

**State University of New York at Buffalo
School of Social Work**

**Dual Disorders: Assessment and Intervention with Clients
with Chemical Dependence and Mental Disorders**

SW 561
Fall 1999
Baldy 681: Tues 12:30pm-1:30pm
Web page: <http://www.socialwork.buffalo.edu/fas/Smyth/561/index.htm>

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Description: This course will provide participants with an understanding of the nature of the overlap between psychiatric disorders and psychoactive substance use disorders and the assessment and treatment of dually diagnosed clients: chemically dependent individuals who have a coexisting psychiatric disorder and mentally ill individuals who are chemical abusing or dependent. Students will acquire an understanding of the differential diagnosis of chemical dependency and mental disorders, the mental disorders likely to be present in dual diagnosis clients, and the assessment strategies and intervention approaches for working with clients who have dual disorders, especially addicted trauma survivors, including some non-traditional approaches for treating addictions that are particularly relevant for this population.

This course is divided into two parts. Part I focuses on the concepts and theory necessary to understand practice with this client population, as well as the general principles and strategies for assessment and treatment of all clients with dual disorders. Part II focuses on assessment and treatment strategies related to specific client subpopulations.

Prerequisites: Interventions I and II, or instructor permission. While this is a required course for the Alcohol and Other Drug Problems Concentration, students from other concentrations are encouraged to take this course as an elective.

Course Objectives

After completing this course, students will be able to:

1. Discuss principles to guide in distinguishing between temporary drug-induced psychopathology and a psychiatric disorder;
2. Identify the key DSM-IV characteristics of common psychiatric and substance use disorders, their comorbidity in treatment settings and the general population, and the impact of dual disorders on the process of recovery, including recovery from trauma.
3. Identify ways in which racial, ethnic, and gender issues can affect psychiatric disorders, diagnoses, and the psychiatric labeling process, and the impact of this diversity on interviewing, assessment, and intervention;
4. Contrast the theoretical approaches, including that of trauma theory, to understanding the etiology of coexisting mental health and psychoactive substance use disorders;

5. Contrast the historical roots and general treatment approaches of mental health and chemical dependency settings, including their empirical base, with that of a coexisting disorder approach;
6. Differentially assess chemical abuse and mental disorders and develop an intervention plan that meets the client's psychiatric, trauma recovery, addiction recovery, functional, social, and environmental needs;
7. Discuss factors to be considered in designing programs and social policies for clients with dual disorders, especially clients with trauma histories.

Readings

Since this is a graduate course, class sessions and readings are designed to complement each other. While class sessions will highlight points covered by your readings, they will not duplicate readings. Since readings will not be systematically reviewed in class, it is expected that you will raise, in class, any questions you may have about them. **You are responsible for all material covered in class and in the readings prior to the class session for which they are listed. In order to facilitate your comprehension, the readings for each week are listed in the order in which I recommend that you read them.** Also, readings for one week often continue on to the next page, so check your syllabus carefully from week to week. In addition to the required readings, there often are supplemental readings that are recommended, but not required.

Books & Articles: There are 10 books required for the course (I know, that's a lot--trust me, you will use most of them as a professional--feedback from past students confirms this) and 3 books that are recommended. The recommended books are strictly optional: any required readings from them are available on reserve. All the books are on sale at the University Bookstore (North Campus). Articles and books are on reserve in the Capen Library. *Reserve articles can be accessed through the libraries web interface.*

The required books are:

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Washington, DC: American Psychiatric Press. **Referred to as "DSM" in the syllabus.** (Note, the smaller, pocket guide is fine, too, however, it doesn't have a glossary of psychiatric terms, nor does it have the decision trees, which will be required reading). **Also on reserve.**

Davis, M., Eshelman, E.R., & McKay, M. (1995) The relaxation and stress reduction workbook (4th Ed). Oakland, CA: New Harbinger. **Referred to as Davis et al. in the syllabus.**

Evans, K., & Sullivan, J.M. (1995). Treating addicted survivors of trauma. New York: Guilford Press. **Also on reserve soon**

Linehan, M.M. (1993). Skills training manual for treating borderline personality disorder. New York: Guilford Press. **Also on reserve**

Monti, P.M., Abrams, D.A., Kadden, R.M., & Cooney, N.L. (1989). Treating alcohol

dependence: A coping skills guide. New York: Guilford Press. **Referred to as "Monti et al." in the syllabus. Also on reserve**

O'Connell, D.F. (1998). Dual disorders: Essentials for assessment and treatment. Binghamton, N.Y.: Haworth Press.

Perkinson, R.R., & Jongsma, A.E. (1998). The chemical dependence treatment planner. New York: John Wiley & Sons.

Preston, J., & Johnson, J. (1995). Clinical psychopharmacology made ridiculously simple. Miami: MedMaster.

Solomon, J., Zimberg, S., & Shollar, E. (1993). Dual diagnosis: Evaluation, training, and program development. New York: Plenum Press. **Referred to as "Solomon et al." in the syllabus. Also on reserve**

Young, J., & Klosko, J. (1994). Reinventing your life. New York: Penguin.

The optional books are to be purchased only if you want to; any required readings from these are on reserve:

Daley, D.C., Moss, H.B., & Campbell, F. (1993). Dual disorders (2nd ed.). Center City, MN: Hazelden. **Referred to as "Daley et al." in the syllabus. Should be on reserve soon.**

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

Young, J.E. (1994). Cognitive therapy for personality disorders: A schema-focused approach. (Rev. ed). Sarasota, FL: Professional Resource Press. (Only supplemental reading in this) **Should be on reserve soon**

Course Web Page

This class will require some work utilizing the class web page. In order to access this web page, students will need to use a web browser. All students have computer accounts with UB; you can get information on accessing these accounts through Computing and Information Technology (CIT) at 645-3540. There are computer labs in Baldy Hall (2nd floor) with computers you can use to access your account. Information on dialing in with a home computer is available at those labs as well. The course web page address is: <http://www.socialwork.buffalo.edu/fas/Smyth/561/index.htm>

Assignments

All assignments are due in class on the due date indicated unless the due date does not coincide with class day, in which case assignments are due in my faculty mailbox by 5:00 p.m., unless otherwise specified. As a general rule, late assignments will lose the equivalent of a half a grade (+ or -). **If you are not in class when an assignment is handed out, you are responsible for getting the assignment and completing it by the specified due date.**

Access to a computer will be necessary to complete some of the assignments in this course. All

assignments, except take-home labs, should be typewritten or word-processed. Since written communication is an important social work skill, assignments should be clearly written and professionally presented. Therefore, papers with excessive typos, spelling errors or grammatical errors will lose points on the grade. Students are expected to cite references according to the most current edition of the style manual of the American Psychological Association (this is available in the library and the bookstore). Students are expected to hand in only their own original work, except where references are clearly cited. Plagiarism will not be tolerated and will result in a grade of zero (0) for the assignment in question, as well as possible disciplinary procedures according to the University guidelines.

Summary of Assignments and Grading

1) Class Participation (15% of final grade): Students will be graded on their participation in-class discussions and exercises. Since one must be present in class in order to participate, class attendance will be one component of this grade. Students also will be asked for their self-assessment of the degree of their in-class discussion participation at the end of the semester and this will make up one-third of this grade. Students who get full credit for class participation (e.g. 100 points) will attend every class (all 3 hours), contribute to whole-class and small-group discussions, and rate themselves accordingly.

2) Take-Home Labs (30% of final grade): Almost every week there will generally be one take-home lab; this will be handed out in class and posted on the web page. The function of these labs is to facilitate: 1) comprehension, integration, and application of the readings and material covered in class, and 2) preparation to maximize what you get out of and contribute to class. For these labs you may be asked to write a couple of paragraphs to answer some questions about the readings or a case, or you may be asked to complete an exercise, or you may be asked to post responses/questions on the class web pages. **Labs are graded on a 0-3 point scale: 0 (didn't complete the assignment), 1 (partially completed the assignment), 2 (completed the assignment requirements), and 3 (exceeded assignment requirements-- in terms of quality, not quantity). The average of these grades will be taken at the end of the semester. An average of 2.6-3.0 will correspond to 100 points, an average of 2.0 - 2.5 will correspond to 95 points, an average of 1.5-1.9 will correspond to 85 points, an average of 1.0 - 1.4 will correspond to 80 points, an average of .5 - .9 will correspond to 65 points, and anything less than .5 will correspond to 0 points.** "Good faith" efforts that address all pieces of a lab will be graded as a 2; efforts that exceed the basic lab requirements (e.g., in terms of added depth or analysis) will receive a 3. Late labs will be assigned a 0, except in emergencies.

3) Mid-Term Exam (30% of final grade): A take-home exam will be given that will incorporate the readings and class material from the beginning of the course through 10/20/99. The exam will be given out no later than 10/5/99 and will be due on 11/2/99. Exam answers should be typed or word-processed and referenced from class readings and class notes.

4) Poster Session or Trauma Task Force Work (25% of final grade): Students will write and put together a poster session that will present their design of an intervention strategy or assessment tool for either a specific dual diagnosis client OR a dual diagnosis problem. A more detailed description of this assignment will be handed out at a later date. All poster sessions are due in class on 12/7/99. An alternative to this assignment is working with the Erie County Trauma Task Force on the needs assessment surveys and completing a report on your work.

5) Extra Credit: Extra course credit is only available to students who score below a B- on the midterm or poster session. It can be earned in one of two ways:

a) Attendance at a Mental Health Self Help Group (up to 5 points added on to your grade). Attend one of the following self-help groups: 1) Change Unlimited; 2) mental health self-help group; this group must be one you have never attended before (this can include an online support group) and *cannot be AA or NA*. After attending, write a brief reaction paper (no more than 3-4 typed pages), that includes: a brief description of the nature of the group; a brief summary of the how the group was run (keep specifics of content confidential, though); discussion of your thoughts & feelings before, during, and after the group; and what your reactions tell you about how you should prepare a client to attend this group. This assignment must be completed no later than December 8th.

b) Attendance at a meeting of a county Trauma Task Force or the MICA Planning Task Force (up to 5 points added on to your grade): After attending the meeting, write a brief reaction paper (no more than 3-4 typed pages) that includes: a brief description of the content of the meeting; a brief summary of the how the group was run; a summary of what you learned from attending; a discussion of the possible roles/functions you think this group could serve in addressing the program and policy needs of its target population.

PhD Students: Doctoral students completing this course will complete all the above assignments, however the weighting of assignments will be: class participation (5%), labs (20%), midterm (20%), poster session (25%). A higher standard will be used to evaluate doctoral students' work. In addition, they must complete a publishable paper on a topic to be negotiated with the instructor (30%) of the grade).

Make-up Assignments: This course is based on a mastery philosophy of learning, that is, the idea is for you to master the material (not to weed out low performers). For this reason, students have the option to rewrite assignments (except for the take-home labs)--the final grade for the assignment will be an average of the sum of the original version grade and the rewrite version grade; for those students who score exceptionally low on the first submission and who do reasonably well on their final submission will have an additional 5 points added to their final assignment grade . Students choosing to rewrite a paper must inform the instructor of their intention to do so, in writing, prior to Dec 8th. Deadlines for rewritten assignments must be negotiated in advance, in writing, with the instructor. Make up assignments for the poster session assignment (in the event of an emergency or serious illness) will be a paper (approx 15 pages) on the same topic. Original paper should be submitted with the rewritten assignment, and the written assignment should indicate which sections have been rewritten.

Grading Policy: Grades will be assigned based upon the average of the four assignments (weighted accordingly). The instructor does not use a predefined curve with which to assign grades, so theoretically, each student could receive an A. Letter grades will be given at the end of the semester and will be based upon the point distribution on the next page.

<u>Letter Grade</u>	<u>Total Points</u>
A.....	95 - 100
A-.....	91 - 94
B+.....	87 - 90
B.....	82 - 86
B-.....	78 - 81
C+.....	74 - 77

C.....69 - 73
D.....64 - 68
F.....0 - 63

Class Sessions & Reading Schedule

Videos listed may be omitted or rearranged depending on time available in class sessions.

PART I : ESSENTIAL ISSUES AND STRATEGIES IN ADDRESSING THE NEEDS OF CLIENTS WITH DUAL DISORDERS

Class 1, 8/31/99: Introduction to Course

Class 2, 9/7/99: The Nature of the Problem: Person, Program, or Policy? Or: A History of Trauma, Abandonment, and Neglect...

Solomon et al.: Chp. 1, Zimberg, Introduction and General Concepts of Dual Diagnosis

Osher, F.C., & Drake, R.E., (1996). Reversing a history of unmet needs: Approaches to care for persons with co-occurring addictive and mental disorders. American Journal of Orthopsychiatry, 66, pp. 4-11. (read only until p. 9 to subheading "Overview of the Special Section").

Perry, J. (1991). Consumer First-Person Narratives: Voices of Consumers with Dual Disorders. Psychosocial Rehabilitation Journal, 15(2), 7-18.

Jennings, A. (1994). On being invisible in the mental health system. The Journal of Mental Health Administration, 21, 374-387.

Evans & Sullivan (1995): Chp. 3, The Impact and Process of Abuse

Begin reading Young & Klosko (chps 1-4 due 9/28)
Readings for this week continue on the next page

Supplemental Reading:

Cohen, J. & Levy, S.J. (1992). Chp. 2, History and Systems. In J. Cohen & S.J. Levy The Mentally Ill Chemical Abuser. New York: Lexington.

Evans & Sullivan (1990): Chp. 1, The Nature of the Problem

Class 3, 9/14/99: Fundamentals of Identification & Differential Diagnosis

- DSM: Introduction
- Use of the Manual
- DSM-IV Classification
- Multiaxial Assessment
- Appendix A: Decision Trees for Differential Diagnosis

Solomon et al.: Chp. 2, First & Gladis, Diagnosis and Differential Diagnosis of Psychiatric and

Substance Use Disorders

Chp. 3, Fayne, Recognizing Dual Diagnosis Patients in Various Clinical Settings

Solomon, A. (1992). Clinical diagnosis among diverse populations: A multicultural perspective. Families In Society, 73(6), 371-377.

O'Connell: Chp. 1, Overview
Chp. 2, Assessment

Preston & Johnson: History and Personal Data Questionnaire, pp. 55-56

Evans & Sullivan (1995): Dual Diagnosis Assessment Tool, pp. 263-266

Video: Addicted Nurse

Supplemental Reading:

Evans & Sullivan (1990): Chp. 3, Identifying Chemical Dependency in the Dual Diagnosis Client
Chp. 4, Assessing the Psychiatric Disorder

No Class on 9/21/99 (Monday schedule applies)

Class 4, 9/28/99: Enhancing the Motivation of/Creating Individualized Treatment Plans for Survivors and Other Consumers

Smyth, N.J. (1996). Motivating clients with dual disorders: A stage approach. Families In Society, 77(10), 605-614.

Soden, T., & Murray, R. (1993). Motivational interviewing techniques. In B.A. Howard, S. Harrison, V. Carver, & L. Lightfoot (Eds.) Alcohol and drug problem (pp. 47-85). Toronto: Addiction Research Foundation.

Lazarus, A. A. (1992). Multimodal Therapy: Technical eclecticism with minimal integration. In J.C. Norcross & M.R. Goldfried (Eds.) Handbook of psychotherapy integration (pp. 231-263). New York: Basic Books.

Stasiewicz, P.R., Carey, K.B., Bradizza, C.M., & Maisto, S.A. (1996). Behavioral assessment of substance abuse with co-occurring psychiatric disorder. Cognitive and Behavioral Practice, 3, 91-105.

Perkinson & Jongsma: Introduction

Young & Klosko: Chp. 1, Lifetraps
Chp. 2, Which Lifetraps Do You Have?
Chp. 3, Understanding Lifetraps
Chp. 4, Surrender, Escape, and Counterattack

Video: Functional Analysis

Class 5, 10/5/99: Fundamentals of Intervention, Part 1: Acute & Long-Term Treatment:

Solomon et al.: Chp. 4, Solomon, Management of Acute Problems in the Dual Diagnosis Patient:
Substance Use and Psychiatry

Chp. 5, Shollar, The Long-Term Treatment of the Dually Diagnosed

Evans & Sullivan (1990): Chp. 8, Working with Families

Young & Klosko: Chp. 5, How Lifetraps Change

Evans & Sullivan (1995): Review Chp. 3, The Impact and Process of Abuse

Chp. 5, A Model for Dual Recovery and Crisis Stage Interventions

Perkinson & Jongsma: Medical Issues

Substance-Induced Disorders

Substance Intoxication/Withdrawal

Family Conflicts

Partner Relational Conflicts

MIDTERM HANDED OUT

Video: Families Coping with Mental Illness

Supplemental Reading:

Evans & Sullivan (1990): Chp. 5, Major Mental Disorders

Chp. 7, Working with Adolescents

Evans & Sullivan (1995): Chp. 8, The Addicted Adolescent Survivor

Chp. 9, Addicted Survivors in Their Families, at Work, and in Therapy
Groups

Solomon et al.: Chp. 11, Fayne & Hien, Adolescent Dual Diagnosis

Class 6, 10/12/99: Fundamentals of Intervention, Part 2, including Self-help, Medication, Relapse Prevention, Practitioner Attitudes & Diversity Issues

Solomon et al.: Chp. 6, Zaslov, The Role of Self-Help Groups in the Treatment of the Dual Diagnosis Patient

Chp. 7, O'Neill, Countertransference and Attitudes in the Context of Clinical
Work with Dually Diagnosed Patients

Daley et al.: Chp. 11, Relapse Prevention and Dual Disorders

Perkinson & Jongsma: Relapse-Prone

Living Environment Deficits

Peer Group Negativity
Legal Problems
Occupational Problems

O'Connell: Appendix B: Medication Used to Treat Dual Disorders

Jones-Barlock, A., & Upsher, C. (1992). Treating the dually diagnosed African-American woman. The Counselor, 10(2), 14-16.

Hellman, R.E. (1992). Dual diagnosis issues with homosexual persons. Journal of Chemical Dependency Treatment, 5(1), 105-117.

Drake, R.E., Osher, F.C., & Wallach, M.A. (1991). Homelessness and dual diagnosis. American Psychologist, 46, 1149-1158.

Video: Preventing Relapse (Hazeldon)

Supplemental Reading:

Evans & Sullivan (1990): Chp. 9, Preventing Relapse & Enhancing Motivation
Chp. 10, Case management strategies

Class 7, 10/19/99: Fundamentals of Intervention, Part 3: Enhancing Coping Skills (including cognitive-behavioral treatment of substance abuse)

Monti et al.: Chp. 2, Coping Skills Training: Part I. Interpersonal Skills
Chp. 3, Coping Skills Training, Part II. Intrapersonal Skills
Reminder Sheets and Practice Exercises (pp. 195-224)

Linehan: Chp. 6, Session-by-session outlines for psychosocial skills training, & p. 107
Chp. 7, Core mindfulness skills, & handouts pp.109-113
Chp. 9, Emotion regulation skills, & handouts pp. 135-164
Chp. 10, Distress tolerance skills & handouts pp. 165-180

Perkinson & Jongsma: Anger
Impulsivity

Class 8, 10/26/99 Policy & Program Issues

Ries, R. (1994). Linkages for Mental Health and AOD Treatment. In R. Ries, Assessment and treatment of patients with coexisting mental illness and alcohol and other drug abuse [Center for Substance Abuse Treatment, Treatment Improvement Protocol (TIP) Series No. 9] (pp.19-28). Rockville, MD: U.S. Department of Health and Human Services.

Solomon et al.: Chp. 12, Kastan, Program Development: Organizing Clinical Innovations
Chp. 13, Zimberg et al., Developing Dual Diagnosis Treatment Services Within Existing Outpatient Psychiatric and Addictive Disorder Programs.
Chp. 8, Leon, Modified Therapeutic Communities for Dual Disorders

Chp. 9, Galanter et al., Inpatient Treatment for the Dually Diagnosed

Srebnik, D.S. & La Fond, J.Q. (1999). Advance directives for mental health treatment. Psychiatric Services, 50(7), 919-925.

Drake, R.E., Mercer-McFadden, C., Mueser, K.T., McHugo, G.J., & Bond, G.R. (1998). Review of integrated mental health and substance abuse treatment for patients with dual disorders. Schizophrenia Bulletin, 24(4), 589-608.

Video: A Treatment System Without Walls (Burt Pepper)

PART II : INTERVENTION WITH SPECIFIC POPULATIONS OF PEOPLE WITH DUAL DISORDERS

Class 9, 11/2/99: Dually Diagnosed Clients with Schizophrenic & Organic Disorders

DSM: Review diagnostic criteria for Schizophrenia and Delirium, Dementia, and Amnestic Disorders, Decision Tree for Psychotic Disorders (p. 694)

O'Connell: Chp. 6, Cognitive Disorders
Chp. 5, Schizophrenia

Solomon et al.: Chp. 10, Hien, Special Considerations for Dually Diagnosed Schizophrenics and Their Families

Daley et al.: Chp. 10, Organic Mental Disorders and Chemical Dependency

Bellack, A.S., & DiClemente, C.C. (1999). Treating substance abuse among patients with schizophrenia. Psychiatric services 50(1), 75-80.

Preston & Johnson: Chp. 5, Psychotic Disorders

Perkinson & Jongsma: Psychosis

*Videos: Understanding Relapse: Managing the Symptoms of Schizophrenia
DSM Training Case*

MIDTERM DUE

Supplemental Reading:

Daley et al.: Chp. 9, Schizophrenia and Chemical Dependency

Class 10: 11/10/99 : Special Issues for Trauma Survivors, Including Dissociation

DSM: Review criteria for Post-Traumatic Stress Disorder (in Anxiety Disorders Section) and Dissociative Disorders

Bell, C.C. (1997). Stress-related disorders in African-American children. Journal of the National

Medical Association, 89(5), 335-340.

Finnegan, D.G., & McNally, E.B. (1996). Chemically dependent lesbians and bisexual women: Recovery from many traumas. Journal of Chemical Dependency Treatment, 6(1/2), 87-107.

Evans & Sullivan (1995): Review Chps. 3 & 5
Chp. 6, Interventions in Later Stages of Recovery
Chp. 7, Depression, Anger, & Dissociation

O'Connell: Chp. 11, pp. 190-192 (The Sexual Offender in Treatment)

Perkinson & Jongsma: Childhood Trauma
Adult Child of an Alcoholic Traits
Post-Traumatic Stress

Young & Klosko: Chp. 7, "I Can't Trust You": The Mistrust and Abuse Lifetrap

Davis et al.: Chp. 4, Progressive Relaxation
Chp. 6, Visualization

Video: TBA

Supplemental Reading:

Bloch, J.P. Dissociation and Clinical Presentation of MPD and Dissociative Disorder, pp. 1-32 in J.P. Bloch Assessment and treatment of multiple personality and dissociative disorders. Sarasota, FL: Practitioner's Resource Press.

O'Connell: Chp. 11, Sexual Abuse
Chp. 7, Eating Disorders

In: van der Kolk, B.A., McFarlane, A.C., & Weisaeth, L. (Eds.)(1996). *Traumatic Stress*. New York: Guilford Press:

van der Kolk, B. A. The body keeps score: Approaches to the psychobiology of posttraumatic stress disorder, (pp. 214- 241).

van der Kolk, B. A. The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development, (pp. 182-213).

van der Kolk, B.A., McFarlane, A.C., van der Hart, O. A general approach to treatment of posttraumatic stress disorder. (pp. 417-440).

Davis et al.: Chp. 2, Body Awareness
Chp. 8, Self-Hypnosis
Chp. 10, Brief Combination Techniques

Class 11: 11/16/99: Dually Diagnosed Clients with Affective Disorders

DSM: Review diagnostic criteria for Mood Disorders & Decision Tree (p.696)

O'Connell: Chp. 3, Mood Disorders

Appendix A: Cognitive Therapy Approaches

Davis et al.: Chp.14, Refuting Irrational Ideas
Chp. 17, Assertiveness Training

Young & Klosko: Chp. 8, "I'll Never Get the Love I Need": The Emotional Deprivation Lifetrap
Chp. 14, "I Always Do It Your Way": The Subjugation Lifetrap

Preston & Johnson: Chp. 2, Depression
Chp. 3, Bipolar Illness

Perkinson & Jongsma: Depression
Mania/Hypomania
Suicidal Ideation
Grief/Loss Unresolved

*Videos: Arthur Freeman, Cognitive Therapy of Depression
DSM Training Case*

Supplemental Reading:

Daley et al.: Chp. 6, Depression and Chemical Dependency
Chp. 7, Bipolar Disorder and Chemical Dependency

Beck, A.T., & Young, J.E. (1985). Depression. In D.H. Barlow (Ed.), Clinical handbook of psychological disorders (pp. 206-244). New York: Guilford Press.

Turnbull, J.E. (1988). Primary and secondary alcoholic women. Social Casework, 69(5), pp. 290-297.

Class 12, 11/23/99: Dually Diagnosed Client with a Personality Disorder

DSM: Review diagnostic criteria for Personality Disorders

O'Connell: Chp.8, Antisocial Personality Disorder
Chp. 9, Borderline Personality Disorder
Chp. 11, Other Personality Disorders

Young & Klosko: Chp. 6, "Please Don't Leave Me!": The Abandonment Lifetrap
Chp.16, "I Can Have Whatever I Want": The Entitlement Lifetrap

Linehan: Chp. 8, Interpersonal Effectiveness, and Handouts pp.115-133

Preston & Johnson: pp. 39-40 Borderline Personality Disorder

Perkinson & Jongsma: Antisocial Behavior
Borderline Traits
Narcissism

*Video: Personality Disorders
DSM Training Case*

Supplemental Reading:

Evans & Sullivan (1990): Chp. 6, Selected Personality Disorders

Daley et al.: Chp. 3, Personality Disorders and Chemical Dependency
Chp. 4, Antisocial Personality Disorder and Chemical Dependency
Chp. 5, Borderline Personality Disorder and Chemical Dependency

Young, J.E. (1994). Cognitive therapy for personality disorders: A schema-focused approach. (Rev. ed). Sarasota, FL: Professional Resource Press.

Class 13, 11/30/99: Dually Diagnosed Clients with Anxiety Disorders

DSM: Review diagnostic criteria for Anxiety Disorders & Decision Trees (p. 698)

O'Connell: Chp. 4, Anxiety Disorders

Freeman, A., Pretzer, J., Fleming, B.A., & Simon, K.M. (1990). Anxiety disorders. In A. Freeman et al., Clinical applications of cognitive therapy (pp. 119-152). New York: Plenum.

Davis et al.: Chp. 3, Breathing
Chp. 15, Coping Skills Training
Chp. 13, Thought Stopping

Preston & Johnson: Chp. 4, Anxiety Disorders,
And p. 38 Obsessive Compulsive Disorder

Young & Klosko: Chp. 15, "It's Never Quite Good Enough": The Unrelenting Standards Lifetrap
Chp. 12, "I'm Worthless": The Defectiveness Lifetrap

Perkinson & Jongsma: Anxiety

Video: Donald Meichenbaum, Mixed Anxiety and Depression: A Cognitive Approach

Supplemental Reading:

Daley et al.: Chp. 8, Anxiety Disorders and Chemical Dependency

Young & Klosko: Chp. 11, "Catastrophe is About to Strike": The Vulnerability Lifetrap

Class 14, 12/7/99: Poster Session & Closure