral therapy. It covers the theory, concepts, and techniques of cognitive behavioral therapies, with a particular emphasis on intervention methods that may be used by the social worker to help clients with specific problems or conditions.

Course Rationale

Social workers are the largest group of mental health providers. Coupled with the rapid growth and empirical validation of cognitive behavioral therapy, methods, and techniques, and the increasing utilization of these approaches in social work practice, make this course a useful elective for social worker students studying to become direct service social workers. Many of the cognitive behavioral methods are considered short term, making cognitive-behavioral methods, perhaps, of particular value as more and more emphasis is placed on providing clients with short-term courses of intervention. Many of these methods also have impressive outcomes documented through empirical research and are appropriate for use with diverse populations.

Course Competencies

By the completion of this course, the students are expected to be able to demonstrate (through course activities, assignments, and/or exams):

1. Describe the evidence-based, theoretical model that underlies cognitive behavioral therapy. (CT/EBP-C.1, C.2; HBSE-C.2; Practice-C.1, C.2; Policy C.2). *(content: steps in evidence based practice, theoretical models and concepts, theory driven practice, neurobiology, developmental, mental health policy)*.
2. Identify the components of an evidence-based, functional behavioral assessment. (Practice-C.1, C.2, C.3). *(content : case scenarios, professional use of self, steps in conducting FBA – define behaviors, baseline data, observation strategies, therapeutic relationship, antecedents-behavior-consequences; evidenced based assessment tools, information technology, diagnosis, dimensional assessment vs. categorical, psychosocial assessment, collection of data from multiple sources, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning)*.
3. Identify the components for a cognitive behavioral conceptualization for a variety of disorders. (Practice-C.1, C.2, C.3). *(content: components of conceptualization, case scenarios, downward arrow technique, core beliefs, schema, automatic thought, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning)*.
4. Describe the components for a cognitive behavioral treatment plan. (Practice-C.1, C.2, C.3). *(content: design and implement evidenced based practice, case scenarios, identification of problems and goals, ways to break goals into pieces, to make observable and measurable, etc., interventions linked to conceptualization, treatment techniques and strategies)*.
5. Describe the major evidence-based, cognitive behavioral techniques/interventions for different problems or syndromes. (Practice-C.1, C.2, C.3). *(content: case scenarios, disorder specific techniques and strategies for individuals, families and groups – cognitive restructuring, daily thought records, role plays, pleasant event scheduling, cognitive distortions, breathing retraining, psychoeducation, Socratic questioning, guided discovery, cognitive rehearsal, coping cards, electronic resources, etc.)*.
6. Identify and critically analyze the evidence-bases for CBT. (Diversity-C.1, C.2, C.3; CT/EBP-C.1, C.3, C.4; HBSE-C.1, C.2; Practice-C.3). *(content: ethnicity, race, culture, risk and resilience, age, gender, components of critical thinking, information technology and electronic resources, steps in evidence based practice)*.
7. Apply knowledge of approach to assist individual with a specific problem(s) or syndrome(s). (CT/EBT-C.1; Practice-C.1, C.2, C.3). *(content: theories, case scenarios, conceptualization, problem identification, goal development, critical thinking, treatment strategies, skills and strategies for working with individuals with multiple problems, steps in evidenced based practice)*.
8. Describe ethical dilemmas that a social worker could encounter with using cognitive behavioral therapy (CT/EBT-C.1, Practice-C.1; Diversity-C.2; Value & Ethics-C.1, C.2, C.3; Social Justice-C.2). *(content: NASW code of ethics, framework for resolving ethical*

dilemmas, case scenarios, maintain appropriate boundaries, ethnicity, race, culture, age and gender, advocacy and social change strategies with and on behalf of client systems).

Required Text: Wright, J. H., Basco, M. R., Thase, M. E. (Eds.). (2005). Learning cognitive-behavioral therapy: An illustrative guide. Arlington, VA: American Psychiatric Publishing, Inc.

Course Requirements/Grading

Average of 5 quizzes	25%
Conceptualization and Treatment Plan Paper	25%
CBT Notebook	10%
Final Exam – Clinical Interview	40%
Class Participation and Attendance	*See below

Description of Course Requirements

Quizzes

There will be 5 quizzes given through out the semester based only on the readings due for that class. There will be 5 to 10 questions and the student will provide short answers. The quizzes will be given at the beginning of class. Students who miss a quiz will be given an essay question to answer.

(content: steps in evidence based practice, theoretical models and concepts, theory driven practice, neurobiology, developmental, mental health policy, case scenarios, professional use of self, steps in conducting FBA – define behaviors, baseline data, observation strategies, therapeutic relationship, antecedents-behavior-consequences; evidenced based assessment tools, information technology, diagnosis, dimensional assessment vs. categorical, psychosocial assessment, collection of data from multiple sources, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning, components of conceptualization, downward arrow technique, core beliefs, schema, automatic thought, identification of problems and goals, ways to break goals into pieces, to make observable and measurable, etc., interventions linked to conceptualization, treatment techniques and strategies, disorder specific techniques and strategies for individuals, families and groups – cognitive restructuring, daily thought records, role plays, pleasant event scheduling, cognitive distortions, breathing retraining, psychoeducation, Socratic questioning, guided discovery, cognitive rehearsal, coping cards, electronic resources, etc., components of critical thinking, information technology and electronic resources, problem identification, goal development, skills and strategies for working with individuals with multiple problems, NASW code of ethics, framework for resolving ethical dilemmas, maintain appropriate boundaries, ethnicity, race, culture, age and gender, advocacy and social change strategies with and on behalf of client systems).

Case Conceptualization and Treatment Plan Paper

Students will work individually to draw up a case conceptualization paper, guided by theory. Based on the case conceptualization, students will draw up an initial treatment plan that is linked directly to the case conceptualization.

(content: steps in evidence based practice, theoretical models and concepts, theory driven practice, neurobiology, developmental, mental health policy, case scenarios, professional use of self, steps in conducting FBA – define behaviors, baseline data, observation strategies, therapeutic relationship, antecedents-behavior-consequences; evidenced based assessment tools, information technology, diagnosis, dimensional assessment vs. categorical, psychosocial assessment, collection of data from multiple sources, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning, components of conceptualization, downward arrow technique, core beliefs, schema, automatic thought, identification of problems and goals, ways to break goals into pieces, to make observable and measurable, etc., interventions linked to conceptualization, treatment techniques and strategies, disorder specific techniques and strategies for individuals, families and groups – cognitive restructuring, daily thought records, role plays, pleasant event scheduling, cognitive distortions, breathing retraining, psychoeducation, Socratic questioning, guided discovery, cognitive rehearsal, coping cards, electronic resources, etc., components of critical thinking, information technology and electronic resources, problem identification, goal development, skills and strategies for working with individuals with multiple problems)

CBT Notebook

This will be a separate notebook from your class notebook. I recommend using a 3 ring binder with dividers. The first section will be general patient information and handouts regarding CBT. The following sections will be specific information covering each disorder – conceptualization, patient educational material about the disorder, etc.

(content: theory driven practice, neurobiology, developmental, diagnosis, components of conceptualization, interventions linked to conceptualization, treatment techniques and strategies, disorder specific techniques and strategies for individuals, families and groups – cognitive restructuring, daily thought records, role plays, pleasant event scheduling, cognitive distortions, breathing retraining, psychoeducation, information technology and electronic resources, problem identification, goal development, skills and strategies for working with individuals with multiple problems).

Final Exam – Clinical Interview

The final exam will cover the whole course. You will be in a role play as the clinician with the instructor. You will be asked to demonstrate different cognitive-behavioral skills and strategies based on different problems/disorders discussed in class. The will also include a assessment, development of a case conceptualization, and implementation

of a treatment plan. The examination will last for 60 minutes. You will be graded based on your ability to demonstrate the appropriate skill or strategy. Please bring a VHS video tape to the exam.

(content: steps in evidence based practice, theoretical models and concepts, theory driven practice, neurobiology, developmental, mental health policy, case scenarios, professional use of self, steps in conducting FBA – define behaviors, baseline data, observation strategies, therapeutic relationship, antecedents-behavior-consequences; evidenced based assessment tools, information technology, diagnosis, dimensional assessment vs. categorical, psychosocial assessment, collection of data from multiple sources, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning, components of conceptualization, downward arrow technique, core beliefs, schema, automatic thought, identification of problems and goals, ways to break goals into pieces, to make observable and measurable, etc., interventions linked to conceptualization, treatment techniques and strategies, disorder specific techniques and strategies for individuals, families and groups – cognitive restructuring, daily thought records, role plays, pleasant event scheduling, cognitive distortions, breathing retraining, psychoeducation, Socratic questioning, guided discovery, cognitive rehearsal, coping cards, electronic resources, etc., components of critical thinking, information technology and electronic resources, problem identification, goal development, skills and strategies for working with individuals with multiple problems, NASW code of ethics, framework for resolving ethical dilemmas, maintain appropriate boundaries, ethnicity, race, culture, age and gender, advocacy and social change strategies with and on behalf of client systems).

Class Participation and Attendance

In order for the class to be more dynamic and meaningful to the student, class attendance (including being on time) and participation is expected. **Students are also expected to discuss their active cases during class** (Please remember to do so in a way that maintains confidentiality.) We will frequently utilize role-plays to practice skills and techniques. If you must miss a class, you are responsible for obtaining the material missed from a classmate. It is expected that you will not have to miss more than one class. For each additional class missed, your final grade is reduced by 5%. (e.g., earned a 90% missed two classes, final grade is an 85%. If you are tardy twice, this will count as one missed class.

Assignment of Final Grades

- A 92-100 (indicates superior performance)
- B+ 87-91 (indicates better than satisfactory performance)
- B 82-86 (indicates satisfactory performance)
- C+ 77-81 (indicates less than satisfactory performance)
- C 70-76 (indicates performance well below graduate school standard)

It is important to me that all students have the opportunity to learn the information covered in this class and to receive the good grades they deserve. To this end, if you are having difficulty with this course, please make an appointment to meet with me.

Tentative Course Outline

January 13 -- Overview of CBT

- a. Evaluating CBT treatment
 1. Expert consensus guidelines/practice guidelines
 2. Meta-analyses
- b. Introduction to the principles of CBT
 1. Therapeutic Relationship
 2. Cognitive Procedures
 3. Behavioral Procedures
- c. Readings:
 - Article: Butler, A., Chapman, J. E., Forman, E. M., Beck, A. T. (2006). The empirical status of cognitive behavioral therapy: A review of the meta-analyses. *Clinical Psychology Review*, 26, 17-31.
 - Wright et al. book: Chapter 1 – Basic principles of cognitive-behavioral therapy and Chapter 2 – The therapeutic relationship: Collaborative empiricism in action.

(content: steps in evidence based practice, theoretical models and concepts, theory driven practice, mental health policy, case scenarios, professional use of self, evidenced based assessment tools, information technology, diagnosis, dimensional assessment vs. categorical, psychosocial assessment, collection of data from multiple sources, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning, components of conceptualization, interventions linked to conceptualization, problem identification, goal development, NASW code of ethics, framework for resolving ethical dilemmas, maintain appropriate boundaries, ethnicity, race, culture, age and gender, advocacy and social change strategies with and on behalf of client systems).

January 20 – April 21 (Sessions 2 through 14)

The remaining classes will follow this general outline and included the following content:

- a. Assessment
- b. Cognitive conceptualization of the disorder/problem
- c. Cognitive and Behavioral Procedures
- d. Instructor demonstration
- e. Small group role plays

(content: steps in evidence based practice, theoretical models and concepts, theory driven practice, neurobiology, developmental, mental health policy, case scenarios, professional use of self, steps in conducting FBA – define behaviors, baseline data, observation strategies, therapeutic relationship, antecedents-behavior-consequences; evidenced based assessment tools, information technology, diagnosis, dimensional assessment vs. categorical, psychosocial assessment, collection of data from multiple

sources, takes into account culture, race, socioeconomic class, gender, sexual orientation, stage of development, spiritual needs and perspectives, and physical and mental functioning, components of conceptualization, downward arrow technique, core beliefs, schema, automatic thought, identification of problems and goals, ways to break goals into pieces, to make observable and measurable, etc., interventions linked to conceptualization, treatment techniques and strategies, disorder specific techniques and strategies for individuals, families and groups – cognitive restructuring, daily thought records, role plays, pleasant event scheduling, cognitive distortions, breathing retraining, psychoeducation, Socratic questioning, guided discovery, cognitive rehearsal, coping cards, electronic resources, etc., components of critical thinking, information technology and electronic resources, problem identification, goal development, skills and strategies for working with individuals with multiple problems, NASW code of ethics, framework for resolving ethical dilemmas, maintain appropriate boundaries, ethnicity, race, culture, age and gender, advocacy and social change strategies with and on behalf of client systems).

Session 2: January 20 – Depression

Readings: Wright et al. book, Chapter 3 Assessment and formulation, Chapter 4 Structuring and educating, and Chapter 5 Working with automatic thoughts

Session 3: January 27 – ADHD

Readings: Wright et al. book Chapter 6 Behavioral Methods I

Jensen, P. S. et al. (2001). Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): Implications and Applications for Primary Care Providers. (National Institute of Mental Health research on attention-deficit hyperactivity disorder)." *Journal of Developmental & Behavioral Pediatrics*, 22.1

Session 4: February 3 – Substance Abuse

Readings: Wright et al. book, Chapter 7 Behavioral Methods II

Readings: Nay, W. R., Ross, G. R. (1993). Cognitive-behavioral intervention for adolescent drug use (pp. 315-343). In A. J. Finch, Nelson III, W. M., & Ott, E. S. (Eds.). *Cognitive-behavioral procedures with children and adolescents*. Needham Heights, MA: Allyn and Bacon.

Session 5: February 10 – Anger and Aggression

Readings: Feindler, E. L. (1991). Cognitive strategies in anger control interventions for children and adolescents (pp. 66-97). In P. Kendall (Ed.). *Child & Adolescent Therapy: Cognitive-behavioral procedures*. New York: The Guildford Press.

Session 6: February 17 – Panic Disorder

Session 7: February 24 – Generalized Anxiety Disorder

Session 8: March 3 – Social Anxiety Disorder

Session 9: March 10 – Obsessive Compulsive Disorder

Readings: Freeston, M., & Ladouceur, R. (1999). Exposure and response prevention for obsessive thoughts. *Cognitive and Behavioral Practice*, 6, 362-383.

Spring Break, March 17 No Class

Session 10: March 24 – Trauma Focused CBT (Post-traumatic Stress Disorder)

Complete online activity. Bring certificate to next class. **No class.**

Session 11: March 31 – TF-CBT (PTSD)

Readings: Foa, E. B., Davidson, J. R. T., & Allen Frances (Eds.). The expert consensus guideline series: Treatment of posttraumatic stress disorder. *The Journal of Clinical Psychiatry*, 60, Supplement 16.

Session 12: April 7 – Personality Disorders – Schema Focused Treatment

Readings: Wright et al. book, Chapter 8 Modifying schemas and Chapter 9 Common problems and pitfalls

Session 13: April 14 – Complex cases (e.g., multiple diagnoses, chronic conditions)

Readings: Wright et al. Chapters 10 Treating chronic, severe, or complex disorders and Chapter 11 Building competence in cognitive behavioral therapy

Readings: Study for and work on notebooks for the final.

Session 14: April 21 – IN CLASS PRACTICE FOR THE FINAL

Have your notebooks completed for my review.

May 5 – Oral Final Examinations

References and Resources

Introduction to Class

Butler, A., Chapman, J. E., Forman, E. M., Beck, A. T. (2006). The empirical status of cognitive behavioral therapy: A review of the meta-analyses. *Clinical Psychology Review, 26*, 17-31.

In-Albon, T., & Schneider, S. (2007). Psychotherapy of childhood anxiety disorders: A meta-analysis. *Psychotherapy and Psychosomatics, 76*, 15-24.

Creed, T. A., & Kendall, P. C. (2005). Therapist alliance-building behavior within a cognitive-behavioral treatment for anxiety in youth. *Journal of Consulting and Clinical Psychology, 73*, 498-505.

NASW Code of Ethics: <http://www.socialworkers.org/pubs/code/code.asp>

Cognitive-Behavioral Therapy – Children and Adolescents

Kendall, P. C. (Ed.). (1991). *Child & adolescent therapy: Cognitive-behavioral procedures*. New York: Guilford Press.

Finch, A. J., Nelson, W. M., & Ott, E. S. (Eds.). (1993). *Cognitive-behavioral procedures with children and adolescents: A practical guide*. Boston, MA: Allyn and Bacon.

Cognitive-Behavioral Therapy – Adults

Freman, A., & Dattilio, F. M. (Eds.). (1992). *Comprehensive casebook of cognitive therapy*. New York: Plenum Press.

Freeman, A., Pretzer, J. Fleming, B., & Simon, K. M. (1990). *Clinical applications of cognitive therapy*. New York: Plenum Press.

Anxiety Disorders – General - Adults

Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic* (2nd ed.). New York: Guilford Press.

Beck, A. T., Emery, G., & Greenberg, R. L. (1985). *Anxiety disorders and phobias: A cognitive perspective*. United States: Basic Books.

Anxiety Disorders – General – Children and Adolescents

Morris, T. L., & March, J. (Eds.). (2004). *Anxiety disorders in children and adolescents* (2nd ed.). New York: Guilford Press.

Rapee, R. M., Wignall, A., Hudson, J. L., & Schniering, C. A. (2000). *Treating anxious children and adolescents: An evidence based approach*. Oakland, CA: New Harbinger Publications.

PANIC DISORDER

Barlow, D. H., & Craske, M. G. (2000). *Mastery of your anxiety and panic: Therapist guide*. United States: Graywind Publications.

Rosenbaum, J. F., & Pollack, M. H. (Eds.). (1998). *Panic disorder and its treatment*. New York: Marcel Dekker, Inc.

McNally, R. J. (1994). *Panic disorder: A critical analysis*. New York: Guilford Press.

GENERALIZED ANXIETY DISORDER

Zinbarg, R. E., Craske, M. G., & Barlow, D. H. (1993). *Mastery of your anxiety and worry: Therapist guide*. United States: Graywind Publications.

SOCIAL ANXIETY DISORDER

Heimberg, R. G., & Becker, R. (2002). *Cognitive-behavioral group therapy for social phobia: Basic mechanisms and clinical strategies*. New York: Guilford Press.

Beidel, D. C., Turner, S. M., & Morris, T. L. (2000). Behavioral treatment of childhood social phobia. *Journal of Consulting and Clinical Psychology, 68*, 1072-80.

OBSESSIVE-COMPULSIVE DISORDER

March, J. S., Frances, A., Carpenter, D., & Kahn, D. A. (Eds.). The expert consensus guideline series: Treatment of obsessive-compulsive disorder. *The Journal of Clinical Psychiatry, 58*, Supplemental 4.

Steketee, G. S. (1993). *Treatment of obsessive compulsive disorder*. New York: Guilford Press.

Kozak, M. J., & Foa, E. B. (1997). *Mastery of obsessive-compulsive disorder: A cognitive-behavioral approach*. United States: Graywind Publications.

March, J. S., & Mulle, K. (1998). *OCD in children and adolescents: A cognitive-behavioral treatment manual*. New York: Guilford Press.

SEPARATION ANXIETY DISORDER

Dia, D. A. (2001). Cognitive-behavioral therapy with a six-year-old boy: A case study. *Health and Social Work, 26*, 125-128.

Kearney, C. A. (2001). School refusal behavior in youth: A functional approach to assessment and treatment. Washington, D.C.: American Psychological Corporation.

PTSD

Foa, E. B., Davidson, J. R. T., & Allen Frances (Eds.). The expert consensus guideline series: Treatment of posttraumatic stress disorder. *The Journal of Clinical Psychiatry, 60*, Supplement 16.

Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford Press.

Feeny, N. C., Foa, E. B., Treadwell, K. R. H., & March, J. (2004). Posttraumatic stress disorder in youth: A critical review of the cognitive and behavioral treatment outcome literature. *Professional Psychology: Research and Practice, 35*, 466-476.

March, J. S., Amaya-Jackson, L., Murray, M. C., & Schulte, A. (1998). Cognitive-behavioral psychotherapy for children and adolescents with posttraumatic stress disorder after a single-incident stressor. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 585-593.

DEPRESSION AND SUICIDE

Beck, A. T. (1967). Depression: Cause and treatment. Philadelphia, PA: University of Pennsylvania Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of Depression. New York: Guilford Press.

Dudley, C. D. (1997). Treating depressed children: A therapeutic manual of cognitive behavioral interventions. Oakland, CA: New Harbinger Publications.

Stark, K., & Kendall, P. (1996). Treating depressed children: Therapist manual for "Taking Action." Ardmore, PA: Workbook Publishing, Inc.

Nock, M. K., & Kessler, R. C. (2006). Prevalence of and risk factors for suicide attempts versus suicide gestures: Analysis of the national comorbidity survey. *Journal of Abnormal Psychology, 115*, 616-623.

Bondy, B. (2002). Pathophysiology of depression and mechanisms of treatment. *Dialogues in Clinical Neuroscience, 4*, 7-20.

ADHD

Safren, S., Perlman, C. A., Sprich, S., & Otto, M. W. (2005). *Mastering your adult ADHD: A cognitive-behavioral treatment program*. New York: Oxford University Press.

Braswell, L., & Bloomquist, M. L. (1991). *Cognitive-behavioral therapy with children with ADHD: Child, family, school interventions*. New York: Guilford Press.

Jensen, P. S. et al. (2001). Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): Implications and Applications for Primary Care Providers. (National Institute of Mental Health research on attention-deficit hyperactivity disorder)." *Journal of Developmental & Behavioral Pediatrics*, 22.1

Pelham, W. E., & Gnagy, E. M. (1999). Psychosocial and combined treatment for ADAD. *Mental Retardation and Developmental Disabilities*, 5, 225-236.

Kendall, P. C. (1992). *Cognitive-behavioral therapy for impulsive children: The manual* (2nd ed.). Ardmore, PA: Workbook Publishing.

SUBSTANCE ABUSE

Carroll, K. M., Easton, C. J., Nich, C.; Hunkele, K. A.; Neavins, T. M.; Sinha, R., Ford, H. L., Vitolo, S. A., Doebrick, C. A., Rounsaville, B. J. (2006). The use of contingency management and motivational/skills-building therapy to treat young adults with marijuana dependence. *Journal of Consulting and Clinical Psychology*. 74, 955-966.

ANGER AND AGGRESSION

Nelson, W. M., & Finch, A. J. (1996). *Cognitive-behavioral therapy for aggressive children: Therapist Manual*. Ardmore, PA: Workbook Publishing, Inc.

SHY BLADDER SYNDROME / PARURESIS

Soifer, S., Zgourides, G. D., Himle, J., Pickering, N. L. (2001). *Shy bladder syndrome: Your step-by-step guide to overcoming paruresis*. Oakland, CA: New Harbinger Publications.

BODY DYSMORPIC DISORDER

Phillips, K. A. (1986). *The broken mirror: Understanding and treating body dysmorphic disorder*. New York: Oxford University Press.

TRICHOTILLOMANIA

Mansueto, C. S., Golomb, R. G., McCombs Thomas, A. M., & Townsend Stemberger, R. M. (1999). A comprehensive model for behavioral treatment of Trichotillomania. *Cognitive and Behavioral Practice*, 6, 23-43.

Keijsers, G. P. J., van Minnen, A., Hoogduin, C. A. L., Klaassen, B. N. W., Hendriks, M. J., & Tanis-Jacobs, J. (2006). Behavioural treatment of trichotillomania: Two-year follow-up results. *Behaviour Research and Therapy*, 44, 359-370.

SCHIZOPHRENIA

Sensky, T. et al. (2000). A randomized controlled trial of CBT for persistent symptoms in schizophrenia resistant to medications. *Archives of General Psychiatry*, 57, 165-172.

PERSONALITY DISORDERS

Beck, A. T., Freeman, A. M., et al. (1990). *Cognitive Therapy of Personality Disorders*. New York : Guilford Press.

COUPLES THERAPY

Markman, H., Stanley, S., & Blumberg, S. (1994). *Fighting for your marriage*. San Francisco: Jossey-Bass Inc.

Notarius, C., & Markman, H. (1993). *We can work it out: How to solve conflicts, save your marriage and strengthen your love for each other*. New York: The Berkley Publishing Group.

General Articles or Books

Ballenger, J. C. (2001). Overview of different pharmacotherapies for attaining remission in generalized anxiety disorders. *Journal of Clinical Psychiatry*, 62, 11-19.

Haden, S. C., & Scarpa, A. (2007). The noradrenergic system and its involvement in aggressive behaviors. *Aggression and Violent Behavior*, 12, 1-15.

Gater R, Tansella M, Korten A, et al. (1998). Sex differences in the prevalence and detection of depressive and anxiety disorders in general health care settings. *Archives of General Psychiatry*, 55, 405-413.

Gorman, J. M., Kent, J.M., Sullivan, G. M., & Coplan, J. (2000). Neuroanatomical hypothesis of panic disorder, revised. *American Journal of Psychiatry*, 157, 493-505.

Mosher, P. W., & Swire, J. D. (2002). The ethical and legal implications of *Jaffe v Redmond* and the HIPAA medical privacy rule for psychotherapy and general psychiatry. *Psychiatric Clinics of North America*, 25, 575-584.

Nelken, M. L. (2000). The limits of privilege: The developing scope of Federal psychotherapist-patient privilege Law. *The Review of Litigation*, 20.

O'Hare, T. (2005). Evidence-based practices for social workers: An interdisciplinary approach. Chicago, IL: Lyceum Books, Inc.

Reamer, F. (2000). The social work ethics audit: A risk management strategy. *Social Work, 45*, 355-366.

Reamer, F. (2005). Documentation in Social Work: Evolving ethical and risk-management standards. *Social Work, 50*, 325-334.

Stahl, S. M. (2000). Essential psychopharmacology: Neuroscientific basis and practical applications (2nd ed.). New York: Cambridge University Press.

Bibliotherapy -- Books for clients:

Wilson, R. R. (1996). Don't panic. New York: HarperCollins Publishers.

Markway, B., Carmin, C., Pollard, C. A., & Flynn, T. (1999). Dying of embarrassment: Help for social anxiety and phobia. Oakland, CA: New Harbinger Publications.

Grayson, J. (2003). Freedom from obsessive-compulsive disorder. New York: Jeremy P. Tarcher/Penguin.

Munford, P. R. (2004). Overcoming compulsive checking. Oakland, CA: New Harbinger Publications.

Spencer-Hesser, T. (1993). Kissing doorknobs. New York: Bantam Doubleday Dell Books for Young Readers.

Manassis, K. (1996). Keys to parenting your anxious child. Hauppauge, NY: Darron's Educational Series, Inc.

Levine, M. (2001). Jarvis Clutch – Social spy. Cambridge, MA: Educators Publishing Service.

Greene, R. W. (1998). The explosive child: A new approach for understanding and parenting easily frustrated "chronically inflexible" children. New York: HarperCollins Publishers.

Barkely, R. A. (1995). Taking charge of ADHD: The complete authoritative guide for parents. New York: The Guilford Press.

Nelsen, J., Lott, L., & Glenn, H. S. (1999). Positive discipline A-Z: 1001 solutions to everyday parenting problems. (2nd ed.). Roseville, CA: Prima Publishing.