every other academic subject. Based on the large discrepancy between Jessica's IQ scores and her low achievement test scores for math, the evaluating psychologist concluded that Jessica suffered from dyscalculia, a learning disorder that pertains specifically to math skills.

Learning disorders are diagnosed when there is a significant discrepancy between a child's general intellectual ability and what the child *actually achieves* in specific academic subjects. Jessica's testing revealed that her overall intelligence is good, yet she has specific difficulties with age-appropriate math skills. The DSM-IV-TR distinguishes among three types of learning disorders—one for each of the traditional "three R's" of academics: reading disorder, disorder of written expression, and mathematics disorder (APA, 2000). These diagnostic categories are known respectively as **dyslexia**, **dysgraphia**, and **dyscalculia**. (Some people who specialize in evaluating learning disorders measure a wider variety of skill deficits, such as problems with speech or physical coordination, that are not as closely associated with school performance.) Since reading, writing, and arithmetic each involve several interdependent mental skills, the DSM-IV-TR diagnostic categories for learning disorders are deceptively simple. For example, performing calculations requires understanding that numbers (2, 3, 4) are symbolic of values (a conceptual skill), that values can be placed into relationships with each other (added, subtracted, multiplied, and so on—an abstract reasoning skill), and that the value of the product of such abstract relationships can, again, be expressed in the form of a symbol (6, 9, 12) (abstract reasoning, verbal, and memory skills). A deficit in one or more of the necessary mental skills may produce a learning disorder, or as is often the case, multiple learning difficulties across a variety of subjects. Children who fall within the same learning disorder diagnostic category may have little in common with each other, and children who are not classified within the same category of learning disorder may nonetheless share similar cognitive deficits. The DSM-IV-TR is a blunt instrument when it comes to diagnosing learning disorders, and, as such, it reminds us of the core concept of the ***advantages and limitations of diagnosis***.

Dyslexia A learning disorder in which academic achievement in reading is substantially below what would be expected given the child's age, intelligence, or education.

Dysgraphia A learning disorder in which academic achievement in written expression is substantially below what would be expected given the child's age, intelligence, or education.

Dyscalculia A learning disorder in which academic achievement in mathematics is substantially below what would be expected given the child's age, intelligence, or education.

Explaining and Treating Learning Disorders

Like mental retardation, learning disorders result primarily from biological factors but can be complicated by psychological components. Indeed, learning disorders highlight the core concept of the ***multiple causality*** because they often result from a complex cycle of factors including cognitive deficits, diminished self-esteem, and reduced motivation and effort (see Figure 13.1).

Multiple causality

Biological Components There are two predominant biological factors in learning disorders: genetic influences and brain abnormalities. Family, sibling, and twin studies indicate that learning disorders often have a genetic component (Plomin & Kovas, 2005). One study found that the concordance rates for reading disorders was 62% for female identical twins as compared to 15% for female fraternal twins and 63% for male identical twins as compared to 29% for male fraternal twins (Hawke & Wadsworth, 2006). The exact genes and chromosomes involved in various learning disorders have not yet been identified, but available evidence indicates that many different genes are likely involved.

Technological advances, such as magnetic resonance imaging (MRI), allow researchers to study the workings of the living brain and to identify previously undetectable brain anomalies. Recent neuroimaging research on reading disorders has found a relationship between dyslexia and abnormal functioning in two systems in the posterior (back) section of the brain's left hemisphere. Individuals with a reading

Figure 13.1 The Multiple Causality of Academic Failure Due to Language-related Learning Disorders Children who suffer from learning disorders often develop psychosocial and motivational problems as they become increasingly frustrated by their academic difficulties. Not surprisingly, psychosocial and motivational difficulties interfere with the ability to manage a learning disorder. Here we see how cognitive deficits, linguistic deficits, and psychosocial problems can combine to produce academic failure.
Adapted from Gerber, 1993, p. 269.

disorder seem to compensate for difficulties in their posterior left hemisphere (a center of language processing) by relying instead on the brain's frontal left hemisphere and right hemisphere—areas ill-equipped for fluent word recognition (Pugh et al., 2000). Other researchers have found measurable differences in the brain functioning of children with other language-related learning impairments as compared to intellectually unimpaired children (Eckert et al., 2005).

To date, there are no biological interventions specifically for learning disorders. However, learning disorders and attention deficit/hyperactivity disorder (ADHD) (described in detail below) are highly **comorbid**, meaning that many children diagnosed with one disorder are also diagnosed with the other. Indeed, some studies have shown that as many as 70% of children with ADHD are also diagnosed with a learning disorder (Mayes, Calhoun, & Crowell, 2000). As a result, a high percentage of children with learning disorders are taking medications for ADHD that may help improve academic performance by increasing attention and focus.

Comorbidity The presence of two or more disorders in one person, or a general association between two or more different disorders.

Sociocultural and Family Systems Components

Educational psychologist Gerald Coles proposes an "interactivity theory" of learning difficulties (1989, 1999). According to interactivity theory, families and schools can interact with each other in ways that contribute to the development of learning deficits. For example, not all families support early learning experiences by reading stories to their children or actively engaging their children in conversation. When children from educationally and economically impoverished environments begin school, they are already behind their peers from more educationally oriented and financially secure families. School systems may

mistakenly assume that children from impoverished environments are less intelligent or capable than their well-prepared peers; the school system may then treat these children accordingly by placing them in remedial classrooms that may ask and expect less of them academically. Insofar as the growing brain is shaped by environmental experiences, Coles argues that neurological differences between "learning disordered" and "normal" children could be the *result* of environmental factors that caused the learning disorder, not the *cause* of the disorder itself. Coles's arguments are supported by research indicating that low socioeconomic status is a major risk factor for the development of learning disabilities (Blair & Scott, 2002; Margai & Henry, 2003). The robust connection between low socioeconomic status and high learning disability rates indicates that prevention measures should be aimed at the level of the community, family, *and* individual.

Some clinicians have described cases in which a learning disorder appeared to have a psychosocial origin (Simpson & Miller, 2004). For example, a child who feels anxiety about "knowing" something at home, such as a situation that the family treats as a secret (a father's affair, a mother's alcoholism) may have difficulty letting herself know and learn at school. Causal explanations aside, having a learning disorder is an emotionally painful experience for most children, considering that school is the major focus of a child's life. Many children with learning disorders feel anxious and depressed and assume that they are "dumb" and incompetent in general. Family and individual psychotherapy to address the negative emotional effects of having a learning disorder can be a crucial component of a multifaceted intervention (Willner, 2005).

Cognitive and Behavioral Components The most common interventions for learning disorders involve remedial education using behavioral and cognitive principles. Academic skills are broken down into specific components that are modeled by teachers and then rewarded when properly executed. As noted, many children with learning disorders feel anxious and depressed about their academic troubles and often manifest their distress and frustration by misbehaving in school. Behavioral interventions for children with learning disorders can address both academic and behavioral difficulties simultaneously. For example, a child with a learning disorder might be rewarded for completing a set of math exercises and for staying on-task all morning. Cognitive interventions for learning disorders help children to identify their problem areas and to develop techniques for tackling specific academic problems. Children are helped to devise new strategies for problem solving, to assess the effectiveness of whatever strategy they have chosen, and to try another strategy when needed. This approach to helping children with learning disorders has been found to be highly effective, especially when combined with the direct training and rewards typical of a behavioral intervention (Swanson, 2000).

BRIEF SUMMARY

- Learning disorders are specific deficits in academic skills such as reading, mathematics, or written expression.
- Learning disorders are usually caused by genetic and/or neurological abnormalities that interfere with the performance of specific academic tasks.
- Some theorists suggest that learning disorders may also arise from environmental causes such as an interaction between home and school problems.
- Learning disorders are most often addressed with remedial education that involves behavioral and cognitive components.

Critical Thinking Question How might you design a research study that could distinguish between biologically-based learning disorders and environmentally-based learning disorders?

Pervasive Developmental Disorders

Pervasive developmental disorders Severe impairment in several areas of development.

Autism A pervasive developmental disorder characterized by impaired social and communication skills, and rigid and repetitive patterns of behavior.

As a group, the **pervasive developmental disorders** are characterized by profound and persistent impairment in several areas of functioning. In contrast to mild mental retardation and the learning disorders, in which mainly intellectual functions are affected, children suffering from pervasive developmental disorders fail to develop normal social and communication skills and fail to engage in typical childhood behaviors, interests, and activities (APA, 2000). Like mental retardation, the pervasive developmental disorders are lifelong conditions that are usually diagnosed in childhood. **Autism** is the most common diagnosis within the category of pervasive developmental disorders (see Table 13.5). The other DSM-IV-TR disorders within this category (*Rett's disorder*, *childhood disintegrative disorder*, and *Asperger's disorder*) will be discussed briefly as they are defined largely by how they differ from autism.

Like Molly (described at the beginning of the chapter), children suffering from autism are impaired in three major areas: (1) social interaction, (2) communication, and (3) behaviors, interests, or activities. In terms of social interaction, fluency in nonverbal social cues is a subtle but critical component of human relationships. Most interpersonal interactions rely heavily on eye contact, nodding, facial expressions, and body posture. Children and adults with autism seem to be unable to send or receive the nonverbal messages that act as the "glue" that holds social interactions together. Many people with autism can be taught some of the basic rules that guide social behavior (such as greeting people with "Hello, how are you?" and a handshake), but their interpersonal styles often seem stiff, scripted, and lacking in spontaneity. Individuals with autism do not seem to be bothered by their failure to make social contact with others. Indeed, they often prefer the inanimate world to the animate and treat human beings as if they were inanimate objects. For example, while playing at blocks with his mother, an autistic child might pick up his mother's hand by the wrist and use her hand to lift a block without ever looking at his mother's face or acknowledging her presence.

Difficulties with communication are pervasive in autism: nearly half of all people with autism fail to develop useful speech. Those who do speak with some proficiency are generally considered to be in the "high-functioning" range of autism (Tager-Flüsberg, Paul, & Lord, 2005). People with autism often sound mechanical or robotic when they

TABLE 13.5 Diagnostic Criteria for Autism

Diagnosis of autism is based on meeting specific criteria for at least six items across the following three categories (with at least two criteria from the first category, and at least one criterion from the second and third categories).

- Impaired social interaction, as demonstrated by: absence of nonverbal behaviors; disinterest in developing age-appropriate friendships with peers; general lack of interest in relationships; lack of social or emotional exchange with others.
- Impaired communication as demonstrated by: delayed or absent spoken language; when speech is present, inability to maintain a conversation; odd language, or repetitive use of words; absence of age-appropriate pretend play.
- Rigid and repetitive patterns of behavior, interests, and activities: abnormally intense and narrow patterns of interest; inflexible adherence to meaningless routines; odd and repetitive physical movements; preoccupation with parts of objects.

Adapted from the DSM-IV-TR (APA, 2000)

talk because their speech usually lacks normal cadence and intonation. Autistic speech is often limited and repetitive, and people with autism have a tendency to reverse pronouns (such as saying "you" where "I" would be appropriate), or to mimic what they hear—a behavior known as **echolalia**.

Individuals with autism often have unusual and narrow areas of interest. For example, an autistic child may spend hours rearranging bottle caps into a series of patterns, or stare intently at her fingers as she wiggles them in front of her eyes. Rather than using a whole object for pretend play, such as dressing up a baby doll and pretending to be a mother, an autistic child might become preoccupied by the snap closure on the baby doll's diaper or, like Molly, play only with the wheels of her toy cars. Many people who suffer from autism rely heavily on sameness and routine, and may become quite distressed when changes, however insignificant, occur. This aspect of autism was highlighted in the 1988 movie *Rain Man* in which Dustin Hoffman plays an autistic man who becomes hysterical when prevented from watching *The People's Court,* his favorite daily television show.

A common misconception is that all people with autism are **savants**, meaning that they each possess some outstanding and unusual intellectual skill. For example, in *Rain Man,* Dustin Hoffman's character was able to execute complex calculations in his head and to memorize vast amounts of information—thus inspiring his sleazy long-lost brother, played by Tom Cruise, to take him to Las Vegas to count cards. While not typical of autism, examples of isolated but highly developed intellectual skills among people with autism have been documented by authors such as the neurologist Oliver Sacks (1985, 1995) (see also Box 13.1). For example, when writing about Steven Wiltshire, the artist featured at the beginning of this chapter, Sacks comments:

> *Steven, only thirteen, was now famous throughout England—but as autistic, as disabled, as ever. He could draw, with the greatest ease, any street he had seen; but he could not, unaided, cross one by himself. He could see all London in his mind's eye, but its human aspects were unintelligible to him. He could not maintain a real conversation with anyone, though, increasingly, he now showed a sort of pseudosocial conduct, talking to strangers in an indiscriminate and bizarre way.*
>
> *Sacks, 1995 (p. 203)*

Though savant skills are fascinating, they occur in less than 2 out of every 1000 people with pervasive developmental disorders (Saloviita, Ruusila, & Ruusila, 2000), and even autistic savants tend to score in the mentally retarded range of tests of general intelligence. Recent research on savant artistic skill has noted that the careful attention to visual detail, compulsive repetition, and narrow interests often associated with autism may promote the development of special, but limited, artistic abilities (Hou et al., 2000).

The DSM-IV-TR also classifies **Rett's disorder**, **childhood disintegrative disorder**, and **Asperger's disorder** as pervasive developmental disorders. Rett's disorder shares many of its major features with autism (stereotyped behaviors, social isolation, language difficulties) but differs from autism in that it occurs only in girls and begins after a period of apparently normal development. Girls with Rett's disorder develop normally for the first six months of life. After that time, a genetic anomaly causes a slowing of head growth, and the loss of previously acquired social skills, motor skills, and physical coordination (APA, 2000).

Childhood disintegrative disorder is much like Rett's disorder, but it afflicts both boys and girls, and occurs after at least two years of normal development (APA, 2000). Children with childhood disintegrative disorder develop age-appropriate verbal, social, physical, and play skills until they are at least 2 years old. When the disorder begins,

Echolalia A speech abnormality in which a person mimics what they have just heard; seen in autism.

Savant Someone possessing an exceptional or unusual intellectual skill in one area.

Rett's disorder A pervasive developmental disorder that occurs only in girls and begins after a period of apparently normal development.

Childhood disintegrative disorder A pervasive developmental disorder that occurs in both boys and girls and begins after at least two years of normal development.

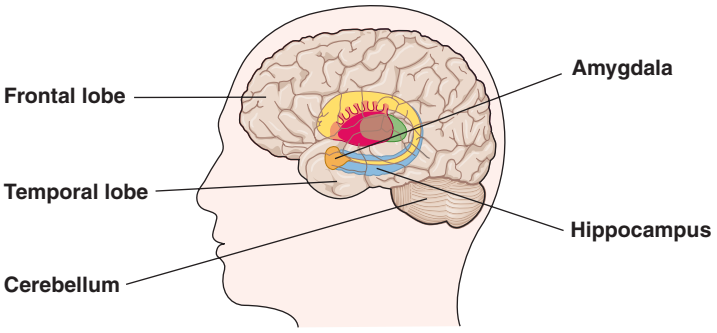
Asperger's disorder A pervasive developmental disorder characterized by the social impairments typical of autism and unimpaired, often superior, language and cognitive skills.

CHAPTER 13

VISUAL ESSAY

Neurobiology of Autism

Major Brain Structures Implicated in Autism



BRAIN STRUCTURE/ REGION	FUNCTION	POSSIBLE ABNORMALITIES IN INDIVIDUALS WITH AUTISM
Amygdala & hippocampus	The amygdala and hippocampus are involved in emotional processing, fear acquisition, and memory formation.	Postmortem examinations of the brains of individuals with autism reveal abnormalities in the size, density, and dendritic formation of neurons within the amygdala, hippocampus, and other limbic system structures (Bauman & Kemper, 1994; Kemper & Bauman, 1998).
Temporal lobe	Many pathways leading to and away from the amygdala are connected to regions within the temporal lobe. These connections play an important role in perceiving social stimuli (Amaral & Price, 1984), reading facial expressions (Allison et al., 2000), and understanding social intentions via eye gaze (Hoffman & Haxby, 2000).	Temporal lobe deficits in individuals with autism are hypothesized due to their difficulty with emotional perception, imitating emotional expressions (Macdonald et al., 1989), and face recognition tasks (Klin et al., 1999). fMRI studies have shown that a small area on the underside of the temporal lobe may be implicated in some of the aforementioned social and emotional perception difficulties in individuals with autism.
Frontal lobe (Prefrontal cortex)	The prefrontal cortex (PFC) is important for social cognition, which involves the capacity to think about others' thoughts, feelings, and intentions (Castelli et al., 2002; Schultz et al., 2003).	PET studies have shown that individuals with autism have reduced activity in the PFC when engaging in verbal memory tasks (Haznedar et al., 2000) and a social theory of mind task (Castelli et al., 2002).
Cerebellum	The cerebellum aids balance, body movements, coordination, and the muscles used in speaking.	Postmortem studies of individuals with autism have shown a reduced number of cells in the cerebellum.

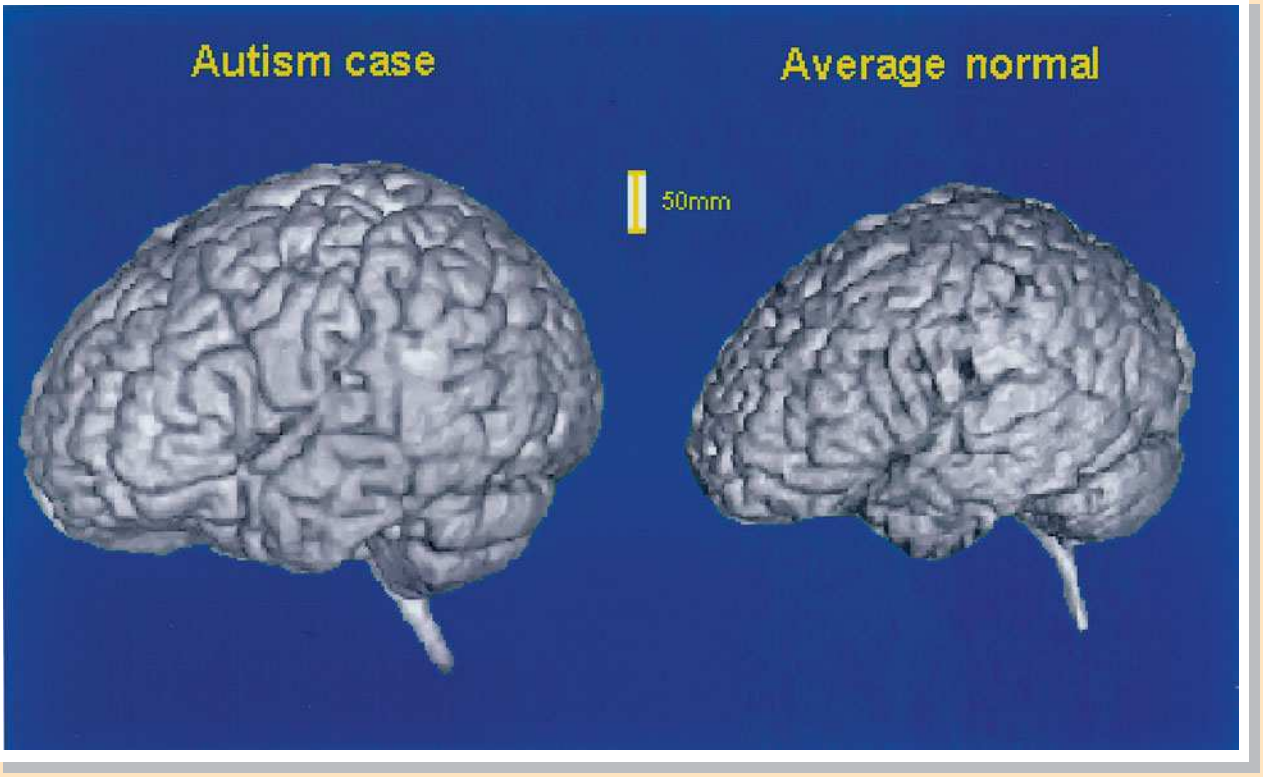
Adapted from Schultz, R. T. & Anderson, G. M. (2004). The neurobiology of autism and the pervasive developmental disorders. In D. S. Charney, & E. J. Nestler (Eds.), Neurobiology of mental illness (pp. 954-967). New York, NY: Oxford University Press

Neurochemistry

NEUROTRANSMITTER	FUNCTION	POSSIBLE ABNORMALITIES IN INDIVIDUALS WITH AUTISM
Norepinephrine (NE)	NE is a neurotransmitter released during times of stress.	Because individuals with autism often become hyperactive and aroused when confronted with novel stimuli and routine changes, there is speculation that they may have some NE abnormalities. Research measuring NE and epinephrine levels suggests that during times of stress, individuals with autism may have a hyperactive stress response. Research does not suggest, however, that autistic individuals are in a chronic state of hyperarousal in the absence of stress.
Dopamine (DA)	DA is a neurotransmitter implicated in motor movements.	DA may be implicated in autism given that DA blocking drugs are effective in treating some aspects of autism. However, research on DA levels among autistic individuals is inconsistent, with some studies suggesting that DA levels in autistic individuals are comparable to what is found in healthy controls (Minderaa et al., 1989; McBride et al., 1989).
Serotonin (5-HT)	5-HT is a neurotransmitter implicated in arousal, aggression, emotion, and mood.	There has been consistent research evidence for elevated 5-HT levels in 25% to 30% of individuals with autism. Paradoxically, SSRIs, which increase serotonin transmission, have been shown to treat some symptoms of autism.

Adapted from Schultz, R. T. & Anderson, G. M. (2004). The neurobiology of autism and the pervasive developmental disorders. In D. S. Charney, & E. J. Nestler (Eds.), *Neurobiology of mental illness* (pp. 954-967). New York, NY: Oxford University Press

Brain Growth



Preliminary research (Courchesne, 2003) has found that a sudden and excessive increase in an infant's head circumference during his or her first year of life may be linked to the development of autism. This excessive brain growth may hinder the development of normal neuronal connections thereby leading to social, behavioral, and emotional impairments.

Courtesy Eric Courchesne, PhD, UC San Diego School of Medicine

BOX 13.1 Thinking in Pictures

THE TALE OF TEMPLE GRANDIN

Temple Grandin holds a Ph.D. in animal science, sits on the faculty at Colorado State University, and also happens to be autistic. Temple Grandin is both like and unlike other people with autism. Like many people with autism, she feels confused by and disconnected from interpersonal interactions. Oliver Sacks took the title of his book, *An Anthropologist on Mars,* from Dr. Grandin's comment that she feels as if she were an observer from another planet who witnesses social interactions between people, but lacks an intuitive understanding of such behavior. Dr. Grandin differs from most people with autism in that she has enjoyed enormous professional success as a leading expert on the design of livestock management systems. In fact, Dr. Grandin's intellectual abilities have caused several experts to question whether she truly suffers from autism; her correct diagnosis may be Asperger's disorder, a closely related syndrome that shares the same social impairments as autism, yet in which language and cognitive skills are normal, and sometimes exceptionally well-developed.

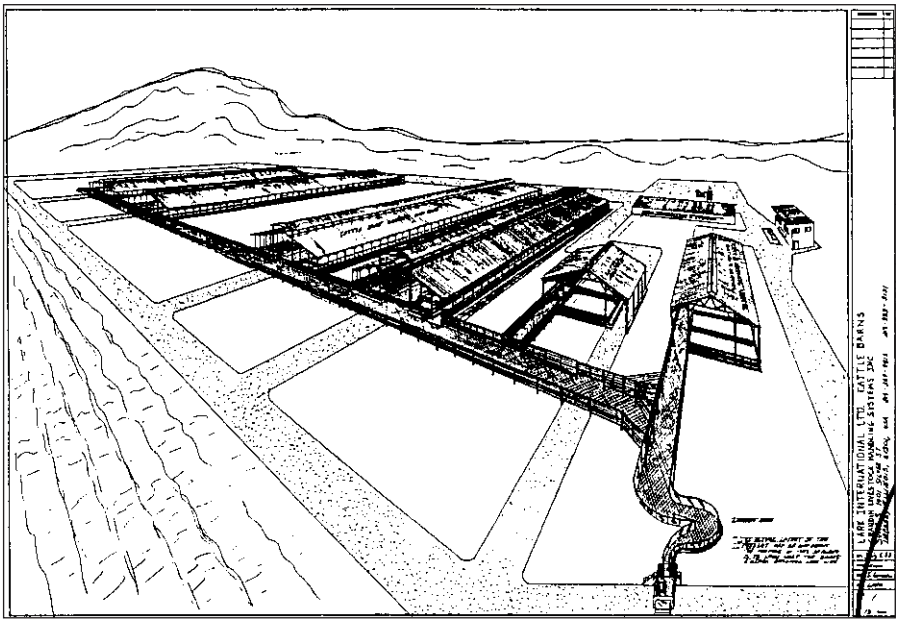
Caring for animals Temple Grandin, a high-functioning autistic woman, credits her success as a designer of livestock handling systems to her empathy with animals and her concern about their humane treatment.

Dr. Grandin attributes the success of her designs to two things: her deep empathy for animals and her extraordinary ability to develop complex architectural designs in her head (see Figure 13.2). Here, Dr. Grandin describes her acute visualization skills as well as her interpersonal limitations:

> *I think in pictures. Words are like a second language to me. I translate both spoken and written words into full-color movies, complete with sound, which run like a VCR tape in my head. When somebody speaks to me, his words are instantly translated into pictures. Language-based thinkers often find this phenomenon difficult to understand, but in my job as an equipment designer for the livestock industry, visual thinking is a tremendous advantage. Visual thinking has enabled me to build entire systems in my imagination. During my career I have designed all kinds of equipment, ranging from corrals for handling cattle on ranches to systems for handling cattle and hogs during veterinary procedures and slaughter. I have worked for many major livestock companies. In fact, one third of the cattle and hogs in the United States are handled in equipment I have designed. Some of the people I've worked for don't even know that their systems were designed by someone with autism. I value my ability to think visually, and I would never want to lose it. . .*
>
> *At [the beginning of graduate school] I still struggled in the social arena, largely because I didn't have a concrete visual corollary for the abstraction known as "getting along with people." An image finally presented itself to me while I was washing the bay windows in the cafeteria. . . . The bay windows consisted of three glass sliding doors enclosed by storm windows. To wash the inside of the bay window, I had to crawl through the sliding door. The door jammed while I was washing the inside panes, and I was imprisoned between the two windows. . . . While I was trapped between the windows, it was almost impossible to communicate through the glass. Being autistic is like being trapped like this. The windows symbolized my feelings of disconnection from other people and helped me cope with the isolation.*
>
> *Grandin, 1995 (pp. 20–36)*

Figure 13.2 Drawing of Cattle Barns by Temple Grandin Temple Grandin, who has no formal training in drafting uses her unusual visualization skills to create highly technical drawings of her architectural and engineering designs. This blueprint of cattle barns was generated, by hand, in only one try.

From Grandin, T., 1995



they abruptly lose language abilities, social skills, and motor skills and develop many of the characteristics usually associated with autism (social difficulties, impaired communication, rigid and repetitive behavioral patterns). The cause of childhood disintegrative disorder is unknown, but several lines of research suggest that it results from central nervous system pathology (Volkmar, Koenig, & State, 2005). Asperger's disorder differs from autism in that people with Asperger's disorder have unimpaired and often superior language and cognitive skills. Individuals with Asperger's have many of the social impairments typical of autism but may function well in academic settings due to their verbal skills and intense and narrow focus on specific topics. Many people with Asperger's develop an encyclopedic knowledge of specialized subjects, such as knowing everything there is to know about snakes, or memorizing complex train schedules.

Explaining and Treating Pervasive Developmental Disorders

We will focus our discussion of the explanations and interventions for pervasive developmental disorders on autism, the most common and most thoroughly studied of these disorders.

Biological Components Despite a consensus among experts that autism is caused by biological factors, the precise causes of autism have not been identified and a cure has yet to be discovered. However, several important clues about the causes of autism have emerged in the last few years, leading to hopes for more effective treatments for this devastating disease.

Genetic Factors Studies of monozygotic (MZ) and dizygotic (DZ) twin pairs show that autism has an extremely strong genetic component: several researchers report concordance rates at or above 60% for MZ twins compared with 5% for DZ twins (Rutter, 2005). Genetic loading studies have found that second- and third-degree relatives of children with pervasive developmental disorders are more likely to demonstrate autism-like symptoms such as delayed language or marked social difficulties than nonbiological relatives; this finding is even more pronounced in families where two children—as opposed to one—suffer from a pervasive developmental disorder (Szatmari et al., 2000). Further evidence that autism has a genetic basis comes from studies showing that individuals with autism have unusually high rates of other genetically based disorders such as seizures, Fragile X syndrome, and tuberous sclerosis (frequent benign brain and organ tumors) (Filipek, 2005). The linkage between autism and other genetic disorders is unclear: autism may cause or be caused by other disorders, or an abnormal *genotype* (genetic makeup) may express itself in a variety of *phenotypes* (observable characteristics) such as autism, seizure disorder, and so on.

A recent large-scale study of maternal and paternal age indicates that autism may be associated with having an older father. Abraham Reichenberg and his team at the Mt. Sinai School of Medicine examined the draft board assessment records of more than 318,000 Israelis born in the 1980s and found that children born to men over the age of 40 were nearly six times more likely to develop autism than children born to men under the age of 30 (Reichenberg et al., 2006). The researchers also found that autism occurred at equal rates in the sons and daughters of men over the age of 40—a finding that stands in stark contrast to the four or five males to one female ratio that typically characterizes autism. The factors that contribute to the high rates of autism in the children of older men remain unclear at present, but researchers are considering several possibilities such as the spontaneous mutation in sperm-producing cells or changes in the mechanism that controls which genes are activated during development.

Anatomical Anomalies For some time now, researchers have noted several brain anomalies that occur in some, but not all, people suffering from autism. The lack of consistent neuroanatomical findings has undermined efforts to understand the connections between the symptoms of autism and the brain anatomy of its sufferers. Stunningly, the last few years of research have led to several major neuroanatomical discoveries that are bringing the once murky picture of the relationship between brain and behavior into clearer focus.

Several researchers have noted that the brain growth appears to be disrupted in people suffering from autism. By measuring head circumference, Dr. Eric Courchesne of the University of California determined that infants who go on to develop autism are generally born with smaller heads than average, but then have spurts of brain growth at 1 to 2 months of age, and again between 6 and 14 months of age, resulting in abnormally large brains (Courchesne, Carper, & Akshoomoff, 2003). Brain growth appears to slow as adolescence approaches, thus leading to smaller-than-normal brains in teenagers with autism. Interestingly, the most pronounced overgrowth occurs in the brain's cerebral, cerebellar, and limbic structures—the parts of the brain responsible for many of the cognitive, social, and language functions that are disrupted in autism (Courchesne, 2004). While brain overgrowth might seem to suggest greater ability, some research indicates that the nerve cells in the overgrown regions are poorly formed and underdeveloped (Belmonte et al., 2004).

In addition to anomalies in brain size, the white matter of people suffering from autism grows excessively and asymmetrically (Herbert et al., 2003; 2005). The brain's white matter contains nerve fibers that connect different parts of the brain, while the gray matter contains the neurons where brain "processing" occurs. Normally, the white matter facilitates communication between distal areas of gray matter, allowing for smooth and efficient brain functioning. Studies of people suffering from autism indicate that the white matter is failing to perform its typical role, leading some experts to suggest that the cognitive and social deficits typical to autism result, at least in part, from deficits in the coordination of information from different parts of the brain (Just et al., 2007).

Prenatal, Birth, and Neurochemical Factors A wide variety of prenatal and birth complications have been associated with autism, but none of them have been found to be a definitive cause of the disorder. Maternal bleeding or rubella during pregnancy, prematurity, breech birth, and forceps deliveries have all been found to be statistically associated with autism. In an excellent example of *correlation* not equaling *causation*, a recent study found that a strong genetic loading for autism (as indicated by having a relatively large number of relatives with autism-like traits) was positively correlated with high rates of birth complications in the nonautistic siblings of children with autism (Zwaigenbaum et al., 2002). In other words, autism is positively correlated with birth and pregnancy complications because both are caused by genetic factors associated with autism. Neurochemical studies have found that a significant percentage of autistic individuals have unusually high blood levels of the neurotransmitter **serotonin** (Anderson & Hoshino, 2005). This finding is poorly understood at present, but it lends support to the argument that a variety of biological factors interact to cause the various clinical features of autism.

Serotonin A neurotransmitter associated with depression and anxiety.

Biological Interventions Given that the biological causes of autism are still unclear, it should come as no surprise that an effective biological treatment for the disorder has yet to be discovered. The current state of the art in the biological treatment of autism employs various psychotropic medications to treat some of the behavioral symptoms associated with the disorder. Atypical antipsychotic medications are frequently used to help calm agitated and aggressive autistic individuals, though this intervention does not address social and communication deficits (McDougle et al., 2005). Antidepressants,

anxiolytics (antianxiety medications), stimulants, opiate antagonists, and lithium have also been used to address the irritability and emotional reactivity sometimes associated with autism. While some medications help some people with autism, no one medication works for everyone or treats the primary symptoms of the disorder.

Behavioral Components Behavioral programs are the most effective and widely used interventions for autism. By employing operant-conditioning principles, behavioral interventions can be used to teach autistic children language and communication skills, self-care, and community adaptation. For example, an autistic child being taught to ask for juice would first be rewarded (with candy, hugs, etc.) for making eye contact with the person responsible for giving out juice. Next, the child would be prompted to say "juice," with successive approximations of the word being rewarded (thus **shaping** the behavior in the appropriate direction). Next, the child would be taught to say "I want juice" using the same techniques.

Shaping Operant-conditioning term referring to a behavioral intervention in which successive approximations of a desired behavior are rewarded until the target behavior is achieved.

Ivar Lovaas and his colleagues at the University of California, Los Angeles have used behavioral techniques to develop a comprehensive and intensive intervention program for autistic children (Lovaas, Cross, & Revlin, 2006). By employing undergraduate and graduate students, Lovaas developed what he calls the Early Intervention Project in which young autistic children receive 40 hours of behavioral intervention each week. They are taught both expressive and receptive language, play behaviors, affectionate behaviors, emotional expression, and school skills. The UCLA program has been hailed by some as a "cure" for autism, and by others for its ability to help many autistic children function much more normally than expected. But Lovaas's intervention program has also been criticized (Schreibman & Ingersoll, 2005). Some critics wonder whether it is appropriate to subject very young children to 40 or more hours of behavioral training each week, others point out that many of the behaviors learned using Lovaas's techniques fail to generalize to unstructured environments, and still others note that Lovaas's approach interferes with spontaneous uses of behavior.

Other educational programs for autistic children, such as TEACCH (Treatment and Education of Autistic and related Communication handicapped CHildren), are less intensive than the UCLA model but focus more on promoting home adjustment and community adaptation (Schopler, 1997). TEACCH is based at the University of North Carolina, but uses regional centers to work closely with families and vocational training programs throughout the entire state of North Carolina.

The TEACCH model uses a structured learning approach to help autistic children function in a variety of different settings. Heavy emphasis is placed on making the learning environment predictable and understandable, and the learning environment is modified to accommodate the deficits that characterize autism. For example, difficulties with spoken language are offset by the use of visual cues (such as pictures) to aid communication and to help autistic children understand daily routines and schedules. Though verbal communication skills are cultivated, communication is taught through incidental teaching aimed at promoting overall functioning. For example, a child with autism might be helped to develop the communication skills needed to locate a restroom, purchase food, or seek help when needed. In other words, TEACCH promotes proficiency in basic living skills over the acquisition of language or the cessation of typically autistic behaviors (Harris, Handleman, & Jennett, 2005).

As adults, individuals with autism have many of the same living and treatment options as those available to the mentally retarded. Placement in a group home, supervised apartment, family home, or independent living depends largely on the skills of the autistic individual. People with autism who speak, care for themselves, and perform skilled or unskilled labor are often able to live independently. However, like Temple Grandin, even the most high-functioning people with autism continue to be socially impaired throughout their lives.

Psychodynamic Components The psychodynamic perspective has a particularly unfortunate history related to autism. For many years, some psychodynamic theorists considered the parents of autistic children to be the cause of the disorder. Psychodynamic theorists believed that autistic children were born normal and became autistic only after withdrawing from painful interactions with their hostile and cold parents (sometimes referred to as "refrigerator mothers"). This view was articulated in a widely read tract on autism by Bruno Bettleheim titled *The Empty Fortress* (1967). Bettleheim argued that autistic children responded to their disturbed and hostile parents by retreating to a protected inner world, and that the most hopeful interventions involved separating autistic children from their parents. This view is widely rejected by contemporary psychodynamic theorists and clinicians, who now, in combination with other interventions, tend to focus on helping children and families cope optimally with the disorder.

BRIEF SUMMARY

- Pervasive developmental disorders such as autism, Rett's disorder, childhood disintegrative disorder, or Asperger's disorder are characterized by severe impairments in several areas of development.
- In recent years, a variety of biological anomalies have been associated with autism, though no single factor has been identified as the main cause of the disorder.
- Autism is usually treated with behavioral interventions that aim to increase functional skills and promote the use of speech by rewarding appropriate behaviors.

Advantages/ limitations of diagnosis

Critical Thinking Question

Clinicians now recognize that the symptoms of autism occur on a broad continuum that includes Asperger's disorder as well as mild, moderate, and severe forms of autism. What are the advantages of recognizing autistic features in people who might have been undiagnosed a generation ago? What are the potential disadvantages associated with being identified as having an autistic-spectrum disorder?

Attention Deficit and Disruptive Behavior Disorders

Attention deficit and disruptive behavior disorders A broad diagnostic category that includes attention deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

The **attention deficit and disruptive behavior disorder** category of the DSM-IV-TR includes three diagnoses: attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD). All three of these disorders are characterized by *externalizing* behaviors in which children "act out" and fail to conform to the behavioral standards of their homes, schools, and/or communities.

Attention Deficit/Hyperactivity Disorder

CASE ILLUSTRATION

Eleven-year-old Mary's middle school teachers told her parents that Mary's academic performance did not seem to reflect her high intelligence, causing them to wonder if she had an undiagnosed learning disability. The results of diagnostic testing indicated that Mary's academic skills were strong, but that she had a great deal of difficulty attending to what was happening around her. When Mary's parents were asked about her ability to pay attention at home, they reported that she always had to be asked to do a task several times before she would remember to complete it. Mary would gladly agree to do things, such as loading the dishwasher, but would then be found playing with the family cat, having completely forgotten about the dishes. Mary's parents also explained that Mary lost things so frequently that the family joked that "if you want to get rid of something, give it to Mary."

Attention deficit/hyperactivity disorder (ADHD) is one of the most frequently diagnosed childhood disorders (see Table 13.6). Though the DSM-IV-TR estimates that one out of every 20 to 30 children suffers from ADHD (APA, 2000), prevalence rates in several countries exceed these estimates (Rowland, Lesense, & Abramowitz, 2002). The number of American children diagnosed with ADHD and treated with medications has skyrocketed since the early 1980s when Ritalin, a psychostimulant drug treatment for ADHD, was found to have a calming effect on hyperactive and inattentive children. Prescriptions for Ritalin increased almost threefold during the 1990s, and as many as 6% of American children are now treated with psychostimulant medications (Rey & Sawyer, 2003). The sharp rise in the diagnosis and medical treatment of ADHD is not well understood. Some experts contend that ADHD was vastly underdiagnosed prior to the 1980s, others say that the pharmaceutical industry has used massively funded advertising campaigns to pathologize behaviors that can be "treated" with their products, while still others argue that some physicians and parents prefer to use drugs as "chemical restraints" for difficult children instead of seeking environmental or psychological explanations for a child's troubles. As the number of children diagnosed with ADHD and treated with psychostimulant medication continues to grow, the diagnosis has become increasingly controversial.

Attention deficit/hyperactivity disorder
A disruptive behavior disorder involving symptoms of inattention, hyperactivity, and impulsivity.

Children like Mary may be diagnosed with ADHD, predominantly inattentive type when they have a great deal of difficulty attending to and remembering what is going on around them. Other children, like Shane (described at the beginning of the chapter), may be diagnosed with ADHD, predominantly hyperactive-impulsive type when they are unable to control their behavior and excessive energy, especially in comparison to other children of the same age. The diagnosis of ADHD, combined type is the most widely used; it describes children who have problems with attention, hyperactivity, and impulsivity.

TABLE 13.6 Diagnostic Criteria for Attention Deficit/Hyperactivity Disorder (ADHD)

ADHD involves symptoms of inattention, hyperactivity, and impulsivity. The DSM-IV-TR identifies three subtypes based on which symptoms predominate. The diagnosis of *ADHD, combined type* is made when children exhibit at least six symptoms of inattention *and* six symptoms of hyperactivity and/or impulsivity. *ADHD, predominantly inattentive type,* is diagnosed when children have at least six symptoms of inattention, but fewer than six symptoms of hyperactivity-impulsivity; *ADHD, predominantly hyperactive-impulsive type* is diagnosed when children have at least six symptoms of hyperactivity-impulsivity, but fewer than six symptoms of inattention.

- **Symptoms of inattention:** Missing important details when working; having trouble paying attention to one thing for a sustained period of time; not listening to others; forgetting instructions; being disorganized, easily distracted, and/or forgetful; frequently losing things.
- **Symptoms of hyperactivity:** Frequent fidgeting or squirming; inability to remain seated when expected to do so; excessive motor activity; difficulty relaxing quietly; excessive talking.
- **Symptoms of impulsivity:** Blurts out answers to questions; can't wait for his or her turn; interrupts or bothers others. Some inattentive or hyperactive-impulsive symptoms must be present and cause impairment before 7 years of age; impairment from the symptoms must occur in two or more settings (for example, at school and at home).

Adapted from the DSM-IV-TR (APA, 2000)

Attention grabbers Not only do children suffering from attention deficit/hyperactivity disorders (ADHD) have difficulty paying attention to their own work, their hyperactive and impulsive behaviors often disrupt the studies of other children in their classrooms.
David Young-Wolff/PhotoEdit

ADHD is often first diagnosed when children enter school and are required to pay attention to teachers and to sit quietly for extended periods of time (Sax & Kautz, 2003). The school setting may also be the first in which a child can easily be compared with his or her age-mates; unusually distracted or hyperactive children start to stand out when surrounded by their peers. In school, hyperactive and impulsive children tend to fidget in their seats, get up and roam around the classroom when they should be at their desks, and shout out answers to questions when they are supposed to be raising their hands. Inattentive children often daydream when they should be listening to the teacher, fail to follow simple directions, turn in work that is incomplete or filled with mistakes, and frequently misplace needed items like pencils and books. Many children with ADHD also have difficulty getting along with their peers (Pfiffner, Calzada, & McBurnett, 2000). The impulsivity associated with ADHD may cause children to act before thinking—often in ways that annoy their classmates. They may push or cut ahead in line or take things away from peers without first asking to share. Inattentive children may also miss out on the subtle social cues that increasingly guide social interactions between children as they grow up.

In order to warrant a diagnosis of ADHD, a child must exhibit symptoms in at least two different settings (home, school, during play, etc.). If a child is inattentive or hyperactive in only one setting, clinicians are inclined to think that the child is having an emotional problem that is exacerbated by being in that particular setting. ADHD symptoms tend to decline with age: only about 15% of children with ADHD will continue to meet all of the diagnostic criteria ADHD at age 25. However, 40–60% of children with ADHD will continue to have at least some symptoms as adults, even if they don't meet the full diagnostic criteria for the disorder (Faraone, Biederman, & Mick, 2006). Longitudinal studies have found that children diagnosed with ADHD are more likely than their peers to suffer from mood and anxiety disorders as adults and to engage in antisocial behavior and substance abuse (Biederman et al., 2006; Mannuzza & Klein, 2000).

Explaining and Treating Attention Deficit/Hyperactivity Disorder

Mind-body connection

ADHD is a controversial disorder not only because of the frequency with which it is diagnosed but also because treatment often involves using a controlled substance to medicate children. The pervasive use of medication to treat ADHD is often interpreted to mean that the disorder results largely from biological causes. While this may be true in many cases of ADHD, the symptoms of ADHD can also be caused by psychological factors. Accordingly, ADHD highlights the core concept of the ***connection between mind and body*** because it is one of many disorders in which psychologically based cases may respond to biological treatment, and, conversely, biologically based cases can sometimes be treated with psychotherapy.

Biological Components At present, evidence suggests that many cases of ADHD result, at least in part, from genetic and neurological factors.

Genetic Factors Research from family, adoption, and twin studies indicates that ADHD is partly inherited. Parents of children with ADHD are 2 to 7.5 times more likely to have ADHD themselves than parents of children without ADHD (Faraone & Biederman, 2004). Evidence from adoption studies demonstrates that children who are adopted take after their biological, not adoptive, parents in terms of ADHD symptoms (Sprich et al., 2000). A review of 15 ADHD twin studies concluded that genetic factors account for about 80% of the causation of ADHD (Faraone & Doyle, 2001).

Neurological Factors The search for brain anomalies has been at the center of research on ADHD since the disorder was originally conceptualized as resulting from "minimal brain dysfunction" in the 1930s and 1940s. While some children with ADHD are

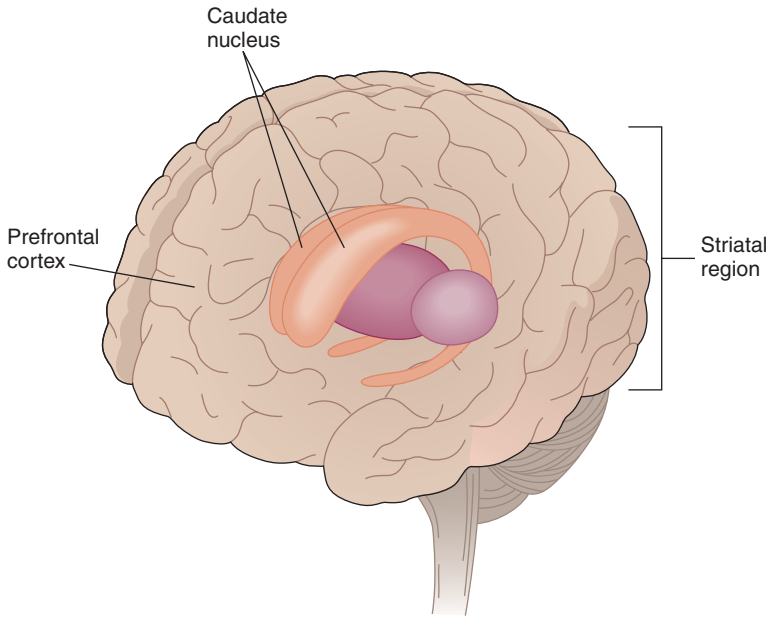


Figure 13.3 Brain Anomalies in Attention Deficit/Hyperactivity Disorder (ADHD) Some studies suggest that children suffering from ADHD have abnormalities in the frontal and striatal regions of the brain; specifically, they may have a smaller right prefrontal cortical region, a smaller caudate nucleus, and diminished blood flow to the prefrontal and striate areas of the brain.

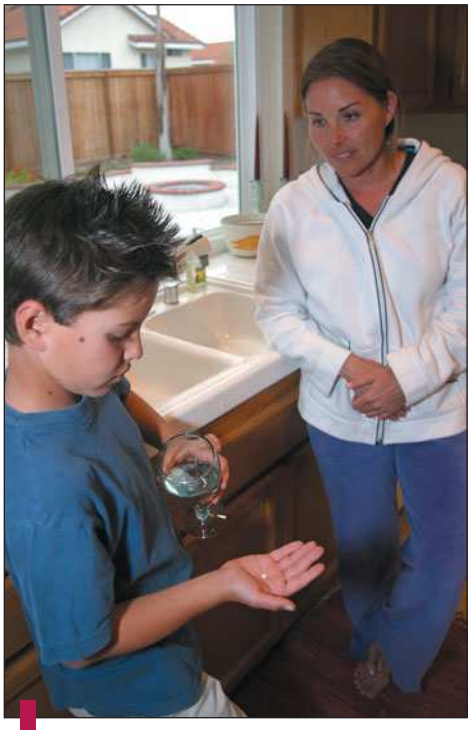
known to have experienced brain damage as a result of head trauma or illness, the current consensus is that brain damage is not a major cause of the disorder. Instead, recent research suggests that ADHD is associated with congenital abnormalities in the development of the frontal cortex, cerebellum, and striatal regions of the brain that seem to regulate vigilance and sustained attention (Faraone & Biederman, 2004). Several studies have found a smaller right prefrontal cortical region and a smaller caudate nucleus in people with ADHD when compared to control subjects (Filipek et al., 1997) (see Figure 13.3). Other studies have found diminished blood flow to the same prefrontal and striate regions of the brain in people with ADHD (Amen & Carmichael, 1997: Sieg et al., 1995). Studies of brain waves during attentional tasks indicate that the prefrontal and striate regions of the brain among people with ADHD may be underresponsive or "asleep on the job" (Kuperman et al., 1996; Rubia et al., 2001). Interestingly, adults and children who suffer injuries to the prefrontal region of the brain have long been known to develop difficulties with attention, impulse control, and organization—many of the same symptoms seen in ADHD (Benton, 1991).

Prenatal Factors The prenatal factors that may be related to ADHD are not as well documented as the genetic and neurological factors previously described. However, some preliminary studies indicate that prenatal exposure to alcohol and tobacco smoke may be causally related to the development of ADHD in children (Connor et al., 1999; Milberger et al., 1998).

Biological Interventions Medications that stimulate the central nervous system (CNS) are the most common form of biological intervention for ADHD. Methylphenidate (Ritalin, Concerta), dextroamphetamine (Dexedrine), and a combination of amphetamine and dextroamphetamine (Adderall) are among the most frequently prescribed medications (Wilens & Spencer, 2000). Although it might seem strange to give a stimulant medication to children who are frequently hyperactive, stimulants seem to promote activity in the prefrontal and striate regions of the brain that help children to focus their attention. Thus, Ritalin and its analogs effectively calm children down and help them to focus on one thing at a time. Many children who take Ritalin experience side effects such as insomnia or reduced appetite. Interestingly, Ritalin and other psychostimulant drugs improve attention and concentration in anyone who takes them; this being the

case, a positive reaction to Ritalin should not be taken as "proof" that an ADHD diagnosis is accurate or appropriate. There is considerable interest in a relatively new nonstimulant medication known as atomoxetine (Strattera) which appears to effectively treat the symptoms of ADHD by selectively inhibiting the reuptake of norepinephrine (Banaschewski et al., 2004). Although side effects are associated with Strattera (upset stomach and fatigue being among the most common), parents and physicians are encouraged by the prospect of being able to treat ADHD with a drug that, unlike the psychostimulants, is not a controlled substance.

Family Systems Components Some clinicians suggest that ADHD symptoms may develop when parents are unable to help a child develop skills for emotional and behavioral self-regulation, and/or they regularly allow their young child to be overstimulated or completely ignored (Yaroshevsky & Bakiaris, 2003). Of course, it is difficult to separate environmental causes (such as parenting style) from genetic or other biological factors. For instance, the parents of children with ADHD may have ADHD traits themselves that affect the quality of their parenting. Furthermore, a child with biologically based ADHD symptoms might be particularly difficult to parent, and thus elicit less-than-optimal parenting from an otherwise competent parent (Sagvolden et al., 2005). Biological influences on families aside, studies indicate that the severity of family dysfunction appears to correlate with the severity of ADHD symptoms. For example, studies have found that children with symptoms of ADHD are more likely to have mothers with a history of psychiatric treatment and fathers with a history of excessive alcohol use, to live in low-income families, and to experience higher levels of family dysfunction and conflict than children without ADHD symptoms (Scahill et al., 1999; Biederman, Faraone, & Monuteaux, 2002).



Controversial treatment By some estimates, two and a half million school-age children (roughly 8% of the school-age population) are currently taking psychostimulants.
Myrleen Ferguson Cate/PhotoEdit

Psychodynamic Components The cardinal symptoms of ADHD (inattention, hyperactivity, and impulsivity) are also behaviors frequently seen in children who are experiencing emotional distress. Accordingly, careful clinicians do not jump to the conclusion that an inattentive or hyperactive child has biologically based ADHD, but first try to rule out other possible causes of the symptoms (Gilmore, 2000; Yeschin, 2000). Often this can be done by establishing when the symptoms began and where they tend to occur. In many cases, a child with biologically based ADHD symptoms will have displayed inattention, impulsivity, and possibly hyperactivity in most settings since early childhood, while an emotionally distressed child might misbehave in some settings and not in others, or the problem behaviors might occur around the time of stressful life events. For example, psychodynamic authors note that ADHD symptoms may occur in response to overwhelming or overstimulating events (Rosenblitt, 1996). When ADHD-like symptoms seem to result from emotional distress, psychodynamic interventions seek to understand the source of the child's distress and to help the child to better cope with his or her conflicts. Single case studies report positive outcomes from psychodynamic interventions for children with emotionally based ADHD symptoms (Cleve, 2004; Gilmore, 2002).

Behavioral and Cognitive Components Russell Barkley, an expert on the diagnosis of ADHD, has developed a parent training program for the parents of children with ADHD (Barkley, 2000). An excellent example of theoretical integration, Barkley's program focuses on parents, using a family systems perspective, but it also incorporates behavioral and cognitive components. The behavioral component of the parent training program works on establishing appropriate reinforcement and punishments in the home environment. For example, when making a request, parents are instructed to establish eye contact with the child, give a simple command, have the child repeat the command back to the parent, and then praise the child for completing the request. When praise is not sufficient to reinforce the desired behavior, parents are instructed to use a point and

TABLE 13.7 Classroom Behavioral Management Worksheet for Children with ADHD

On-Task Behavior

Staying Seated: Receive one sticker for every 15 minutes that you remain seated. Getting out of seat with teacher's permission is O.K.

8:15	8:30	8:45	9:00	9:15	9:30	Snack
10:15	10:30	10:45	11:00	11:30	11:45	

Working Quietly: Receive one sticker for every 15 minutes you do not visit with your neighbor or make distracting noises or gestures. Visiting neighbor with teacher's permission is O.K.

8:15	8:30	8:45	9:00	9:15	9:30	Snack
10:15	10:30	10:45	11:00	11:30	11:45	

Academic Performance

Amount of Work Completed: Receive one sticker for every 15 minutes if you complete assigned work during that period. During class discussions, stickers will be awarded if you are paying attention to the activity.

8:15	8:30	8:45	9:00	9:15	9:30	Snack
10:15	10:30	10:45	11:00	11:30	11:45	

Accuracy of Work: If 90% or more of work is completed accurately and your work is neat, you will receive one sticker every 15 minutes. During class discussions, stickers will be awarded if contributions are accurate or task-related.

8:15	8:30	8:45	9:00	9:15	9:30	Snack
10:15	10:30	10:45	11:00	11:30	11:45	

Reward

Total stickers possible: 52 Total stickers earned = ____
47 or more stickers = 90%; reward is computer games
42–46 stickers = 80%; reward is free reading time
36–41 stickers = 70%; reward is study hall

Adapted from Pfiffner, 1996 (p. 103)

reward system to promote desired behaviors and a "time out" system to reduce undesirable behaviors. Cognitive interventions are used throughout the training program to help parents correct their own problematic assumptions about parenting a child with ADHD. For example, parents are helped to see that maintaining parental control is a constructive responsibility that is in the best interest of their child.

There are many ways in which schools can also use behavioral programs to help children with ADHD (Pfiffner, Barkley, & DuPaul, 2006) (see Table 13.7). Ideally, behavioral interventions target specific, positive behaviors such as completing assigned work, increasing homework accuracy, and making appropriate contributions to classroom discussions. A sample program might give a child with ADHD a sticker chart to keep on her desk. The classroom teacher would then give the child a sticker for every 15-minute period that she stays on-task. Once the child earns a certain number of stickers, she would be allowed to choose a suitable reward from a "reward menu" (e.g., certain classroom privileges, special activities, and so on). Such a program would usually start small (requiring only a couple of stickers for a whole morning) and then increase in difficulty as the child becomes increasingly able to focus her attention. In general, behavioral management programs have been found to work well in the short term (Fabiano et al., 2004), but the reduction in ADHD symptoms does not always appear to last beyond the period of the intervention or to generalize to other settings (Hinshaw, Klein, & Abikoff, 2002).

Evaluating and Comparing Interventions for ADHD In recent years, the National Institute of Mental Health (NIMH) has undertaken a large-scale clinical trial to compare the effectiveness of various ADHD interventions. The *Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder* (known as the MTA study) randomly assigned nearly 600 children between the ages of 7 and 9 to one of the following treatments: (a) medication management alone, with medications being monitored by an MTA physician; (b) behavioral interventions alone; (c) a combination of both medical and behavioral interventions; or (d) routine community care (usually meaning medication management by the child's pediatrician).

In the 14 months of the study, almost all of the children demonstrated some level of improvement (MTA Cooperative Group, 1999). However, children in the various treatment groups differed in the nature and degree of symptomatic change. Children in groups "a" and "c" whose medications were carefully monitored by an MTA physician (who stayed in close contact with the child and his or her parents and teachers) demonstrated greater reductions in inattentiveness, hyperactivity, and impulsivity than children in the behavioral treatment (group "b") or routine community care (group "d") groups. However, when it came to also reducing anxiety and oppositional symptoms and improving academic performance, social skills, and parent-child relations, children who had both medical and behavioral interventions (group "c") improved more than children in the other three groups. Interestingly, both parents and teachers expressed greater satisfaction with interventions that included behavioral (as opposed to strictly medical) components. At the end of the study, children with combined medical and behavioral interventions (group "c") were on lower doses of medication than children in the medication-only group (group "a"), a finding that will likely be well-received by parents who have reservations about psychostimulant treatment.

Newer, detailed analyses of the MTA data have yielded some very interesting findings (Owens et al., 2003). For example, having a depressed parent seriously undermined the efficacy of being in the medication-only group ("a") but not in the medication and behavioral intervention group ("c") causing the researchers to conclude that the parent support provided as part of the behavioral intervention may be crucial for successful treatment in some families. Not surprisingly, the researchers also found that children with very severe ADHD symptoms were the least likely to enjoy a strong response to any of the treatments. In other words, although children with severe ADHD may be helped by medical and/or behavioral interventions, "they are less likely to be normalized by treatment" (Owens et al., 2003, p. 549).

BRIEF SUMMARY

- Attention deficit disorders involve symptoms of inattention, impulsivity, and hyperactivity.
- Attention deficit/hyperactivity disorder (ADHD) appears to have a significant genetic component; ADHD symptoms appear to be associated with impairments in the frontal-striatal region of the brain.
- Stimulant medications are the main biological intervention for ADHD. They increase attention and decrease hyperactivity by stimulating the part of the brain that helps individuals to focus attention.
- The family systems perspective focuses on the connections between parent-child interactions and ADHD symptoms.
- The psychodynamic perspective emphasizes that many of the behaviors associated with ADHD can also be caused by emotional distress.
- Parent training and school-based interventions that incorporate behavioral and cognitive components are sometimes used in the treatment of ADHD.

- Results from large-scale studies suggest that multimodal treatments are most effective in treating the wide variety of symptoms associated with ADHD.

Critical Thinking Question Some clinicians take a "try it and see if it helps" attitude toward prescribing stimulant medication to children who have symptoms of ADHD. What are the potential advantages and disadvantages of this approach?

Oppositional Defiant Disorder

CASE ILLUSTRATION Alana's mother consulted a psychologist in the hope that she could get some advice about how to bring her 12-year-old daughter under control. In the first meeting, Alana's mother explained that her daughter had been a hot-tempered but manageable child until a year ago when she suddenly stopped caring about school, listening to adults, or being civil toward her little sister. Alana refuses to join her mother and sister for dinner and insists on spending the evening in her room talking on the phone with friends. When asked to do chores, she scowls and asks why she should be expected to help out around the house. Alana especially seems to enjoy tormenting her little sister: more days than not she hides one of her sister's favorite toys or books and then claims that her (usually tearful) sister must have misplaced it. Though Alana is often quite humorous with her friends, she becomes instantly hostile when her mother tries to talk to her. She is also so rude with teachers that her mother has received several phone calls from the school about Alana's behavior.

Oppositional defiant disorder A disruptive behavior disorder involving consistently negativistic, hostile, and defiant behavior.

Children who meet the diagnostic criteria for **oppositional defiant disorder** (ODD) are usually irritable and irritating. The antagonistic behavior associated with ODD reminds us of the core concept of the ***continuum between normal and abnormal behavior***, because ODD involves an exaggeration of many normal childhood behaviors. Negative mood, tantrums, and deliberate defiance are expectable behaviors during toddlerhood and are often revived when older children are emotionally upset. Only when children or adolescents become chronically oppositional in ways that impede development does their behavior cross the threshold from normal to abnormal (see Table 13.8).

Normal-abnormal continuum

TABLE 13.8 Diagnostic Criteria for Oppositional Defiant Disorder (ODD)

ODD involves consistently negativistic, hostile, and defiant behavior for at least six months as demonstrated by the presence of at least four of the following symptoms:

- Losing temper
- Arguing with adults
- Defying rules and/or refusing to comply with requests from adults
- Deliberately annoying people
- Blaming others for personal mistakes and misbehavior
- Being touchy or reactive
- Being angry and resentful
- Being spiteful and vindictive

The behavioral symptoms significantly interfere with social, academic, or occupational functioning.

Adapted from the DSM-IV-TR (APA, 2000)

Interestingly, the rate of *comorbidity* between ODD and ADHD is roughly 50% (Ishii et al., 2003). Several possible (and not necessarily contradictory) explanations for the frequent co-occurrence of ODD and ADHD exist: the same environmental or biological conditions may foster both disorders; children with ADHD may have personal difficulties at home and school that might contribute to the development of ODD; or the behaviors associated with both ODD and ADHD may be surface manifestations of an underlying emotional problem.

The behaviors associated with ODD usually begin in the preschool years and persist at least through adolescence in about 50% of all children diagnosed with the disorder. Another 25% of the children diagnosed with ODD appear to "outgrow" their symptoms, while the remaining 25% go on to develop the next disorder to be discussed: conduct disorder (Hinshaw & Lee, 2003).

Conduct Disorder

CASE ILLUSTRATION

Phil, age 14, was sentenced to placement in a juvenile detention home after being convicted of arson. He had been experimenting with fire-setting since age 12 when a couple of older boys in his neighborhood asked him to keep lookout while they set fire to an abandoned car. Phil's mother works two jobs, leaving Phil with long hours of unsupervised time in which he can make trouble at home and in the neighborhood. Phil and his mother were kicked out of their apartment after he twice set fire to the apartment kitchen. By the time he was 13, Phil was roaming the streets and dealing drugs with older boys in his neighborhood. On several occasions he has engaged in fights, once seriously injuring another boy with a broken beer bottle. Phil was convicted of arson for setting fire to a storage building at his school after the school counseling office reported his frequent absences to his mother.

Conduct disorder A disruptive behavior disorder involving the consistent violation of the rights of others and significant age-appropriate norms.

Advantages/ limitations of diagnosis

The diagnosis of **conduct disorder** (CD) essentially describes criminal behavior when it occurs in children and adolescents (see Table 13.9). Children who meet the diagnostic criteria for ODD are often extremely unpleasant, but unlike children and adolescents with CD, they typically do not engage in illegal acts. However, as previously noted, about 25% of children who are diagnosed with ODD eventually engage in the behaviors associated with CD. In turn, 25 to 40% of children and adolescents diagnosed with CD later warrant the diagnosis of antisocial personality disorder, which involves similar behaviors in adults (Hinshaw & Lee, 2003) (see Chapter 11). Several controversies exist with regard to the diagnosis of CD. One critique of the DSM-IV-TR diagnosis of CD highlights the core concept of the ***advantages and limitations of diagnosis***: the diagnostic criteria for CD describe an extremely wide range of behaviors—from shoplifting to rape—and may therefore lump together in one diagnostic category individuals who have little in common. Furthermore, leading researchers John Richters and Dante Cicchetti have observed that two of Mark Twain's most lovable characters, Tom Sawyer and Huckleberry Finn, would have qualified for the diagnosis of CD based on their behavior, yet neither boy appeared to suffer from an underlying mental disturbance (Richters & Cicchetti, 1993). A related complaint about the diagnosis of CD is that it may inappropriately place a mental health label on what is essentially a legal and social problem. This criticism is particularly salient when one considers that the diagnostic criteria for CD apply to the behaviors of many urban youths living in poor neighborhoods and participating in gang cultures. While many gang members are extremely troubled, community risk factors such as concentrated poverty and high levels of violent crime contribute to gang membership. In other words, some urban youths may join gangs or carry weapons in order to gain a sense of safety in otherwise dangerous inner-city communities (Tolan, Gorman-Smith, & Henry, 2003).

TABLE 13.9 Diagnostic Criteria for Conduct Disorder (CD)

CD applies to children or adolescents who consistently violate the rights of others and significant age-appropriate norms. In order to warrant the diagnosis, three or more of the following behaviors must have been present within the last year, and at least one must have been present within the last six months.

- **Aggression toward people and animals:** Bullying, threatening, or intimidating others; starting physical fights; using dangerous weapons; physical cruelty to people or animals; stealing while confronting a victim (mugging, extortion, etc.); forcing someone into sexual activity.
- **Destruction of property:** Deliberate fire setting or other forms of major property destruction.
- **Deceitfulness or theft:** Breaking and entering into someone else's house, building, or car; "conning" others to gain goods or favors or avoid obligations; stealing without confronting a victim (shoplifting, forgery, etc.).
- **Serious violation of rules:** Staying out at night before age 13 and despite parental prohibitions; running away from home overnight at least twice; frequent truancy from school before age 13.

The behavioral symptoms significantly interfere with social, academic, and/or occupational functioning.

Adapted from the DSM-IV-TR (APA, 2000)

Explaining and Treating Oppositional Defiant Disorder and Conduct Disorder

ODD and CD differ both in terms of severity and age of onset. ODD usually occurs in younger children; CD usually occurs in older children and adolescents.

Sociocultural and Family Systems Components Sociocultural and family systems factors can significantly contribute to both ODD and CD. Children living in poverty, dangerous neighborhoods, and overcrowded and substandard housing are at increased risk for developing disruptive behavior disorders (Hinshaw & Lee, 2003). Not all children living in poor and dangerous neighborhoods develop ODD or CD, but children living in highly dysfunctional families in poor and dangerous neighborhoods are especially vulnerable to this type of psychopathology, highlighting the principle of ***multiple causality*** (Gorman-Smith,Tolan, & Henry, 2005) (see Table 13.10). However, as noted earlier, engaging in disruptive behavior can be seen as adaptive for some children and adolescents living in particularly dangerous neighborhoods.

Multiple causality

A variety of family systems factors can also contribute to the development of disruptive behavior. Parental alcoholism, antisocial personality disorder, and/or criminal behaviors place children at high risk for developing ODD or CD symptoms (Hendren & Mullen, 2006). Studies of parent-child interactions have also yielded several important findings. The parents of children with ODD and CD tend to be harsh and inconsistent in their discipline, to abuse their children and otherwise model aggressive behavior, and to be less supportive, warm, and accepting of their children than other parents. They are also more likely to reward disruptive behavior with attention and compliance, to ignore positive social behaviors, and to leave their children unsupervised (Patterson & Yoerger, 2002).

Sociocultural interventions for disruptive behavior disorders take a preventive approach by teaching positive social behaviors and problem-solving skills to young children (see Box 13.2). The effectiveness of such programs has been mixed, but they appear

TABLE 13.10 Family Factors Consistently Associated with Conduct Disorders

GENERAL TYPE OF DYSFUNCTION	SPECIFIC ASPECTS OF DYSFUNCTION	SUMMARY OF KEY FINDINGS
Parental psychopathology	Parental depression Parental substance abuse Parental antisocial/criminal behavior	Parental depression and substance use have nonspecific associations with child psychopathology. That is, they are associated with many types of child problems including conduct disorders (Leschied et al., 2005; Merikangas, Dierker, & Szamari, 1998). Parental antisocial behavior shows a more specific relationship with conduct disorders (Marmorstein & Iacomo, 2004), one that may have a genetic component (Iacono et al., 2002).
Parental marital dysfunction	Divorce Marital dissatisfaction Marital conflict	The key predictor of child symptoms seems to be the degree of overt conflict between parents witnessed by the child (Basarath, 2001).
Dysfunctional parental socialization practices	Lack of parental involvement Poor parental supervision and monitoring Ineffective discipline practices Inconsistency Failure to use positive change strategies Harsh discipline	In a meta-analysis of several hundred studies, Loeber and Stouthamer-Loeber (1986) found that lack of parental involvement in their child's activities and inadequate parental supervision and monitoring of their child showed the strongest and most consistent association with conduct disorders across all areas of family dysfunction studied. Inadequate parental discipline exhibited a less consistent relationship with CD across studies, but discipline is a critical focus of some of the most successful interventions for conduct disorders (Kazdin, 2005).

Adapted from Frick, 1998 (p. 224)

to be most useful for children who have already started to have some trouble with aggressive behavior (van Manen, Prins, & Emmelkamp, 2004). Functional family therapy (FFT) and parent management training (PMT) are the most widely studied interventions for disruptive behavior disorders (Kazdin, 2005). FFT incorporates family systems, behavioral elements, and cognitive principles by focusing on the role the disruptive behavior serves in the family, how disruptive behaviors are reinforced, and what attributions and assumptions the family makes about the behaviors. PMT programs focus specifically on reversing problematic parenting practices. Parents are taught to be consistent and predictable, and to discipline their children using rewards and appropriate punishments, not coercion. PMT has been found to have such broad positive effects that Norway's Ministry of Child and Family Affairs has implemented a nationwide PMT intervention program aimed at reducing antisocial behavior in children (Ogden et al., 2005).

Cognitive Components Children and adolescents with disruptive behavior disorders tend to have specific distortions and deficiencies in their thinking (Coy et al., 2001). In general, they make hostile attributions about the behavior of others, come up with

BOX 13.2 Primary, Secondary, and Tertiary Prevention

SAVINGS TO SOCIETY

FOCUS ON PSYCHOLOGY IN SOCIETY

Mental health experts not only classify and treat various forms of psychopathology, they also aim to *prevent* emotional problems from occurring in the first place or worsening once they've begun. Prevention takes one of three forms: primary, secondary, or tertiary. **Primary prevention** aims to stop problems before they begin, **secondary prevention** aims to identify problems when they are minor and to keep them from getting worse, and **tertiary prevention** aims to prevent significant problems from continuing and worsening. Here are some examples of successful prevention efforts.

Primary Prevention

"Teen Outreach," a program that focuses on enhancing normative social development in adolescence, was designed to reduce rates of teen pregnancy and academic failure among high school students (Allen et al., 1997). A total of 695 students in 25 different high schools nationwide were randomly assigned to the Teen Outreach program or to a control group. Students in the Teen Outreach group participated in highly structured volunteer programs within their communities that were coordinated with classroom-based discussions of career and relationship choices. Furthermore, emphasis was placed on helping students in the Teen Outreach program to develop positive relationships with their peers in the program, the program facilitators, and the adults at their volunteer sites. Students who were assigned to the control group simply participated in the standard curricular offerings in Health or Social Studies available at their high school.

After participating in the study for nine months, students in the Teen Outreach program had significantly lower rates of teen pregnancy, course failure, and school suspension as compared to their peers in the control group. As you can see in Figure 13.4, even when controlling for differences in parental education, racial/ethnic minority status, and prior behavioral problems, students in the control group were more than twice as likely as their Teen Outreach peers to become pregnant, fail a course, or be suspended from school. Given the enormous social and financial costs of teen parenthood and school failure, programs like Teen Outreach provide an excellent example of how a primary prevention program can have a dramatic impact.

Secondary Prevention

The Child Development-Community Policing program in New Haven, Connecticut, is a model secondary prevention program for children who have been exposed to violence (Marans, Berkowitz, & Cohen, 1998). Historically, when police officers have arrived at crime scenes where children are present, they have ignored the children, or interviewed them as witnesses, victims, or perpetrators of violent acts. Since 1991, the New Haven police department has collaborated with child mental health experts at the Yale Child Study Center to train its officers in the principles of child development and to help officers respond sensitively to children who have been traumatized. Since the program's inception, hundreds of children who have witnessed, experienced, or committed a violent offense have been referred to a mental health professional by the police.

Primary prevention Intervention that aims to prevent problems before they begin.

Secondary prevention Intervention that aims to identify problems when they are minor and to keep them from getting worse.

Tertiary prevention Intervention that aims to prevent significant problems from continuing and worsening.

(continues)

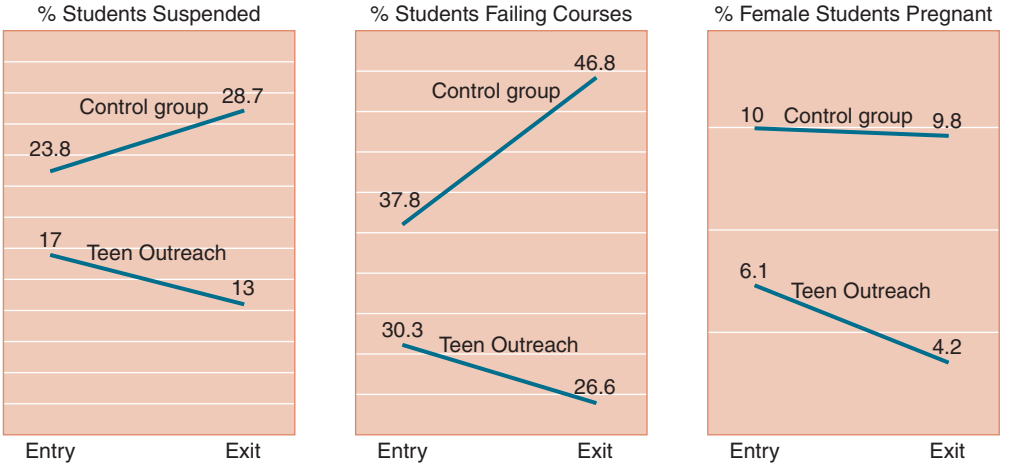


Figure 13.4 Preventing Teen Pregnancy and Academic Failure Participants in the Teen Outreach program had significantly lower rates of suspension, failed courses, and pregnancies from the time they began the program (entry) until its completion (exit). As you can see, participants in the control group worsened, or failed to significantly improve over the same period of time.

Source: Allen et al., 1997 (p. 734).

In addition, the Yale Child Study Center maintains a 24-hour on-call system so that police can call a clinician to the scene of a violent crime to address the immediate emotional needs of affected children and families. Due to the program's enormous popularity and success, the United States Department of Justice has funded similar programs in several communities around the country.

Tertiary Prevention

A team of clinicians at the University of Florida in Gainesville have developed a program called "Project Back-on-Track" to improve the futures of young juvenile offenders (Myers et al., 2000). Children and adolescents who had already committed violent offenses, or who met the diagnostic criteria for conduct disorder, were enrolled in a four-week intensive after-school program. Participants in the program attended group and family therapies, joined community service projects, and engaged in empathy-building exercises for a total of two hours each day, four days each week. Their parents also participated in parenting groups and educational sessions. When compared to a matched control sample one year after completing the program, participants in Project Back-on-Track were significantly less likely to have committed a criminal offense. By reducing criminal recidivism in young juvenile offenders, the program's organizers estimated that Project Back-on-Track resulted in a "savings to society" of approximately $1800 per participant.

primarily aggressive solutions to interpersonal problems, and fail to consider the consequences of their own actions. For example, imagine that Chris, a boy with conduct disorder, is bumped in a busy school hallway by another boy named Scott. Though several possible explanations of the bump are possible (Scott was just in a hurry; the hallway is simply too crowded), Chris is likely to assume the worst ("Scott's trying to push me around") and to respond with an aggressive solution, such as giving Scott a strong shove back. Needless to say, what may have been a meaningless bump could now turn into a fight. Interestingly, researchers have shown that children who wrongly attribute hostile intent to others have often been mistreated in their own families (Dodge, 2006). As a result of having harsh or abusive parents, these children may expect hostility in other relationships and use aggression to protect themselves.

Cognitive interventions for disruptive behavior disorders focus on helping children and adolescents: (1) make more accurate attributions about other people's behaviors; (2) generate several possible options for how to respond to threatening situations; and (3) evaluate the likely outcome of each option *before* acting. Therapists may model problem-solving behaviors, engage in role-play exercises, and offer constructive criticism and praise to shape skills. Such problem-solving skills training programs have been found to be effective in modifying the behavior of impulsive and aggressive children (Conduct Problems Prevention Research Group, 2002).

Biological Components Evidence indicates that genetic factors may play a role in the development of disruptive behavior disorders. Several studies have found higher concordance rates for delinquency and criminal behavior among monozygotic (MZ) twins as compared to dizygotic (DZ) twins, and studies of conduct disorder specifically have found concordance rates of 56% for MZ twins compared to 36% for DZ twins (Ehringer et al., 2006). Interestingly, evidence suggests that some individuals with conduct problems have impairments in a neural circuit system known as the behavior inhibition system (BIS), which inhibits behaviors that are expected to lead to negative outcomes. Aggressive and impulsive actions may be tied to deficiencies in the neurotransmitters that influence the functioning of the BIS, such as serotonin and norepinephrine (Dodge, 2000). Neuroleptic medications (Chapter 12), stimulants, and antidepressants, many of which increase levels of serotonin and norepinephrine, are sometimes used to treat children with ODD and CD (Tcheremissine & Lieving, 2006).

Psychodynamic Components In psychodynamic terms, children who suffer from disruptive behavior disorders have some deficiency in the development and functioning of their conscience or **superego**. Kessler (1988) outlines three levels of superego impair-

Superego In Freud's structural theory, the part of the mind that acts as a censor and conscience.

ment. Children with the most extreme superego impairments are aggressive, dangerous, and remorseless when they hurt others. Children with less extreme superego impairments do have a conscience, but it is somewhat weak and inconsistent. Children in the third category have strong impulses and poor impulse control, but feel very guilty about their misbehavior. These children suffer less from superego impairments than from impairments in the ego functions of self-control and frustration tolerance. Psychodynamic explanations of disruptive behavior disorders also center on the defense mechanism called **identification with the aggressor**. When exposed to terrifying and traumatizing situations, such as witnessing a shooting or being a victim of abuse, many children and adolescents try to ward off feelings of helplessness by imitating the aggressive behavior they have seen. When identifying with the aggressor, the child or adolescent exchanges the role of helpless victim for that of seemingly powerful victimizer. Psychodynamic interventions for disruptive behavior disorders focus on strengthening superego functioning and helping children to work through feelings of helplessness without resorting to aggressive behavior as a defense mechanism (Marans, 2000).

Identification with the aggressor A defense mechanism in which an individual causes others to experience the victimization, powerlessness, or helplessness that he or she has experienced in the past.

BRIEF SUMMARY

- The disruptive behavior disorders—oppositional defiant disorder (ODD) and conduct disorder (CD)—are characterized by disobedient and/or dangerous behaviors.
- Poverty, living in a dangerous neighborhood, and disturbed parent-child relations can contribute to disruptive behavior disorders.
- Family therapy and parent management training have been found to help parents improve their parenting skills and thereby address their children's disruptive behaviors.
- Cognitive interventions help children reduce the distortions and deficiencies in their thinking that promote disruptive behavior. Role-play exercises are often used to help children practice problem-evaluation and problem-solving skills.
- The aggressive and impulsive behaviors associated with disruptive behavior disorders may be related to impairments of the brain's behavioral inhibition system (BIS).
- Psychodynamic interventions focus on strengthening superego functioning and reducing reliance on aggressive behavior as a defense mechanism.

Critical Thinking Question If you were to design an intervention program for disruptive behavior disorders, would you aim your efforts at the level of the individual child, the family, or the community? Why?

Separation Anxiety Disorder

CASE ILLUSTRATION

Janel's parents went through an amicable divorce two years ago when she was 7 years old. Though she was saddened by the divorce, Janel initially adapted well to the change and to her new living arrangement in which she spent alternate weeks with each of her parents. Three months ago, Janel stayed with her father while her mother was away for two weeks on an extended business trip. She had a good time with her father, but when her mother returned Janel became extremely clingy and anxious around her mother in a way she had never been before. As time went on, Janel's behavior only seemed to get worse. She started to sob every morning before school, saying that she wanted to go to work with her mother instead of getting on the school bus. She also started crawling into her mother's bed at night, complaining that she was having nightmares in which her mother died. Janel even became reluctant to go on her regular visits to her father's house and when she was there would insist on calling her mother several times each night to check to see if she was okay.

TABLE 13.11 Diagnostic Criteria for Separation Anxiety Disorder (SAD)

Separation anxiety disorder involves excessive and unwarranted anxiety for at least four weeks when separated from home or from major attachment figures as demonstrated by the presence of at least three of the following symptoms:

- Chronic and extreme emotional distress when separations occur or are anticipated.
- Recurrent fears that major attachment figures will be lost or badly hurt.
- Recurrent fears of unusual separation from attachment figures, such as being kidnapped.
- Chronic reluctance or refusal to leave attachment figures, even to go to school.
- Extreme fearfulness about being alone, even in familiar places.
- Chronic reluctance or refusal to fall asleep if attachment figure is not nearby.
- Nightmares involving the theme of separation.
- Recurrent complaints of physical symptoms (headaches, stomachaches, etc.) around separations.

The behavioral and emotional symptoms significantly interfere with social, academic (occupational), or other important areas of functioning.

Adapted from the DSM-IV-TR (APA, 2000)

Separation anxiety disorder Excessive anxiety concerning separation from home or attachment figures, usually parents.

Developmental interference While many children become upset when their parents or caretakers leave, children suffering from separation anxiety disorder (SAD) become so upset that they experience significant delays in their social, emotional, or academic development.

Dennis MacDonald/PhotoEdit

As noted in Chapter 4, symptoms of anxiety occur in individuals of all ages. While children develop some of the same anxiety disorders seen in adults (such as phobias and obsessive-compulsive disorders), **separation anxiety disorder** (SAD) is a diagnosis reserved for children and adolescents (see Table 13.11).

Separation anxiety disorder highlights the core concept of the ***continuum between normal and abnormal behavior***. Many children go through periods of being clingy and anxious about being alone. However, children and adolescents with SAD exhibit an extreme version of these behaviors. They cannot be reassured that they and their parents will be safe during a brief separation. Instead of being able to let their parents go, children with SAD cling, cry, and beg their parents to stay nearby. Like Janel, many children with SAD have nightmares or daydreams about what horrible fate might befall themselves or their parents, and result in a permanent separation. Some children become so fearful of leaving their parents that they refuse to go to school, spend time with other children, or sleep in their own beds.

Explaining and Treating Separation Anxiety Disorder

SAD is one of the most common anxiety disorders in children. By most estimates, SAD affects roughly 1 out of every 25 (4%) children and adolescents (APA, 2000). The high prevalence rate of this disorder probably results from the fact that a wide variety of emotional concerns are expressed in childrens' fearful and clinging behaviors.

Biological Components Considerable evidence suggests that many adult anxiety disorders have a genetic component. Since some cases of SAD lead to adult anxiety disorders such as agorophobia and social anxiety disorder, SAD may share the same genetic basis as these adult anxiety disorders (Silove & Manicavasagar, 2001). Genetic studies of SAD indicate that different genes may play a role in SAD in males as opposed to females and that SAD may be more easily inherited by girls than boys (Ehringer et al., 2006). Research also suggests that mothers with high levels of phobic anxiety have children with unusually high rates of SAD (Bernstein et al., 2005).

Investigations of the genetic basis for childhood anxiety have focused largely on inborn personality traits, or **temperament**. Longitudinal research indicates that children with temperaments marked by intense shyness in novel situations—a trait known as **behavioral inhibition**—are at heightened risk for developing a variety of anxiety disorders, including SAD (Hirschfeld-Becker, Biederman, & Rosenbaum, 2004).

Benzodiazepines and antidepressants can reduce severe anxiety symptoms in children, just as they can for adults. However, benzodiazepines are addictive and may have undesirable side effects, so they are often used as a short-term intervention to help children in the two to three weeks required for antidepressant medications to reach a therapeutic dose. Although both SSRI and tricyclic antidepressants have been employed in the treatment of SAD, research evidence indicates that the SSRI antidepressants are safer and more effective for children with anxiety disorders (Bernstein & Layne, 2006).

Temperament Innate behavioral tendencies.

Behavioral inhibition A temperamental style marked by the tendency to be quiet and withdrawn in novel situations.

Projection A defense mechanism in which an individual attributes his or her own emotions to someone or something else.

Sociocultural and Family Systems Components SAD is often linked to psychosocial stressors. Many children who develop symptoms of the disorder do so in the wake of traumatic events such as war or natural disasters. In other cases, nervous and overprotective parents may unwittingly contribute to SAD by indicating to their children that separations are potentially dangerous (Bernstein & Layne, 2006). Parents can help their children feel comfortable with separations by providing reasonable reassurance to a child who has been traumatized, and by modeling appropriate separation behaviors such as saying goodbye in a way that expresses a confidence that they will return as planned.

Psychodynamic Components Psychodynamic explanations of SAD emphasize the possibility that children who excessively cling to their parents or worry about them are using the defense mechanism of **projection** to cope with rejecting or angry feelings toward their parents. Unconscious anger by a child toward a parent may be experienced consciously as a fear that the parent is in danger from someone or something else (von Klitzing, 2003). By clinging to his or her parent, a child feels reassured that the parent is unharmed by the child's projected aggressive impulses.

A psychodynamic intervention for SAD would aim to explore all of a child's feelings toward his or her parents (loving, rejecting, caring, aggressive, and so on) and try to determine why rejecting or angry feelings are warded off through fearful and clinging behavior. The source of a child's anger may be related to family events such as the birth of a sibling, parental divorce, or overly harsh punishment. Short-term psychodynamic psychotherapy has proven to be a useful treatment for SAD (Muratori et al., 2005).

Cognitive-Behavioral Components Philip Kendall and his colleagues at Temple University in Philadelphia have developed a comprehensive cognitive-behavioral training program for treating separation anxiety disorders in children (Kendall & Suveg, 2006). Anxious children are taught to attend to the physical and emotional signs of anxiety and to use relaxation techniques involving deep breathing and progressive muscle relaxation to keep their anxiety at low to moderate levels. Next, children are taught "coping self-talk" to reduce anxiety and increase tolerance for separations. Children are helped to attend to the thoughts that increase their anxiety such as "Mommy might never return" or "something bad might happen to me while my parents are gone." Then, children are coached to develop "self-talk statements" to counteract their anxiety-provoking thoughts. For SAD, coping self-talk might include statements like "Mom and Dad have always come back in the past" and "If something goes wrong, I can call my parents and they'll come right home." Finally, children are helped to evaluate how they managed an anxiety-provoking situation and to reward themselves when appropriate. Research on cognitive-behavioral interventions for children suggests that these programs effectively treat anxiety in the short term and that reductions in anxiety are sustained over time (Kendall et al., 2004).

Stories with meaning
Psychodynamic interventions for children are based on the assumption that children communicate their emotional conflicts through imaginative play. Clinicians carefully observe and comment on their young clients' games and stories, and sometimes make direct connections between a child's pretend play and the troubles the child is having in his or her own life.
Michael Newman/PhotoEdit

BRIEF SUMMARY

- Children suffering from separation anxiety disorder (SAD) become excessively anxious when required to separate from home or attachment figures, such as their parents.
- Anxiety disorders often run in families and have a genetic component. Children with SAD sometimes benefit from medications designed to reduce anxiety symptoms.
- Many children who develop SAD do so after a traumatic event has occurred and can be helped to feel less anxious when reassured appropriately by their parents.
- Psychodynamic explanations of SAD emphasize that clingy children may be reacting to projected rejecting or angry feelings about their parents.
- Cognitive-behavioral interventions involving relaxation training, "self-talk," self-evaluation, and rewards can help children to manage anxiety symptoms and tolerate separations.

Critical Thinking Question Well-meaning parents sometimes unwittingly reinforce abnormal behaviors in their children. How might parents unwittingly reinforce SAD?

Advantages/ limitations of diagnosis

The Advantages and Limitations of the DSM-IV-TR Childhood Diagnoses

Reliability The consistency of a test or category system or the raters using them.

Validity The accuracy of a test or category system or the raters using them.

The proliferation of DSM diagnostic categories for children has raised a number of questions about the **reliability** and **validity** of childhood diagnoses. First, the reliability of some childhood diagnoses depends on the age and sex of the child being assessed and, interestingly, the source of diagnostic information (parent, teacher, child); a teacher may see a "problem" child when parents do not, or vice versa (Wolraich et al., 2004). Second, the childhood DSM-IV-TR disorders have high rates of *comorbidity* (Kessler et al., 2005). Several experts have pointed out that high comorbidity rates call into question the DSM-IV-TR's categorical diagnostic system that treats psychological disorders as distinct syndromes that are either present or absent (Jensen, Hoagwood, & Zitner, 2006). Alternative diagnostic systems, such as those that rate the severity of symptom clusters on a continuum (a *dimensional* approach) or those that focus on age-appropriate development (a *developmental profile* approach) are described below. Third, some experts have suggested that there are simply too many diagnoses in the DSM-IV-TR for children and that some typical childhood behaviors (such as oppositionality) or academic problems (such as learning disorders) should not be classified as mental disorders at all (Wicks-Nelson & Israel, 2000).

Alternative Diagnostic Systems

The DSM-IV-TR is only one of several diagnostic systems available for classifying child psychopathology. For example, Anna Freud and her successors constructed a developmental profile that can be used to organize information about a child's development in a number of psychodynamically relevant areas such as the focus of the child's instinctual energies, the maturity of the ego and superego, the nature of interpersonal relationships, and progress in toilet training and self-care (Freud, 1962; Furman, 1992). Children are diagnosed in terms of specific areas of developmental regression or fixation as measured against expectable achievements for children in different developmental phases.

Empirically derived systems based on extensive checklists of behavioral symptoms may also be used to classify child psychopathology. The classification systems most often referred to as "empirically derived" are those that use statistical techniques

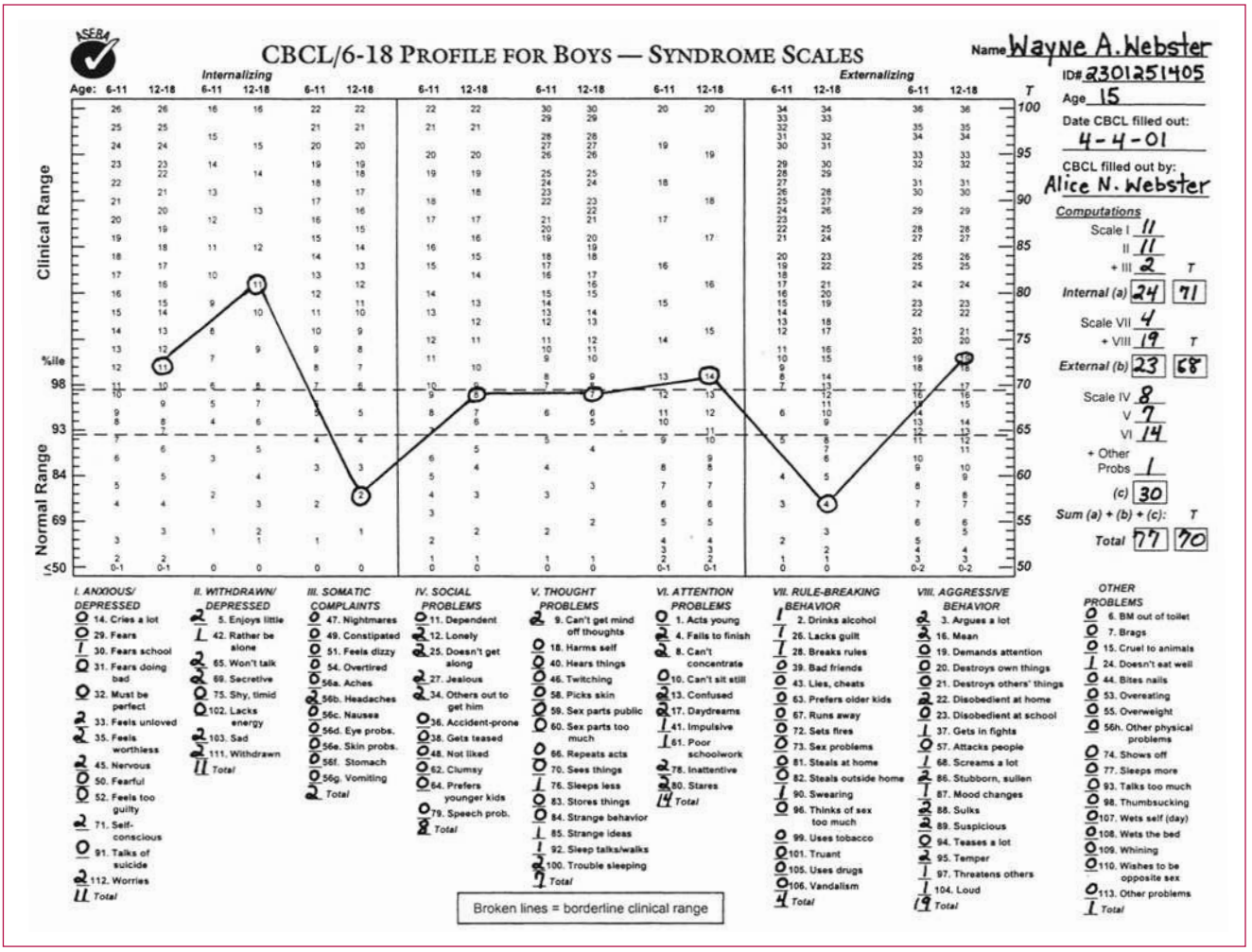


Figure 13.5 Child Behavior Checklist (CBCL)—Parent Report Form, with Profile of Narrowband Scores The CBCL generates a child behavior profile by asking parents, teachers, and children to rate 118 behavior problems as 0 if the item is *not true,* 1 if the item is *somewhat or sometimes true,* and 2 if the item is *very true or often true.* The scores for each item are organized under eight different behavioral clusters where each child's total score can be compared with scores from other children of the same sex and similar age.
From Achenbach & Rescorla, 2001 (p. 23).

to identify clusters of behaviors usually associated with child psychopathology. Typically, parents, teachers, and in some cases the children themselves are given a long list of possible symptoms and asked to indicate which symptoms are present and the severity of the identified symptomatology. Two "broadband" clusters of behaviors have emerged from years of research using behavioral checklists: *externalizing* behaviors, in which children are usually undercontrolled, impulsive, or violent, and *internalizing* behaviors in which children are usually overcontrolled, withdrawn, or depressed (Izard et al., 2006). As noted subsequently in our discussion on gender, externalizing behaviors occur more frequently in boys while internalizing behaviors are more likely to occur in girls.

The most popular empirically derived classification system, the Child Behavior Checklist (CBCL) (see Figure 13.5), comes in three different forms: a parent report form, a teacher report form, and a youth self-report form that can be given to children

and adolescents between ages 11 and 18. In addition to identifying children with predominantly internalizing or externalizing problems, the CBCL can also be used to identify eight "narrowband" clusters of behavioral symptoms: withdrawal, somatic (bodily) complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior (Achenbach & Rescorla, 2004). Areas of clinical concern can be identified by comparing individual broadband and narrowband scores on the CBCL against established norms for specific behavioral problems. The CBCL is a popular classification tool because it measures several problem areas simultaneously and indicates the relative severity of specific difficulties. Some clinicians treat CBCL results as alternative, independent diagnoses, but the CBCL is often used as one component of an overall assessment leading to one or more DSM-IV-TR diagnoses.

BRIEF SUMMARY

- Diagnostic categories for childhood psychopathology have proliferated in recent editions of the DSM. However, this has raised a number of questions about the reliability and validity of the DSM-IV-TR childhood diagnoses.
- Psychodynamic developmental profiles and empirically derived behavioral checklists such as the Child Behavior Checklist (CBCL) can be used as alternatives to or in conjunction with the DSM-IV-TR to describe and categorize child psychopathology.

Critical Thinking Question What seem to be the advantages and limitations of each of the classification systems for childhood psychopathology described in this section: DSM-IV-TR, psychodynamic, and empirically derived?

The importance of context

Classification in Demographic Context

Like all mental disorders, the psychopathologies of childhood are best understood when demographic factors are taken into account. Even within the age range of birth through adolescence, factors such as age, gender, and class shape both the prevalence and characteristics of each disorder.

Age

Many learning disorders and even mild mental retardation may go unnoticed until children begin school, and subtle learning disorders may not become obvious until a child has been in school for several years. Mental retardation, learning disorders, and pervasive developmental disorders persist throughout the lifetime, though they may remediate to a degree with the help of educational and psychotherapeutic interventions. As noted earlier, ADHD seems to become less severe as children grow older, but effects of the disorder, such as delayed academic achievement or social skills, sometimes last well into adulthood. Symptoms of ODD are usually present before children are 8 years old (APA, 2000), and though many children "outgrow" the diagnosis, aggressive children with ODD are likely to go on to develop CD symptoms (Hinshaw & Lee, 2003). Finally, it is important to note that the same psychological problem can be marked by a different set of symptoms depending on the child's age. For example, depression may take the form of listlessness in an infant, distractability in a young child, and irritability in a teenager.

Gender

Four out of the five childhood disorders described in this chapter occur predominantly in boys, with SAD as the only exception. There are approximately three mentally retarded boys, four or five autistic boys, and four to *nine* boys with ADHD for every

girl with the same disorder (APA, 2000). The learning disorders are also diagnosed more frequently in boys than in girls, perhaps because boys with learning disorders are likely to have accompanying behavior problems that call attention to a learning disorder diagnosis (APA, 2000). Oppositional and conduct-disordered behavior occurs more frequently in boys than in girls, though girls are as likely as boys to warrant a diagnosis of ODD after the onset of puberty (APA, 2000). Interestingly, the boys and girls who are diagnosed with ODD and CD tend to display very different kinds of behaviors: boys usually engage in behaviors that involve aggression against others (fighting, vandalism), while girls typically show nonviolent forms of delinquency (lying, truancy). The different prevalence rates between boys and girls for disorders that are usually present from birth (such as mental retardation and autism) may also derive from the fact that many inherited disorders are linked to the Y chromosome (Stone et al., 2004).

Why do most child psychopathologies appear to be so disproportionately male? One possibility is that the disparity is an artifact of the tendency for boys to *externalize* distress, while girls often *internalize* distress (Zahn-Waxler et al., 2006). Externalizing behaviors (aggression, restlessness, impulsivity) are more likely to upset adults and thus be brought to clinical attention. In contrast, many of the internalizing behaviors frequently seen in distressed girls can seem acceptable, even pleasing, to adults. Parents are less likely to contact a psychologist for help if their previously high-spirited daughter has suddenly become quieter and extremely compliant than if their son is suddenly getting into trouble at school, though both are possible signs of emotional trouble.

Class

One major class-related issue in child psychopathology involves cultural-familial retardation. As described earlier, this label reflects the fact that some children and adults meet the diagnostic criteria for mental retardation (IQ below 70, impairment in at least two areas of adaptive functioning) without any apparent biological cause for mental retardation. Cultural-familial retardation tends to be mild and to predominate in poor families and communities where children may receive meager stimulation or educational support from their (usually overwhelmed) parents and thus may fail to flourish intellectually or to learn age-appropriate adaptive functioning skills (Stromme & Magnus, 2000).

Perhaps the most dramatic demonstration of the effects of the environment on intelligence came from the work of Harold Skeels, an Iowa psychologist who studied the development of institutionalized children in the 1930s and followed the progress of many of his subjects through adulthood (Skeels, 1966). Skeels noticed that two 1-year-old girls who appeared to be mentally retarded seemed to blossom intellectually and emotionally when moved from an orphanage to a home for the mentally impaired. Skeels suspected that the girls were improving because they were doted on by the mildly mentally retarded women housed at the same institution. To test his hypothesis, he moved 10 more children from the orphanage to the institution for the retarded. He followed the development of the transferred children and of a comparison group of children who remained at the orphanage where busy nurses provided little stimulation or individualized care. By age 6, the children in the home for the retarded achieved an average IQ of 96 while the typical IQ of the orphanage comparison group was in the low 60s. As adults, the average child raised in the institution for the retarded had completed the twelfth grade and had an income above the Iowa state average. In stark contrast, the orphanage group had, on average, reached only fourth grade and many were unskilled laborers.

BRIEF SUMMARY

- Childhood psychopathology can be properly diagnosed and treated only when the behaviors of concern are considered within the context of the child's age.
- Childhood psychopathology occurs disproportionately among males. Aside from those disorders linked to the Y chromosome, this may be because boys tend to externalize distress while girls tend to internalize distress.
- Cultural-familial mental retardation is most likely to occur in poverty-stricken families that are unable to provide adequate intellectual and emotional stimulation for their children.

Cultural and historical relativism

Cultural and Historical Relativism in Defining and Classifying Childhood Disorders

The definition and classification of child psychopathology is highly ***culturally relative***. When asked to describe their children, American parents often talk in terms of intelligence and school achievement, Dutch parents tend to address their child's social behavior and personal qualities, and Asian Indian parents may describe the degree to which their children are obedient and respectful (Harkness & Super, 2000). Insofar as psychopathology partially involves deviations from what is culturally valued, varying cultural expectations shape culturally unique definitions of child psychopathology. For example, an Asian child who is viewed by his parents as overtly disrespectful might be seen, by American standards, as impressively assertive.

The sweeping changes we have described in the diagnostic classification of childhood psychopathology underscore the core concept of ***historical relativism***: more of the childhood diagnoses recognized today existed in its same form 50 years ago. For example, ADHD symptoms were previously associated with mental retardation or labeled as MBD for "minimal brain dysfunction." In the DSM-II (APA, 1968), the diagnosis for these symptoms changed to "hyperkinetic reaction of childhood," which focused primarily on hyperactivity. This was followed by the DSM-III, which highlighted the symptom of inattention in the new diagnosis of "attention deficit disorder" (APA, 1980); finally, this evolved into the current DSM-IV-TR category of "attention deficit/hyperactivity disorder" with its three subcategories (see Table 13.6).

BRIEF SUMMARY

- The definition and diagnosis of child psychopathology is culturally relative insofar as different cultures value different qualities in children and therefore have different standards for defining "deviant" behavior.
- The classification of childhood psychopathology is also historically relative as evidenced by major changes in the DSM diagnostic categories for children over the last five decades.

Critical Thinking Question Can you imagine a historical era or cultural setting in which Shane or Molly's behavior would not seem to be pathological?

CASE Vignettes

Treatment

Molly • Autism

Molly's parents, Sue and Tom, hoped that she would become more outgoing and start talking if they signed her up for a playgroup with other 2-year-olds. Rather than helping Molly's social skills, the gregarious and chatty children in the playgroup highlighted the fact that Molly was starkly unlike other children her age. Tom made an appointment with Molly's pediatrician; he and Sue were upset, but not surprised, when the pediatrician referred Molly to the local children's hospital for a complete neurologic and psychiatric evaluation.

The pediatric psychiatrist who conducted the evaluation concluded that Molly probably had autism and that the diagnosis would become more certain if she continued to be disinterested in social interactions. Molly's parents were devastated by the news that their daughter had a serious psychiatric illness. They contacted the local chapter for parents with autistic children to begin to educate themselves about what they could do to help Molly. Upon learning that "high-functioning" people with autism can almost always speak, they committed themselves to doing everything they could to help Molly learn spoken language. Sue quit her job and began to spend five hours a day doing "language time" with Molly. They sat at the kitchen table for an hour at a time with a bowl of grapes (Molly's favorite fruit) between them. Sue started by teaching Molly the word "spoon." First, she gave Molly a grape every time she looked toward her mother and at the spoon. Next, Sue said the word "spoon" and then used her hand to move Molly's mouth into the position needed to say the word. Sue heartily rewarded Molly when she made an "ooh," sound, and continued to offer grapes, cheers, and smiles as Molly gradually made sounds similar to the word "spoon." After two weeks of practice, Molly said "spoon" when prompted by her mother.

Molly and Sue continued to work together for several months, with each word coming a little quicker than the one before it. When Sue felt that she wanted to go back to work, she and Tom hired and trained college students to take over as Molly's language teachers. By the time Molly was 6, she had a vocabulary of about 400 words and was able to form simple sentences like "want soda." Molly started to spend her days in a special education program where she continued to learn words and basic self-care skills; in the afternoons she kept up her language training at home or watched television. Though Molly continued to learn words and simple grammatical structures, she also developed several odd behaviors such as staring at the palms of her hands or rocking back and forth from her heels to her toes when not otherwise occupied.

Molly stayed in special education classes for the duration of her school years. In some ways, she appeared to become more social as she grew older. As a teenager, Molly declared that she would like to have a boyfriend and was fascinated by television programs about other teenagers and their romantic lives. In reality, Molly never approached other people her age or initiated conversations. When in a group situation, such as a field trip with her classmates, Molly wandered along by herself, seemingly indifferent to the people around her.

CASE DISCUSSION • Autism

Molly's parents created their own intensive behavioral training program for their daughter. Using operant-conditioning principles, Molly's mother and trained college students taught Molly how to speak. Like many autistic children, Molly was able to use the intensive training to make steady progress in acquiring language, but she remained autistic. She was unable to maintain a conversation or to send or receive social cues. When left to her own devices, she reverted to self-stimulating behaviors, such as staring at her hands, without any awareness that her behavior was socially inappropriate. With continued support and training, Molly should be able to live in a group setting with other autistic adults and to work in a supervised, unskilled job.

Shane • Attention Deficit/Hyperactivity Disorder

Toward the end of the school year, a standardized assessment confirmed that Shane was reading and doing math at only a first-grade level, though he was in the third grade. Interviews and testing by the school psychologist indicated that Shane had an above-average IQ, did not have a learning disability, and was not emotionally troubled; rather, his distractibility and energy level seemed to be a temperamental trait that interfered with his ability to learn. The school psychologist recommended that Shane should not be promoted to the fourth grade with the rest of his class unless he were prescribed Ritalin to help contain his behavior and focus his attention.

Shane's parents agreed that Shane should try Ritalin but decided that he would use the medication only for the first half of fourth grade with the hope that he could learn to control his own behavior and stop taking the medication by Christmas. In conjunction with the school psychologist, Shane's parents and teachers also developed a behavioral intervention to help Shane learn to control his own behavior. At the start of the day, Shane's teacher put an empty cup on the corner of his desk. For every half-hour in which he remained in his seat and did not bother other children, the teacher put a peg in his cup. Every time Shane got out of his seat without permission or disrupted a classmate, a peg was removed. The pegs were counted before morning and afternoon recess and if Shane had enough pegs, he was allowed to join his classmates outdoors; if not, he stayed in the classroom and continued his schoolwork.

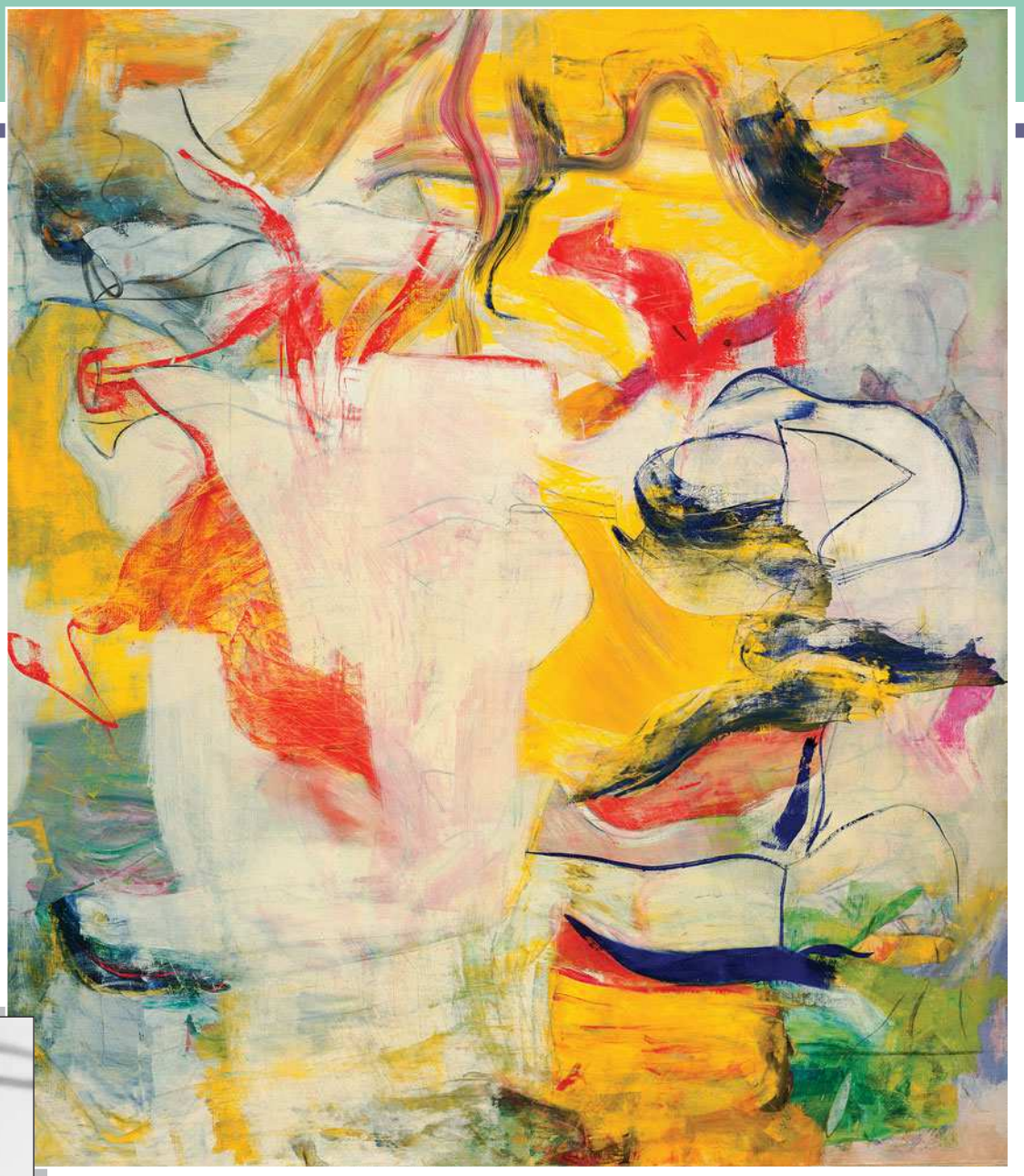
The program was successful at the start of the school year, but Shane's parents suspected that it was the Ritalin that was really keeping Shane under control. In mid-October, Shane's teacher agreed to try a "Ritalin-free" week to see how he performed. The week was an unmitigated disaster: Shane flew around the classroom for most of the mornings and then spent the afternoons grousing about his punishment of having to miss recess for the next two days. Shane's teacher and parents agreed that he could not function adequately in school without medication. He stayed on Ritalin for the remainder of the fourth-grade school year and, to his parents' delight, caught up to his classmates in both math and reading. As Shane aged, his self-control and ability to concentrate grew. By the time he was in high school, Shane was able to stop taking Ritalin, though he knew that he would always need to do his studying in a quiet place that was entirely free of distractions.

CASE DISCUSSION • Attention Deficit/Hyperactivity Disorder

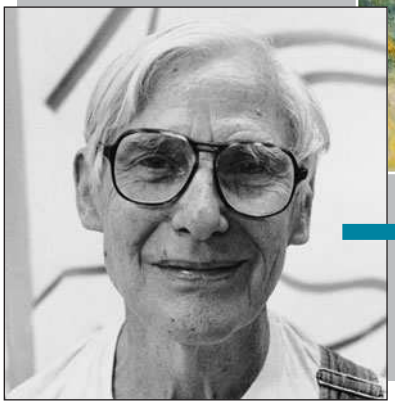
Shane's symptoms are typical of ADHD: the lifelong nature of the symptoms and the absence of any evidence of anxiety or emotional conflict suggest that they are primarily biological in origin. Stimulant medication was highly effective in reducing Shane's symptoms, much more so than other interventions. Treatment allowed Shane to overcome his academic problems and learn in accordance with his intellectual ability.

Chapter Summary

- The study of childhood psychopathology highlights the core concept of the ***importance of context*** in defining and understanding abnormality. Definitions of child psychopathology must take into account what behaviors are developmentally appropriate for a child of a given age.
- When assessing psychopathology in children it is important to consider the ***continuum between normal and abnormal behavior***. Childhood behaviors are considered abnormal mainly when they begin to interfere with progressive development.
- This chapter describes five of the most prominent DSM-IV-TR categories that relate specifically to children and adolescents: mental retardation, learning disorders, pervasive development disorders, attention deficit and disruptive behavior disorders, and separation anxiety disorder.
- Demographic factors such as age, gender, class, and culture significantly affect the prevalence and the manifestations of psychopathology in both children and older adults.
- There are several ***advantages and limitations*** of the DSM-IV-TR childhood diagnoses. While the recent proliferation of child-related diagnostic categories has increased diagnostic specificity, it has raised questions about the usefulness of the DSM-IV-TR childhood diagnoses as compared to those of alternative diagnostic systems.
- Definitions of childhood psychopathology are ***culturally and historically relative*** insofar as different cultures value different qualities in their children and the classification of childhood disorders changes substantially over time.
- Several childhood disorders point to the ***connection between mind and body*** insofar as psychologically based symptoms may sometimes respond to biological treatments, and some biologically based symptoms may be helped with psychological interventions.
- Biological, psychological, family, and community factors contribute to the development of many childhood disorders, providing an excellent example of the principle of ***multiple causality***.



Willem de Kooning, *Pirate (Untitled II)*, 1981. Oil on canvas, 7'4" x 6'4 $^{3}/_{4}$". Sidney and Harriet Janis Collection Fund. The Museum of Modern Art, New York. ©The Museum of Modern Art/Licensed by SCALA/Art Resource, NY/©2007 Artist Rights Society



©Christopher Felver/Corbis

Dutch-born Willem de Kooning (1904–1997) was a central figure in New York City Action Painting movement during the 1940s and 1950s. His paintings are known for their ambiguous nature, seeming simultaneously to be carefully designed yet impulsively rendered. Though he suffered from dementia which began sometime in his late 70s, de Kooning continued to create new art until the end of his life.

CHAPTER 14

Cognitive Disorders

CASE Vignette

One morning Joseph, age 80, poured his coffee into his cereal while eating breakfast with his wife. Though they both thought his behavior was strange, they wrote it off as "one of those crazy things that happen when you get old!" A few days later, he surprised his wife again by asking if their grandson Mark had left for boarding school yet. Only a week before Joseph had driven with his son to drop Mark off at boarding school. Over the next several months, Joseph's memory problems seemed to worsen. He often asked the same question several times in a row, forgot where he put his shoes and glasses, and regularly asked his wife what day it was. Joseph also seemed to be forgetting familiar words like "car" and "couch"—saying instead that he would be cleaning "that thing we drive around in" or watching television on that "big soft seat."

DEFINING AND CLASSIFYING COGNITIVE DISORDERS

Cognitive disorders are characterized by a significant disturbance in thinking that represents a notable change from a previous level of functioning (APA, 2000). The DSM-IV-TR includes three main cognitive disorders: delirium, dementia, and amnesia. Delirium and dementia occur largely among older adults while amnestic disorders can occur in people of any age.

The DSM-IV-TR Categories

In the past, the cognitive disorders associated with aging were often described with the blanket term *senility.* Today, the DSM-IV-TR describes two distinct, but sometimes co-occurring, mental disorders: delirium and dementia (Tables 14.1 and 14.2). This chapter also covers amnesia. There are two different kinds of amnesia: amnesia that results from a physical condition (such as having a head injury or a physical illness), and dissociative amnesia (covered in detail in Chapter 7), which usually results from an emotionally traumatic experience and, by definition, does not have a biological cause. This chapter will focus on the amnesias that result from biological, not psychological, causes.

TABLE 14.1 Diagnostic Criteria for Delirium

- Disturbed consciousness with difficulty focusing, sustaining, or shifting attention.
- Marked changes in cognitive capacity such as memory loss, disorientation, or language problems.
- Difficulties develop rapidly over the course of a few hours or days and tend to be more or less severe at different times during the day.

Adapted from the DSM-IV-TR (APA, 2000)

Delirium occurs most often in the elderly, but can occur in people of any age whose brains are compromised by toxins, drugs or alcohol, electrolyte imbalances, high fevers, or illness.
©Morgan David de Lossy/Corbis

Delirium A transient cognitive disorder involving disruptions in attention, and changes in cognitive capacity such as memory loss, disorientation, or language problems.

Dementia A progressive cognitive disorder involving the development of multiple cognitive deficits, including both memory impairment and aphasia, apraxia, agnosia, or disturbance in executive functioning.

Aphasia The gradual deterioration of receptive or expressive language skills.

Delirium

CASE ILLUSTRATION

Martha, age 74, became delirious while vacationing with her family at the beach. After a long day in the sun, she went back to her hotel room to take a shower and get ready for dinner. When Martha's daughter went to her room, she found the door unlocked and Martha sitting in a chair, still in her bathing suit. She yelled at her daughter saying that she "refused to go to the reception because she did not want to dance with that strange neighbor-boy." Martha did not seem to recognize her daughter and was puzzled about why she was wearing a bathing suit. Martha's daughter contacted the hotel's doctor, who diagnosed Martha as having become delirious as a result of fatigue and dehydration. After several hours of rest and intravenous hydration, Martha was back to behaving normally again. A follow-up visit to her physician found that Martha had not fully recovered from a bout of pneumonia, leaving her vulnerable to delirium when she became dehydrated.

The mental state of **delirium** can occur in people of any age as a result of exposure to toxins, use of or withdrawal from drugs or alcohol, electrolyte imbalances, high body temperatures, or medical illness. People who are delirious lose track of time, place, and person. They usually don't know what day it is or where they are, and they often fail to recognize familiar people. In addition, people who are *delirious* often forget recent events and find that they cannot focus their attention, *or* they fix their attention on a single topic and cannot be induced to think about anything else. If untreated, delirium can progress to a sustained state of confusion in which recent and distant memories become permanently impaired. Delirium can appear very suddenly and is usually short-lived when the underlying cause is treated (APA, 2000).

Dementia

Unlike delirium, which can come and go quickly, **dementia** usually involves a gradual and permanent decline in cognitive functioning. Delirium can be likened to a "brain flu" because its effects, though serious, are usually temporary. In contrast, dementia is more like "brain decay" because the effects are permanent and progressive. Joseph, described at the beginning of this section, suffers from dementia. People who develop dementia *always* have difficulties with memory. They may have trouble remembering new information, recalling information that they knew before, or both. Memory impairment usually increases as dementia worsens over time: in the early stages of dementia, a person might not remember events from the last year, but in the later stages he or she might not recall what happened during the last 10 years.

TABLE 14.2 Diagnostic Criteria for Dementia

- Development of multiple cognitive deficits including both memory impairment and one or more of the following cognitive disturbances: aphasia (difficulty with language), apraxia (impaired motor abilities), agnosia (difficulty recognizing things), and disturbance in executive functioning (the ability to plan, initiate, monitor, and stop complex behaviors).
- The cognitive deficits interfere with social or occupational functioning and represent a significant decline from previous levels of functioning.

Adapted from the DSM-IV-TR (APA, 2000)

A variety of other cognitive deficits are also common in dementia. **Aphasia** is a term used to describe the deterioration of language skills. People who become aphasic forget common words—like Joseph forgetting the words "car" and "couch"—and may have difficulty expressing themselves to others, or understanding what other people are

saying to them. In **apraxia**, the brain has difficulty sending the necessary signals to execute common physical actions. A woman with apraxia may find that she can no longer button or unbutton her clothes even though there may be nothing wrong with her hands or arms—her brain has simply forgotten how to tell her hands how to make "buttoning" and "unbuttoning" movements. **Agnosia** (from the Greek word meaning "not knowing") involves losing the ability to recognize familiar objects or people. People in the early stages of dementia might not recognize distant relatives, but as the disease progresses they might not recognize their own spouse, children, or even common household objects such as tables and chairs.

Another major impairment associated with dementia is the loss of **executive functioning**—the ability to create and execute plans. For example, before going to the grocery store we have to decide what we want to eat, then determine what foods we already have and what we need to buy, then take our list and money to the store, locate the correct items, pay for them, and then bring them home. This sounds simple enough, but people who lose their executive functioning skills lose track of where they are in a sequence of tasks. They may get themselves to the store, forget why they came in the first place, and leave empty-handed.

Loss of function Due to impairments in executive functioning, people with severe dementia often need a great deal of help executing seemingly simple tasks.
Laura Dwight/Laura Dwight Photography

Amnesia

CASE ILLUSTRATION

In 1953, Dr. William Scoville undertook a radical brain surgery on a 27-year-old man, Henry, who suffered from debilitating epilepsy. Dr. Scoville removed symmetrical sections of Henry's right and left temporal lobes (including the hippocampus and the amygdala) in the hopes of controlling Henry's seizures. Though Henry survived the operation, he awoke unable to form any new memories. Henry could recall information he learned before his surgery and was able—as most people are—to store small amounts of new information for about 30 seconds. However, he could not convert short-term memories into long-term memories.

By studying Henry, scientists learned about the critical role of the hippocampus in the formation of long-term memories. Once long-term memories are formed, they are distributed throughout the brain and can be retrieved without the hippocampus; however short-term memories cannot be converted into long-term memories in the absence of the hippocampus. Henry, now in his eighties, lives in a nursing home in Connecticut. He assumes that he is in his thirties and is always taken aback when he looks in the mirror. He is newly grief-stricken every time he learns of his mother's death, and he spends his days vaguely aware that his sad fate has played a major role in furthering the science of memory.

As you may recall from Chapter 7, people who suffer from *dissociative* amnesia usually experience *retrograde amnesia*, meaning that they cannot remember what happened *before* the event that caused their amnesia. In contrast, **amnesia** caused by physical factors—sometimes called *organic amnesia*—is characterized by *anterograde amnesia*, or the inability to recall *new* information, though sometimes retrograde amnesia is also present (Table 14.3). Although people who suffer from organic amnesia usually have difficulty

Apraxia Difficulty executing common physical actions due to impairments in the brain's ability to signal specific physical movements.

Agnosia Loss of the ability to recognize familiar objects or people.

Executive functioning The ability to develop and execute complex plans.

Amnesia Memory impairment that results from a physical cause and occurs in the absence of other additional cognitive impairments.

TABLE 14.3 Diagnostic Criteria for Amnesia

- The development of memory impairment, in the form of inability to learn new information, or inability to recall previously learned information.
- The memory disturbance causes significant impairment in social or occupational functioning and represents a significant decline from a previous level of functioning.
- The memory disturbance does not occur exclusively during the course of a delirium or dementia.

Adapted from the DSM-IV-TR (APA, 2000)

learning new information, their working memory (the ability to hold information for several seconds) and semantic memory (factual knowledge, understanding of word meanings) usually remain intact, as in the famous case of Henry, described above. Thus, in contrast to dementia and delirium, organic amnesia involves memory impairment that occurs in the absence of other cognitive impairments.

BRIEF SUMMARY

- Delirium and dementia are the two cognitive disorders that occur primarily among older adults. Amnesia can occur at any age.
- Delirium is usually a temporary condition in which people experience disturbed consciousness with difficulty focusing, sustaining, or shifting attention.
- Dementia is usually a progressive and permanent condition that impairs memory and other forms of cognition.
- Organic amnesia involves memory impairment that results from a physical cause and occurs in the absence of other cognitive impairments.

Critical Thinking Question Imagine that you began to suffer from dementia and were aware that your mind was sometimes failing you. Would you want to alert your loved ones to your condition? Why or why not?

EXPLAINING AND TREATING COGNITIVE DISORDERS

As mentioned earlier, delirium and dementia usually result from medical conditions, but psychological interventions are often an important component of multimodal treatments for these disorders.

Delirium

Older adults are particularly susceptible to delirium because their physical health is often quite fragile. As many as 10% of people over the age of 65 are delirious when admitted to the hospital for a general medical condition and another 10 to 15% may develop delirium while hospitalized (APA, 2000). Unfortunately, delirium is not only common among older adults in hospital settings, but it is also associated with markedly worse medical outcomes for these patients (Marcantonio et al., 2003).

Biological Components and Interventions

The list of precipitating causes associated with delirium is long and varied (see Table 14.4 for a summary of causes). Adverse drug reactions are the single most frequent cause of delirium, especially among older adults whose bodies absorb, respond to, and eliminate medications differently than the bodies of younger adults (Zarit & Zarit, 2007). While any one of a variety of risk factors can cause delirium, the likelihood of delirium increases with the number of risk factors present; one can easily imagine how a visit to the hospital could expose a person to many of the risk factors for delirium listed in Table 14.4.

The fact that delirium is often wrongly diagnosed as dementia poses a major treatment challenge. A recent study comparing diagnoses made by clinicians in a geriatric hospital with diagnoses based on a detailed assessment of cognitive capabilities found

TABLE 14.4 Precipitating Causes of Delirium

- Medications/Drugs
  - Substance intoxication
  - Substance withdrawal
  - Alcohol
  - Sedative-hypnotics
  - Narcotics
  - Anticholinergics
  - Antipsychotics
  - Antiparkinsonians
  - Antidepressants
- Acute severe illness
- Infections
  - Urinary tract infection
  - Pneumonia
- Metabolic abnormalities
  - Hyperglycemia/hypoglycemia
  - Hypercalcemia/hypocalcemia
  - Thyrotoxicosis/myxedema
  - Adrenal insufficiency
  - Hepatic failure
  - Renal failure
  - Hypernatremia/hypokalemia
- Hypoperfusion states and pulmonary compromise
  - Hypoxemia
  - Shock
  - Anemia
  - Congestive heart failure
  - Chronic obstructive pulmonary disease
- Urinary and fecal retention
- Environmental/psychological factors
  - Sensory deprivation
  - Sensory overload
  - Psychological stress
  - Sleep deprivation
  - Pain
  - Physical restraint use
  - Bladder catheter use
  - Intensive care unit treatment
- Surgery, anesthesia, and other procedures
  - Orthopedic surgery
  - Cardiac surgery
  - Length of cardiopulmonary bypass surgery
  - Noncardiac surgery
  - High number of procedures in hospital
- Neurological illness
  - Subdural hematoma
  - Stroke
  - Malignancy
  - Cerebral infection
  - Seizures

Adapted from Rolfson (2002, p. 109)

that hospital clinicians correctly diagnosed delirium in only 40% of the cases where it was present (Laurila et al., 2004). Sadly, untreated delirium can progress to permanent brain damage or even death (Zarit & Zarit, 2007).

Properly diagnosed delirium can often be treated easily. Clinicians first aim to address the cause of the delirium, which is often a medical condition. In Martha's case, for example, her delirium resolved quickly when her dehydration was properly treated with the administration of intravenous fluids. However, the medical situation responsible for inducing delirium cannot always be identified, or, if it is known, cannot be completely treated. Low doses of antipsychotic medications are sometimes prescribed for delirious patients who are extremely agitated, but in most cases physicians are reluctant to add medications to the regimen of a physically compromised older patient (Alao & Moskowitz, 2006).

Evening support Staff members who work with elderly populations know that their clients often experience increased agitation and confusion around dinnertime. Interventions such as light treatment can improve circadian rhythms and reduce the effects of "sundowning."

Living with Alzheimer's Former President Ronald Reagan and his wife Nancy became increasingly private as President Reagan lived out his final days while suffering from Alzheimer's disease.

Neuritic plaques Abnormal protein deposits surrounded by clusters of degenerated nerve endings, typically found at the end of neuronal axons in people suffering from Alzheimer's dementia.

Neurofibrillary tangles Tangled strands of the fibers that normally make up a cortical cell's internal skeleton; typically found in people suffering from Alzheimer's dementia.

Other Interventions

Patients with mild symptoms of delirium may be calmed and reassured by the presence of a comforting family member or trusted physician. Some delirious patients appear to be more lucid in the mornings and then become more agitated and cognitively impaired as the day goes on—a phenomenon known as "sundowning"—which can result when the normal sleep–wake cycle becomes disrupted. Light treatments—in which "sundowning" patients are exposed to pulses of bright light during the evening—have been found to improve circadian rhythms and reduce afternoon and evening agitation (Skjerve, Bjorvatn, & Holsten, 2004).

The most innovative approaches to the treatment of delirium aim to prevent delirium from occurring in the first place. Research interventions that minimize controllable risk factors known to contribute to delirium (e.g., psychological stress, sensory overload, sleep deprivation) have been found to decrease the rate and length of delirium episodes in older hospitalized patients as compared to members of a control group who received routine hospital care (Inouye, 2004).

Dementia

The symptoms of dementia are usually confusing, exasperating, and devastating to those with the disorder. Not surprisingly, people with dementia also suffer from high rates of depression and anxiety, yet the relationships among depression, anxiety, and dementia are very complex (Burn, 2002; Porter et al., 2003). Some experts suggest that symptoms of depression and anxiety can be early signs of dementia (Kennedy & Scalmati, 2001); others argue that neuroanatomical problems related to dementia may also contribute to depression and anxiety (McDonald, Richard, & DeLong, 2003); still others suggest that depression and anxiety are expectable and understandable reactions to the psychosocial stress associated with dementia (Orrel & Bebbington, 1996). In any event, experts in the treatment of older individuals have begun to recognize the importance of identifying and treating the symptoms of depression and anxiety when they co-occur with dementia (Burn, 2002; Mintzer et al., 2000).

Dementia can also confuse, exasperate, and devastate the friends and family members of the person with the disorder. Thus, psychosocial support for the friends and relatives of the patient with dementia is a critical part of a complete intervention.

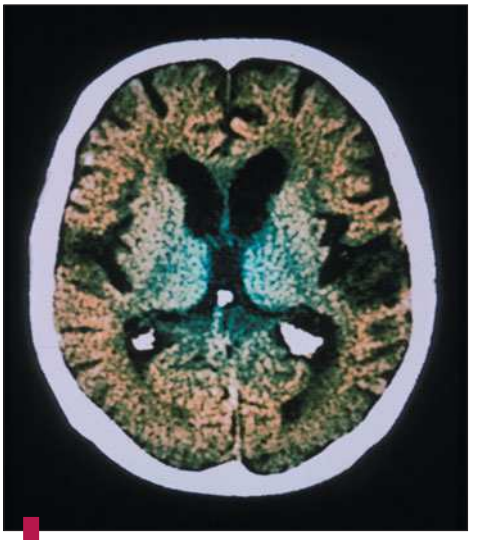
Biological Components and Interventions

Dementia arises from the progressive deterioration of the brain. A variety of specific illnesses are known to produce dementia, though in many cases the cause of an individual's dementia remains unknown.

Alzheimer's Dementia Alzheimer's disease is the most common cause of dementia, and the rates of Alzheimer's disease increase dramatically as people age; roughly 1% of 60-year-olds suffer from Alzheimer's as compared to 20–30% of 85-year-olds. Prevalence studies indicate that 4.5 million Americans suffered from Alzheimer's disease in 2000, and experts expect rates of Alzheimer's to balloon in the coming years as the population ages (Cummings, 2004). The brains of people with Alzheimer's shrink in size due to extensive cell death and reduction in the number of dendrites connecting neurons to each other. Upon autopsy, the presence in the brain of **neuritic plaques** and **neurofibrillary tangles** confirms the diagnosis of Alzheimer's disease. Neuritic plaques are found at axon terminals where abnormal protein deposits are surrounded by clusters of degenerated nerve endings; neurofibrillary tangles occur when the fibers that normally make up a cortical cell's internal skeleton develop tangled strands. Put simply, neuritic plaques and neurofibrillary tangles "gum up the works" of previously

healthy cortical cells and synapses. As these physical changes in the brain progress, patients with Alzheimer's often become confused, depressed, paranoid, delusional, agitated, or psychotic (see Box 14.1). They experience significant alterations in personality and are at times aggressive, sexually disinhibited, or prone to wandering away from familiar places. Eventually, patients with Alzheimer's lose the ability to speak, walk, or care for themselves and usually die from medical complications such as pneumonia or infections that arise from being bed-ridden. Alzheimer's disease is sometimes confused with *Pick's disease,* a rare degenerative brain disorder that damages the frontal and temporal lobes. Like Alzheimer's, Pick's disease cannot be conclusively diagnosed without an autopsy (APA, 2000).

Research into the causes of Alzheimer's disease focuses on genetic factors, such as a predisposition toward unusually high levels of the amyloid proteins involved in the formation of neuritic plaques. Evidence for the genetic basis of Alzheimer's disease comes from a variety of sources. Family studies of Alzheimer's indicate that first-degree relatives of people with the disease have a 50% lifetime chance of developing Alzheimer's, but these findings need to be considered in the context of indications that 20–30% of all people over the age of 85 may have Alzheimer's disease (APA, 2000). Genetic studies of Alzheimer's have been further complicated by two facts. First, the disorder can only be confirmed by autopsy and therefore cannot be definitively detected among living relatives. Second, Alzheimer's may not manifest itself until people are of advanced age and may therefore seem to be absent in a person who dies at a relatively young age from another cause, even if he or she would have ultimately developed Alzheimer's.



Visible deterioration The large, dark, fluid-filled spaces in this computerized axial tomography (CAT) scan of the brain of a 60-year-old woman illustrate the cell death and resulting cerebral atrophy often seen in people with Alzheimer's disease.
ISM/Phototake

BOX 14.1 Personal Reflections

LIFE WITH ALZHEIMER'S DISEASE

Jean, age 71, describes how frustrating and unsettling it can be to live with Alzheimer's disease. She addresses her own experience of the disease as well as how it affects those with whom she comes into contact.

I know there are areas that are slipping, but I don't quite know offhand what they are. The other day I was going to put some laundry in the laundry room and I had to get the keys to open the door and get the soap and all that stuff you have to schlep with you. I found it very difficult to get it all together. But it was of no significance that day. No one was waiting for me, and I didn't really care if it took me another 20 minutes to get it together. I wasn't functioning well that particular day, and I couldn't even do the little stuff. I recognized that and accepted it and thought, "Well, just keep going till you get it all together and then you'll go and do the laundry." It wasn't a shame because nobody else was involved.

There are some scary things, like not remembering my name. I remember the first time it happened: I was in a bank and I had to tell my name. I always thought I had enough trouble telling what my mother's name was! But I couldn't think of my own name and I said, "Oh, never mind. I'll come back." That was really difficult. It's like something hit me hard. I'd already indicated that I was going to give this important material and then all of the sudden I wasn't going to. So it's not being able to meet their expectations, or even my own. I certainly don't feel like I have full control. And some days I don't feel like I have any!

Quoted in Snyder, 2000 (pp. 63–64)

Social support Here, a staff member at a residential facility reassures a woman suffering from dementia.
©AP/Wide World Photos

CHAPTER 14

VISUAL ESSAY

Brain Abnormalities in Alzheimer's Disease

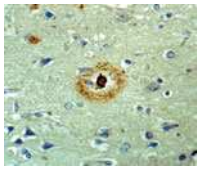
Neuritic Plaques

Neuritic plaques are extracellular lesions found at axon terminals. They consist of abnormal protein deposits surrounded by clusters of degenerated nerve endings (the enlarged spheres shown in images 1a and 1b). These plaques interfere with the connections between neurons, thus impairing functioning. Plaques are typically found within the association cortex, an area of the cerebral cortex that is highly developed and involved in complex perception and recognition tasks.

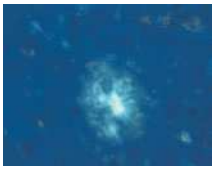
Neurofibrillary Tangles

People with Alzheimer's disease develop *neurofibrillary tangles* within areas of the cerebral cortex, particularly within temporal lobe structures. Neurofibrillary tangles are found within nerve cells (*intracellular*) and consist of a protein called *tau*. Normally, tau forms an intracellular structure called a *microtubule* which helps transport nutrients and other important substances to other parts of the cell. In people with Alzheimer's disease, the tau protein functions abnormally and causes microtubules to collapse. Neurofibrillary tangles are seen in other degenerative disorders. Thus, they are not as specific to Alzheimer's disease as are neuritic plaques.

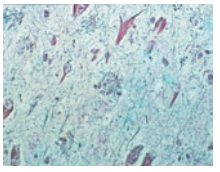
Image 2a is a microscopic view of the neurofibrillary tangles seen in a person with Alzheimer's disease. In the early stages of Alzheimer's disease, tangles are found within entorhinal cortex, an area of the cerebral cortex that projects to the hippocampus. As the disease progresses, tangles are found in deeper brain structures, such as the hippocampus itself (image 2b) and amygdala.



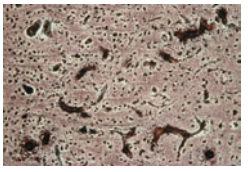
1a



1b

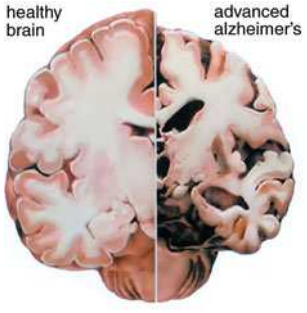


2a

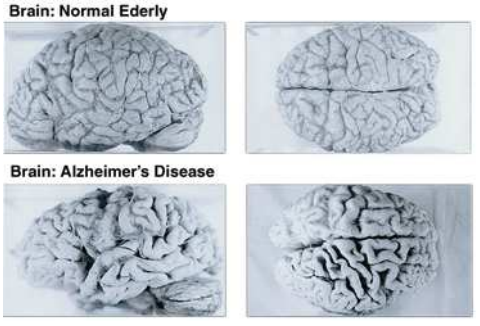


2b

Healthy Brains vs. Alzheimer's Brains



4a

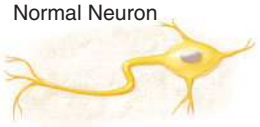


4b

Images 4a and 4b depict the tissue atrophy and neuronal degeneration that occur in Alzheimer's disease as compared to healthy brains.

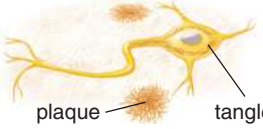
Healthy Neurons vs. Alzheimer's Neurons

Normal Neuron

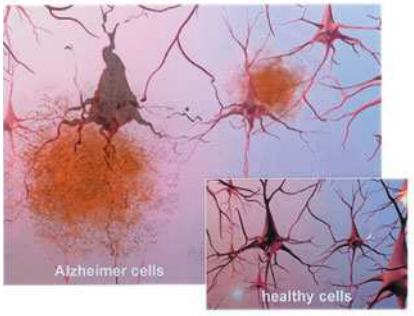


3a

Alzheimer's Neuron



3b

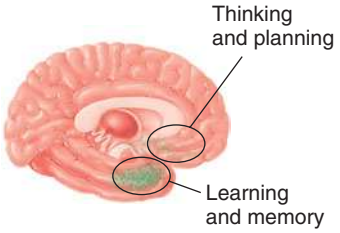


3c

Images 3a, 3b, and 3c are visual representations comparing healthy neurons to Alzheimer's neurons with plaques and tangles.

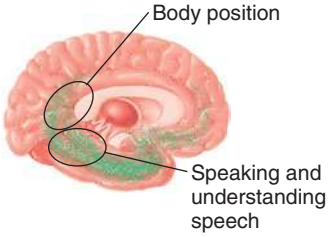
Progression of Alzheimer's Disease

In the earliest stages of Alzheimer's disease, plaques and tangles form in the brain areas involved in learning, memory, thinking, and planning.



5a

In mild to moderate stages, plaques and tangles in the areas noted in image 5a become greater in number and result in more observable changes in memory and thinking. Thus, many people with Alzheimer's are first diagnosed at this stage. Plaques and tangles also form in regions of the brain important for speech and body positioning (image 5b). Changes in personality and difficulty remembering familiar people also occur during this stage.



5b

In the advanced stages of Alzheimer's disease, most of the cerebral cortex is seriously damaged and widespread cell death leads to the shrinking of brain tissue (damaged areas are highligted in green in image 5c). Individuals at this stage typically require full-time living assistance.

5c

In terms of proximal causes, the protein found in neuritic plaques and the peptide (beta-amyloid) responsible for its formation have been carefully studied in recent years, and their function in the development of Alzheimer's disease continues to be a major focus of research (Bell et al., 2007; Bisel, Henkins, & Parfitt, 2007).

There is no known cure for Alzheimer's disease, but medical interventions that block or impede neurodegenerative processes have been found to slow or delay cognitive deterioration and, in some cases, improve memory. Medications, like donepezil (trade name Aricept) and rivastigamine (trade name Exelon), that prevent the breakdown of the neurotransmitter acetylcholine may benefit some people with Alzheimer's (Beier, 2007). However, initial high hopes for the efficacy of donepezil and drugs like it have been tempered by studies indicating that the drugs are not always helpful (Courtney et al., 2004). Similarly, early evidence that estrogen therapy could help ward off Alzheimer's disease in postmenopausal women has been contradicted by studies indicating that estrogen therapy has the potential to *increase* rates of dementia (Henderson, 2006).

Inflammation of the brain may contribute to the degenerative processes seen in dementia, and some evidence suggests that the regular use of anti-inflamatory drugs, such as aspirin and ibuprofen, may slow the progression or postpone the onset of Alzheimer's disease (Klegeris & McGeer, 2005). Although research in this area is still new, early results suggest that long-term use of anti-inflamatory drugs may be required to achieve a therapeutic effect (McGeer & McGeer, 2007). Interestingly, the plant extract *ginkgo biloba* has shown some promise in the treatment of Alzheimer's disease. Sold in the United States as an unregulated dietary supplement, ginkgo biloba has been shown to reduce cognitive impairment in people suffering from mild to moderate dementia (Mazza et al., 2006). Antipsychotics, antidepressants, and benzodiazepines are sometimes used to treat the agitation, depression, and/or sleeplessness associated with Alzheimer's (Corey-Bloom, 2000).

The last several years have seen major developments in the early detection of Alzheimer's disease. Simple approaches, such as reading a series of ten words to nondemented older adults and then asking them to recall the words after several minutes, can tell clinicians a lot about who will and won't develop Alzheimer's disease. Amazingly, 83% of people between the ages of 60 and 75 who failed a word recall test went on to develop Alzheimer's disease within the next ten years, whereas 74% of the people who passed the test remained dementia-free ten years later (Tierney et al., 2005). Recently, PET and MRI scans have been used to accurately forecast the onset of dementia by detecting early signs of degeneration in the hippocampus, a part of the brain crucial for memory formation (Modrego, 2006). Though no current treatments can prevent the onset of Alzheimer's, early detection of the disease may assist in the development of new, and hopefully, effective treatments.

Vascular Dementia Vascular dementia results when vascular diseases block blood flow to areas of the brain—a process generally referred to as "stroke"—resulting in the death of brain tissue. Symptoms of dementia can result when a large section or several small areas of brain tissue die. In contrast to the gradual progression of cognitive problems in Alzheimer's, vascular dementia often comes on suddenly and proceeds in a step-wise deteriorating course. High blood pressure and coronary artery disease are among several vascular diseases that increase the risk of developing vascular dementia. Controlling high blood pressure, lowering cholesterol levels, and ceasing smoking have been associated with improved cognitive functioning in patients with vascular dementia (Mendez & Cummings, 2003).

Parkinson's Disease Parkinson's disease involves the gradual deterioration of the *substantia nigra,* an area of dark cells within the brain that produces the neurotransmitter dopamine. Muscle tremors, rigidity, and difficulty initiating movements are among the physical symp-

toms of Parkinson's disease caused by the decrease in dopamine. Research has shown that Parkinson's disease results from genetic factors in some cases and environmental factors in others. One large-scale study found a 100% concordance rate in monozygotic (MZ) twins diagnosed with Parkinson's disease before age 50, compared to a 16.7% concordance rate in dizygotic (DZ) twins. After age 50, concordance rates for MZ and DZ twins were 15.5% and 11.1%, respectively (Tanner et al., 1999). These findings indicate that genetics play the determinative role in early-onset Parkinson's, as diagnosed in former heavyweight boxing champion Muhammed Ali and actor Michael J. Fox, while as-yet-undetermined environmental causes are crucial when Parkinson's begins after age 50.

As treatment with synthetic dopamine has helped people with Parkinson's to live longer, we have learned that symptoms of dementia frequently occur in the later stages of the disease. Patients with Parkinson's who develop dementia become forgetful and slow in their thinking, but usually retain their language skills (Murray, 2000). Deep brain stimulation (DBS), a relatively new treatment for Parkinson's disease, involves surgically implanting a battery-operated device that delivers electrical impulses to targeted areas of the brain. DBS effectively disrupts the electrical signals responsible for the debilitating motor symptoms of Parkinson's disease and has proven to be a highly promising intervention (Rodriguez-Oroz et al., 2005).

Michael J. Fox, a film and television actor, suffers from early-onset Parkinson's disease. Since going public with his diagnosis in 1998, Fox has been a staunch advocate for stem cell research which many believe has the potential to treat, or even cure, Parkinson's disease.
©AP/Wide World Photos

Huntington's Disease Huntington's disease results from the gradual degeneration of specific areas of the brain, including the caudate nucleus, which helps to inhibit physical movements. Irritability and depression are early signs of the disease. As Huntington's progresses, symptoms of dementia increase, while speech, emotional control, and balance also become increasingly impaired. Most people with the disorder develop jerky, involuntary movements known as Huntington's chorea (or *dance*). The disorder is caused by a single dominant gene located on the fourth chromosome, meaning that every child born to someone with Huntington's has a 50% chance of developing the disease (APA, 2000). Genetic testing can predict who will develop Huntington's disease; Box 14.2 focuses on the painful realities of knowing one's fate.

HIV HIV, which causes AIDS, enters the brain shortly after the virus is contracted. As the disease progresses, and the immune system becomes compromised, the virus replicates rapidly within the central nervous system and can cause a wide range of dementia symptoms by killing areas of the central white matter, the basal ganglia, the thalamus, and the brain stem.

Family Systems Interventions

Many people who develop dementia live with severe cognitive impairment for years, if not decades. Professionally staffed residential care facilities can provide safe housing for those needing constant care and supervision, but nearly 70% of the roughly 5 million Alzheimer's sufferers in the U.S. live at home where they are cared for by their children and spouses (Kantrowitz & Springen, 2007). As the older adult population grows and the average life span increases, more attention is being paid to the stresses placed upon the "sandwich generation"—middle-aged adults who are sandwiched between the needs of their own children and their aging parents. Although supportive group therapies have proved to be useful for the children of people suffering from dementia, members of the sandwich generation are often too taxed by the demands of caring for their children and parents to attend. Indeed, studies of dementia caregivers

A personal choice Nancy Wexler, Ph.D., a leading expert in Huntington's disease, played a critical role in developing a test to detect the gene that causes Huntington's. Though Dr. Wexler's mother died of the disease in 1978, Dr. Wexler has chosen not to take the genetic test for Huntington's that she helped to develop.
Acey Harper/Time Inc. /Picture Collection/

BOX 14.2 Facing Life with a Lethal Gene *by Amy Harmon*

Genetic testing predicts with 100% accuracy whether a person will develop Huntington's disease. The availability of a fool-proof test for Huntington's presents a complex and potentially painful option for healthy young adults who know that the disease runs in their families. The article below describes the journey of one young woman who elected to be tested for the Huntington's gene.

The test, the counselor said, had come back positive.

Katharine Moser inhaled sharply. She thought she was as ready as anyone could be to face her genetic destiny. She had attended a genetic counseling session and visited a psychiatrist, as required by the clinic. She had undergone the recommended neurological exam. And yet, she realized in that moment, she had never expected to hear those words.

"What do I do now?" Ms. Moser asked.

"What do you want to do?" the counselor replied.

"Cry," she said quietly.

Her best friend, Colleen Elio, seated next to her, had already begun.

Ms. Moser was 23. It had taken her months to convince the clinic at NewYork-Presbyterian Hospital/Columbia University Medical Center in Manhattan that she wanted, at such a young age, to find out whether she carried the gene for Huntington's disease.

Huntington's, the incurable brain disorder that possessed her grandfather's body and ravaged his mind for three decades, typically strikes in middle age. But most young adults who know the disease runs in their family have avoided the DNA test that can tell whether they will get it, preferring the torture—and hope—of not knowing.

Ms. Moser is part of a vanguard of people at risk for Huntington's who are choosing to learn early what their future holds. Facing their genetic heritage, they say, will help them decide how to live their lives.

Yet even as a raft of new DNA tests are revealing predispositions to all kinds of conditions, including breast cancer, depression and dementia, little is known about what it is like to live with such knowledge.

"What runs in your own family, and would you want to know?" said Nancy Wexler, a neuropsychologist at Columbia and the president of the Hereditary Disease Foundation, which has pioneered Huntington's research. "Soon everyone is going to have an option like this. You make the decision to test, you have to live with the consequences."

On that drizzly spring morning two years ago, Ms. Moser was feeling her way, with perhaps the most definitive and disturbing verdict genetic testing has to offer. Anyone who carries the gene will inevitably develop Huntington's.

She fought her tears. She tried for humor.

Don't let yourself get too thin, said the clinic's social worker. Not a problem, Ms. Moser responded, gesturing to her curvy frame. No more than two drinks at a time. Perhaps, Ms. Moser suggested to Ms. Elio, she meant one in each hand.

Then came anger.

"Why me?" she remembers thinking, in a refrain she found hard to shake in the coming months. "I'm the good one. It's not like I'm sick because I have emphysema from smoking or I did something dangerous."

The gene that will kill Ms. Moser sits on the short arm of everyone's fourth chromosome, where the letters of the genetic alphabet normally repeat C-A-G as many as 35 times in a row. In people who develop Huntington's, however, there are more than 35 repeats.

No one quite knows why this DNA hiccup causes cell death in the brain, leading Huntington's patients to jerk and twitch uncontrollably and rendering them progressively unable to walk, talk, think and swallow. But the greater the number of repeats, the earlier symptoms tend to appear and the faster they progress.

Ms. Moser's "CAG number" was 45, the counselor said. She had more repeats than her grandfather, whose first symptoms—loss of short-term memory, mood swings and a constant ticking noise he made with his mouth—surfaced when he turned 50. But it was another year before Ms. Moser would realize that she could have less than 12 years until she showed symptoms.

Immediately after getting her results, Ms. Moser was too busy making plans.

"I'm going to become super-strong and super-balanced," she vowed over lunch with Ms. Elio, her straight brown hair pulled into a determined bun. "So when I start to lose it I'll be a little closer to normal."

In the tumultuous months that followed, Ms. Moser often found herself unable to remember what normal had once been. She forced herself to renounce the crush she had long nursed on a certain firefighter, sure that marriage was no longer an option for her. She threw herself into fund-raising in the hopes that someone would find a cure. Sometimes, she raged.

She never, she said, regretted being tested. But at night, crying herself to sleep in the dark of her lavender bedroom, she would go over and over it. She was the same, but she was also different. And there was nothing she could do.

The New York Times, 1, 1. March 18, 2007

find that they are plagued by high levels of stress and depression (Gallagher-Thompson et al., 2006). These findings should come as no surprise given that caregivers often find that the parent they once knew has been replaced by a demanding, confused, emotionally volatile, and sometimes physically violent stranger.

In the absence of an effective treatment for dementia, caregivers are often faced with needing to provide 24-hour-care for a profoundly impaired family member who may survive for many years. Some activists hope to ease the burden on caregivers by pressing Congress to pass bills that will dramatically increase research funding for Alzheimer's disease and offer tax credits to dementia caregivers. The heavy emotional toll of caring for someone with dementia is often matched by the enormous financial demand of doing so; caregivers often have to leave their jobs or hire expensive help in order to manage the care of their ailing parent or spouse.

Cultural and historical relativism

The fact that Alzheimer's disease has become the focus of major medical and legislative efforts serves as an excellent example of ***cultural and historical relativism***. High rates of dementia have become a crisis in recent decades for two reasons: the average life span has expanded and created a larger population of older adults than ever before and there has been a cultural shift away from extended family living arrangements. All signs indicate that this crisis will grow, especially as the enormous number of Americans born between 1946 and 1964 (commonly referred to as "baby boomers") continues to age. According to current calculations, Alzheimer's disease will strike more than 7 million Americans and cost Medicare $400 billion—nearly the size of the entire current Medicare budget—by the year 2030 (Kantrowitz & Springen, 2007).

Amnesia

The characteristics and treatment of amnesia depend heavily on the cause of the amnesia and the extent of any damage to the brain. The DSM-IV-TR refers to amnesias that last less than one month as *transient,* and more than one month as *chronic* (APA, 2000).

Encephalitis Infectious inflammation of the brain.

Biological Components and Interventions

By definition, organic amnesias result from biological causes. Some organic amnesias, such as those caused by exposure to toxins, can resolve completely as soon as the toxic substance leaves the body. Other amnesias, like those described below, may involve pervasive and/or lasting brain damage and may take weeks to years to resolve, if recovery is to occur at all.

Occupational hazard Unlike dissociative amnesias, organic amnesias result from physical trauma to the brain. Here, third baseman Chris Donnels is attended to by the manager and trainer of the Arizona Diamondbacks after he experienced a concussion while fielding a bunt. Concussions and other head injuries often result in some degree of memory loss.
Getty Images News and Sport Services

Encephalitis **Encephalitis**, or inflammation of the brain, can be caused by various infectious agents and lead to amnesia. The nature and extent of memory loss associated with encephalitis can vary widely depending on the severity of the viral infection. Some people are temporarily disoriented and then recover completely, while others suffer from marked and persistent memory loss (O'Connor & Verfaellie, 2002).

Physical Trauma Physical trauma of the coconut-hits-someone-on-the-head variety can, indeed, cause amnesia. The severity of amnesia depends on the severity of the head injury. Amnesia caused by mild head injuries usually resolves quickly and spontaneously. More severe head injuries, such as those caused by automobile or motorcycle accidents, often cause irreversible damage to memory and to other brain functions such as speech and motor coordination.

However, head injuries are not responsible for all forms of brain damage that lead to amnesia. Blood clots and other vascular impairments that damage areas of the brain (known as "strokes"), severe nutritional deficiencies, loss or reduction of oxygen flow to the brain, and exposure to some toxins have also been known to interfere with memory.

Korsakoff's syndrome A form of anterograde amnesia caused by chronic alcoholism.

Confabulating The act of making up stories or fabricating events to hide gaps in memory; typically seen in people suffering from Korsakoff's syndrome.

Korsakoff's Syndrome

Korsakoff's syndrome is a form of anterograde amnesia caused by chronic alcoholism (Chapter 9). Alcohol interferes with the body's ability to metabolize vitamin B (thiamine), causing serious deficiencies to accrue after years of heavy drinking. Not surprisingly, poor nutritional habits often go hand-in-hand with chronic alcoholism and only exacerbate the problem. Thiamine deficiencies damage the diencephalon, a part of the brain made up of the thalamus and hypothalamus, and lead to difficulty recalling newly acquired information. People suffering from Korsakoff's syndrome seem to be highly forgetful, yet they may deny the extent of their amnesia to themselves and others by **confabulating**,—creating stories or telling lies to hide their confusion. Interestingly, thiamine administered to recovering alcoholics improves the functioning of working memory within a matter of days (Ambrose, Bowden, & Whelan, 2001). This phenomenon led one clinician from the Health Department of Western Australia to argue that thiamine should be added to the Australian beer supply (Finlay-Jones, 1986).

BRIEF SUMMARY

- Delirium is caused by a wide variety of medical conditions or other factors that temporarily compromise cognitive functions. Treatment involves addressing the underlying cause and providing social support until the delirium has passed.
- Dementia usually results from the death of brain cells and is most commonly caused by Alzheimer's disease, vascular problems, or Parkinson's, Huntington's, or HIV disease. Some medications seem to slow brain cell death or reduce the negative effects of neurological degeneration. Deep brain stimulation (DBS) has recently emerged as a useful treatment for the motor symptoms associated with Parkinson's disease. Residential treatment centers for people with dementia and support groups for their family members are important components of the treatment of dementia.
- Depending upon the cause, amnesia can be transient or chronic. Persistent organic amnesias tend to result from viral infections, physical trauma to the brain, or chronic substance abuse.

The importance of context

Classification in Demographic Context

Demographic factors such as age, gender, class, and culture significantly affect the frequency and intensity of delirium and dementia. Demographic factors do not appear to play a major role in the prevalence or presentation of organic amnesia.

Age

Normal physical processes associated with aging predispose older adults to age-related mental disorders such as delirium and dementia. Neural cells die, and the brain shrinks in size and decreases in weight as a function of aging (Heden & Gabrieli, 2004). At the neurochemical level, studies have found that healthy humans lose about 50% of D2 dopamine and acetylcholine receptors and about 20 to 40% of serotonin receptors over the course of their lifetimes (Morgan, 1992). However, the core concept of the ***continuum between normal and abnormal behavior*** is relevant here: the degree of cognitive impairment in dementia and delirium is much more severe than the mild forgetfulness normally associated with aging.

Alzheimer's disease, a prominent cause of dementia, rarely develops before age 50, occurs in 2 to 4% of people over 65, becomes increasingly prevalent among people over age 75, and, as noted, may occur in as many as 20–30% of all people over age 85 (APA, 2000). In contrast, the early symptoms of Huntington's disease may appear in people who are in their 40s and 50s. Delirium occurs primarily in older adults suffering from medical illnesses, though, as mentioned, it can occur in younger people with high fevers, certain medical illnesses, or other brain-altering conditions. Organic amnesia can occur in people of any age.

Let me call you sweetheart
Marriage prevents a whole host of health and psychological problems in older individuals, especially men. Compared to widows, widowers have more health problems, fewer social ties, and are less likely to have a close companion.
Christian Steinhausen/Getty Images, Inc

Gender

Dementia and delirium, disorders typically associated with aging, are more likely to occur among women because women consistently outlive men. Women outnumber men by 127 to 100 between the ages of 65 and 69 and by 220 to 100 after age 85. Some theorists have proposed that the hormonal changes associated with menopause contribute to the higher rates of Alzheimer's disease in women, but studies that compare the incidence of Alzheimer's disease in men and women of equal age find no sex differences in terms of prevalence (Gatz et al., 2003). Men are more likely to suffer from vascular dementia than women, especially before the age of 75, and nearly twice as likely to suffer from Parkinson's disease (Román, 2003; Van Den Eeden et al., 2003). Epidemiological studies of transient amnesia have found that the disorder occurs at equivalent rates in women and men (Laurila et al., 2004).

Class and Culture

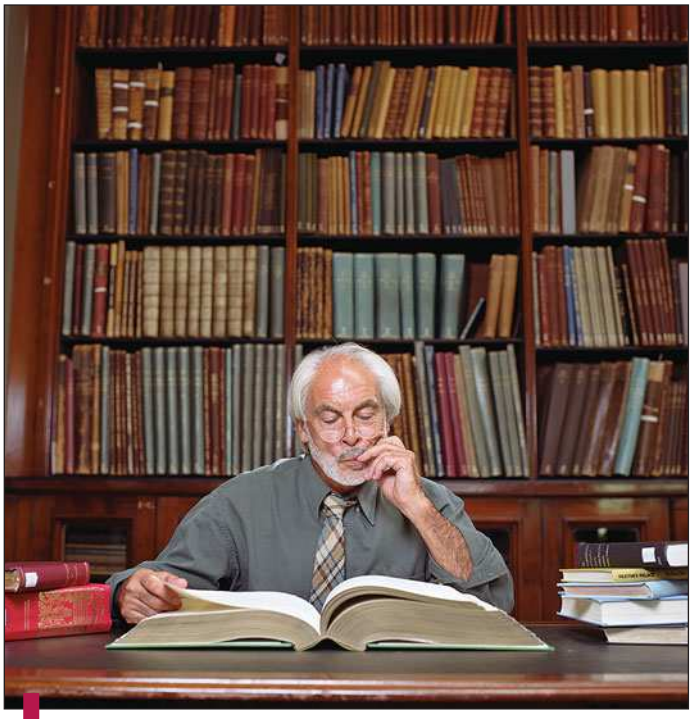
Increasing evidence suggests that assessment measures often used to assess cognitive impairments may be biased against people who have little formal education. For example, the Mini-Mental Status Examination and the Short Portable Mental Status Questionnaire—both widely used to measure cognitive impairment—have items that require basic literacy skills and calculation abilities and thus may falsely indicate a cognitive impairment in a healthy, but poorly educated, person (Teresi et al., 2001).

Interestingly, educational activity may have a *preventative* effect when it comes to dementias that involve a reduced number of interneuronal connections in the brain (Gatz et al., 2001). In an example of the ***connection between mind and body,*** research indicates that people who are engaged in lifelong learning (academic or otherwise) continuously create new interneuronal connections. Through constant learning they add more branches—which are technically known as **dendrite arbors**—to their neural dendrites and thus suffer less cognitive impairment when affected by diseases, like Alzheimer's, that "cut" dendrite arbors.

Mind-body connection

Dendrite arbors Neuronal branches that allow neurons to communicate with each other by sending chemical messengers (neurotransmitters).

Alzheimer's disease appears to occur at equal rates among people of various ethnic backgrounds but to begin earlier in certain populations. A study comparing Alzheimer's onset in Hispanic and Caucasian Americans found that people of Hispanic descent developed the disease nearly seven years earlier than Caucasians, even when sex and years of education were taken into account (Clark et al., 2005). Vascular dementia occurs more often in people of Asian, African, or Hispanic descent than in Caucasian populations (Román, 2003). Hypertensive small-vessel disease is especially prevalent among Asian populations, leading to high rates of stroke and, accordingly, vascular dementia. Some studies suggest that African Americans are at higher risk for



Use it or lose it Lifelong learning increases the number of interneuronal connections in the brain and wards off the effects of diseases that cause dementia.
Tim Hall/Getty Images, Inc.

developing vascular dementia because they tend to have higher rates of hypertension and diabetes than whites, but other studies have not confirmed this association (Zarit & Zarit, 2007). The incidence of Parkinson's disease varies by race and ethnicity. Parkinson's disease occurs most frequently among members of Hispanic populations followed by non-Hispanic whites, Asians, and people of African descent (Van Den Eeden et al., 2003).

BRIEF SUMMARY

- Normal physical processes associated with aging, such as the death of brain cells, predispose older adults to delirium and dementia.
- More women than men suffer from delirium and dementia, but only because women tend to outlive men. When age is taken into account, women and men suffer from Alzheimer's disease at equal rates. Men are more likely to suffer from vascular dementia and Parkinson's disease than women. Amnesia occurs at equal rates in men and women.
- Assessment measures of cognitive ability may be unfairly biased against those with little formal education, while lifelong learning appears to reduce the effects of late-life neurological deterioration. The various forms of dementia occur at different rates among people from different racial and ethnic backgrounds.

Critical Thinking Question What do you think are some of the most profound ways in which demographic *context* variables—such as age, gender, class, and culture—shape cognitive disorders?

CASE Vignette
Treatment

Joseph • Alzheimer's Dementia

Joseph, who had forgotten the entire trip in which he helped take his grandson to boarding school, continued to have trouble with his memory. He often forgot the names of his children and grandchildren, and his wife was particularly distressed one afternoon when Joseph asked her how they happened to know each other. Early one morning Joseph's wife woke up and found herself alone in bed. She searched the house, and then the neighborhood for her husband, finding him several blocks from home, still wearing his pajamas. At that point, she knew that it was time to take her husband to the doctor, though she felt scared of what they might learn. The physician said that Joseph was suffering from dementia, most likely due to Alzheimer's disease. She prescribed medications to improve Joseph's memory and asked if they had considered moving Joseph into a supervised living arrangement.

Joseph's children were strongly supportive of placing their father in residential care because they had become increasingly worried about what their father might do or forget next, and they did not want their mother to be solely responsible for his care. After Joseph had two more incidents of wandering and also threw a temper tantrum, his wife reluctantly agreed to move him out of their house but was insistent that she be able to move with him. After a great deal of searching the family found a facility that had apartments and a full-time staff that was available to provide whatever supervision and care Joseph required. Joseph did not seem to understand the move but accepted his new living arrangement. His wife hated giving up their house and found it extremely painful to watch her husband of 60 years continue to deteriorate both cognitively and physically.

CASE DISCUSSION • Alzheimer's Dementia

Like many people suffering from Alzheimer's disease, Joseph's difficulties came on slowly. The initial stages of his disease were easy to ignore, but over time his cognitive symptoms worsened significantly. His memory failed him frequently and he developed *agnosia* (failure to recognize familiar things or people) and *aphasia* (language difficulties). Joseph's cognitive impairment was also evident in his strange behavior, such as wandering away from home in his pajamas and in the lack of inhibition that likely contributed to his temper tantrums. Joseph's wife and children faced many dilemmas when making decisions about his care. They were initially reluctant to move him out of his house and into residential care despite evidence that he was not safe at home.

Chapter Summary

- Delirium is usually a temporary condition in which people experience disturbed consciousness with difficulty focusing, sustaining, or shifting attention. Dementia is usually a progressive and permanent condition that impairs memory and other forms of cognition. Organic amnesia involves memory impairment that results from a physical cause and occurs in the absence of other additional cognitive impairments.
- Some mild forgetfulness is normally associated with aging, but the degree of cognitive impairment in dementia and delirium is much more severe than normal forgetting and falls on the extreme end of the ***continuum between normal and abnormal behavior***.
- Delirium is caused by a wide variety of medical conditions or other factors that temporarily compromise cognitive functions. Treatment involves addressing the underlying cause and providing social support until the delirium has passed. Delirium that goes untreated because it is mistaken for dementia can progress to permanent brain damage or even death.
- Dementia usually results from the death of brain cells and is most commonly caused by Alzheimer's disease, vascular problems, or Parkinson's, Huntington's, or HIV disease.
- The fact that Alzheimer's disease has become the focus of major medical and legislative efforts serves as an example of ***cultural and historical relativism***. High rates of dementia have become a crisis in recent decades as the average life span has expanded and created a larger population of older adults than ever before.
- Amnesia can be transient or chronic. Persistent organic amnesias tend to result from viral infections, physical trauma to the brain, or chronic substance abuse.
- Demographic ***context*** shapes the cognitive disorders in a variety of ways: the normal physical processes associated with aging, such as the death of brain cells, predispose older adults to delirium and dementia; more women than men suffer from delirium and dementia because women tend to outlive men; and the various forms of dementia occur at different rates among people from different racial and ethnic backgrounds.
- In a profound example of the ***connection between mind and body,*** research indicates that lifelong learning promotes ongoing neural development and reduces the effects of late-life neurological deterioration.

GLOSSARY

A

Abnormal psychology/psychopathology The subfield of psychology devoted to the study of mental disorders.

Active phase The second phase of schizophrenia, involving psychotic symptoms.

Acute stress disorder Significant posttraumatic anxiety symptoms that occur within one month of a traumatic experience.

Adoption studies Studies designed to compare the concordance rates for a given disorder of biological versus nonbiological parent-child pairs.

Affective flattening A reduction or an absence of normal emotion.

Agnosia Loss of the ability to recognize familiar objects or people.

Agonists Drugs that increase neurotransmission.

Agoraphobia A fear of wide open spaces or crowded places.

Alcoholism Another term for alcohol dependence.

Alexithymia Profound difficulty in identifying and verbalizing emotions.

Alogia or **poverty of speech** Minimal or absent verbal communication.

Amenorrhea The cessation of the menstrual cycle.

Amnesia Memory impairment that results from a physical cause and occurs in the absence of other additional cognitive impairments.

Amphetamines Synthetic stimulants with a chemical structure similar to the neurotransmitters dopamine and norepinephrine.

Amplification The anxious magnification of minor physical sensations, such as in people with hypochondriasis.

Amygdala A brain structure which registers the emotional significance of sensory signals and contributes to the expression of emotion.

Anabolic steroids A synthetic subtype of steroids resembling testosterone that tend to increase muscle mass and are often abused with the aim of enhancing athletic performance or physique.

Analgesia The effect of pain relief.

Anhedonia Loss of a sense of pleasure.

Animism Belief in the existence and power of a spirit world.

Anorexia nervosa A disorder involving extreme thinness, often achieved through self-starvation.

Antagonists Drugs that reduce or block neurotransmission.

Anterograde amnesia The inability to recall events that occurred after a trauma.

Antigens Foreign substances, such as viruses or bacteria, that typically trigger an immune system response.

Antipsychotic medications Medications that reduce psychotic symptoms.

Antisocial personality disorder Personality traits involving profound disregard for, and violation of, the rights of others.

Anxiety An unpleasant emotion characterized by a general sense of danger, dread, and physiological arousal.

Anxiolytic An anxiety-reducing effect.

Aphasia The gradual deterioration of receptive or expressive language skills.

Apraxia Difficulty executing common physical actions due to impairments in the brain's ability to signal specific physical movements.

Asperger's disorder A pervasive developmental disorder characterized by the social impairments typical of autism and unimpaired, often superior, language and cognitive skills.

Assertive community treatment (ACT) A treatment program for schizophrenia that offers frequent and coordinated contact with a wide variety of professionals in an effort to decrease relapses and rehospitalizations.

Assessment The process of gathering information in order to make a diagnosis.

Asthma A medical condition in which the airways to and from the lungs become periodically constricted.

Ataque de nervios A term used in some Latino cultures to describe an episode of intense anxiety.

Attention deficit and disruptive behavior disorders A broad diagnostic category that includes attention deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

Attention deficit/hyperactivity disorder A disruptive behavior disorder involving symptoms of inattention, hyperactivity, and impulsivity.

Attributions People's beliefs about the causes of events.

Atypical or **second-generation antipsychotics** Newer antipsychotic medications that target both positive and negative symptoms of schizophrenia.

Autism A pervasive developmental disorder characterized by impaired social and communication skills, and rigid and repetitive patterns of behavior.

Autonomic nervous system (ANS) The part of the peripheral nervous system that regulates involuntary bodily systems, such as breathing and heart rate; it is made up of the sympathetic and parasympathetic nervous system.

Auto-suggestive disorder Disorder in which an individual convinces themselves, through a process akin to self-hypnosis, that they have lost some form of physical functioning.

Aversion therapy Behavioral technique involving pairing an unwanted behavior with an aversive stimulus in order to classically condition a connection between them.

Avoidant personality disorder Personality traits involving social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

Avolition Reduced or absent motivation.

Azaspirones Drugs that treat anxiety by regulating serotonin.

B

Barbiturates Sedative drugs formerly used to treat anxiety.

Basal ganglia A subcortical brain structure involved in the regulation of movement.

Beck Depression Inventory-II (BDI-II) A widely used depression symptom questionnaire.

Behavioral inhibition A temperamental style marked by the tendency to be quiet and withdrawn in novel situations.

Behaviorism The theoretical perspective that emphasizes the influence of learning, via classical conditioning, operant conditioning, and modeling, on behavior.

Benzodiazepines Sedative drugs that treat anxiety by increasing the activity of gamma-aminobutyric acid (GABA).

Beta-blockers Drugs that treat anxiety by decreasing the activity of norepinephrine.

Binge drinking A dangerous practice of rapid alcohol consumption, defined as four or more drinks in a row for a woman or five or more drinks in a row for a man.

Binge eating disorder A diagnostic category currently under study that describes recurrent episodes of binge eating not followed by compensatory behaviors.

Binge-eating/purging type anorexia Anorexia in which the individual loses weight by bingeing and purging.

Biofeedback training Training people to attend to and partially control autonomic physiological functions with the help of visual feedback.

Biopsychosocial model A perspective in abnormal psychology that integrates biological, psychological, and social components.

Bipolar disorders Mood disorders in which an individual experiences both abnormally low and high moods.

Bipolar I disorder Combination of major depressive episodes and manic episodes.

Bipolar II disorder Combination of major depressive episodes and hypomanic episodes.

Body dysmorphic disorder Preoccupation with an imagined or exaggerated defect in physical appearance.

Borderline personality disorder Personality traits involving instability in interpersonal relationships, self-image, and emotions, impulsivity, and self-destructive behavior.

Brief psychotic disorder DSM-IV-TR diagnosis involving a psychotic episode that has all the features of schizophrenia but lasts less than one month.

Bulimia nervosa A disorder involving repeated binge eating followed by compensatory measures to avoid weight gain.

C

Caffeine A mild stimulant found in many foods and beverages.

Cancer A disease characterized by the uncontrolled growth of malignant cells in some part of the body.

Catastrophes Extreme and unusual negative events that invariably cause significant stress.

Catastrophizing A cognitive distortion involving the tendency to view minor problems as major catastrophes.

Catatonia Psychomotoric symptoms ranging from extreme immobility and unresponsiveness to extreme agitation.

Catatonic schizophrenia Subtype marked by psychomotoric symptoms, such as rigid physical immobility and unresponsiveness (catatonic stupor) or extreme behavioral agitation (catatonic excitement), muteness, and, occasionally, echolalia and echopraxia.

Categorical system A diagnostic system, like the DSM system, in which individuals are diagnosed according to whether or not they fit certain defined categories.

Central nervous system (CNS) The control center for transmitting information and impulses throughout the body, consisting of the brain and the spinal cord.

Chemical castration A biological intervention for some paraphilias designed to suppress testosterone levels.

Childhood disintegrative disorder A pervasive developmental disorder that occurs in both boys and girls and begins after at least two years of normal development.

Chronic stress Ongoing stress related to difficult everyday life circumstances such as poverty or long-term family strife.

Clang associations Nonsense sequences of rhyming or like-sounding words.

Classical conditioning Learning that takes place via automatic associations between neutral stimuli and unconditioned stimuli.

Client-centered therapy A humanistic treatment approach developed by Carl Rogers.

Cocaine A powerful stimulant derived from the leaves of the coca plant.

Codependency A relationship in which family member(s) unconsciously collude with the substance misuse of another member even though they may consciously oppose it.

Cognitive appraisal An individual's perception of a potentially stressful event which weighs the event's potential threat against resources available for managing the event.

Cognitive distortions Irrational beliefs and thinking processes.

Cognitive restructuring Therapy techniques that focus on changing irrational and problematic thoughts.

Cognitive schemas Mental models of the world that are used to organize information.

Cognitive triad In cognitive theory, the triad consisting of one's self, one's future, and one's world.

Cognitive-behavioral Approaches that combine cognitive and behavioral principles.

Cognitive-behavioral stress management An intervention designed to enhance or maintain adaptive coping strategies and decrease maladaptive coping strategies.

Communication deviance Odd or idiosyncratic communications in families.

Comorbid When 2 or more disorders are present in one person, or a general association between 2 or more different disorder.

Comorbidity The presence of two or more disorders in one person, or a general association between two or more different disorders.

Compulsions Irrational rituals that are repeated in an effort to control or neutralize the anxiety brought on by obsessional thoughts.

Concordance rate In a group of twins, the percentage who both have the same disorder.

Conditioned response The response elicited by a conditioned stimulus.

Conditioned stimulus A previously neutral stimulus that acquires the ability to elicit a response through classical conditioning.

Conduct disorder A disruptive behavior disorder involving the consistent violation of the rights of others and significant age-appropriate norms.

Confabulating The act of making up stories or fabricating events to hide gaps in memory; typically seen in people suffering from Korsakoff's syndrome.

Conscious Descriptively, mental contents that are within awareness; also, the rational part of the mind in Freud's topographic theory.

Contingency management The use of reinforcements and punishments to shape behavior in adaptive directions.

Continuous amnesia Loss of memory that begins at a specific time, continues through to the present, and prevents the retention in memory of new experiences.

Controlled outcome research Studies that systematically examine groups of clients being treated for the same disorder.

Conversion disorder Specific symptoms or deficits in voluntary motor or sensory functions with no physiological cause.

Correlation A statistical term for a systematic association between variables.

Cortex The folded matter on the outside of the brain that controls humans' advanced cognitive functions.

Cortisol A hormone released by the pituitary gland in response to stress.

Countertransference The therapist's feelings about the client.

Covert desensitization Behavioral desensitization intervention for phobias in which the client practices relaxation techniques while imagining being confronted with the feared stimulus.

Covert response prevention Exposure and response prevention in obsessive-compulsive disorder for clients whose compulsions are mental processes (not behaviors).

Covert sensitization Behavioral intervention involving pairing unpleasant emotional images with unwanted behaviors, such as drug use.

Cross-tolerance Tolerance extending across drugs within a class.

Cyclothymic disorder Two years or more of consistent mood swings between hypomanic highs and dysthymic lows.

D

D_2 receptors Receptors involved in dopamine transmission that are thought to play a role in symptoms of schizophrenia.

Daily hassles Minor stresses of everyday life.

Defense mechanisms Unconscious, automatic mental processes that reduce anxiety by warding off unacceptable thoughts and feelings.

Deinstitutionalization The social policy, beginning in the 1960s, of discharging large numbers of hospitalized psychiatric clients into the community.

Delirium A transient cognitive disorder involving disruptions in attention, and changes in cognitive capacity such as memory loss, disorientation, or language problems.

Delusional disorder DSM-IV-TR diagnosis involving nonbizarre delusions lasting at least one month.

Delusions Fixed, false, and often bizarre beliefs.

Dementia A progressive cognitive disorder involving the development of multiple cognitive deficits, including both memory impairment and aphasia, apraxia, agnosia, or disturbance in executive functioning.

Dementia praecox An early term for schizophrenia, from the Greek for "premature dementia."

Dendrite arbors Neuronal branches that allow neurons to communicate with each other by sending chemical messengers (neurotransmitters).

Denial A defense mechanism in which an individual fails to acknowledge an obvious reality.

Dependent personality disorder Personality traits involving submissive and clinging behavior related to an excessive need to be cared for by others.

Depersonalization disorder Persistent and distressing feelings of being detached from one's mind or body.

Depressants Substances that slow CNS functions.

Depression State of abnormally low mood, with emotional, cognitive, motivational, and/or physical features.

Descriptive Design Collection of quantitative and/or qualitative data that can be organized to present an accurate overview or detailed example of a phenomenon of interest.

Design Statistical examination of the systematic associations between two or more variables of interest.

Devaluation A defense mechanism in which someone or something external is disparaged in order to protect against negative feelings about oneself.

Developmental psychopathology A subfield within abnormal psychology that considers abnormal behavior in light of developmental processes.

Diagnoses Categories of disorders or diseases according to a classification system.

Diathesis-stress model The view that the development of a disorder requires the interaction of a diathesis (predisposing cause) and a stress (precipitating cause).

Dichotomous reasoning A cognitive distortion involving thinking in terms of extremes and absolutes.

Dimensional system A diagnostic system in which individuals are rated for the degree to which they exhibit traits along certain dimensions.

Disengaged families Families in which relationships tend to be distant and unemotional.

Disorganized schizophrenia Typically the most severe subtype, characterized by the prominence of disorganized speech, disorganized behavior, and flat or inappropriate affect.

Disorganized speech Severe disruptions in the process of speech.

Disorganized speech or thought Severe disruptions in the process of speaking or thinking.

Displacement A defense mechanism in which feelings about someone or something are unconsciously shifted onto someone or something else.

Dissociation A significant disruption in one's conscious experience, memory, sense of identity, or any combination of the three, without a physical cause.

Dissociative amnesia Psychogenic loss of ability to recall important personal information, usually of a traumatic or stressful nature.

Dissociative fugue Sudden and unexpected travel away from home accompanied by forgetting of one's past and personal identity.

Dissociative identity disorder Presence of two or more distinct personalities or identity states that recurrently control an individual's behavior.

Dopamine A neurotransmitter thought to be specifically related to positive symptoms of schizophrenia and to pleasure regulation.

Dopamine hypothesis The hypothesis that excess dopamine transmission causes the psychotic symptoms of schizophrenia.

Double-bind communication Contradictory messages such as Be independent!' but "Never leave me!" that put the child in a "damned if you do, damned if you don't" position.

Down syndrome A form of mental retardation caused by having three twenty-first chromosomes; characterized by mild mental retardation and distinctive physical features.

Downward drift The decline in socioeconomic status of individuals with schizophrenia relative to their families of origin.

Draw-A-Person Test (DAP) A projective test in which clients are asked to draw pictures of themselves and other people.

Dual diagnosis The coexistence of a substance use diagnosis and another Axis I or II diagnosis for a client.

Dyscalculia A learning disorder in which academic achievement in mathematics is substantially below what would be expected given the child's age, intelligence, or education.

Dysgraphia A learning disorder in which academic achievement in written expression is substantially below what would be expected given the child's age, intelligence, or education.

Dyslexia A learning disorder in which academic achievement in reading is substantially below what would be expected given the child's age, intelligence, or education.

Dyspareunia Persistent genital pain associated with sexual intercourse, causing distress or interpersonal difficulty.

Dysthymic disorder Two years or more of consistently depressed mood and other symptoms that are not severe enough to meet criteria for a major depressive episode.

E

Eating disorder not otherwise specified The DSM-IV-TR diagnosis for eating behaviors which are disordered but do not meet diagnostic criteria for either anorexia or bulimia.

Echolalia A speech abnormality in which a person mimics what they have just heard; seen in autism.

Echopraxia Repeating the gestures of others.

Ecstasy (MDMA) A synthetic amphetamine/stimulant with some hallucinogenic properties.

ECT (electroconvulsive therapy) A biological intervention for severe depression involving sending electric current through the skull to produce seizures.

Ego In Freud's structural theory, the part of the mind that is oriented to the external world and mediates the demands of the id and superego.

Ego-dystonic Behaviors, thoughts, or feelings that are experienced by an individual as distressing and unwelcome.

Ego-dystonic homosexuality A DSM-III diagnosis, since eliminated, that referred to homosexuality that was distressing and unwanted by the client.

Ego-syntonic Behaviors, thoughts, or feelings that are experienced by an individual as consistent with their sense of self.

Electroconvulsive therapy (ECT) A treatment for severe depression that involves passing electric current through the brain to induce seizures.

Electrolytes Charged molecules that regulate nerve and muscle impulses throughout the body.

Empirically supported treatments (ESTs) Specific forms of therapy that have been shown, by certain standards, to be helpful for specific disorders.

Encephalitis Infectious inflammation of the brain.

Endocrine system The system of glands that controls the production and release of hormones.

Endogenous Internal or natural.

Endorphins Brain chemicals that reduce pain and produce pleasurable sensations; sometimes referred to as the body's "natural opioids."

Enkephalins The first endogenous opioids to be discovered.

Enmeshed Families in which boundaries between members are weak and relationships tend to be intrusive.

Escape into fantasy A defense mechanism in which an individual avoids unpleasant feelings by focusing on pleasant daydreams.

Essential hypertension Hypertension for which no physiological cause can be found.

Executive functioning The ability to develop and execute complex plans.

Exhibitionism Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger.

Experimental Design Isolation and manipulation of a limited number of variables under highly controlled conditions in order to test specific causal hypotheses.

Explanatory style The patterned ways (such as pessimism) in which people perceive and explain the causes of life events.

Exposure Technique of deliberately confronting a conditioned stimulus (such as a feared object) in order to promote **extinction**.

Exposure and response prevention A behavioral intervention in which clients are encouraged to confront a frightening thought or situation and then prevented from engaging in anxiety-reducing behaviors.

Expressed emotion (EE) High levels of criticism and overinvolvement in families.

Extinction The weakening of a connection between a conditioned stimulus and a conditioned response.

F

Factitious disorders Physical disorders that are intentionally produced, or faked, because the person wants to be perceived as sick.

Family pedigree studies Studies designed to investigate whether a disorder runs in families.

Family systems The theoretical perspective that focuses on the importance of family dynamics in understanding and treating mental disorders.

Fear hierarchy In systematic desensitization, a list of feared situations ranging from least to most terrifying.

Female orgasmic disorder Persistent delay in, or absence of, orgasm following a normal sexual excitement phase, causing distress or interpersonal difficulty.

Female sexual arousal disorder Persistent inability to attain, or maintain, an adequate lubrication-swelling response of sexual excitement, causing distress or interpersonal difficulty.

Fetal alcohol syndrome Mental retardation and a variety of physical abnormalities that result from prenatal exposure to alcohol.

Fetishism Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects.

Fight-or-flight response Extreme sympathetic nervous system arousal that prepares animals to flee or attack when faced with danger.

Flashback A vivid and often overwhelming recollection of a past traumatic experience.

Flipped switch theory The hypothesis that continued use of a substance can precipitate a biologically based switch from controlled use to addiction.

Flooding Intensive exposure to a feared stimulus.

Fragile X syndrome A chromosomal disorder resulting in learning disabilities or mental retardation, distinctive physical features such as long faces and large ears, and behavioral difficulties.

Frotteurism Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person.

G

Gamma-aminobutyric acid (GABA) A neurotransmitter that inhibits nervous system activity.

Gender A person's psychological sense of being male or female.

Gender identity disorder (GID or **transsexualism)** A DSM-IV-TR disorder involving intense discomfort with one's biological sex and the desire to change sexes.

General Adaptation Syndrome According to some theories, a three-stage response—alarm, resistance, and exhaustion—that occurs when animals (including humans) are faced with chronically stressful circumstances.

General paresis A disease, due to a syphilis infection, that can cause psychosis, paralysis, and death.

Generalized amnesia Loss of memory for events and information, including information pertaining to personal identity, from the time both before and after a traumatic event.

Generalized anxiety disorder Chronic, pervasive, and debilitating nervousness.

Genetic linkage Studies looking for the specific genetic material that may be responsible for the genetic influence on particular disorders.

Genogram Diagram of the structure of a family.

GHB Gamma-hydroxybutyrate, a so-called natural bodybuilding and sleep aid that has become a popular club drug.

Global Assessment of Functioning (GAF) A scale rating an individual's level of functioning used for Axis V of the DSM-IV-TR.

Glutamate A neurotransmitter involved in schizophrenic symptoms and many other functions.

Grossly disorganized behavior Bizarre or disrupted behavioral patterns, such as dishevelment, extreme agitation, uncontrollable childlike silliness, or an inability to perform simple activities of daily living.

H

Half-life The amount of time it takes for half of a substance to be eliminated from the body.

Hallucinations Abnormal sensory experiences, such as hearing or seeing nonexistent things.

Hallucinogens Substances that produce hallucinatory changes in sensory perception.

Hippocampus A brain structure involved in the formation of memories.

Histrionic personality disorder Personality traits involving excessive, superficial emotionality and attention seeking.

Homeostasis The tendency of systems, such as family systems, to maintain a stable pattern.

Hormones Chemicals released by the endocrine system that regulate sexual behavior, metabolism, and physical growth.

HPA axis A brain system involving the hypothalamus, pituitary gland, and adrenal cortex that regulates the release of stress hormones into the bloodstream.

Humours Four bodily fluids believed, by Hippocrates and Greek doctors, to control health and disease.

Hypertension Chronically elevated blood pressure.

Hypnotics Substances used to promote sleep.

Hypoactive sexual desire Persistently deficient sexual fantasies and deficient desire for sexual activity, causing distress or interpersonal difficulty.

Hypochondriasis Preoccupation with the fear of contracting, or the mistaken idea that one has, a serious disease.

Hypofrontality A general decrease in activity in the prefrontal cortex.

Hypomanic episode A less extreme version of a manic episode that is not severe enough to significantly interfere with functioning.

Hypothalamus A subcortical brain structure that controls the endocrine, or hormonal, system.

Hysteria A term used for centuries to describe a syndrome of neurological-seeming symptoms without a neurological cause, now classified as *conversion disorder*.

I

Iatrogenic (eye-at-row-GEN-ick) A disorder unintentionally caused by a treatment.

Id In Freud's structural theory, the part of the mind containing instinctual urges.

Idealization A defense mechanism in which someone or something is seen as being perfect or wonderful in order to protect against negative feelings.

Ideas of reference Idiosyncratic beliefs that normal events contain "special" meanings.

Identification Taking on the traits of someone else; sometimes used as a defense mechanism.

Identification with the aggressor A defense mechanism in which an individual causes others to experience the victimization, powerlessness, or helplessness that he or she has experienced in the past.

Identified patient The member of the family identified by the family as having problems; family systems theorists see this as a manifestation of a problem in the family system, not in an individual member.

Immunosuppression Sub-normal functioning of the immune system.

Impaired sensory gating Difficulty processing sensory input.

In vivo desensitization Behavioral desensitization training in which the client is actually confronted with the feared stimulus.

Inclusion classrooms Classrooms where children with special academic needs (learning impairments, mental retardation) are taught alongside normally functioning children rather than in special education settings.

Information bias Bias based on researchers only studying variables already believed to be related to the phenomena in question.

Inhalants Chemicals that produce a "high" when inhaled.

Insulin coma The deliberate induction of a seizure and coma using insulin; formerly used to treat certain mental disorders.

Intellectualization A defense mechanism in which a detached rational approach is used to protect against upsetting emotions.

Intelligence quotient (IQ) A measurement, obtained by intelligence tests, of overall intellectual ability.

Interjudge reliability Consistency or agreement between multiple judges.

Interoceptive exposure Deliberate induction of the physiological sensations typically associated with a panic attack.

Interpersonal psychotherapy (IPT) An influential current treatment for depression that integrates psychodynamic, cognitive, and behavioral components.

Investigator bias Bias based on the influence of the researchers' expectations or preferences on the study's results.

Isolation of affect A defense mechanism in which thoughts occur without associated feelings.

K

Ketamine A shorter-acting derivative of PCP still used as an anesthetic.

Korsakoff's syndrome A form of anterograde amnesia caused by chronic alcoholism.

L

Labeling A cognitive distortion in which people or situations are characterized on the basis of global, not specific, features.

Law of effect Thorndike's principle that behaviors followed by pleasurable consequences are likely to be repeated while behaviors followed by aversive consequences are not.

Learned helplessness Cognitive-behavioral theory in which animals give up adaptive responding after prior experience with inescapable punishments.

Learning disorders Deficits in specific academic skills compared to what would be expected given a child's age, schooling, and intelligence.

Life events Life changes, both positive and negative, that require adaptation.

Limbic system A group of subcortical structures involved in the experience and expression of emotions and the formation of memories.

Lithium A naturally occurring salt that is the main mood stabilizing medication for bipolar disorders.

Localized amnesia Loss of memory for all of the events that occurred within a circumscribed period of time.

Locus coeruleus A part of the brain stem associated with activation of the sympathetic nervous system.

Longitudinal Research that studies subjects over time.

Loose associations A sequence of logically disconnected thoughts.

LSD Lysergic acid diethylamide, a potent synthetic hallucinogen.

M

Magical thinking Believing that one's thoughts influence external events.

Major depressive disorder The occurrence of one or more major depressive episodes.

Major depressive episode A two-week or longer period of depressed mood along with several other significant depressive symptoms.

Major tranquilizers Another name for antipsychotic medications.

Maladaptive emotional scheme A humanistic term for patterns of thought and feeling that emerge around salient emotional experiences (usually in childhood) and are activated in similar situations during adulthood.

Male erectile disorder Persistent inability to attain, or maintain, an adequate erection, causing distress or interpersonal difficulty.

Male orgasmic disorder Persistent delay in, or absence of, orgasm following a normal sexual excitement phase, causing distress or interpersonal difficulty.

Malingering The act of purposely feigning illness in order to get out of an obligation.

Mania State of abnormally high mood, with emotional, cognitive, motivational, and/or physical features.

Manic episode A one-week or longer period of manic symptoms causing impairment in functioning.

MAO inhibitors (monoamine oxidase inhibitors) A "first-generation" antidepressant; they inhibit the enzymes that oxidize monoamines, thus enhancing neurotransmission.

Marijuana The world's most widely used illegal substance; derived from the cannabis plant.

Masturbatory satiation (orgasmic reconditioning) A behavioral treatment for paraphilias in which the client masturbates to "normal" sexual stimuli to reinforce this behavior.

Maturationist A theory of child development in which specific developmental stages are believed to unfold in a natural and predictable fashion.

Melancholia An early historical term for depression.

Mental health parity A political movement advocating that mental disorders should be covered by health insurance on par with physical disorders.

Mental retardation Severely impaired intellectual functioning and adaptive behavior.

Mental Status Exam A series of questions designed to assess whether a client has major problems with cognitive functions and orientation to reality.

Mescaline A hallucinogenic substance found in peyote.

Meta-analysis A re-analysis of the combined results of many previous research studies.

Migraine headaches Painful headaches that result from the constriction of blood vessels in the cranium and are often heralded by extreme sensitivity to light and sound, dizziness, nausea, or vomiting.

Milieu treatment An institutional treatment philosophy in which clients take active responsibility for decisions, about the management of their environment and their therapies.

Minnesota Multiphasic Personality Inventory-2 (MMPI-2) A widely used personality questionnaire.

Modeling Learning based on observing and imitating the behavior of others.

Monoamine hypothesis The hypothesis that depression is partially caused by insufficient neurotransmission of monoamines.

Monoamines A class of neurotransmitters involved in mood disorders, including norepinephrine, dopamine, and serotonin.

Mood episodes Periods of abnormal mood that are the building blocks of the DSM-IV-TR mood disorders.

Motivational interviewing A multimodal therapy method for enhancing motivation to change by exploring and resolving ambivalence.

Multi-modal A treatment strategy that integrates a variety of theoretical perspectives.

N

Narcissistic personality disorder Personality traits involving extreme grandiosity, need for admiration, and lack of empathy.

Narcosynthesis The use of medication to promote therapeutic remembering; used during World War II to help soldiers remember forgotten traumatic incidents.

Narcotics Another term for opioids.

Natural categories Categories that usually work reasonably well in everyday life despite their lack of precision.

Natural selection The evolutionary theory and process by which organisms, over generations, tend to change and develop traits and behaviors that enhance survival and reproduction.

Negative automatic thoughts Negative thoughts generated by negative cognitive schemas.

Negative cognitive triad Irrationally negative thinking about the self, the world, and the future.

Negative reinforcement Increasing the probability of a behavior by removing an unpleasant stimuli when the behavior occurs.

Negative or **Type II symptoms of schizophrenia** Symptoms that represent pathological deficits, such as flat affect, loss of motivation, and poverty of speech.

Neologisms Made-up words, like "headvise" for headache.

Nervios A term used by Latino populations in Latin America and in the United States to describe a range of symptoms of nervous distress.

Network therapy A treatment for substance misuse that emphasizes engagement of the client's social network of friends and family in treatment.

Neuritic plaques Abnormal protein deposits surrounded by clusters of degenerated nerve endings, typically found at the end of neuronal axons in people suffering from Alzheimer's dementia.

Neurofibrillary tangles Tangled strands of the fibers that normally make up a cortical cell's internal skeleton; typically found in people suffering from Alzheimer's dementia.

Neuroleptic Another name for an antipsychotic medication.

Neuron An individual nerve cell.

Neurotransmitters Chemicals that allow neurons in the brain to communicate by traveling between them.

Nicotine A mild stimulant found in the leaves of the tobacco plant.

Non-purging type bulimia Bulimia in which the individual tries to avoid weight gain from binges by burning off calories, usually through fasting or engaging in excessive exercise.

Norepinephrine A neurotransmitter associated with the activation of the sympathetic nervous system; involved in depression and panic attacks.

Normalization An intervention approach for people suffering from mental retardation that aims to promote the most normal functioning possible by teaching academic, language, social, and daily living skills.

O

Obesity The condition of being twenty percent or more over ideal weight.

Obsessions Unwanted and upsetting thoughts or impulses.

Obsessive-compulsive disorder An anxiety disorder in which distressing and unwanted thoughts lead to compulsive rituals that significantly interfere with daily functioning.

Obsessive-compulsive personality disorder Personality traits involving preoccupation with orderliness, perfectionism, and control at the expense of spontaneity, flexibility, and enjoyment.

Oedipus complex A phase during normal development when children desire an exclusive loving relationship with the parent of the opposite sex.

Operant conditioning A form of learning in which behaviors are shaped through rewards and punishments.

Opioids All of the derivatives—natural and synthetic—of the opium poppy.

Oppositional defiant disorder A disruptive behavior disorder involving consistently negativistic, hostile, and defiant behavior.

Optimism In cognitive terms, the tendency to make external, specific, and unstable explanations of negative events; associated with good health.

P

Pain disorder Physical pain without a physiological explanation.

Panic attack Discrete episode of acute terror in the absence of real danger.

Panic disorder Panic attacks that cause ongoing distress or impairment.

Paradigms Overall scientific worldviews, which, according to philosopher of science Thomas Kuhn, radically shift at various points in history.

Paranoid personality disorder Personality traits involving extreme distrust and suspiciousness.

Paranoid schizophrenia The most common subtype, characterized by predominant symptoms of delusions and auditory hallucinations, with relatively intact cognitive and emotional functioning.

Paraphilias DSM-IV-TR disorders involving persistent sexual desires or preferences that are considered abnormal.

Parasympathetic nervous system The part of the autonomic nervous system that regulates the body's calming and energy-conserving functions.

Parkinsonism The stiffness and tremors associated with Parkinson's disease.

PCP Phencyclidine, a substance of abuse originally developed as an animal anesthetic.

Pedophilia Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children.

Peripheral nervous system (PNS) Network of nerves throughout the body that carries information and impulses to and from the CNS.

Personal therapy An adjunctive therapy for schizophrenia that combines cognitive, behavioral, psychodynamic, and humanistic principles and helps clients solve the practical problems of daily life.

Personality An individual's unique and stable way of experiencing the world that is reflected in a predictable set of reactions to a variety of situations.

Personality disorders Disorders characterized by extreme and rigid personality traits that cause distress or impairment.

Personality traits Behavioral tendencies that are relatively stable across time and place.

Personalization A cognitive distortion in which one wrongly assumes that he or she is the cause of a particular event.

Pervasive developmental disorders Severe impairment in several areas of development.

Pessimism In cognitive terms, the tendency to make internal, global, and stable explanations of negative events; associated with depression.

Pessimistic explanatory (attributional) style The tendency to make internal, global, and stable explanations of negative events.

Peyote A small, carrot-shaped cactus containing mescaline found mostly in Mexico and Central America.

Phallometric assessment Measurement of penile responses to various stimuli.

Phenothiazines Chemical name for the first-generation antipsychotic medications.

Phenylketonuria A genetic disorder in which the liver fails to produce an enzyme that metabolizes phenylalanine; it can cause retardation, hyperactivity, and seizures in humans.

Phobia An intense, persistent, and irrational fear and avoidance of a specific object or situation.

Polygenic Involving multiple genes.

Polysubstance abuse The misuse of three or more substances.

Polythetic Diagnostic criteria sets in which a person is required to meet a minimum number of predetermined diagnostic criteria in order to warrant a diagnosis—no one criterion is critical to the overall diagnosis.

Positive or **Type I symptoms of schizophrenia** Symptoms that represent pathological excesses, exaggerations, or distortions from normal functioning, such as delusions, hallucinations, and disorganized speech, thought, or behavior.

Posttraumatic model A theory of dissociative identity disorder that argues that it results from traumatic childhood experiences.

Posttraumatic stress disorder Significant posttraumatic anxiety symptoms occurring more than one month after a traumatic experience.

Precipitating cause The immediate trigger or precipitant of an event.

Preconscious In Freud's topographic model, mental contents that are not the focus of conscious attention but are accessible because they are not repressed.

Predisposing cause The underlying processes that create conditions making it possible for a precipitating cause to trigger an event.

Prefrontal lobotomy The surgical destruction of brain tissue connecting the prefrontal lobes with other areas of the brain.

Premature ejaculation Persistent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it, causing distress or interpersonal difficulty.

Prepared conditioning Classical conditioning based on an evolutionarily derived sensitivity to certain stimuli that were dangerous in an ancestral environment.

Primary gain The relief of anxiety that occurs when an emotional conflict is converted into a physical symptom.

Primary prevention Intervention that aims to prevent problems before they begin.

Primary process thought The illogical, childlike mode of thinking that is associated with the unconscious mind.

Prodromal phase The first stage of schizophrenia in which symptoms are developing.

Projection A defense mechanism in which an individual attributes his or her own unacceptable emotions to someone or something else.

Projective tests Tests designed to measure client characteristics based on clients' responses to and interpretations of ambiguous stimuli.

Prolonged imaginal exposure A behavioral intervention in which clients suffering from posttraumatic stress disorder are encouraged to describe the traumatizing experience(s) in detail.

Prospective Research based on data that is collected as the events being studied are occurring, rather than recalling them retrospectively.

Psilocybin The active ingredient found in mushrooms with hallucinogenic properties.

Psychodynamic The theoretical perspective that began with Freud's work and is associated with emphasis on unconscious mental processes, emotional conflict, and the influence of childhood on adult life.

Psychoneuroimmunology A field that investigates the interaction between emotional phenomena and immune system functioning.

Psychophysiological disorders Medical illnesses caused or exacerbated by stress.

Psychophysiology The study of physical disorders caused or exacerbated by stress or emotional factors.

Psychosis A state of being profoundly out of touch with reality.

Psychosocial dwarfism A rare disorder in which the physical growth of children deprived of emotional care is stunted.

Psychotic A state of being profoundly out of touch with reality.

Psychotropic Medications designed to affect mental functioning.

Punishment In operant conditioning theory, any environmental response to a behavior that decreases the probability that the behavior will be repeated.

Purging type bulimia Bulimia in which the individual tries to avoid weight gain from binges by physically removing ingested food from her body, usually through vomiting or the use of laxatives.

R

Reaction formation A defense mechanism in which an unwanted impulse or emotion is turned into its opposite.

Recall bias Bias based on distortion in memories for past events.

Receptors The areas of a neuron that receive neurotransmitters from adjacent neurons.

Reductionism Explaining a disorder or other complex phenomenon using only a single idea or perspective.

Regression A defense mechanism that involves a return to childlike behavior in order to avoid anxieties associated with progressive development.

Reinforcement In operant conditioning theory, any environmental response to a behavior that increases the probability that the behavior will be repeated.

Relaxation training Technique for teaching people to calm themselves by regulating their breathing and attending to bodily sensations.

Reliability The consistency of a test or category system or the raters using them.

Repression A defense mechanism consisting of the forgetting of painful or unacceptable mental content.

Repressive coping A coping style characterized by general suppression of negative emotions.

Residual phase The third stage of schizophrenia, in which the individual is no longer psychotic but still shows signs of the disorder.

Residual schizophrenia Subtype in which clients have clearly met the criteria for schizophrenia in the past, and there is ongoing evidence of the disorder but without current psychotic symptoms.

Restricting type anorexia Anorexia in which the individual loses weight by severely restricting food intake.

Retrograde amnesia The inability to recall events that occurred before a trauma.

Retrospective Research based on participants' recall of information about events that occurred in the past.

Rett's disorder A pervasive developmental disorder that occurs only in girls and begins after a period of apparently normal development.

Reverse anorexia A condition, usually affecting men, that involves excessive worry that muscles are too small and underdeveloped.

Rorschach test A projective test in which clients' responses to inkblots are interpreted and scored.

Rumination bias Bias based on the fact that thinking about past events enhances the memory of such events.

S

Savant Someone possessing an exceptional or unusual intellectual skill in one area.

Schema-focused cognitive therapy Therapy for dissociative disorders that focuses on changing cognitive schemas that are based on traumatic childhood experiences.

Schizoaffective disorder DSM-IV-TR diagnosis involving symptoms of both a mood disorder and schizophrenia.

Schizoid personality disorder Personality traits involving detachment from social relationships and a restricted range of emotional expression.

Schizophrenia A disorder marked by psychosis and a decline in adaptive functioning.

Schizophrenic spectrum A group of related and overlapping disorders that may have a common etiological basis.

Schizophreniform disorder DSM-IV-TR diagnosis involving a psychotic episode that has all the features of schizophrenia but has not lasted six months.

Schizotaxia A latent vulnerability for developing schizophrenia that may or may not progress into full-blown schizophrenia.

Schizotypal personality disorder Personality traits involving eccentricities of behavior, cognitive or perceptual distortions, and acute discomfort in close relationships.

Secondary gain The desired attention and concern from others that results from the "sick" role.

Secondary prevention Intervention that aims to identify problems when they are minor and to keep them from getting worse.

Secondary process thought Logical, reality-oriented thinking.

Sedatives Substances used to promote relaxation.

Selection bias Bias based on researching non-representative samples, such as when studies only investigate research subjects who already have the disorder in question and do not investigate a comparison group without the disorder.

Selective amnesia Loss of memory for some, but not all, of the events from a specific period of time.

Selective serotonin reuptake inhibitors (SSRIs) A "second generation" class of antidepressant medications that block the reuptake of serotonin from the synapse; used in the treatment of depression and other disorders.

Self-actualization In humanistic theory, the pursuit of one's true self and needs.

Self-hypnosis The ability to put oneself in a trance state; may contribute to dissociative disorders according to some experts.

Self-medication The abuse of substances to compensate for deficiencies in neurochemistry or to soothe unpleasant emotional states.

Separation anxiety disorder Excessive anxiety concerning separation from home or attachment figures, usually parents.

Serotonin A neurotransmitter associated with depression, anxiety, and schizophrenia.

Sex change (sex reassignment) A treatment for gender identity disorder in which the client's body is altered through various means to conform with his or her gender identity.

Sexual aversion Persistent extreme aversion to, and avoidance of, genital sexual contact with a sexual partner, causing distress or interpersonal difficulty.

Sexual dysfunctions DSM-IV TR disorders involving persistent problems with sexual interest, sexual response, or orgasm.

Sexual masochism Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of being humiliated, beaten, bound, or otherwise made to suffer.

Sexual sadism Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts in which a victim's psychological or physical suffering is sexually exciting.

Shaken baby syndrome Severe bruising of the brain and heavy bleeding within the skull that can result when an infant is shaken violently.

Shaping Operant-conditioning term referring to a behavioral intervention in which successive approximations of a desired behavior are rewarded until the target behavior is achieved.

Shared delusional disorder or **folie à deux** DSM-IV-TR diagnosis involving delusions that develop in the context of a close relationship with a psychotic person.

Sheltered workshops Supervised work settings for people suffering from mental retardation or other impairments.

Shenjing shuairuo An anxiety syndrome recognized in China including symptoms of physical or mental exhaustion, difficulty sleeping and concentrating, physical pains, dizziness, headaches, and memory loss.

Single-case design Studies that evaluate individual treatments but utilize standardized research measures.

Social phobia A phobia in which fears are focused on social situations or other activities where there is a possibility of being observed and judged.

Social Readjustment Rating Scale A scale used to rate stress by quantifying the amount of adaptation required by a variety of life events.

Social skills training The use of operant conditioning techniques and modeling in order to improve social skills.

Sociocognitive model A theory of dissociative identity disorder that argues that it is iatrogenic and/or the disorder results from socially reinforced multiple role enactments.

Sociocultural The theoretical perspective that focuses on the influence of large social and cultural forces on individual functioning.

Somatic nervous system Connects the central nervous system with the sensory organs and skeletal muscles.

Somatization disorder Recurrent pain, gastrointestinal, sexual, and pseudoneurological symptoms without a physiological cause.

Somatoform disorders Disorders in which physical symptoms are caused by psychological factors.

Special education Classes tailored to people with learning impairments or mental retardation.

Specific phobia Any phobia that is not a social phobia or agoraphobia.

Splitting A defense mechanism in which one views oneself or others as all-good or all-bad in order to ward off conflicted or ambivalent feelings.

SSRI antidepressants Medications that block the reuptake of serotonin from the synapse; used in the treatment of depression and other disorders.

SSRIs (selective serotonin reuptake inhibitors) A "second-generation" class of antidepressant medications that block the reuptake of serotonin from the synapse; used in the treatment of depression and other disorders.

Stanford-Binet The first widely used intelligence test.

State anxiety An individual's level of anxiety at a specific time.

Stimulants Substances that increase CNS functions.

Stressors Stressful events, ranging from minor annoyances to traumatic experiences.

Structural model Freud's final model of the mind, divided into the id, the ego, and the superego.

Subclinical The presence of symptoms at levels below the full diagnostic criteria for a disorder.

Substance abuse The DSM-IV-TR diagnosis for substance use that has negative consequences.

Substance dependence The DSM-IV-TR diagnosis for substance use that is compulsive, out of control, and has negative consequences, including physical dependence on the substance.

Substance withdrawal Physical or psychological symptoms that occur when substance use is decreased or stopped.

Substitution (or maintenance) therapy The practice of providing opioid addicts with a substitute opioid in a safe, medically monitored setting.

Suggestion The physical and psychological effects of mental states such as belief, confidence, submission to authority, and hope.

Superego In Freud's structural theory, the part of the mind that contains moral judgments and evaluates the self.

Sympathetic nervous system The part of the autonomic nervous system that activates the body's response to emergency and arousal situations.

Symptom and personality questionnaires Tests designed to measure symptoms or personality traits based on clients' responses to structured questions.

Symptom disorders Disorders characterized by the unpleasant and unwanted forms of distress and/or impairment.

Synapse Point of connection between neurons.

Synaptic cleft The tiny gap between one neuron and the next at a synapse.

Synergistic The multiplication of effects when two or more drugs of the same class are taken together.

Systematic desensitization Intervention involving gradually increased exposure to a conditioned stimulus (such as a feared object) while practicing relaxation techniques.

Systematized amnesia The loss of memory for a certain category of information.

T

Taijin kyofusho An anxiety disorder recognized in Japan characterized by worry that one's body or aspects of one's body will be displeasing or offensive to others.

Tay-Sachs disease A genetic disorder that leads to the progressive deterioration of the nervous system and usually results in childhood death.

Temperament Innate behavioral tendencies.

Temporal contiguity Two events occurring closely together in time.

Tension reduction A behavioral explanation of substance misuse based on the ability of drugs to relieve distress (negative reinforcement).

Tertiary prevention Intervention that aims to prevent significant problems from continuing and worsening.

Test-retest reliability Consistency or agreement between multiple administrations of the same test.

Thalamus A subcortical brain structure involved in routing and filtering sensory input.

Thematic Apperception Test (TAT) A projective test in which clients are asked to make up stories about pictures of people in ambiguous situations.

Therapeutic alliance A positive, collaborative partnership between client and therapist.

Thought blocking Inability to talk despite trying to do so.

Token economy The systematic use of coinlike tokens as rewards in an operant conditioning treatment program.

Tolerance The body's adaptation to a substance as indicated by the need for increased amounts of the substance to achieve the desired effect or obtaining less effect in response to using the same amount over time.

Topographic theory Freud's first model of the mind, divided into the unconscious, conscious, and preconscious parts.

Trait anxiety An individual's tendency to respond to a variety of situations with more or less anxiety.

Transvestic fetishism (transvestism) Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing in a heterosexual male.

Trauma An emotionally overwhelming experience in which there is a real or perceived possibility of death or serious injury to oneself or a loved one.

Tricyclic antidepressants A "first generation" class of antidepressant medications which increases the availability of both serotonin and norepinephrine.

Trisomy 21 The phenomenon of having three, not two, twenty-first chromosomes, causing Down syndrome.

Turning passive into active (identification with the aggressor) A defense mechanism involving doing unto others what was done to oneself.

Twelve-step method A popular self-help approach to substance misuse problems based on the twelve-step recovery process of Alcoholics Anonymous.

Twin studies Studies which compare concordance rates for identical and nonidentical twins for a given disorder.

U

Unconditional positive regard In humanistic theory, the provision of unconditional love, empathy, and acceptance in relationships.

Unconditioned response The natural reflex response elicited by an unconditioned stimulus.

Unconditioned stimulus A stimulus that automatically elicits a response through a natural reflex.

Unconscious Descriptively, mental contents that are outside of awareness; also, the irrational, instinctual part of the mind in Freud's topographic theory.

Uncontrolled clinical reports Descriptive case studies of individual treatments.

Undifferentiated schizophrenia Subtype in which clients clearly meet the general criteria for schizophrenia, yet do not fit into any of the other three subtypes.

Undoing A defense mechanism in which one action or thought is used to "cancel out" another action or thought.

Unipolar disorders Mood disorders in which an individual experiences only abnormally low moods.

V

Vaginismus Persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse, causing distress or interpersonal difficulty.

Validity The accuracy of a test or category system or the raters using them.

Viral challenge studies Studies in which research participants are deliberately exposed to an infectious agent in order to assess their immune system response.

Voyeurism Recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.

W

Waxy flexibility Catatonic symptom in which clients' limbs, often held in rigid posture for hours, can be bent and reshaped as though made of wax.

Wechsler Adult Intelligence Test (WAIS) Currently, the most widely used intelligence test.

Withdrawal A defense mechanism in which an individual retreats from emotional engagement with others.

Word salad A seemingly random collection of disorganized words.

REFERENCES

A

Abend, S. M. (1996). Psychoanalytic psychotherapy. In C. Lindemann (Ed.), *Handbook of the treatment of anxiety disorders* (pp. 401–410). Northvale, NJ: Jason Aronson, Inc.

Abi-Dargham, A. (2004). Do we still believe in the dopamine hypothesis? New data bring new evidence. *The International Journal of Neuropsychopharmacology, 7*. (Suppl. 1): 51–55.

Abi-Dargham, A., Gil, R., Krystal, J., Balwin, R. M., et al. (1998). Increased striatal dopamine transmission in schizophrenia: Confirmation in a second cohort. *American Journal of Psychiatry, 155,* 761–767.

Abraham, K. (1960). Notes on the psychoanalytic treatment of manic depressive insanity and allied conditions. In K. Abraham, *Selected papers on psychoanalysis.* New York: Basic Books. (Original work published 1911)

Abrams, R. D., & Finesinger, J. E. (1953). Guilt reactions in patients with cancer. *Cancer, 6,* 474–482.

Abramson, L. Y., Bardone-Cone, A. M., Vohs, K. D., Joiner, T. E., & Heatherton, T. F. (2006). Cognitive vulnerability to bulimia. In L. B. Alloy & J. H. Riskind (Eds.), *Cognitive Vulnerability to Emotional Disorders* (pp. 329–364). Mahwah, NJ: Lawrence Erlbaum Associates.

Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review, 96,* 358–372.

Achenbach, T. M. (1982). *Developmental psychopathology.* New York: John Wiley & Sons.

Achenbach, T. M. (1985). *Assessment and taxonomy of child and adolescent psychopathology.* Beverly Hills, CA: Sage Publications.

Achenbach, T. M. (1993). *Empirically based taxonomy: How to use syndromes and profile types derived from the CBCL/4–18, TRF, and YSR.* Burlington: University of Vermont, Department of Psychiatry.

Achenbach, T. M., & Edelbrock, C. (1986). *Manual for the Teacher's Report Form and Teacher Version of the Child Behavior Profile.* Burlington: University of Vermont, Department of Psychiatry.

Achenbach, T. M., & Rescorla, L. A. (2004). The Achenbach System of Empirically Based Assessment (ASEBA) for ages 1.5 to 18 years. In M. E. Maruish (Ed.), *The Use of Psychological Testing for Treatment and Outcomes Assessment: Volume 2: Instruments for Children and Adolescents* (3rd ed., pp. 179–213). Mahwah, NJ: Lawrence Erlbaum.

Ackerman, B. P., Izard, C. E., Schoff, K., Youngstrom, E. A., et al. (1999). Contextual risk, caregiver emotionality, and the problem behaviors of six- and seven-year-old children from economically disadvantaged families. *Source Child Development, 70*(6), 1415–1427.

Adalbjarnardottir, S., & Rafnsson, F. D. (2001). Perceived control in adolescent substance use: Concurrent and longitudinal analyses. *Psychology of Addictive Behaviors, 15*(1), 25–32.

Addington, D., & Addington, O. (2000). Neurocognitive and social functioning in schizophrenia. *Schizophrenia Research, 44,* 47–56.

Adler, D., Drake, R., & Teague, G. (1990). Clinicians' practices in personality assessment: Does gender influence the use of DSM-III Axis II? *Comprehensive Psychiatry, 31,* 125–133.

Adli, M., et al. (2006). Algorithms and collaborative care systems for depression: Are they effective and why? A systematic review. *Biological Psychiatry, 59*(11), 1029–1038.

Agras, W. S., Walsh, T., Fairburn, C. G., Wilson, G. T., et al. (2000). A multicenter comparison of cognitive-behavioral therapy and interpersonal psychotherapy for bulimia nervosa. *Archives of General Psychiatry, 57,* 459–466.

Aguayo, J. (2000). Patronage in the dispute over child analysis between Melanie Klein and Anna Freud—1927–1932. *International Journal of Psychoanalysis, 81*(4), 733–752.

Aguilar, B., Sroufe, L. A., Egeland, B., & Carlson, E. (2000). Distinguishing the early-onset/persistent and adolescence-onset antisocial behavior types: From birth to 16 years. *Development and Psychopathology, 12*(2), 109–132.

Aiken, L. R. (1987). *Assessment of intellectual functioning.* Boston: Allyn & Bacon.

Aiken, L. R. (1999). *Personality assessment methods and practice* (3rd rev. ed.). Seattle, WA: Hogrefe & Huber Publishers.

Akhtar, S. (1988). Four culture-bound psychiatric syndromes in India. *International Journal of Social Psychiatry, 34,* 70–74.

Akhtar, S. (1992). *Broken structures: Severe personality disorders and their treatment.* Northvale, NJ: Jason Aronson.

Akhtar, S., Wig, N. N., Varma, V. K., Pershad, D., et al. (1975). A phenomenological analysis of symptoms in obsessive-compulsive neurosis. *British Journal of Psychiatry, 127,* 342–348.

Akiskal, K. K., & Akiskal, S. (2005). The theoretical underpinnings of affective temperaments: Implications for evolutionary foundations of bipolar disorder and human nature. *Journal of Affective Disorders, 85*(1–2), 231–239.

Alao, A. O., & Moskowitz, L. (2006). Aripiprazole and delirium. *Annals of Clinical Psychiatry, 18*(4), 267–269.

Alarcon, R. D., & Foulks, E. F. (1995). Personality disorders and culture: Contemporary clinical views (Part A). *Cultural Diversity & Mental Health, 1*(1) 3–17.

Alarcon, R., Foulks, E., & Vakkur, M. (1998). *Personality disorders and culture: Clinical and conceptual interactions.* New York: John Wiley & Sons.

Albano, A. M., Chorpita, B. F., & Barlow, D. H. (1996). Childhood anxiety disorders. In E. J. Mash & R. A. Barkley (Eds.), *Child psychopathology.* New York: Guilford Press.

Albano, A. M., Chorpita, B. F., & Barlow, D. H. (2003). Childhood anxiety disorders. In E. J. Mash & R. A. Barkley (Eds.), *Child psychopathology* (pp. 279–329). New York: Guilford Press.

Alcabes, P., Beniowski, M., & Grund, J-P. C. (1999). Needle and syringe exchange in Poland and the former Soviet Union: A new ap-

proach to community-impact studies. *Journal of Drug Issues, 29*(4), 861–660.

Alden, L. E., & Wallace, S. T. (1995). Social phobia and social appraisal in successful and unsuccessful social interactions. *Behavior Research Therapy, 33*(5), 497–505.

Alexander, J. L., Kotz, K., Dennerstein, L., Kutner, S. J., Wallen, K., & Notelovitz, M. (2004). The effects of postmenopausal hormone therapies on female sexual functioning: A review of double-blind, randomized controlled trials. *Journal of the North American Menopause Society, 11*, 749–765.

Alexander, M., & Waxman, D. (2000). Cinemedication: Teaching family systems through the movies. *Family Systems & Health, 18*(4), 455–466.

Alison, L., Santtila, P., & Sandnabba, N. (2001). Sadomasochistically oriented behavior: Diversity in practice and meaning. *Archives of Sexual Behavior: Special Issue, 30*(1), 1–12.

Allebeck, P., & Wistedt, B. (1986). Mortality in schizophrenia. *Archives of General Psychiatry, 43*(7), 650–653.

Allen, A., & Hollander, E. (2005). Diagnosis and treatment of obsessive-compulsive disorder. *Primary Psychiatry, 12*(12), 34–42.

Allen, D., Seaton, B., Goldstein, G., Sanders, R., et al. (2000). Neuroanatomic differences among cognitive and symptom subtypes of schizophrenia. *Journal of Nervous & Mental Diseases, 188*(6), 381–384.

Allen, J. G. (2001). *Traumatic relationships and serious mental disorders.* New York: John Wiley & Sons.

Allen, J. P., Philliber, S., Herrling, S., & Kupermin, G. P. (1997). Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally based approach. *Child Development, 64,* 729–742.

Allen, L., Woolfolk, R., Escobar, J., Gara, M., et al. (2006). Cognitive-behavioral therapy for somatization disorder: A randomized controlled trial. *Archives of Internal Medicine, 166*(14), 1512–1518.

Allison, J., Blatt, S., & Zimet, C. N. (1968). *The interpretation of psychological tests.* Washington, DC: Hemisphere Publishing/Harper & Row.

Alloy, L. B., Abramson, L. Y., & Francis, E. L. (1999). Do negative cognitive styles confer vulnerability to depression? *Current Directions in Psychological Science, 8,* 128–132.

Almeida, O. P. (2004). Bipolar disorder with late onset: An organic variety of mood disorder? *Rev Bras Psiquiatr, 26*, 27–30.

Alpert, M., Rosenberg, S. D., Pouget, E. R., & Shaw, R. J. (2000). Prosody and lexical accuracy in flat affect schizophrenia. *Psychiatry Research (Special Issue), 97*(2–3), 107–118.

Althof, S. E. (2000). Erectile dysfunction: Psychotherapy with men and couples. In S. Leiblum & C. Raymond (Eds.), *Principles and practice of sex therapy* (pp. 242–275). New York: Guilford Press.

Ambrose, M. L., Bowden, S. C., & Whelan, G. (2001). Thiamin treatment and working memory function of alcohol-dependent people: Preliminary findings. *Alcoholism: Clinical & Experimental Research, 25,* 112–116.

Amen, D. G., & Carmichael, D. (1997). High-resolution brain SPECT imaging in ADHD. *Annals of Clinical Psychiatry: Official Journal of the American Academy of Clinical Psychiatrists, 9*(2), 81–86.

American Medical Association. (1992). *Diagnostic treatment guidelines on domestic violence.* Washingtono, DC: Author.

American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders.* Washington, DC: Author.

American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: Author.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders, third edition.* Washington, DC: Author.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders, fourth edition.* Washington DC: Author.

American Psychiatric Association. (1996). *APA panel addresses controversy over adult memories of childhood sexual abuse.* Washington, DC: Author.

American Psychiatric Association (1999). *Journal of Abnormal Psychology, 108*(3). Washington, DC: American Psychological Association.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (DSM-IV-TR) (4th ed.–text revision). Washington, DC: Author.

American Psychiatric Association. (2000). Practice guidelines for the treatment of patients with eating disorders [revised]. *American Journal of Psychiatry, 157* (suppl.), 1–39.

Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L., et al. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*(5), 862–878.

an der Heiden, W., & Hafner, H. (2000). The epidemiology of onset and course of schizophrenia. *European Archives of Psychiatry & Clinical Neuroscience, 250*(6), 292–303.

Anand, A., & Charney, D. S. (2000). Abnormalities in catecholamines and pathophysiology of biopolar disorder. In J. C. Soares & S. Gershon (Eds.), *Bipolar disorders: Basic mechanisms and therapeutic implications* (pp. 59–94). New York: Marcel Dekker.

Anand, A. S., & Cochrane, R. (2005). The mental health status of South Asian women in Britain: A review of the UK literature. *Psychology and Developing Societies, 17*(2), 195–214.

Anderluh, M. B., Tchanturia, K., Rabe-Hesketh, S., & Treasure, J. (2003). Childhood obsessive-compulsive personality traits in adult women with eating disorders: Defining a broader eating disorder phenotype. *The American Journal of Psychiatry, 160*(2), 242–247.

Andersen, A. (1995). Eating disorders in males. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Andersen, A. E., Bowers, W. A., & Watson, T. (2001). A slimming program for eating disorders not otherwise specified: Reconceptualizing a confusing, residual diagnostic category. *Psychiatric Clinics of North America, 24,* 271–291.

Andersen, R. E., Barlett, S. J., Morgan, G. D., & Brownell, K. D. (1995). Weight loss, pscyhological, and nutritional patterns in competitive male body builders. *International Journal of Eating Disorders, 18,* 49–57.

Anderson, B. L., Golden-Kreutz, D. M., & DiLillo, V. (2001). Cancer. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 709–725). Mahwah, NJ: Lawrence Erlbaum.

Anderson, G. K., & Hoshino, Y. (1997). Neurochemical studies of autism. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of autism and pervasive developmental disorders.* New York: John Wiley & Sons.

Anderson, G. M., & Hoshino, Y. (2005). Neurochemical studies in autism. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders, Volume 1*, (3rd ed., pp. 453–472). Hoboken, NJ: John Wiley & Sons.

Anderson, S., & Berridge, V. (2000). Opium in 20th-century Britain: Pharmacists, regulation and the people. *Addiction, 95*(1), 23–36. England: Carfax Publishing Limited.

Anderson-Fye, E. P., & Becker, A. E. (2004). Sociocultural aspects of eating disorders. In J. K. Thompson (Ed.), *Handbook of Eating Disorders and Obesity* (pp. 565–589). Hoboken, NJ: John Wiley & Sons.

Andreasen, N. C. (1999). A unitary model of schizophrenia: Bleuler's "fragmented phrene" as schizencephaly. *Archives of General Psychiatry, 56*(9), 781–787.

Andreasen, N. C. (2004). *Brave New Brain: Conquering Mental Illness in the Era of the Genome.* New York: Oxford University Press.

Andreasen, N. C., O'Leary, D. S., Flaum, M., Nopoulos, P., et al. (1997). "Hypofrontality" in schizophrenia: Distributed dysfunctional circuits in neuroleptic naïve patients. *Lancet* 349, p. 173.

Andreasen, N. C., Rezai, K., Alliger, R., Swayze, V. W., et al. (1992). Hypofrontality in neuroleptic-naïve patients and in patients with chronic schizophrenia: Assessment with xenon 133 single-photon emission computed tomography and the Tower of London. *Archives of General Psychiatry, 49*(12), 943–958.

Andreason, N. (1984). *The broken brain.* New York: Harper & Row.

Andreason, N. C., Swazye, V., O'Leary, D. S., Nopoulos, P., et al. (1995). Abnormalities in midline attentional circuitry in schizophrenia: Evidence from magnetic resonance and positron emission tomography. *European Neuropsychopharmacology, 5*, S37–S41.

Andrews, G., Stewart, G., Allen, R., & Henderson, A. S. (1990). The genetics of six neurotic disorders: A twin study. *Journal of Affective Disorders, 19,* 23–29.

Aneshensel, C. S., & Sucoff, C. A. (1996). The neighborhood context of adolescent mental health. *Journal of Health & Social Behavior, 37*(4), 293–310.

Angold, A., Erkanli, A., Silberg, J., Eaves, L., et al. (2002). Depression scale scores in 8-17-year-olds: Effects of age and gender. *Journal of Child Psychology and Psychiatry, 43,* 1052.

Anonymous (1986). "Can we talk?": The schizophrenic patient in psychotherapy. *American Journal of Psychiatry, 143,* 68–70.

Anthony, J., & Arria, A. (1999). Epidemiology of substance abuse in adulthood. In P. Ott, R. Tarter, & R. Ammerman (Eds.), *Sourcebook on substance abuse* (pp. 32–49). Boston: Allyn & Bacon.

Anton, R., Brady, K., & Moak, D. (1999). Pharmacotherapy in P. Ott, R. Tarter, & R. Ammerman (Eds.), *Sourcebook on substance abuse: Etiology; epidemiology, assessment, and treatment* (pp. 303–314). Boston: Allyn & Bacon.

Anton, R., O'Malley, S., Ciraulo, D., Cisler, R., Couper, D., et al. (2006). Combined pharmacotherapy and behavioral interventions for alcohol dependence. *Journal of the American Medical Association, 295*(17), 2003–2017.

Antoni, M. H., Cruess, D. G., Cruess, S., Lutgendorf, S., et al. (2000). Cognitive-behavioral stress management intervention effects of anxiety, 24-hr urinary norepinephrine output, and T-cytotoxic/suppressor cells over time among symptomatic HIV-infected gay men. *Journal of Counsulting and Clinical Psychology, 68*(1).

Aouizerate, B. et al. (2005). Deep brain stimulation for OCD and Major Depression. *American Journal of Psychiatry, 162*(11), 2192.

APA, (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*(12), 1060–1073.

Arbona, C. B., Osma, J., Garcia-Palacios, A., Quero, S., et al. (2004). Treatment of flying phobia using virtual reality: Data from a 1-year follow-up using a multiple baseline design. *Clinical Psychology & Psychotherapy, 11*(5), 311–323.

Arjonilla, S., Pelcastre, B., & Orozco, E. (2000). [Social representation of tobacco consumption in a health institution]. *Salud Mental, 23*(3), 2–12.

Aron, L. (1996). *A meeting of minds.* Hillsdale, NJ: Analytic Press.

Aronow, E., Reznikoff, M., & Rauchway, A. (1979). Some old and new directions in Rorschach testing. *Journal of Personality Assessment, 43,* 227–234.

Aronson, T. A. (1985). Historical perspectives on the borderline concept: A review and critique. *Psychiatry, 48,* 209–222.

Arrington, R. (1979). Practical reason, responsibility and the psychopath. *Journal for the Theory of Social Behavior, 9*(1), 71–89.

Asher, R. (1951). Munchausen's syndrome. *Lancet, 1,* 339–341.

Aslan, G., Aslan, D., Kizlyar, A., Ispahi, C., & Esen, A. (2005). A prospective analysis of sexual functions during pregnancy. *International Journal of Impotence Research, 17*, 154–157.

Athanasiadis, L. (1997). Greek mythology and medical and psychiatric terminology. *Psychiatric Bulletin, 21*(12), 781–782.

Athanasiadis, L. (1998). Premature ejaculation: Is it a biogenic or a psychogenic disorder? *Sexual and Marital Therapy (Special Issue: Integrated Interventions: Physical and Psychological Treatments), 13*(3), 241–255.

Atre-Vaidya, N., & Taylor, M. A. (1997). Differences in the prevalence of psychosensory features among schizophrenic, schizoaffective, and manic patients. *Comprehensive Psychiatry, 8*(2), 88–92.

Attie, I., & Brooks-Gunn, J. (1989). The development of eating problems in adolescent girls: A longitudinal study. *Developmental Psychology, 25,* 70–79.

Attkinson, C. C., Waidler, V. J., Jeffrey, P. M., & Lambert, E. W. (1974). Interrater reliability of the Handler Draw-a-Person scoring. *Perceptual & Motor Skills, 38*(2), 567–573.

Axelrod, S., & Apsche, J. (Eds.). (1983). *The effects of punishment on human behavior.* New York: Academic Press.

Azima, F. J. C. (1993). Group psychotherapy with personality disorders. In H. I. Kaplan & B. J. Sadock (Eds.), *Comprehensive group psychotherapy* (3rd ed.). Baltimore: Williams & Wilkins.

B

Bach, P. et al. 2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 70,* 1129–1139.

Baer, D. M., & Pinkston, E. M. (Eds.). (1997). *Environment and behavior.* Boulder, CO: Westview Press.

Bahramali, H., Gordon, E., Li, W. M., Rennie, C., et al. (1998). Fast and slow reaction times and associated ERPs in patients with schizophrenia and controls. *International Journal of Neuroscience, 95*(3–4), 155–165.

Bailey, A., Phillips, W., & Rutter, M. (1996). Autism: Toward an integration of clinical, genetic, neuropsychological, and neurobiological perspectives. *Journal of Child Psychology and Psychiatry, 37,* 89–126.

Bailer, U., Frank, G., Henry, S., Price, J., Meltzer, C., Weissfeld, L., et al. (2005). Altered brain serotonin 5-HT1A receptor binding after recovery from anorexia nervosa measured by positron emission tomography and [carbonyl11C]WAY-100635. *Archives of General Psychiatry, 62*(9), 1032–1041.

Baker, F. M., & Bell, C. C. (1999). Issues in the psychiatric treatment of African Americans. *Psychiatric Services, 50*(3), 362–368.

Baker, J. D., Capron, E. W., & Azorlosa, J. (1996). Family environment characteristics of persons with histrionic and dependent personality disorders. *Journal of Personality Disorders, 10*(1), 82–87.

Baldessarini, R., & Hennen, J. (2004). Genetics of suicide: An overview. *Harvard Review of Psychiatry, 12,* 1–13.

Ban, T. A., & Guy, W. (1985). Conditioning and learning in relation to disease. *Activitas Nervosa Superior, 27*(4), 236–245.

Banaschewski, T., Roessner, V., Dittmann, R., Santosh, P. J., et al. (2004). Non-stimulant medications in the treatment of ADHD. *European Child & Adolescent Psychiatry, 13 (Suppl. 1)*, I102–1116.

Bancroft, J., and Vukadinovic, Z. (2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model. *Journal of Sex Research, 41*, 225–234.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychology Review, 84*(2), 191–215.

Bandura, A. (1986). *Social Foundations of Thought and Action.* Engelwood Cliffs, NJ: Prentice Hall.

Bandura, A. (1999). Social cognitive theory of personality. In *Handbook of Personality: Theory and Research* (2nd ed., pp. 154–196). New York: Guilford Press.

Bandura, A., Ross, D., & Ross, S. A. (1963). Vicarious reinforcement and imitative learning. *Journal of Abnormal & Social Psychology, 67*(6), 601–607.

Bane, F. (1951). The governors' study on mental hospitals. *Mental Hygiene, 35,* 10–13.

Banhson, C. B., & Smith, K. (1975). Autonomic changes in a multiple personality patient. *Psychosomatic Medicine, 37,* 85–86.

Barber, J. G., & Gilbertson, R. (1999). The drinker's children. *Substance Use & Misuse, 34*(3), 383–402.

Barber, J. P., Morse, J. Q., Krakauer, I., Chittams, J., et al. (1997). Change in obsessive-compulsive and avoidant personality disorders following time-limited supportive-expressive therapy. *Psychotherapy, 34,* 133–143.

Barber, J., Luborsky, L., Gallop, R., Crits-Christoph, P., et al. (2001). Therapeutic alliance as a predictor of outcome and retention in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *Journal of Consulting & Clinical Psychology (Special Issue), 69*(1), 119–124.

Barch, D. M., (2005). The relationships among cognition, motivation, and emotion in schizophrenia: How much and how little we know. *Schizophrenia Bulletin, 31*(4): 875–881.

Bard, R. A. (1996, June). Charlotte Perkins Gilman: A psychobiography. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 56*(12-B), University Microfilms International; Barger, S. D., & Sydeman, J. (2005). Does generalized anxiety disorder predict coronary heart disease risk factors independently of major depressive disorder? *Journal of Affective Disorders, 88*(1), 87–91.

Barger, S. D., Marsland, A. L., Bachen, E. A., & Manuck, S. B. (2000). Repressive coping and blood measures of disease risk: Lipids and endocrine and immunological responses to a laboratory stressor. *Journal of Applied Social Psychology, 30,* 1619–1638.

Bark, N. M. (1988). On the history of schizophrenia: Evidence of its existence before 1800. *New York State Journal of Medicine, 88*(7), 374–383.

Barker, C., Pistrang, N., & Elliott, R. (1994). *Research methods in clinical and counseling psychology.* Chichester, England: John Wiley & Sons.

Barkley, R. A. (1997). *Manual to accompany the workshop on Attention-Deficit/Hyperactivity Disorder.* Worcester, MA: Author.

Barkley, R. A. (1998). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment.* New York: Guilford Press.

Barkley, R. A. (2000). *Taking Charge of ADHD: The Complete Authoritative Guide for Parents.* New York: Guilford Press.

Barlow, D. H., & Cerny, J. A. (1988). *Psychological treatment of panic.* New York: Guilford Press.

Barlow, D. H., Gonnan, J. M., Shear, M. K., & Woods, S. W. (2000). Cognitive-behavioral therapy, imipramine, or their combination for panic disorder: A randomized controlled trial. *JAMA: Journal of the American Medical Association, 283*(19), 2529–2536.

Barlow, D. H., Raffa, S. D., & Cohen, E. M. (2002). Psychosocial treatments for panic disorders, phobias, and generalized anxiety disorder. In P. E. Nathan & J. M. Gorman, (Eds.), *A guide to treatments that work* (2nd ed., pp. 301–335). New York: Oxford University Press.

Barnes, R. C. (2000). Viktor Frankl's logotherapy: Spirituality and meaning in the new millennium. *Texas Counseling Association Journal: Special Issue: Counseling theory, 28*(1), 24–31.

Baron, M., Risch, N., & Mendlewicz, J. (1982). Age at onset in bipolar-related major affective illness: Clinical and genetic implications. *Journal of Psychiatric Research, 17,* 5–18.

Barron, J. W. (1998). *Making diagnosis meaningful: Enhancing evaluation and treatment of psychological disorders.* Washington, DC: American Psychological Association.

Barrowclough, C., & Tarrier, N. (1998). Social functioning and family interventions. In *Handbook of social functioning in schizophrenia* (pp. 327–341). Needham Heights, MA: Allyn & Bacon.

Barry, C. L., Frank, R. G., & McGuire, T. G. (2006). The Costs of Mental Health Parity: Still an Impediment? *Health Affairs, 25,* 623–634.

Barsky, A. J. (2001). Somatosensory amplification and hypochondriasis. In V. Starcevic & D. R. Lipsitt (Eds.), *Hypochondriasis: Modern perspectives on an ancient malady* (pp. 223–248). Oxford: Oxford University Press.

Barsky, A. J., & Ahern, K. (2004). Cognitive behavior therapy for hypochondriasis: A randomized controlled trial. *JAMA 291*(12), 1464–1470.

Bartholomew, K., Kwong, M. J., & Hart, S. D. (2001). Attachment, In J. W. Livesley (Ed.), *Handbook of Personality Disorders: Theory, Research, and Treatment* (pp. 196–230). New York: Guilford Press.

Barto, P. E., Pearlson, G. D., Brill, L. B., II, Royall, R., et al. (1997). Planum temporale asymmetry reversal in schizophrenia: Replication and relationship to gray matter abnormalities. *American Journal of Psychiatry, 154*(5), 661–667.

Basco, M. R., & Rush, A. J. (1996). *Cognitive-behavioral therapy for bipolar disorder.* New York: Guilford Press.

Basco, M. R., & Thase, M. E. (1998). Cognitive-behavioral treatment of bipolar disorder. In V. E. Caballo (Ed.), *International handbook of cognitive and behavioural treatments for psychological disorders* (pp. 521–550). Oxford, England: Elsevier Science.

Bassarath, L. (2001). Conduct disorder: A biopsychosocial review. *Canadian Journal of Psychiatry, 46*(7), 609–616.

Basson, R., Leiblum, S., Brotto, L., Derogatis, L., Fourcroy, J., Fugl-Meyer, K., Graziottin, A., Heiman, J. R., Laan, E., Meston, C., Schover, L., van Lankveld, J., & Schultz, W. W. (2004). Revised definitions of women's sexual dysfunctions. *Journal of Sexual Medicine, 1*, 40.

Bateman, A. W., & Fonagy, P. (2000). Effectiveness of psychotherapeutic treatment of personality disorder. *British Journal of Psychiatry, 177*, 138–143.

Bateman, A., & Fonagy, P. (2001). Treatment of borderline personality disorder with psychoanalytically oriented partial hospitalization: An 18-month follow-up. *American Journal of Psychiatry, 158*(1), 36–42.

Bateson, G., Jackson, O., Haley, J., & Weakland, J. (1956). Towards a theory of schizophrenia. *Behavioral Science, 1,* 251.

Batzer, W., Ditzler, T., & Brown, C. (1999). LSD use and flashbacks in alcoholic patients. *Journal of Addictive Diseases, 18*(2), 57–63.

Bauer, K. (2000). The therapeutic role of regression: Comparing the perspectives of Michael Balint and Melanie Klein. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61*(3-B). University Microfilms International. Ann Arbor, MI 1624. AAI9965294.

Bauer, M. E., Vedhara, K., Perks, P., Wilcock, G. K., et al. (2000). Chronic stress in caregivers of dementia patients is associated with reduced lymphocyte sensitivity to glucocorticoids. *Journal of Neuroimmunology, 103,* 84–92.

Baumeister, R. (2000). Gender differences in erotic plasticity: The female sex drive as socially flexible and responsive. *Psychological Bulletin, 126*(3), 347–374.

Baumeister, R., Kathleen, R., & Vohs, K. (2001). Is there a gender difference in strength of sex drive? Theoretical views, conceptual distinctions, and a review of relevant evidence. *Personality & Social Psychology Review (Special Issue), 5*(3), 242–273.

Baxter, L., Schwartz, J., Bergman, K., Szuba, M., et al. (1992). Caudate glucose metabolic rate changes with both drug and behavior therapy for obsessive-compulsive disorder. *Archives of General Psychiatry, 49,* 681–689.

Bayer, R. (1981). *Homosexuality and American psychiatry: The politics of diagnosis.* New York: Basic Books.

Beauregard, M., Levesque, J., & Bourgouin, P. (2001). Neural correlates of conscious self-regulation of emotion. *Journal of Neuroscience, 21*(18), 6993–7000.

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

Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects.* New York: International Universities Press.

Beck, A. T. (1976). *Cognitive theory and emotional disorders.* New York: Harper & Row.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders.* New York: International University Press.

Beck, A. T. (1987). Cognitive models of depression. *Journal of Cognitive Psychotherapy: An International Quarterly, 1,* 5–37.

Beck, A. T. (1991). Cognitive therapy: A 30-year retrospective. *American Psychologist, 46*(4), 368–375.

Beck, A. T. (1996). *The Beck Depression Inventory.* New York: Harcourt.

Beck, A. T. (1997). *BDI-II, Beck Depression Inventory manual* (2nd ed.). New York: Harcourt.

Beck, A. T. (1997). Cognitive therapy: Reflections. In J. K. Zeig (Ed.), *The evolution of psychotherapy: The third conference.* New York: Brunner/Mazel.

Beck, A. T. (1999). *Prisoners of hate: The cognitive basis of anger, hostility, and violence.* New York: HarperCollins.

Beck, A. T., & Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. *Behaviour Research & Therapy, 35,* 49–58.

Beck, A. T., & Freeman, N. (1990). *Cognitive therapy of personality disorders.* New York: Guilford.

Beck, A. T., & Rector, N. A. (2000). Cognitive therapy of schizophrenia: A new therapy for the new millennium. *American Journal of Psychotherapy, 54*(3), 291–300.

Beck, A. T., Davis, D. D., & Freeman, A. (2004). *Cognitive Therapy of Personality Disorders.* New York Guilford Press.

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

Beck, A. T., Emery, G., & Greenberg, R. L. (2005). *Anxiety disorders and phobias: A cognitive perspective.* Cambridge, MA: Basic Books.

Beck, A. T., Freeman, A., & Davis, D. D. (2004). *Cognitive Therapy of Personality Disorders*, (2nd ed.). New York: Guilford Press.

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

Beck, A. T., Sokol, L., Clark, D. A., Berchick, R., et al. (1992). A crossover study of focused cognitive therapy for panic disorder. *American Journal of Psychiatry, 149,* 778–783.

Beck, A. T., Steer, R. A., & Epstein, N. (1992). Self-concept dimensions of clinically depressed and anxious outpatients. *Journal of Clinical Psychology, 48,* 423–432.

Beck, A. T., Ward, C. H., Mendelson, M., Mock, J. E., et al. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4,* 561–571.

Beck, A. T., Ward, C. H., Mendelson, M., Mock, J. E., et al. (1962). Reliability of psychiatric diagnosis. 2: A study of consistency of clinical judgments and ratings. *American Journal of Psychiatry, 119,* 351–357.

Beck, J. (1995). Hypoactive sexual desire disorder: An overview. *Journal of Consulting and Clinical Psychology, 63*(6), 919–927.

Becker, A. E., Burwell, R. A., Gilman, S. E., Herzog, D. B., et al. (2002). Eating behaviours and attitudes following prolonged ex-

posure to television among ethnic Fijian adolescent girls. *British Journal of Psychiatry, 180,* 509–514.

Begley, S. (1995). Promises, promises. *Newsweek,* 60–62.

Beier, M. T. (2007). Treatment strategies for the behavioral symptoms of Alzheimer's disease: Focus on early pharmacologic intervention. *Pharmacotherapy, 27*(3), 399–411.

Bell, C., Abrams, J., & Nutt, D. (2001).Tryptophan depletion and its implications for psychiatry. *The British journal of psychiatry: the journal of mental science, 178,* 399–40.

Bell, R., Sagare, A., Friedman, A., Bedi, G., Holtzman, D., Deane, R., et al. (2007). Transport pathways for clearance of human Alzheimer's amyloid beta-peptide and apolipoproteins E and J in the mouse central nervous system. *Journal of Cerebral Blood Flow and Metabolism, 27*(5), 909–918.

Bell-Dolan, D. J., Last, C. G., & Strauss, C. C. (1990). Symptoms of anxiety disorders in normal children. *Journal of the American Academy of Child & Adolescent Psychiatry, 29,* 759–765.

Belle, D., & Doucet, J. (2003). Poverty, inequality, and discrimination as sources of depression among U.S. women. *Psychology of Women Quarterly, 27,* 101–113.

Bellini, M., & Merli, M. (2004). Current drug treatment of patients with bulimia nervosa and binge-eating disorder: Selective serotonin reuptake inhibitors versus mood stabilizers. *International Journal of Psychiatry in Clinical Practice, 8*(4), 235–243.

Bellino, S., Patria, L., Paradiso, E., Di Lorenzo, R., Zanon, C., Zizza, M., et al. (2005). Major depression in patients with borderline personality disorder: A clinical investigation. *Canadian Journal of Psychiatry, 50*(4), 234–238.

Belmaker, R. (2004). Bipolar disorder. *New England Journal of Medicine, 351*(5), 476–486.

Belmonte, M., Allen, G., Beckel-Mitchener, A., Boulanger, L., et al. (2004). Autism and abnormal development of brain connectivity. *The Journal of Neuroscience: The Official Journal of the Society for Neuroscience, 24*(42), 9228–9231.

Benabarre, A., Vieta, E., Colom, F., Martinez, A., Reinares, M., & Gosto, C. (2001). Bipolar disorder, schizopaffective disorder, and schizophrenia: Epidemiologic, clinical, and prognostic differences. *European Psychiatry, 16*(3): 167–172.

Benes, F. M. (1998). Model generation and testing to probe neural circuitry in the cingulate cortex of postmortem schizophrenic brain. *Schizophrenia Bulletin, 24,* 219–230.

Benjamin, L. S, (1996). *Interpersonal diagnosis and treatment of personality disorders.* New York: Guilford Press.

Bennett, J. B., & Lehman, W. E. K. (2001). Workplace substance abuse prevention and help seeking. Comparing team-oriented and informational training. *Journal of Occupational Health Psychology: Special Issue, 6*(3), 243–254.

Bennett, M. B. (1987). Afro-American women, poverty and mental health: A social essay. *Women and Health, 12*(3–4), 213–228.

Benson, D., Gorman, D., Jeste, D., Galasko, D., et al. (2000). Psychosis. In B. Fogel, R. Schiffer, & S. Rao (Eds.), *Synopsis of neuropsychiatry.* Philadelphia: Lippincott Williams & Wilkins.

Bentall, R. P. (1990). *Reconstructing schizophrenia.* Florence, KY: Taylor & Francis/Routledge.

Benton, A. (1991). Prefrontal injury and behavior in children. *Developmental Neuropsychology, 7,* 275–282.

Benton, S. A., Benton, S. L., Newton, F. B., Benton, K. L., & Robertson, J. M. (2004). Changes in Client Problems: Contributions and Limitations from a 13-Year Study. *Professional Psychology: Research and Practice, 35*, 317–319.

Benton, S. A., Robertson, J. M., Tseng, W., Newton, F. B., & Benton, S. L. (2003). Changes in Counseling Center Client Problems across 13 Years. *Professional Psychology: Research and Practice, 34*, 66–72.

Ben-Zion, I. Z., Meiri, G., Greenberg, B. D., Murphy, D. L., et al. (1999). Enhancement of CO-sub-2-induced anxiety in healthy volunteers with the serotonin antagonist metergoline. *American Journal of Psychiatry, 156,* 1635–1637.

Berenbaum, S., & Hines, M. (1992). Early androgens are related to childhood sex-typed toy preferences. *Psychological Science, 3*(3), 203–206.

Bergner, S. (2000). Resolution: The metabolization of early loss in the life of the self. (Sigmund Freud, Melanie Klein). *Dissertation Abstracts International: Section B: The Sciences & Engineering, 60*(9-B). University Microfilms International. Ann Arbor, MI 4876. AAI9946140.

Bergstrom, R. L., Neighbors, C., & Lewis, M. A. (2004). Do men find "bony" women attractive?: Consequences of misperceiving opposite sex perceptions of attractive body image. *Body Image, 1*(2), 183–191.

Berke, J. D., & Hyman, S. (2000). Addiction, dopamine, and the molecular mechanisms of memory. *Neuron, 25*(1), 515–532.

Berkowitz, C. D. (2000). The long-term medical consequences of sexual abuse. In R. M. Reece (Ed.), *Treatment of child abuse: Common ground for mental health, medical, and legal practitioners* (pp. 54–64). Baltimore: Johns Hopkins University Press.

Berman, K., & Meyer-Lindenberg, A. (2004). Functional brain imaging studies in schizophrenia. In D. Charney & E. Nestler (Eds.), *Neurobiology of Mental Illness*. New York: Oxford University Press.

Berman, R., Sporn, J., Belanoff, J., Schatzberg, A., et al. (2004). Principles of pharmacotherapy of depression. In D. Charney & E. Nestler (Eds.), *Neurobiology of Mental Illness*, New York: Oxford University Press.

Bermann, E. (1973). The uses of scapegoating. In *Scapegoat: The impact of death fear on an American family.* Ann Arbor, MI: University of Michigan Press.

Bernstein, G. A., & Layne, A. E. (2006). Separation anxiety disorder and generalized anxiety disorder. In M. K. Dulcan & J. M. Wiener (Eds.), *Essentials of Child and Adolescent Psychiatry* (pp. 415–439). Washington, DC: American Psychiatric Publishing.

Bernstein, G. A., Layne, A. E., Egan, E. A., & Nelson, L. P. (2005). Maternal phobic anxiety and child anxiety. *Journal of Anxiety Disorders, 19*(6), 658–672.

Berridge, C. W., & Waterhouse, D. (2003). The locus coeruleus–-noradrenergic system: Modulation of behavioral state and state–-dependent cognitive processes. *Brain Research Reviews, 42*(1), 33–84.

Berridge, K. C., & Robinson, T. E. (1995). The mind of an addicted brain: Neural sensitization of wanting versus liking. *Current Directions in Psychological Science, 4*(3), 71–76. United States: Blackwell Publishers.

Berrios, G. E., & Hauser, R. (1988). The early development of Kraepelin's ideas on classification: A conceptual history. *Psychological Medicine, 18*(4), 813–821.

Berrios, G. E., Luque, R., & Villagrán, J. M. (2003). Schizophrenia: A conceptual history. *International Journal of Psychology and Psychological Therapy, 3:* 111–140.

Bertelsen, A. (2002). Schizophrenia and related disorders: Experience with current diagnostic systems. *Psychopathology, 35:* 89–93.

Bertelsen, A., Harvald, B., & Hauge, M. (1977). A Danish twin study of manic-depressive disorders. *British Journal of Psychiatry, 130,* 330–351.

Berti, A. (1994). Schizophrenia and substance abuse: The interface. *Progress in Neuro-Psychopharmacology & Biological Psychiatry, 18*(2), 279–284. Oxford, England: Elsevier.

Bessesen, D. E. (2002). *Evaluation and management of obesity.* Philadelphia: Hanley & Belfus.

Bettleheim, B. (1967). *The empty fortress.* New York: Free Press.

Beutel, M. E., Stern, E., & Silbersweig, D. A. (2003). The emerging dialogue between psychoanalysis and neuroscience: Neuroimaging perspectives. *Journal of the American Psychoanalytic Association, 51*(3), 773–801.

Beutler, L., & Malik, M. (2002). *Rethinking the DSM*. Washington, DC: American Psychological Association.

Bhugra, D. (2005). The global prevalence of schizophrenia. *Public Library of Science: Medicine, 2:* 151.

Bhugra, D., Leff, J., Mallett, R., Der, G., et al. (1997). Incidence and outcome of schizophrenia in Whites, African-Caribbeans and Asians in London. *Psychological Medicine, 27*(4), 791–798.

Bhurga, D. (2000). Disturbances in objects of desire: Cross cultural issues. *Sexual and Relationship Therapy, 15*(1), 67–77.

Bibring, E. (1953). The mechanism of depression. In P. Greenacre (Ed.), *Affective disorders.* New York: International Universities Press.

Bickley, J., & Beech, A. (2001). Classifying child abusers: Its relevance to theory and clinical practice. *International Journal of Offender Therapy & Comparative Criminology (Special Issue: Sex Offenders), 45*(1), 51–69.

Biederman, J., Faraone, S. V., Keenan, K., Benjamin, J., et al. (1992). Further evidence for family-genetic risk factors in attention deficit hyperactivity disorder: Patterns of comorbidity in probands and relatives in psychiatrically and pediatrically referred samples. *Archives of General Psychiatry, 49,* 728–738.

Biederman, J., Faraone, S. V., & Monuteaux, M. C. (2002). Differential effect of environmental adversity by gender: Rutter's Index of Adversity in a group of boys and girls with and without ADHD. *American Journal of Psychiatry, 159*(9), 1556–1562.

Biederman, J., Monuteaux, M. C., Mick, E., Spencer, T., et al. (2006). Young adult outcome of attention deficit hyperactivity disorder: A controlled 10-year follow-up study. *Psychological Medicine, 36*(2), 167–179.

Bigelow, G. E. (1999). Theoretical and empirical foundations of contingency management treatments for drug abuse. In S. T. Higgins, & Silvermon, K. (Eds.), *Motivating Behavioral Change Among Illicit-Drug Abusers*. New York: Academic Press.

Bilder, R. M., Volavka, J., Czobor, P., Malhotra, A. K., Kennedy, J. L., et al. (2002). Neurocognitive correlates of the COMT Val(158) Met polymorphism in chronic schizophrenia. *Biological Psychiatry, 52:* 701–707.

Bisel, B., Henkins, K., & Parfitt, K. D. (2007). Alzheimer amyloid beta-peptide A-beta25-35 blocks adenylate cyclase-mediated forms of hippocampal long-term potentiation. *Annals of the New York Academy of Sciences, 1097*, 58–63.

Black, D., Kehrberg, L., Flumerfelt, D., & Schlosser, S. (1997). Characteristics of 36 subjects reporting compulsive sexual behavior. *American Journal of Psychiatry, 154*(2), 243–249.

Black, D. W., Wesner, R., & Bowers, W. (1993). A comparison of fluvoxamine, cognitive therapy and placebo in the treatment of panic disorder. *Archives of General Psychiatry, 50,* 44–50.

Black, J. L., & Bruce, B. K. (1989). Behavior therapy: A clinical update. *Hospital & Community Psychiatry, 40*(11), 1152–1158.

Blackburn, R. (1995). Psychopaths: Are they bad or mad? *Issues in Criminological and Legal Psychology, 22,* 97–103.

Blair, C., & Scott, G. (2002). Proportion of LD placements associated with low socioeconomic status: Evidence for a gradient? *Journal of Special Education, 36*(1), 14–22.

Blair, C., Ramey, C. T., & Hardin, J. M. (1995). Early intervention for low birthweight, premature infants: Participation and intellectual development. *American Journal on Mental Retardation, 99,* 542–554.

Blair, R. J. (2001). Neurocognitive models of aggression, the antisocial personality disorders, and psycopathy. *Journal of neurology, neurosurgery, and psychiatry, 71*(6), 727–731.

Blair, R. J. R. (2004). The neurobiology of aggression. In D. S. Charney, & E. J. Nestler (Eds.), *Neurobiology of Mental Illness* (pp. 1076–1085) New York: Oxford University Press.

Blanchard, E. B. (1994). Behavioral medicine and health psychology. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change.* New York: John Wiley & Sons.

Blanchard, E. B. (2001). Irritable bowel syndrome: Psychosocial assessment and treatment (pp. xi, 1–373). Washington, DC: American Psychological Association.

Blanchard, J., Brown, S., Haran, W., & Sherwood, A. (2000). Substance use disorders in schizophrenia: Review, integration and a proposed model. *Clinical Psychology Review, 20*(2), 207–234.

Blanchard, R., Steiner, B., & Clemmensen, L. (1985). Gender dysphoria, gender reorientation, and the clinical management of transsexualism. *Journal of Consulting & Clinical Psychology, 53*(3), 295–304.

Blaney, P. H. (1999). Paranoid conditions. In *Oxford textbook of psychopathology* (pp. 339–361). New York: Oxford University Press.

Blanken, P., Barendregt, C., & Zuidmulder, L. (1999). The evolution of crack and basing cocaine in the Rotterdam heroin scene. *Journal of Drug Issues, 29*(3), 609–626.

Blatt, S. J. (1990). The Rorschach: A test of perception or an evaluation of representation. *Journal of Personality Assessment, 55,* 394–416.

Blazer, D. G. (1997). Generalized anxiety disorder and panic disorder in the elderly: A review. *Harvard Review of Psychiatry, 5*(1), 18–27.

Blazer, D. G., George, L. K., Swartz, M., & Boyer, D. (1991). Generalized anxiety disorder. In L. N. Robins & D. A. Regier (Eds.),

Psychiatric disorders in America: The epidemiological catchment area study. New York: Maxwell Macmillan International.

Blechner, M. (2001). Clinical wisdom and theoretical advances: Albert Szalita's contributions to psychoanalysis. *Contemporary Psychoanalysis:* Special Issue, *37*(1), 63–76.

Bleuler, E. (1950). *Dementia praecox or the group of schizophrenias.* New York: International Universities Press. (Original work published 1911).

Blin, O., Simon, N., Jouve, E., Habib, M., et al. (2001). Pharmacokinetic and pharmacodynamic analysis of sedative and amnesic effects of lorazepam in healthy volunteers. *Clinical Neuropharmacology (Special Issue), 24*(2), 71–81.

Bliss, E. L. (1986). *Multiple personality, allied disorders and hypnosis.* New York: Oxford University Press.

Blouin, A. G., & Goldfield, G. S. (1995). Body image and steroid use in male bodybuiders. *International Journal of Eating Disorders, 18,* 159–165.

Board of Trustees of the Journal of Personality Assessment. (2005). The status of the Rorschach in clinical and forensic practice: An official statement by the Board of Trustees of the Society for Personality Assessment. *Journal of Personality Assessment*, *85*(2), 219–237

Boehnert, C. (1989). Characteristics of successful and unsuccessful insanity pleas. *Law & Human Behavior, 13*(1), 31–39.

Bohus, M., Haaf, B., Simms, T., Limberger, M. F., Schmahl, C., Unckel, C., et al. (2004). Effectiveness of inpatient dialectical behavioral therapy for borderline personality disorder: A controlled trial. *Behaviour Research and Therapy, 42*(5), 487–499.

Bohus, M., Haaf, B., Stiglmayr, C., Pohl, U., et al. (2000). Evaluation of inpatient dialectical-behavioral therapy for borderline personality disorder—A prospective study. *Behaviour Research and Therapy, 38*(9), 875–887.

Boks, M., Russo, S., Knegtering, R., & van den Bosch, R. (2000). The specificity of neurological signs in schizophrenia: A review. *Schizophrenia Research, 43*(2–3), 109–116.

Bonaparte, M. (Ed.). (2000). *The origins of psychoanalysis: Letters to William Fliess.* New York: Basic Books. (Original work published 1954.)

Bond, M., & Perry, J. C. (2006). Psychotropic Medication Use, Personality Disorder and Improvement in Long-Term Dynamic Psychotherapy. *Journal of Nervous and Mental Disease, 194* (1), 21–26.

Bondy, et al. (2003). Substance P serum levels are increased in major depression: Preliminary results. *Biological Psychiatry, 53*(6), 538–542.

Bonner, M. J., & Finney, J. W. (1996). A psychosocial model of children's health. In T. H. Ollendick & R. J. Prinz (Eds.), *Advances in clinical child psychology* (Vol. 18, pp. 231–282). New York: Plenum Press.

Bonnie, R. J. (1990). Soviet psychiatry and human rights: Reflections on the report of the U. S. delegation. *Law, Medicine, and Health Care, 18*(1–2), 123–131.

Bools, C., Neale, B., & Meadow, R. (1994). Munchausen syndrome by proxy: A study of psychopathology. *Child Abuse & Neglect, 18,* 773–788.

Boon, S., & Draijer, N. (1993). *Multiple personality disorder in the Netherlands: A study on reliability and validity of the diagnosis.* Bristol, PA: Swets & Zeitlinger Publishers.

Borkovec, T. D., & Costello, E. (1993). Efficacy of applied relaxation and cognitive-behavioral therapy in the treatment of generalized anxiety disorder. *Journal of Consulting and Clinical Psychology, 61,* 611–619.

Bornstein, R. F. (1996). Sex difference in dependent personality disorder prevalence rates. *Clinical Psychology: Science and Practice, 3,* 1–12.

Bornstein, R. F. (1997). Dependent personality disorder in the DSM-IV and beyond. *Clinical Psychology: Science and Practice, 4,* 175–187.

Bornstein, R. F. (2004). Integrating cognitive and existential treatment strategies in psychotherapy with dependent patients. *Journal of Contemporary Psychotherapy, 34*(4), 293–309.

Bornstein, R. F. (2005). The dependent patient: Diagnosis, assessment, and treatment. *Professional Psychology: Research and Practice, 36*(1), 82–89.

Botella, C., & Narvaes, P. M. (1998). Cognitive-behavioral treatment for hypochondriasis. In V. E. Caballo (Ed.), *International handbook of cognitive and behavioural treatments for psychological disorders* (pp. 313–361). Oxford, England: Elsevier Science.

Bouza, C., Magno, A., Munoz, A., & Amate-Jose, M. (2004). Efficacy and safety of Naltrexone and Acamprosate in the treatment of alcohol dependence: A systematic review. *Addiction, 99*(7), 811–828.

Bower, G. H. (1981). Mood and memory. *American Psychologist, 36,* 129–148.

Bowers, W. A. (2001). Basic principles for applying cognitive-behavioral therapy to anorexia nervosa. *Psychiatric Clinics of North America, 24,* 293–303.

Bowins, B., & Shugar, G. (1998). Delusions and self-esteem. *Canadian Journal of Psychiatry, 43*(2), 154–158.

Bowlby, J. (1982). *Attachment and loss.* New York: Basic Books.

Bowling, B. (1999). The rise and fall of New York murder: Zero tolerance or crack's decline? *British Journal of Criminology: Special Issue: Drugs at the end of the century (Special Issue), 39*(4), 531–554. England: Oxford University Press.

Boxer, S. (2001, June 9). Yes, but did anyone ask the animals' opinion. *The New York Times.*

Boyarsky, B. K., & McCance-Katz, E. F. (2000). Improving the quality of substance dependency treatment with pharmacotherapy. *Substance Use & Misuse, 35*(12–14), 2095–2125.

Bradford, J. (1997). Medical interventions in sexual deviance. In D. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment.* New York: Guilford Press.

Bradford, J. M. W., & Pawlak, A. (1987). Sadistic homosexual pedophilia: Treatment with eyperterone acetate. A single case study. *Canadian Journal of Psychiatry, 32,* 22–31.

Bradley, R., & Westen, D. (2006). The psychodynamics of borderline personality disorder: A view from developmental psychopathology. *Development and Psychopathology, 17,* 927–957.

Bradley, S., & Zucker, K. (1997). Gender identity disorder: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(7), 872–880.

Brady, K. T., Myrick, H., & Malcolm, R. (1999). Sedative-hypnotic and anxiolytic agents. In B. S. McCrady (Ed.), *Addictions: A comprehensive guidebook* (pp. 95–104). New York: Oxford University Press.

Brantley, J., Wood, J. C., McKay, M. (2007). Dialectical Behavior Therapy Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, & Distress Tolerance. Oakland, CA: New Harbinger Publications.

Braun, B. G. (1983). Psychophysiologic phenomena in multiple personality and hypnosis. *American Journal of Clinical Hypnosis, 26,* 124–137.

Braun, B. G. (1986). Issues in the psychotherapy of multiple personality. In B. G. Braun (Ed.), *Treatment of multiple personality disorder.* Washington, DC: American Psychiatric Press.

Braun, D. L., Sunday, S. R., & Halmi, K. A. (1994). Psychiatric comorbidity in patients with eating disorders. *Psychological Medicine, 24,* 859–867.

Braunstein-Bercovitz, H., Dimentman-Ashkenazi, I., & Lubow, R. E. (2001). Stress affects the selection of relevant from irrelevant stimuli. *Emotion (Special Issue), 1*(2), 182–192.

Breier, A. (2001). A new era in the pharmacotherapy of psychotic disorders. *Journal of Clinical Psychiatry, 62* (2), S3–S5.

Breier, A., Tran, P. V., Herrera, J. M., Tollefson, G. D., et al. (2001). *Current issues in the psychopharmacology of schizophrenia.* Philadelphia: Lippincott Williams & Wilkins.

Breivik, G. (1996). Personality, sensation seeking and risk taking among Everest climbers. *International Journal of Sport Psychology, 27*(3), 308–320.

Bremer, J. (1959). *Asexualization: A follow-up study of 244 cases.* New York: Macmillan.

Bremner, J. D. (1999). Does stress damage the brain? *Biological Psychiatry, 45,* 797–805.

Bremner, J. D., & Vermetten, E. (2001). Stress and development: Behavioral and biological consequences. *Development & Psychopathology, 13,* 473–489.

Brems, C. (1995). Women and depression: A comprehensive analysis. In E. E. Beckham & W. R. Leber (Eds.), *Handbook of depression* (2nd ed., pp. 539–366). New York: Guilford Press.

Brendel, West, & Hyman, S. (1996). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Brenner, C. (2000). Observations on some aspects of psychoanalytic theories. *Psychoanalysis Quarterly 66,* 597–632.

Brenner, I. (2001). *Dissociation of trauma: Theory, phenomenology, and technique*. Madison, CT: International Universities Press.

Brent, D. (2004). Antidepressants and pediatric depression—The risk of doing nothing. *New England Journal of Medicine, 351*(16), 1598–1601.

Breslau, N., Chilcoat, H. D., Kessler, R. C., Peterson, E. L., et al. (1999). Vulnerability to assaultive violence: Further specification of the sex difference in post-traumatic stress disorder. *Psychological Medicine, 29,* 813–821.

Breslau, N., Davis, G. C., & Andreski, P. (1995). Risk factors for PTSD-related traumatic events: A prospective analysis. *American Journal of Psychiatry, 152,* 529–535.

Breslau, N., Davis, G. C.; Andreski, P., Peterson, E. L., et al. (1997). Sex differences in posttraumatic stress disorder. *Archives of General Psychiatry, 54,* 1044–1048.

Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., et al. (1998). Trauma and posttraumatic stress disorder in the community: The 1996 Detroit Area Survey of Trauma. *Archives of General Psychiatry, 55*(7), 626–632.

Brett, E. A. (1996). The classification of Posttraumatic Stress Disorder. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society.* New York: Guilford Press.

Breuer, J., & Freud, S. (1955). Studies on hysteria. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2). London: Hogarth Press. (Original work published 1893)

Briere, J. (1989). *Therapy for adults molested as children: Beyond survival.* New York: Springer.

Briere, J., Scott, C., & Weathers, F. (2005). Peritraumatic and persistent dissociation in the presumed etiology of PTSD. *American Journal of Psychiatry, 162*(12), 2295–2301.

Briken, P., et al. (2003). Pharmacotherapy of paraphilias with long-acting agonists of luteinizing hormone-releasing hormone: A systematic review. *Journal of Clinical Psychiatry, 64*(8), 890–897.

Brindley, G., & Gillian, P. (1982). Men and women who do not have orgasms. *British Journal of Psychiatry, 140*(1982), 351–356.

Brink, A. (2000). The creative matrix: Anxiety and the origin of creativity. New York: Peter Lang Publishing, Inc. (pp. vii, 221). Book Series: *The reshaping of psychoanalysis* (Vol. 10).

Brockman, B., & Bluglass, R. (1996). A general psychiatric approach to sexual deviation. In I. Rosen (Ed.), *Sexual deviation* (pp. 1–42). New York: Oxford University Press.

Brockman, B., & Bluglass, R. (1998). A general psychiatric approach to sexual deviation. In I. Rosen (Ed.), *Sexual Deviation*. New York: Oxford University Press, pp. 1–42.

Brody, A. L., Saxena, S., & Stoessel, P. (2001). Regional brain metabolic changes in patients with major depression treated with either paroxetine or interpersonal therapy: Preliminary findings. *Archives of General Psychiatry, 58,* 631–640.

Brom, D., & Kleber, J. (1989). Prevention of post-traumatic stress disorders. *Journal of Traumatic Stress, 2*(3), 335–351.

Brook, D., Brook, J., Zhang, C., Cohen, P., & Whiteman, M. (2002). Drug use and the risk of major depressive disorder, alcohol dependence and substance use disorders. *Archives of General Psychiatry, 59*(11), 1039–1044.

Brooke, J. (1997, May 7). Military ends conflict of career and religion: American Indians win ritual peyote use. *The New York Times* (late New York edition), p. A16.

Brookmeyer, R., Gray, S., & Kawas, C. (1998). Projections of Alzheimer's disease in the United States and the public health impact of delaying disease onset. *American Journal of Public Health, 88,* 1337–1342.

Brooks, J. (1985). Polygraph testing: Thoughts of a skeptical legislator. *American Psychologist, 40*(3), 348–354.

Brooks, J., Leung, G., & Shannon, M. (in press). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman, (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Brooks, O., Karamanlian, B., & Foster, V. (2001). Extinction and spontaneous recovery of ataxic tolerance to rats. *Psychopharmacology (Special Issue), 153*(4), 491–496.

Brower, K. J. (2000a). Anabolic steroids: Potential for physical and psychological addiction. In C. E. Yesalis (Ed.), *Anabolic steroids in sport and exercise* (2nd ed., pp. 279–304). Champaign, IL: Human Kinetics.

Brower, K. J. (2000b). Assessment and treatment of anabolic steroid abuse, dependence, and withdrawal. In C. E. Yesalis (Ed.), *Ana-*

bolic steroids in sport and exercise (2nd ed., pp. 305–332). Champaign, IL: Human Kinetics.

Brower, K. J., Blow, F. C., & Beresford, T. P. (1989). Treatment implications of chemical dependency models, an integrative approach. *Journal of Substance Abuse Treatment, 6*(3), 147–157.

Brown, A. S., Cohen, P., Harkavy-Friedman, J., Babulas, V., et al. (2001). Prenatal rubella, premorbid abnormalities, and adult schizophrenia. *Biological Psychiatry (Special Issue), 49*(6), 473–486.

Brown, C. (1965). *Manchild in the promised land.* New York: Macmillan.

Brown, G. P., & Beck, A. T. (2002). Dysfunctional attitudes, perfectionism, and models of vulnerability to depression. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 231–251). Washington, DC: American Psychological Association.

Brown, K. et al. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of personality and Social Psychology, 84* (4)*,* 822–848.

Brown, L. (1992). A feminist critique of personality disorders. In L. Brown & M. Ballou (Eds.), *Personality and psychopathology* (pp. 206–228). New York: Guilford Press.

Brown, T. A. (1996). Validity of the DSM-III-R and DSM-IV classification systems for anxiety disorders. In R. M. Rapee (Ed.), *Current controversies in the anxiety disorders* (pp. 21–45). New York: Guilford Press.

Brown, T. A., Campbell, L. A., Lehman, C. L., Grisham, J. R., et al. (2001). Current and lifetime comorbidity of the DSM–IV anxiety and mood disorders in a large clinical sample. *Journal of Abnormal Psychology, 110*(4), 585–599.

Brownell, K., & Horgen, K. B. (2003). Food fight: The inside story of the food industry, America's obesity crisis, and what we can do about it. Boston: McGraw-Hill.

Brownell, K., Steven, C., & Barlow, D. (1977). Patterns of appropriate and deviant sexual arousal: The behavioral treatment of multiple sexual deviations. *Journal of Consulting and Clinical Psychology, 45*(6), 1144–1155.

Brownell, K. D. (1995). Effects of weight cycling on metabolism, health, and psychological factors. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Brownell, K. D., & Napolitano, M. A. (1995). Distorting reality for children: Body size proportions of Barbie and Ken dolls. *International Journal of Eating Disorders, 18,* 295–298.

Brozek, J. (1953). Semi-starvation and nutritional rehabilitation: A qualitative case study, with emphasis on behavior. *Journal of Clinical Nutrition. 1,* 107–118.

Bruch, H. (1978). *The golden cage: The enigma of anorexia nervosa.* Cambridge, MA: Harvard University Press.

Brun, A., & Andersson, J. (2001). Frontal dysfunction and frontal cortical synapse loss in alcoholism: The main cause of alcohol dementia? *Dementia & Geriatric Cognitive Disorders (Special Issue), 12*(4), 289–294.

Buchanan, A., & Wessely, S. (1998). Delusions, action, and insight. In *Insight and psychosis* (pp. 241–268). New York: Oxford University Press.

Buchanan, J., & Young, L. (2000). The war on drugs—A war on drug users? *Drugs: Education, Prevention & Policy, 7*(4), 409–422.

Buchsbaum, M. S., Haier, R. J., Potkin, S. G., & Nuechterlein, K. (1992). Fronostriatal disorder of cerebral metabolism in never-medicated schizophrenics. *Archives of General Psychiatry, 49,* 935–942.

Buffenstein, A. (1997). Personality disorders. In W. Teng, & J. Streltzer (Eds.), *Culture and psychopathology: A guide to clinical assessment* (pp. 190–205). New York: Brunner/Mazel.

Buikhuisen, W., Bontekoe, E. H., van der Plas-Korenhoff, C., & Van Buren, S. (1984). Characteristics of criminals: The privileged offender. *International Journal of Law & Psychiatry, 7*(3–4), 301–313.

Buitelaar, J. K. (1995), Psychopharmacologic approaches to childhood psychotic disorders. In J. A. Den Boer, H. G. M. Westenberg, et al., (Eds), *Advances in the neurobiology of schizophrenia* (pp. 429–457). New York: John Wiley & Sons.

Buka, S. L., Stichick, T. L., Birdthistle, I., & Earls, F. J. (2001). Youth exposure to violence: Prevalence, risks and consequences. *American Journal of Orthopsychiatry, 71,* 298–310.

Bulik, C. M. (2004). Genetic and biological risk factors. In J. K. Thompson (Ed.), *Handbook of Eating Disorders and Obesity* (pp. 3–16). Hoboken, NJ: John Wiley & Sons.

Bulik, C. M., Sullivan, P. F., Fear, J., & Pickering, A. (1997). Predictors of the development of bulimia nervosa in women with anorexia nervosa. *Journal of Nervous and Mental Disease, 185,* 704–707.

Bullough, V. (1976). *Sexual variance in society and history.* New York: John Wiley & Sons.

Bullough, V. (1987). Male and female homosexuality: Psychological approaches. In L. Diamant (Ed.), *The first clinicians* (pp. 21–30). Washington, DC: Hemisphere.

Bullough, V. L., & Bullough, B. (1997). The history of the science of sexual orientation 1880–1980: An overview. *Journal of Psychology & Human Sexuality, 9*(2), 1–16.

Burchard, S. N., Rosen, J. W., Gordon, L. R., Hasazi, J. E., et al. (1992). A comparison of social support and satisfaction among adults with mental retardation living in three types of community residential alternatives. In J. W. Jacobson & S. N. Burchard (Eds.), *Community living for people with developmental and psychiatric disabilities* (pp. 137–154). Baltimore, MD: Johns Hopkins University Press.

Burke, B. L., Ankowitz, H., & Menchola, M. (2003). The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology, 71*(5), 843–861.

Burn, D. J. (2002). Depression in Parkinson's disease. *European Journal of Neurology, 9*(3), 44–54.

Burston, D. (2000). *The crucible of experience: R.D. Laing and the crisis of psychotherapy* (pp. vii, 168). Cambridge, MA: Harvard University Press.

Busch, F. (1998). *Rethinking clinical technique.* New York: Jason Aronson.

Busch, F., Rudden, M., & Shapiro, T. (2004). *Psychodynamic treatment of depression*. Washington, DC: American Psychiatric Publishing.

Bustillo, J., Lauriello, J., Horan, W., & Keith, S. (2001). The psychosocial treatment of schizophrenia: An update. *American Journal of Psychiatry, 158,* 163–175.

Butcher, J. (1999). *A beginner's guide to the MMPI-2.* Washington, DC: American Psychological Association.

Butcher, J., Dahlstrom, W., Graham, J., Tellegen, A., & Kaemmer, B. (1989). *MMPI-2 manual for administration and scoring.* Minneapolis: University of Minnesota Press.

Butcher, J. N. (2004). Personality assessment without borders: Adaptation of the MMPI-2 across cultures. *Journal of Personality Assessment*, 83 (2), 90–104.

Byrne, M., Agerbo, E., Eaton, W. W., & Mortensen, P. B. (2004). Parental socio-economic status and risk of first admission with schizophrenia. *Social Psychiatry and Psychiatric Epidemiology, 39:* 87–96.

C

Caballo, V. E. (1998). *International handbook of cognitive and behavioural treatments for psychological disorders.* Oxford, UK: Pergamon Press.

Cadenhead, K. S., & Braff, D. L. (1999). Schizophrenia spectrum disorders. In *Startle modification: Implications for neuroscience, cognitive science, and clinical science* (pp. 231–244). New York: Cambridge University Press.

Cadoret, R. J., Yates, W. R., Troughton, E., Woodworth, G., et al. (1995). Adoption study demonstrating two genetic pathways to drug abuse. *Archives of General Psychiatry, 52,* 42–52.

Cahn, B., & Polich. (2006). Meditation states and traits: EEG, ERP, and the neuroimaging studies. *Psychological Bulletin, 132* (2)*,* 180–211.

Caine, E. D., & Grossman, H. (1992). Neuropsychiatric assessment. In J. E. Birren, R. B. Sloane, & G. D. Cohen (Eds.), *Handbook of mental health and aging* (2nd ed.). San Diego, CA: Academic Press.

Calev, A., Nigal, D., Shapira, B., Tubi, N., et al. (1991). Early and long-term effects of electroconvulsive therapy: Effects of treatment, time since treatment, and severity of depression. *Convulsive Therapy, 7*(3), 184–189.

Calhoun, S. R., Wesson, D. R., Galloway, G. P., & Smith, D. E. (1996). Abuse of flunitrazepam (Rohypnol) and other benzodiazepines in Austin and South Texas. *Journal of Psychoactive Drugs, 28*(2), 183–189.

Callaghan, G. M., Gregg, J. A., Marx, B. P., & Kohlenberg, B. S. (2004). Fact: The utility of an integration of functional analytic psychotherapy and acceptance and commitment therapy to alleviate human suffering. *Psychotherapy: Theory, Research, Practice, Training, 41,* 195–207.

Callahan, L., Steadman, H., McGreevy, M., & Robbins, P. (1991). The volume and characteristics of insanity defense pleas: An eight-state study. *Bulletin of the American Academy of Psychiatry Law, 19*(4), 331–338.

Cameron, O. G., Kuttesch, D., McPhee, K., & Curtis, G. C. (1988). Menstrual fluctuation in the symptoms of panic anxiety. *Journal of Affective Disorders, 15*(2), 169–174.

Camlibel, A. R. (2000). Affectivity and attachment: A comparison of binge drinking and non-binge drinking first-year college students. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 60*(11-B). Ann Arbor, MI: University Microfilms International.

Camp, B. W., Broman, S. H., Nichols, P. L., & Leff, M. (1998). Maternal and neonatal risk factors for mental retardation: Defining the "at-risk" child. *Early Human Development, 50,* 159–173.

Campbell, F. A., Ramey, C. T., Pungello, E., Sparling, J., et al. (2002). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science, 6*(1), 42–57.

Campbell, S. B. (1995). Behavior problems in preschool children: A review of recent research. *Journal of Child Psychiatry and Psychology, 36,* 113–149.

Cannon, M., Jones, P. & Murray, R. (2002). Obstetric complications in schizophrenia: Historical and meta-analytic review. *American Journal of Psychiatry, 159*(7): 1080–1092.

Cannon, T., & Keller, M. (2006). Endophenotypes in the genetic analysis of mental disorders. *Annual Review of Clinical Psychology, 2:* 267–290.

Cannon, T. D., & Marco, E. (1994). Structural brain abnormalities as indicators of vulnerability to schizophrenia. *Schizophrenia Bulletin, 20*(1), 89–102.

Cannon, W. B. (1932). *The wisdom of the body.* New York: Norton.

Cantwell, D. P. (1996). Classification of child and adolescent psychopathology. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 37,* 3–12.

Cao, H., McFarlane, A. C., & Klimidis, S. (2003). Prevalence of psychiatric disorder following the 1988 Yuri Nan (China) earthquake. The first 5-month period. *Social Psychiatry and Psychiatric Epidemiology, 38*(4), 204–212.

Capaldi, D. M., & Patterson, G. R. (1994). Interrelated influences of contextual factors on antisocial behavior in childhood and adolescence for males. In D. C. Fowler, P. Sutker, & S. H. Goodman (Eds.), *Progress in experimental personality and psychopathology research.* New York: Springer.

Caper, R. (2000). *Immaterial facts: Freud's discovery of psychic reality and Klein's development of his work* (pp. xiv, 161). London: Routledge.

Caplan, P. J. (1987). The Psychiatric Association's failure to meet its own standards: The dangers of self-defeating personality disorder as a category. *Journal of Personality Disorders, 1,* 178–182.

Caplan, P. J. (1991). How do they decide what is normal? The bizarre, but true, tale of the DSM process. *Canadian Psychologist, 32*(2), 162–170.

Carlier, 1. V. E., Voerman, A. E., & Gersons, B. P. R. (2000). The influence of occupational debriefing on post–traumatic stress symptomatology in traumatized police officers. *British Journal of Medical Psychology, 73*(1), 87–98.

Carlson, E. B., & Putnam, F. W. (1989). Integrating research on dissociation and hypnotizability: Are there two pathways to hypnotizability? *Dissociation, 2,* 32–38.

Carlson, N. R. (1986). *Physiology of behavior* (3rd ed.). Boston: Allyn & Bacon.

Carlsson, A., & Lindqvist, P. (1963). Effect of chlopromazine. *Actua Pharmacologica et Toxicologica, 20,* 140–144.

Carnes, P. (1990). Sexual addiction. *The incest perpetrator: A family member no one wants to treat* (pp. 126–143). Thousand Oaks, CA: Sage.

Carnes, P. (1998). The case for sexual anorexia: An interim report on 144 patients with sexual disorders. *Sexual Addiction & Compulsivity, 5*(4), 293–309.

Carnes, P. (2000). *Out of the shadows: Understanding sexual addiction.* Center City, MN: Hazelden Information Education.

Carrion-Barralt, J. R., Smith, C. J., Rossy-Fullana, E., Lewis-Fernandez, R., Davis, K. L., et al. (2006). Seasonality effects on schizophrenic births in multiplex families in a tropical island. *Psychiatry Research, 142:* 93–97.

Carroll, K., Ball, S., Nich, C., O'Conner, P., Eagon, D., et al. (2001). Targeting behavioral therapies to enhance naltrexone treatment of opioid dependence: Efficacy of contingency management and significant other involvement. *Archives of General Psychiatry, 58*(8), 755–761.

Carpenter, W. T. (1992). The negative symptom challenge [Comment]. *Archives of General Psychiatry, 49*(3), 236–237.

Carroll, B. J., et al. (1980). Diagnosis of endogenous depression: Comparison of clinical, research and neuroendocrine criteria. *Journal of Affective Disorders, 2*(3), 177–194.

Carroll, K., Connors, G., Cooney, N., DiClemente, C., et al. (1998). Internal validity of project MATCH treatments: Discriminability and integrity. *Journal of Consulting & Clinical Psychology, 66*(2), 290–303.

Carroll, R. (2000). Assessment and treatment of gender dysphoria. In S. Leiblum & C. Raymond (Eds.), *Principles and practice of sex therapy* (3rd ed., pp. 368–397). New York: Guilford Press.

Carvey, P. M. (1998). *Drug action in the central nervous system.* New York: Oxford University Press.

Caspi, A., Sugden, K., Moffitt, T., Taylor, A., et al. (2003, July 18). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science, 301,* 386–389.

Cassano, G. B., Pini, S., Saettoni, M., Rucci, P., et al. (1998). Correlates of 8 comorbidity in patients with psychotic disorders. *Journal of Clinical Psychiatry, 59*(2), 60–68.

Cassell, D. K., & Gleaves, D. H. (2006). *The Encyclopedia of Obesity and Eating Disorders, 3e.* New York: Infobase.

Castle, D., & Murray, R. (2004). *Marijuana and madness: Psychiatry and Neurobiology*. New York: Cambridge University Press.

Castillo, R. J. (1991). Divided consciousness and enlightenment in Hindu yogis. *Anthropology of Consciousness, 2,* 1–6.

Castillo, R. J. (1994). Spirit possession in South Asia, dissociation or hysteria? Part 2: Case histories. *Culture, Medicine, and Psychiatry, 18,* 141–162.

Censits, D. M., Ragland, J. D., Gur, R. C., & Gur, R. E. (1997). Neuropsychological evidence supporting a neurodevelopmental model of schizophrenia: A longitudinal study. *Schizophrenia Research, 24*(3), 289–298.

Centers for Disease Control. (2001). *Morbidity and Mortality Weekly Report, 50,* 90–93.

Chadwick, P. D., Birchwood, M. J., & Trower, P. (1996). *Cognitive therapy for delusions, voices and paranoia.* New York: John Wiley & Sons.

Chalder, T. (2001). Cognitive-behavioural therapy as a treatment for conversion disorders. In P. W. Halligan, C. Bass, & J. C. Marshall (Eds.), *Contemporary approaches to the study of hysteria* (pp. 298–311). Oxford, England: Oxford University Press.

Chambless, D. (1996). In defense of empirically supported psychological interventions. *Clinical Psychology: Science & Practice, 3*(3), 230–235.

Chambless, D. L., & Mason, J. (1986). Sex, sex-role stereotyping and agoraphobia. *Behaviour Research & Therapy, 24*(2), 231–235.

Chang, E. C. (Ed.). (2001). *Optimism & pessimism: Implications for theory, research, and practice* (pp. xxi, 395). Washington, DC: American Psychological Association.

Charlton, R., & Quatman, A. (1997). A therapist's guide to the physiology of sexual response. In R. Charlton & I. Yalom. (Eds.), *Treating sexual dysfunction.* San Francisco: Jossey-Bass.

Charlton, R., & Quatman, T. (1996). A therapist's guide to the physiology of sexual response. In R. Charlton & I. Yalom (Eds.), *Treating Sexual Dysfunction*. San Francisco: Jossey-Bass.

Charmandari, E., Tsigos, C., & Chrousos, G. (2005). Endocrinology of the stress response. *Annual Review of Physiology, 67*, 259–284.

Charney, D. S., & Bremner, J. D. (2004). The neurobiology of anxiety disorders. In D. S. Charney & E. J. Nestler (Eds.), *Neurobiology of Mental Illness* (pp. 605–627). New York: Oxford University Press.

Charney, D. S., & Drevets, W. D. (2002). Neurobiological basis of anxiety disorders. In K. L. Davis, D. Chamey, J. T. Coyle, & C. Nemeroff (Eds.), *Neuropsychopharmacology: The Fifth Generation ofProgress* (pp. 901–930). Baltimore, MD: Lippincott, Williams, & Wilkins.

Charney, D. S., Heninger, G. R., & Breier, A. (1984). Noradrenergic function in panic anxiety. *Archives of General Psychiatry, 41,* 751–763.

Chen, Y. R., Swann, A. C., & Burt, D. B. (1996). Stability of diagnosis in schizophrenia. *American Journal of Psychiatry, 153*(5), 682–686.

Cherek, D., Lane, S., & Dougherty, D. (2002). Possible amotivational effects following marijuana smoking under laboratory conditions. *Experimental and Clinical Psychopharmacology, 10*(1), 26–38.

Cheurprakobkit, S. (2000). The drug situation in Thailand: The role of government and the police. *Drug & Alcohol Review, 19*(1), 17–26.

Chiu, E., Ames, A., Draper, B., & Snowdon, J. (1999). Depressive disorders in the elderly: A review. In M. Maj & N. Sartorius (Eds.), *Depressive disorders* (pp. 313–363).

Cho, R., Gilbert, A., & Lewis, D. (2004). The neurobiology of schizophrenia. In D. Charney & E. Nestler (Eds.), *Neurobiology of Mental Illness*. New York: Oxford University Press.

Chou, J. C.-Y., Czobor, P., Dacpano, G., Richardson, N., et al. (2001). Haloperidol blood levels in acute mania with psychosis. *Journal of Clinical Psychopharmacology (Special Issue), 21*(4), 445–447.

Chua, S., & McKenna, P. (2000). A skeptical view of the neuropathology of schizophrenia. In P. Harrison & G. Roberts (Eds.), *The neuropathology of schizophrenia: Progress and interpretation.* New York: Oxford University Press.

Cicchetti, D., & Cohen, D. J. (1995). Perspectives on developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology* (Vol. 1. Theory and methods, pp. 3–20). New York: John Wiley & Sons.

Cicchetti, D., & Cohen, D. J. (2006). *Developmental Psychopathololgy*. Hoboken, NJ: John Wiley & Sons.

Clancy, S. A., Schacter, D. L., McNally, R. J., & Pitman, R. K. (2000). False recognition in women reporting recovered memories of sexual abuse. *Psychological Science, 11,* 26–31.

Clark, C., DeCarli, C., Mungas, D., Chui, H., Higdon, R., et al. (2005). Earlier onset of Alzheimer disease symptoms in latino individuals compared with anglo individuals. *Archives of Neurology, 62*(5), 774–778.

Clark, C., Prior, M., Kinsella, G. J. (2000). Do executive function deficits differentiate between adolescents with ADHD and oppositional defiant/conduct disorder? A neuropsychological study using the six elements test and Hayling Sentence Completion Test. *Journal of Abnormal Child Psychology, 28* (5), 403–414.

Clark, D. M. (1989). Anxiety states. In K. Hawton, P. M. Salkovskis, J. Kirk, & D. M. Clark (Eds.), *Cognitive behavior therapy for psychiatric problems* (pp. 52–96). New York: Oxford Medical Publications.

Clark, D. M., Ehlers, A., McManus, F., Hackmann, A., et al. (2003). Cognitive therapy versus fluoxetine in generalized social phobia: A randomized placebo–controlled trial. *Journal of Consulting and Clinical Psychology, 71*(6), 1058–1067.

Clark, R. E. (2001). Family support and substance use outcomes for persons with mental illness and substance use disorders. *Schizophrenia Bulletin, 27*(1), 93–101.

Claude-Pierre, P. (1999). *The secret language of eating disorders: The revolutionary approach to understanding and curing anorexia and bulimia.* New York: Vintage Books.

Clayton, R. R., Leukefeld, C. G., Harrington, N. G., & Cattarello, A. (1996). DARE (Drug Abuse Resistance Education): Very popular but not very effective. In *Intervening with drug-involved youth* (pp. 101–109). Thousand Oaks, CA: Sage.

Cleve, E. (2004). *From Chaos to Coherence: Psychotherapy with a Little Boy with ADHD.* London: Karnac.

Cloitre, M., & Liebowitz, M. R. (1991). Memory bias in panic disorder: An investigation of the cognitive avoidance hypothesis. *Cognitive Therapy & Research, 15,* 371–386.

Cloninger, C. R. (2005). Antisocial personality disorder: A review. In M. Maj, H. S. Akiskal, J. E. Mezzich, & A. Okasha (Eds.), *Personality Disorders* (pp. 125–169). Hoboken, NJ: John Wiley & Sons.

Cloninger, C. R., Sigvardsson, S., & Bohman, M. (1996). Type I and type II alcoholism: An update. *Alcohol Health & Research World, 20*(1), 18–23.

Cloud, J. (2001, Jan. 15). Recreational pharmaceuticals. *Time Magazine,* p. 100.

Coates, S. (1990). Ontogenesis of boyhood gender identity disorder. *Journal of the American Academy of Psychoanalysis, 18*(3), 414–438.

Coates, S. (1992). The etiology of boyhood gender identity disorder: An integrative model. In *Interface of psychoanalysis and psychology* (pp. 245–265). Washington, DC: American Psychological Association.

Coates, S. (2006). *Childhood Gender Identity Disorder: Ethiology, Assessment, & Treatment*. Mahwah, NJ: Analytic Press.

Coates, S., Friedman, R., & Wolfe, S. (1991). The etiology of boyhood gender identity disorder: A model for integrating temperament, development, and psychodynamics. *Psychoanalytic Dialogues, 1*(4), 481–523.

Coates, S., & Wolfe, S. (1995). Gender identity disorder in boys: The interface of constitution and early experience. *Psychoanalytic Inquiry, 15*(1), 6–38.

Coccaro, E. F. (1998). Clinical outcome of psychopharmacologic treatment of borderline and schizotypal personality disordered subjects. *Journal of Clinical Psychiatry, 59,* 30–35.

Cohen, C. I. (1993). Poverty and the course of schizophrenia: Implications for research and policy. *Hospital and Community Psychiatry, 44,* 951.

Cohen, H. et al. (2004). Repetitive transcranial magnetic stimulation of the right dorsolateral prefrontal cortex in post-traumatic stress disorder: A double-blind, placebo-controlled study. *American Journal of Psychiatry, 161,* 515–524.

Cohen, M. (1998). *Culture of intolerance: Chauvinism, class, and racism in the United States.* New Haven, CT: Yale University Press.

Cohen, M. J., Riccio, C. A., & Hynd, G. W. (1999). Children with specific language impairment: Quantitative and qualitative analysis of dichotic listening performance. *Developmental Neuropsychology, 16,* 243–252.

Cohen, R. J., & Swerdlik, M. (2001). *Psychological testing and assessment: An introduction to tests and measurement*. New York: McGraw Hill.

Cohen, S., Doyle, W. J., & Skoner, D. P. (1999). Psychological stress, cytokine production, and severity of upper respiratory illness. *Psychosomatic Medicine. 61,* 175–180.

Cohen, S., Frank, E., Doyle, W. J., Skoner, D. P., et al. (1998). Types of stressors that increase susceptibility to the common cold in healthy adults. *Health Psychology, 17,* 214–223.

Cohen-Kettenis, P. (2001). Gender identity disorder in DSM? *Journal of the American Academy of Child & Adolescent Psychiatry (Special Issue), 40*(4), 391.

Cohen-Kettenis, P., & Gooren, L. (1999). Transsexualism: A review of etiology, diagnosis, and treatment. *Journal of Psychosomatic Research, 46*(4), 315–333.

Cohler, B., & Galatzer-Levy, R. (2000). *The course of gay and lesbian lives: Social and psychoanalytic perspectives.* Chicago: University of Chicago Press.

Coid, J. W. (1999). Aetiological risk factors for personality disorders. *British Journal of Psychiatry, 174,* 530–588.

Coid, J. (2003). Epidemiology, public health and the problem of personality disorder. *British Journal of Psychiatry, 182*(Suppl. 44), s3–s10.

Colahan, M., & Senior, R. (1995). Family patterns in eating disorders: Going round in circles, getting nowhere fast. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 243–257). New York: John Wiley & Sons.

Coleman, C., Benjamin, R., Bolden-Watson, C., Book, M., et al. (2001). A placebo-controlled comparison of the effects on sexual functioning of bupropion sustained release and fluoxetine. *Clinical Therapeutics: The International Peer-Reviewed Journal of Drug Therapy (Special Issue), 23*(7), 1040–1058.

Coleman, M., & Gillburg, C. (1996). *The schizophrenias: A biological approach to the schizophrenia spectrum disorders.* New York: Springer.

Coles, G. (1989). *The learning mystique: A critical look at "learning disabilities."* New York: Fawcett Columbine.

Coles, G. (1999). *Reading Lessons: The Debate over Literacy.* New York: Hill and Wang.

Collins, R., Blane, H., & Leonard, K. (1999). Psychological theories of etiology. In P. Ott, R. Tarter, & R. Ammerman (Eds.), *Sourcebook on substance abuse: Etiology, epidemiology, assessment, and treatment.* Boston: Allyn & Bacon.

Committee on Problems of Drug Dependence. (1984). Testing drugs for physical dependence potential and abuse liability. *National*

Institute on Drug Abuse: Research Monograph Series, No. 52. Washington, DC: U.S. Department of Health & Human Services.

Comunian, A., & Gielen, U. (Eds.). *International perspectives on human development.* Lengerich, Germany: Pabst Science Publishers.

Conduct Problems Prevention Research Group. (2002). Evaluation of the first three years of the Fast Track Prevention Trial with children at high risk for adolescent conduct problems. *Journal of Abnormal Child Psychology, 30*, 19–35.

Conners, C. (2004). Validation of ADHD Rating scales. *Journal of the American Academy of Child and Adolescent Psychiatry*, *43*(10), 1190–1191.

Conners, C. K. (1997). *Conners' Rating Scales–revised: Technical manual.* North Tonawanda, NY: Multi-Health Systems, Inc.

Connor, P., Streissguth, A., Sampson, P., Bookstein, F., et al. (1999). Individual differences in auditory and visual attention among fetal alcohol-affected adults. *Alcoholism, Clinical and Experimental Research, 23*(8), 1395–1402.

Consumer Reports. (1995). *Mental health: Does therapy help?* pp. 734–739.

Cook, C. H., & Gurling, H. D. (2001). Genetic predisposition to alcohol dependence and problems. In N. Heather (Ed.), *International handbook of alcohol dependence and problems* (pp. 257–279). New York: John Wiley & Sons.

Cooley–Quille, M., Boyd, R. C., Frantz, E., & Walsh, J. *(2001).* Emotional and behavioral impact of exposure to community violence in inner–city adolescents. *Journal of Clinical Child Psychology, 30*(2), 199–206.

Coons, P. M. (1994). Confirmation of child abuse in child and adolescent cases of multiple personality disorder not otherwise specified. *Journal of Nervous and Mental Disease, 182,* 461–464.

Coons, P. M., Bowman, E. S., & Milstein, V. (1988). Multiple personality disorder: A clinical investigation of 50 cases. *Journal of Nervous and Mental Disease, 176,* 519–527.

Coons, P. M., Bowman, E. S., Kluft, R. P., & Milstein, V. (1991). The cross-cultural occurrence of multiple personality disorder: Additional cases from a recent survey. *Dissociation, 4,* 124–128.

Cooper, J., Kendell, R., Gurland, B., Sharpe, L., Copeland, J., & Simon, R. (1972). *Psychiatric diagnosis in New York and London.* New York: Oxford University Press.

Cooper, P. J. (1995). Eating disorders and their relationship to mood and anxiety disorders. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Cooper, R. S. (1999). Treatments for schizophrenia: Implications for cognitive rehabilitation therapy. *Journal of Cognitive Rehabilitation, 17*(3), 8–11.

Coppen, A., & Bolander-Gouaille, C. (2005). Treatment of depression: time to consider folic acid and vitamin B12. *Journal of Psychopharmacology, 19*(1), 59–65.

Corey-Bloom, J. (2000). Dementia. In S. K. Whitbourne (Ed.), *Psychopathology in later adulthood.* New York: John Wiley & Sons.

Corey-Bloom, J., Jernigan, T., Archibald, S., Harris, M. J., et al. (1995). Quantitative magnetic resonance imaging of the brain in late-life schizophrenia. *American Journal of Psychiatry, 152*(3), 447–449.

Cornish, K. M., Turk, J., Wilding, J., Sudhalter, V., et al. (2004). Annotation: Deconstructing the attention deficit in Fragile X syndrome: A developmental neuropsychological approach. *Journal of Child Psychology and Psychiatry, 45*(6), 1042–1053.

Cornoldi, C., Rigoni, F., Tressoldi, P. E., & Vio, C. (1999). Imagery deficits in nonverbal learning disabilities. *Journal of Learning Disabilities, 32*(1), 48–57.

Cornu, F. (1973). *Katamnesen bein kastrierten sttlichkeits—dekinquenten aus forensisch—psychiatrischer sicht.* Basel, Switzerland: Karger.

Cosford, P. A., & Arnold, E. (1992). Eating disorders in later life: A review. *International Journal of Geriatric Psychiatry, 7* (7), 491–498.

Costa, P. T., Jr., & McCrae, R. R. (1989). Personality continuity and the changes of adult life. In M. Storandt & G. R. VandenBos (Eds.), *The adult years: Continuity and change.* Washington, DC: American Psychological Association.

Costello, C. G. (1972). Depression: Loss of reinforcers or loss of reinforcer effectiveness? *Behavior Therapy, 3,* 240–247.

Costello, E. J., Compton, S., Keeler, G., & Angold, A. (2003). Relationships between poverty and psychopathology: A natural experiment. *JAMA: The Journal of the American Medical Association, 290*(15), 2023–2029.

Courchesne, E. (2004). Brain development in autism: Early overgrowth followed by premature arrest of growth. *Mental Retardation and Developmental Disabilities Research Reviews, 10*(2), 106–111.

Courchesne, E., Carper, R., & Akshoomoff, N. (2003). Evidence of brain overgrowth in the first year of life in autism. *JAMA: The Journal of the American Medical Association, 290*(3), 337–344.

Courtney, C., Farrell, D., Gray, R., Hills, R., Lynch, L., et al. (2004). Long-term donepezil treatment in 565 patients with Alzheimer's disease (AD2000): Randomised double-blind trial. *Lancet, 363*(9427), 2105–2115.

Coy, K., Speltz, M. L., DeKlyen, M., & Jones, K. (2001). Social-cognitive practices in preschool boys with and without oppositional defiant disorder. *Journal of Abnormal Child Psychology, 29,* 107–119.

Crabbe, J. C. (2002). Genetic contributions to addiction. *Annual Review of Psychology, 53*, 435–462.

Crago, M., Shisslak, C. M., & Estes, L. S. (1996). Eating disturbances among American minority groups: A review. *International Journal of Eating Disorders, 19,* 239–248.

Cramer, P. (2006). *Protecting the Self: Defense Mechanisms in Action.* New York: Guilford Press.

Craske, M. G. (1999). *Anxiety disorders: Psychological approaches to theory and treatment.* Boulder, CO: Westview Press.

Craske, M. G., & Waters, M. (2005). Panic disorder, phobias, and generalized anxiety disorder. *Annual Review of Clinical Psychology, 1*(1), 197–225.

Crawford, H. H., Knebel, T., & Vendemia, J. M. C. (1998). The nature of hypnotic analgesia: Neuropsychological foundation and evidence. *Contemporary Hypnosis, 15,* 22–33.

Crits-Cristoph, P. (1996). The dissemination of efficacious psychological treatments. *Clinical Psychology: Science and Practice, 3,* 260–263.

Crits-Christoph, P., & Barber, J. P. (2002). Psychological treatments of personality disorders. In P. E. Nathan & J. M. German (Eds.), *A guide to treatments that work* (2nd ed., pp. 611–623). New York: Oxford University Press.

Crits-Cristoph, P., Connolly, M., Azarian, K., Crits-Cristoph, K., et al. (1996). An open trial of brief supportive-expressive psychotherapy

in the treatment of generalized anxiety disorder. *Psychotherapy, 33*(3), 418–430.

Cromer, L. D., Stevens, C., DePrince, A. P., & Pears, K. (2006). The relationship between executive attention and dissociation in children. *Journal of Trauma & Dissociation, 7*(4), 135–153.

Crow, T. J. (1980). Positive and negative schizophrenic symptoms and the role of dopamine: II. *British Journal of Psychiatry, 137,* 383–386.

Crow, T. J. (1985). The two-syndrome concept: Origins and current status. *Schizophrenia Bulletin, 11*(3), 471–486.

Crow, T. J. (1995). Brain changes and negative symptoms in schizophrenia. 9th World Congress of psychiatry (1993, Rio de Janeiro, Brazil). *Psychopathology, 28*(1), 18–21.

Crowe, R. R., Noyes, R., Pauls, D. L., & Slymen, D. J. (1983). A family study of panic disorder. *Archives of General Psychiatry, 40,* 1065–1069.

Crowther, J. H., Kichler, J. C., Shewood, N. E., & Kuhnert, M. E. (2002). The role of familial factors in bulimia nervosa. *Eating Disorders: The Journal of Treatment & Prevention, 10*(2), 141–151.

Crowther, J. H., Snaftner, J., Bonifazi, D. Z., & Shepherd, K. L. (2001). The role of daily hassles in binge eating. *International Journal of Eating Disorders, 29,* 449–454.

Csabai, M. (2004). The double-bind of female desire: On the mysteries of hysteria and anorexia nervosa. *Journal of European Psychoanalysis, 19*, 83–102.

Cummings, J. L. (2004). Alzheimer's disease. *New England Journal of Medicine, 351*(1), 56–67.

Curran, H. V., & Morgan, C. (2000). Cognitive, dissociative and psychotogenic effects of ketamine in recreational users on the night of drug use and 3 days later. *Addiction, 95*(4), 575–590.

Currier, G. W., & Simpson, G. M. (2001). Risperidone liquid concentrate and oral lorazepam versus intramuscular haloperidol and intramuscular lorazepam for treatment of psychotic agitation. *Journal of Clinical Psychiatry (Special Issue), 62*(3), 153–157.

Czekalla, J., Kollack-Walker, S., & Beasley, C. M. (2001). Cardiac safety parameters of olanzapine: Comparison with other atypical and typical antipsychotics. *Journal of Clinical Psychiatry, 62* (2), S35–S40.

D

Daderman, A. M., & Lidberg, L. (1999). Flunitrazepam (Rohypnol) abuse in combination with alcohol causes premeditated grievous violence in male juvenile offenders. *Journal of the American Academy of Psychiatry & the Law, 27*(1), 83–99.

Dalmau, A., Bergman, B., & Brismar, B. (1999). Psychotic disorders among inpatients with abuse of cannabis, amphetamaine and opiates. Do dopaminergic stimulants facilitate psychiatric illness? *European Psychiatry, 14*(7), 366–371.

Dammann, G., & Gerisch, B. (2005). Narcissistic personality disorders and suicidal behaviour: A psychodynamic perspective on treatment difficulties. *Schweizer Archives of Neurology and Psychiatry, 156,* 299–309.

Danforth, M. (2000). Listen to my words, give meaning to my sorrow: A study in perspective transformation in middle aged women who experience loss of spouse. *Dissertation Abstracts International, Section A: Humanities and Social Sciences, 60*(9-A), Ann Arbor, MI: Univ. of Microfilms International.

Dannon, P., Iancu, L., & Grunhaus, L. (2002). The efficacy of reboxetine in the treatment-refractory patients with panic disorder: An open label study. *Human Psychopharmacology, 17*(7), 329–333.

Daprati, E., Franck, N., Georgieff, N., Proust, J., et al. (1997). Looking for the agent: An investigation into consciousness of action and self-consciousness in schizophrenic patients. *Cognition, 65*(1), 71–86.

DARE America. (1991). *The DARE Regional Training Center Policy Board's manual for training law enforcement officers in the DARE program.* Washington, DC: Bureau of Justice Assistance.

Dare, C., & Crowther, C. (1995). Psychodynamic models of eating disorders. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 125–139). New York: John Wiley & Sons.

Dare, C., & Eisler, E. (1995). Family therapy. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 334–349). New York: John Wiley & Sons.

Dare, C., Eisler, I., Russell, G., Treasure, J., et al. (2001). Psychological therapies for adults with anorexia nervosa: Randomised controlled trial of out-patient treatments. *British Journal of Psychiatry, 178,* 216–221.

Darlington, Y. (1996). Escape as a response to childhood sexual abuse. *Journal of Child Sexual Abuse, 5,* 77–94.

Dattilio, F. M. (2005). The restructuring of family schemas: a cognitive-behavior perspective. *Journal of Marital Family Therapy, 31* (1)*,* 15–30.

David, V., Polis, I., McDonald, J., & Gold, L. (2001). Intravenous self-administration of heroin/cocaine combinations (speedball) using nose-poke or lever-press operant responding in mice. *Behavioural Pharmacology, 12*(1), 25–34.

Davidson, J., & Moore, N. (2001). *Speaking of sexuality: Interdisciplinary readings.* London: Pergamon/Elsevier Science.

Davidson, J. R., Hughes, D., Blazer, D. G., & George, L. K. (1991). Post-traumatic stress disorder in the community: An epidemiological study. *Psychological Medicine, 21*(3), 713–721.

Davidson, J. R., Swartz, M., Storck. M., Krishnan, R. R., et al. (1985). A diagnostic and family study of post-traumatic stress disorder. *American Journal of Psychiatry, 142,* 90–93.

Davidson, J. R. T., & Foa, E. B. (1991). Diagnostic issues in posttraumatic stress disorder: Considerations for the DSM-IV. *Journal of Abnormal Psychology,100*(3), 346–355.

Davidson, L., Stayner, D., & Haglund, K. (1998). Phenomenological perspectives on the social functioning of people with schizophrenia. In K. Muser & N. Tarrier (Eds.), *Handbook of social functioning in schizophrenia* (pp. 307–326). Needham Heights, MA: Allyn & Bacon.

Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., et al. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*(4), 564–570.

Davies, A. D. M., & Wagstaff, G. F. (1991). The use of creative imagery in the behavioural treatment of an elderly woman diagnosed as an hysterical ataxic. *Contemporary Hypnosis, 8,* 147–152.

Davis, J., & Phelps, J. (1995). Twins with schizophrenia: Genes or germs? *Schizophrenia Bulletin, 21,* 13–18.

Davis, M. (1999). Functional neuroanatomy of anxiety and fear: a focus on the amygdala. In D. S. Charney, E. J. Nestler, & B. S. Bun-

ney (Eds.), *Neurobiology of mental illness* (pp. 463–474). New York: Oxford University Press.

Davis, M., Rainnie, D., & Cassell, M. (1994). Neurotransmission in the rat amydgala related to fear and anxiety. *Trends in Neuroscience, 17,* 208–224.

Davis, P. (2001, May 7). Dope: A love story. *Time Magazine,* p. 62.

Dawsey, K. M. (1996, Aug.). Blunted. *Essence, 27,* 73–74.

Day, J. R., & Moore, M. E. (1976). Individual and family psychodynamic contributions to learning disability. *Journal of the National Association of Private Psychiatric Hospitals,* 8, 27–30.

de Bruijn, C., van den Brink, R., de Craff, R., & Vollebergh, W. (2006). The three year course of alcohol use disorders in the general population: DSM-IV, ICD-10 and the Craving Withdrawal Model. *Addiction, 101*(3), 385–392.

de Haan, L., van Raaij, B., van den Berg, R., & Jager, M., et al. (2001). Preferences for treatment during a first pscyhotic episode. *European Psychiatry, 16*(2), 83–89.

de la Torre, R., Farre, M., Roset, P. N., Hernandez Lopez, C., et al. (2000). Pharmacology of MDMA in humans. In S. F. Ali (Ed.), *Neurobiological mechanisms of drugs of abuse: Cocaine, ibogaine, and substituted amphetamines* (pp. 225–237). New York: New York Academy of Sciences.

De Silva, P. (1995). Cognitive-behavioural models of eating disorders. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 141–153). New York: John Wiley & Sons.

de Silva, W. (1999). ABC of sexual health: Sexual perversions [Review]. *British Medical Journal, 318*(7184), 654–656.

de Waal, M. W., Arnold, I., Eekhof, J. A., & van Hemert, A. M. (2004). Somatoform disorders in general practice: Prevalence, functional impairment and comorbidity with anxiety and depressive disorders. *British Journal of Psychiatry; The Journal of Mental Science, 184*, 470–476.

De Wit, H. (2006). Towards a science of spiritual experience. *Psychopharmacology, 187*(3), 267.

de Zwaan, M. (2003). Basic neuroscience and scanning. In J. Treasure, U. Schmidt, & E. Van Furth (Eds.), *Handbook of Eating Disorders, 2e* (pp. 89–101). Hoboken, NJ: John Wiley & Sons.

Deakin, J. W., & Graeff, F. G. (1991). 5-HT and mechanisms of defense. *Journal of Psychopharmacology, 54*(4), 305–315.

Dean, B. (2000). Signal transmission. *Australian & New Zealand Journal of Psychiatry, 34,* 560–569.

Deater-Deckard, K., Dodge, K. A., Bates, J. E., & Pettie, G. S. (1998). Multiple risk factors in the development of externalizing behavior problems: Group and individual differences. *Development and Psychopathology, 10,* 469–493.

DeFries, J. C., & Light, J. G. (1996). Twin studies of reading disability. In J. H. Beitchman & N. J. Cohen (Eds.), *Language, learning, and behavior disorders: Developmental, biological, and clinical perspectives* (pp. 272–292). New York: Cambridge University Press.

Degun-Mather, M. (2001). The value of hypnosis in the treatment of chronic PTSD with dissociative fugues in a war veteran. *Contemporary Hypnosis, 18*(1), 4–13.

Deitz, I. J. (1995). The self-psychological approach to the bipolar spectrum disorders. *Journal of the American Academy of Psychoanalysis, 23,* 475–492.

Delay, J., & Deniker, P. (1952). Le traitment des psychoses par une methode neurolyptique derivee d'hibernotherapie: Le 4560 RP utilize seul en cure prolngee et continuee. *Congres des Medicins Alienistes et Neuologistes de France des Pays du Langue Francaise, 50,* 503–513.

Delgado, P., & Moreno, F. (2000). The role of norepinephrine in depression. *Journal of Clinical Psychiatry, 61*(suppl), 5–12.

DeLisi, L. E. (1997). The genetics of schizophrenia. *Schizophrenia Research, 28,* 163–175.

DeLisi, L. E., Razi, K., Stewart, J., Relja, M., et al. (2000). No evidence for a parent-of-origin effect detected in the pattern of inheritance of schizophrenia. *Biological Psychiatry, 48*(7), 706–709.

Demmel, R., Klusener, J., and Rist, F. (2004). Anticipated level of alcohol-induced sedation and stimulation in relation to estimated blood alcohol concentration. *Journal of Studies on Alcohol, 65*(1), 16–21.

Den Bleyker, K. (2000). The dual diagnosis of posttraumatic stress disorder and substance abuse: A literature review and treatment protocol. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 60*(8-B). Ann Arbor, MI: University Microfilms International.

Den Boer, J. A., van Vliet, I. M., & Westenberg, H. G. M. (1996). Advances in the psychopharmocology of social phobia. In H. G. M. Westenberg, J. A. Den Boer, & D. L. Murphy (Eds.), *Advances in the neurobiology of anxiety disorders* (pp. 401–418). New York: John Wiley & Sons.

DePrince, A. P., & Freyd, J. (2001). Memory and dissociative tendencies: The roles of attentional context and word meaning in a directed forgetting task. *Journal of Trauma & Dissociation, 2*(2), 67–82.

Devlin, M. J., Yanovski, S. Z., & Wilson, G. T. (2000). Obesity: What mental health professionals need to know. *American Journal of Psychiatry, 157,* 854–866.

Dialectical behavioral therapy. (2002, August). *Harvard Mental Health Letter, 19* (2), 1–3.

Diaz-Marsa, M., Carrasco, J. L., & Saiz, J. (2000). A study of temperament and personality in anorexia and bulimia nervosa. *Journal of Personality Disorders, 14,* 352–359.

Dickel, D. E., Veenstra-VanderWeele, J., Cox, N. J., Wu, X., et al. (2006). Association testing of the positional and functional candidate gene SLCIA1/EAACI in early-onset obsessive-compulsive disorder. *Archives of General Psychiatry, 63*(7), 778–785.

Dickerson, F. B. (2000). Cognitive-behavioral psychotherapy for schizophrenia: A review of recent empirical studies. *Schizophrenia Research, 43*(2–3), 71–90.

Diekstra, R. F., Kienhorst, C. W. M., & de Wilde, E. J. (1995). Suicide and suicidal behavior among adolescents. In M. Rutter & D. J. Smith (Eds.), *Psychosocial disorders in young people.* Chichester, England: John Wiley & Sons.

Dignam, P. T. (2000). Criteria for involuntary hospitalisation [Comment]. *Australian & New Zealand Journal of Psychiatry, 34*(2), 337.

Dilts, S. L., Jr. (2001). *Models of the mind: A framework for biopsychosocial psychiatry* (pp. xix, 327). Philadelphia: Brunner-Routledge.

DiMatteo, M. R., & Martin, L. R. (2002). *Health psychology.* Boston: Allyn & Bacon.

Dimeff, L., Baer, J., Kivlahan, D., & Marlatt, G. (1999). Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach. New York: Guilford Press.

Dodge, K. A. (2000). Conduct disorders. In A. J. Sameroff, M. Lewis, & S. M. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed.). New York: Plenum Press.

Dodge, K. A. (2006). Translational science in action: Hostile attributional style and the development of aggressive behavior problems. *Development and Psychopathology, 18*(3), 791–814.

Dodge, K. A., Pettit, G. S., Bates, J. E., & Valente, E. (1995). Social information-processing patterns partialy mediate the effect of early physical abuse on later conduct problems. *Journal of Abnormal Psychology, 104,* 632–643.

Dodgen, C., & Shea, W. (2000). *Substance use disorders: Assessment and treatment.* San Diego, CA: Academic Press.

Doerman, D. (1999). Sexual perversion. In D. Olendorf, C. Jeryan, & K. Boyden (Eds.), *Gale encyclopedia of medicine.* Detroit: Gale Research.

Dohrenwend, B. P., Levav, I., Shrout, P. E., Schwartz, S., et al. (1992). Socioeconomic status and psychiatric disorders: The causation-selection issue. *Science, 255*(5047), 946–952.

Dohrenwend, B., Levav, I., Shrout, P., Schwartz, S., et al. (1998). Ethnicity, socioeconomic status, and psychiatric disorders: A test of the social causation-social selection issue. In *Adversity, stress & psychopathology* (pp. 285–318). New York: Oxford University Press.

Doidge, N. (2001). Diagnosing the English patient: Schizoid fantasies of being skinless and of being buried alive. *Journal of the American Psychoanalytic Association, 49*(1), 279–309.

Domino, E. F. (1992). Chemical dissociation of human awareness: Focus on non-competitive NMDA receptor antagonists. *Journal of Psychopharmacology, 6*(3), 418–424.

Dong, J., & Blier, P. (2001). Modification of norepinephrine and serotonin, but not dopamine, neuron firing by sustained bupropion treatment. *Psychopharmacology, 155*(1), 52–57.

Dorahy, M. J., Mills, H., Taggart, C., O'Kane, M., et al. (2006). Do dissociative disorders exist in Northern Ireland?: Blind psychiatric-structured interview assessments of 20 complex psychiatric patients. *European Journal of Psychiatry, 20*(3), 172–182.

Dostoevsky, F. (1993). *Notes from the underground.* New York: Knopf.

Dougall, A. L., & Baum, A. (2001). Stress, health, and illness. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 321–337). Mahwah, NJ: Lawrence Erlbaum.

Douglass, H. M., Moffitt, T. E., Dar, R., McGee, R., et al. (1995). Obsessive-compulsive disorder in a birth cohort of 18-year-olds: Prevalence and predictors. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*(11), 1424–1431.

Doyle, A. D., Biederman, J., Seidman, L. J., Weber, W., et al. (2000). Diagnostic efficiency of neuropsychological test scores for discriminating boys with and without attention deficit-hyperactivity disorder. *Journal of Consulting and Clinical Psychology, 68*(3), 477–488.

Doyon, S. (2001). The many faces of ecstasy. *Current Opinion in Pediatrics, 13*(2), 170–176.

Drake, C., & Ward, T. (2003). Treatment models for sex offenders. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Drake, R. E., & Mueser, K. T. (2000). Psychosocial approaches to dual diagnosis. *Schizophrenia Bulletin (Special Issue: Psychosocial Treatment for Schizophrenia), 26*(1), 105–118.

Dressler, W. W., Bindon, J. R., & Neggers, Y. H. (1998). John Henryism, gender, and arterial blood pressure in an African American community. *Psychosomatic Medicine, 60,* 620–624.

Dujovne, V. F., Barnard, M. U., & Rapoff, M. A. (1995). Pharmacological and cognitive-behavioral approaches in the treatment of childhood depression: A review and critique. *Clinical Psychology Review, 15,* 589–611.

Dunmore, E., Clark, D. M., & Ehlers, A. (2001). A prospective investigation of the role of cognitive factors in persistent posttraumatic stress disorder (PTSD) after physical or sexual assault. *Behaviour Research and Therapy, 39*(9), 1063–1084.

Dunn, A., Trivedi, M., Kempert, J., Clark, C., et al. (2005). Exercise treatment for depression: Efficacy and dose response. *American Journal of Preventive Medicine, 28*(1), 1–8.

Dunn, A. L., Trivedi, M. H., Kampert, J. B., Clark, C. G., et al. (2005). Exercise treatment for depression: Efficacy and dose response. *American Journal of Preventive Medicine, 28*(1), 1–8.

Dunphy, P. M. (2000). Using an empowerment and education intervention to prevent smoking relapse in the early postpartum period. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61*(6-B), 2986. Ann Arbor, MI: University Microfilms International.

Durand, V. M., & Carr, E. G. (1989). Operant learning methods with chronic schizophrenia and autism: Aberrant behavior. In *Chronic schizophrenia and adult autism: Issues in diagnosis, assessment, and psychological treatment* (pp. 231–273). New York: Springer.

Durham, R., Murphy, T., Allan, T., Richard, K., et al. (1994). Cognitive therapy, analytic psychotherapy and anxiety management training for generalised anxiety disorder. *British Journal of Psychiatry; The Journal of Mental Science, 165*(3), 315–323.

Dykens, E. M., & Volkmar, F. R. (1997). Medical conditions associated with autism. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of autism and pervasive developmental disorders.* New York: John Wiley & Sons.

E

Eads, L., Shuman, D., & DeLipsey, J. (2000). Getting it right: The trial of sexual assault and child molestation cases under Federal Rules of Evidence 413–415. *Behavioral Sciences & the Law (Special Issue: Sex Offenders: Part two/three), 18*(2–3), 169–216.

Eaton, W. W., Kramer, M., Anthony, J. C., Chee, E. M. L., et al. (1989). Conceptual and methodological problems in estimation of the incidence of mental disorders. In B. Cooper & T. Helgason (Eds.), *Epidemiology and the prevention of mental disorders.* London: Routledge.

Ebener, P., McCaffrey, D., & Saner, H. (1994). *Prevalence of alcohol and drug use in California's household population, 1988–1991; Analysis of the California subsample, from the National Household Survey on Drug Abuse.* Santa Monica, CA: RAND Corporation.

EchoHawk, M. (2006). Suicide prevention efforts in one area of Indian Health Service, USA. *Archives of Suicide Research, 10,* 169–176.

Eckert, M. A., Leonard, C. M., Wilke, M., Eckert, M., et al. (2005). Anatomical signatures of dyslexia in children: Unique information

from manual and voxel-based morphometry brain measures. *Cortex, 41*(3), 304–315.

Edelstein, B., Kalish, K., Drzdick, L., & McKee, D. (1999). Assessment of depression and bereavement in older adults. In P. Lichtenberg (Ed.), *Handbook of assessment in clinical gerontology.* New York: John Wiley & Sons.

Ehlers, A., Clark, D. M., Hackmann, A., McManus, F., & Fennell, M. (2005). Cognitive therapy for post-traumatic stress disorder: Development and evaluation. *Behaviour Research and Therapy, 43*(4), 413–431.

Ehlers, A., Maercker, A., & Boos, A. (2000). Posttraumatic stress disorder following political imprisonment: The role of mental defeat, alienation, and perceived permanent change. *Journal of Abnormal Psychology, 109*(1), 45–55.

Ehringer, M. A., Rhee, S. H., Young, S., Corley, R., et al. (2006). Genetic and environmental contributions to common psychopathologies of childhood and adolescence: A study of twins and their siblings. *Journal of Abnormal Child Psychology, 34*(1), 1–17.

Eigen, M. (2004). *The Sensitive Self.* Middletown, CT: Wesleyan University Press.

Einarson, T. R., Arikian, S. R., Casciano, J., & Doyle, J. J. (1999). Comparison of extended release venlafaxine, selective serotonin reuptake inhibitors, and tricyclic antidepressants in the treatment of depression: A meta-analysis of randomized controlled trials. *Clinical Therapeutics: International Journal of Drug Therapy, 21*(2), 296–308.

Eisendrath, S. J. (1996). Current overview of factitious physical disorders. In M D. Feldman & S. J. Eisendrath (Eds.), *The spectrum of factitious disorders* (pp. 21–36). Washington, DC: American Psychiatric Press.

Eisler, I. (1995). Family models of eating disorders. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 155–176). New York: John Wiley & Sons.

Eisler, I., Dare, C., Hodes, M., Russell, G., et al. (2000). Family therapy for adolescent anorexia nervosa: The results of a controlled comparison of two family interventions. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 41,* 727–736.

Eisler, I., le Grange, D., & Asen, E. (2003). Family interventions. In J. Treasure, U. Schmidt, & E. Van Furth (Eds.), *Handbook of Eating Disorders, 2e* (pp. 291–310). Hoboken, NJ: John Wiley & Sons.

El Mallakh, R. S., & Wyatt, R. J. (1995). The Na,K-ATPase hypothesis for bipolar illness. *Biological Psychiatry, 37,* 235–244.

El-Bashir, T. (1998, May 17). Auto Racing: Driver with sex change finds her career stalled. *The New York Times,* p. B1.

El-Defrawi, M., Lotfy, G., Dandash, K., Refaat, A., et al. (2001). Female genital mutilation and its psychosexual impact. *Journal of Sex & Marital Therapy, 27*(5), 465–473.

Ellason, J. W., Ross, C. A., & Fuchs, D. L. (1996). Lifetime Axis I and II comorbidity and childhood trauma history in dissociative identity disorder. *Psychiatry: Interpersonal & Biological Processes, 59*(3), 255–266.

Ellason, J. W., & Ross, A. (1997). Two-year follow-up of inpatients with dissociative disorder. *American Journal of Psychiatry, 154*(6), 832–839.

Ellason, J. W., & Ross, A. (1999). Childhood trauma and dissociation in male sex offenders. *Sexual Addiction & Compulsivity, 6*(2), 105–110.

Elliott, R. (2002). The effectiveness of humanistic psychotherapies: A metaanalysis. In D. J., Cain & J., Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 57–81). Washington, DC: American Psychological Association.

Ellis, A. (1962). *Reason and emotion in psychotherapy.* Secaucus, NJ: Lyle Stuart.

Ellis, A. (1979). The theory of rational-emotive therapy. In A. Ellis & J. M. Whitely (Eds.), *Theoretical and empirical foundations of rational-emotive therapy.* Monterey, CA: Brooks/Cole.

Ellis, A. (1996). *Better, deeper, and more enduring brief therapy: The rational-emotive behavior therapy approach.* New York: Bruner/Mazel.

Ellis, A. (1997). The evolution of Albert Ellis and rational emotive behavior therapy. In J. K. Zeig (Ed.), *The evolution of psychotherapy: The third conference.* New York: Brunner/Mazel.

Ellis, A. (2000). Rational emotive behavior therapy. In R. Corsini & D. Wedding (Eds.). *Current Psychotherapies* (6th ed., pp. 168–204). Itasca, IL: FE. Peacock Publishing Inc.

Ellis, A. (2001). *Overcoming Destructive Beliefs, Feelings, and Behaviors: New Directions for Rational Emotive Behavior Therapy.* Amerherst, NY: Prometheus Books.

Ellis, A. (2003). Similarities and differences Between Rational Emotive Behavior Therapy and Cognitive Therapy. *Journal of Cognitive Psychotherapy, 17* (3)*,* 225–240.

Ellis, A., & MacLaren, C. (1998). *Regional emotive behavior therapy: A therapist's guide.* Atascadero, CA: Impact Publishers.

Ellison, G., & Switzer, R. C. (1993). Dissimilar patterns of degeneration in brain following four different addictive stimulants. *Neuroreport: An International Journal for the Rapid Communication of Research in Neuroscience, 5*(1), 17–20.

Ellison, G., Ring, M., Ross, D., & Axelrood, B. (1980). Cumulative alterations in rat behavior during continuous administration of LSD or mescaline: Absence of tolerance? *Biological Psychiatry, 15*(1), 95–102.

Elman, I., Krause, S., Karlsgodt, K., Schoenfeld, D. A., et al. (2001). Clinical outcomes following cocaine infusion in non-treatment seeking individuals with cocaine dependence. *Biological Psychiatry (Special Issue), 49*(6), 553–555.

Endler, N. S., & Kocovski, N. L. (2001). State and trait anxiety revisited. *Journal of Anxiety Disorders, 15*(3), 231–245.

Engel, G. L. (1977). The need for a new medical model: A challenge to biomedicine. *Science, 196*(4286), 129–136.

Epps, G. (2001). *To an unknown God: religious freedom on trial.* New York: St. Martin's Press.

Epstein, E. E. (2001). Classification of alcohol-related problems and dependence. In N. Heather (Ed.), *International handbook of alcohol dependence and problems* (pp. 47–70). New York: John Wiley & Sons.

Erdelyi, M. (1985). *Psychoanalysis: Freud's cognitive therapy.* New York: W. H. Freeman.

Eriksen, K., & Kress, V. (2005). *Beyond the DSM Story*. Thousand Oaks, CA: Sage.

Erickson, C. K. (1996). Review of neurotransmitters and their role in alcoholism treatment. *Alcohol & Alcoholism, 31*(1), S5–S11.

Erickson, P. G., Adlaf, E. M., Smart, R. G., & Murray, G. F. (1994). *The steel drug: Cocaine and crack in perspective* (2nd ed.). New York: Lexington Books/Macmillan.

Eron, L. D. (1997). The development of antisocial behavior from a learning perspective. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 140–147). New York: John Wiley & Sons, Inc.

Esper, E. A. (1964). *A history of psychology.* Philadelphia: Saunders.

Essock, S. M., Mueser, K. T., Drake, R. E., Covell, N. H., McHugo, G. J., & et al. (2006). Comparison of ACT and standard case management for delivering integrated treatment for co-occurring disorders. *Psychiatric Services, 57*(2): 185–196.

Ettenberg. A. (2004). Opponent process properties of self-administered cocaine. *Neuroscience and Biobehavioral Review, 27*, 721–728.

Ettinger, U., Chitnis, X., Kumari, V., Fannon, D., et al. (2001). Magnetic resonance imaging of the thalamus in first-episode psychosis. *American Journal of Psychiatry, 158*(1), 116–118.

Evans, K., & Sullivan, J. M. (2001). *Dual diagnosis: Counseling the mentally ill substance abuser* (2nd ed.). New York: Guilford Press.

Evans, M. D., Hallon, S. S., DeRubies, R. J., Piasecki, J. M., et al. (1992). Differential relapse following cognitive therapy and pharmacotherapy for depression. *Archives of General Psychiatry, 49,* 802–808.

Exner, J. E. (1976). Projective techniques. In I. B. Weiner (Ed.), *Clinical methods in psychology.* New York: John Wiley & Sons.

Exner, J. E. (1995). *The Rorschach: A comprehensive system, volume 1: Basic foundations* (3rd ed.). New York: John Wiley & Sons.

F

Fabiano, G. A., Pelham, W. E., Manos, M. J., Gnagy, E. M., et al. (2004). An evaluation of three time-out procedures for children with attention deficit/hyperactivity disorder. *Behavior Therapy, 35*(3), 449–469.

Fabrega, H. (1982/1984). Culture and psychiatric illness: Biomedical and ethnomedical aspects. In A. J. Marsella & G. M. White (Eds.), *Cultural conceptions of mental health and therapy.* Dordecht, Holland: D. Reidel Publishing Co.

Fabrega, H. (1995). Cultural challenges to the psychiatric enterprise. *Comprehensive Psychiatry, 36*(5), 377–383.

Fabrega, H., Ahn, C., & Mezzich, J. E. (1992). On the descriptive validity of DSM III schizophrenia. *Psychopathology, 25*(2), 79–89.

Fairburn, C. G. (1995). Physiology of anorexia nervosa. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Fallon, B. A. (2001). Pharmacologic strategies for hypochondriasis. In V. Starcevic & D. R. Lipsitt (Eds.), *Hypochondriasis: Modern perspectives on an ancient malady* (pp. 329–351). New York: Oxford University Press.

Faludi, S. (1991). *Backlash: The undeclared war against American women.* New York: Crown Publishers.

Farah, M. J., Shera, D. M., Savage, J. H., Betancourt, L., et al. (2006). Childhood poverty: Specific associations with neurocognitive development. *Brain Research, 1110*(1), 166–174.

Faraone, S. V., Biederman, J., & Mick, E. (2006). The age-dependent decline of attention deficit hyperactivity disorder: A meta-analysis of follow-up studies. *Psychological Medicine, 36*(2), 159–165.

Faraone, S. V., & Doyle, E. (2001). The nature and heritability of attention-deficit/hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America, 10*(2), 299–316.

Faraone, S. V., Seidman, L. J., Kremen, W. S., Toomey, R., et al. (1999). Neuropsychological functioning among the nonpsychotic relatives of schizophrenic patients: A 4-year follow-up study. *Journal of Abnormal Psychology, 108*(1), 176–181.

Farley, M., & Barkan, H. (1997). Somatization, dissociation, and tension-reducing behaviors in psychiatric outpatients. *Psychotherapy and Psychosomatics, 66,* 133–140.

Fast, I., & Chethik, M. (1976). Aspects of depersonalization-derealization in the experience of children. *International Review of Psychoanalysis, 3,* 483–490.

Faustman, W. O. (1995). What causes schizophrenia? In *Treating schizophrenia* (pp. 57–80). San Francisco: Jossey-Bass.

Fava, G. A., Bartolucci, G., Rafanelli, C., & Mangelli, L. (2001). Cognitive-behavioral management of patients with bipolar disorder who relapsed while on lithium prophylaxis. *Journal of Clinical Psychiatry, 62,* 556–559.

Favaro, A., Zaetta, C., Colombo, G., & Santonastaso, P. (2004). Surviving the Vajont disaster: Psychiatric consequences 36 years later. *Journal of Nervous and Mental Disease, 192*(3), 227–231.

Fayek, M., Kingsbury, S. J., Zada, J., & Simpson, G. M. (2001). Cardiac effects of antipsychotic medications. *Psychiatric Services (Special Issue), 52*(5), 607–609.

Feldman, M. D., Hamilton, J. C., & Deemer, H. N. (2001). Factitious disorder. In K. A. Phillips (Ed.), *Somatoform and factitious disorders* (pp. 129–166). Washington, DC: American Psychiatric Publishing.

Felix, A. D., & Wine, P. R. (2001). From the couch to the street: Applications of psychoanalysis to work with individuals who are homeless and mentally ill. *Journal of Applied Psychoanalytic Studies (Special Issue), 3*(1), 17–32.

Fenichel, O. (1945). *The psychoanalytic theory of neurosis.* New York: Norton.

Fenton, W. S., & McGlashan, T. H. (1991). Natural history of schizophrenia sybtypes. I. Longituinal study of paranoid, hebephrenic, an undifferentiate schizophrenia. *Archives of General Psychiatry, 48*(11), 969–977.

Fenton, W. S., & McGlashan, T. H. (1994). Antecedents, symptom progression, and long-term outcome of the deficit syndrome in schizophrenia. *American Journal of Psychiatry, 151*(3), 351–356.

Fergusson, D., Horwood, L., & Beautrais, A. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry, 56*(10), 876–880.

Fergusson, D., Doucette, S., Glass, K. C., Shapiro, S., et al. (2005). Association between suicide attempts and selective serotonin reuptake inhibitors: Systematic review of randomised controlled trials. *Behavior Modification Journal*, *330,* 396.

Fernander, A., Duran, R. E., Saab, P., & Schneiderman, N. (2004). John Henry Active coping, education, and blood pressure among urban blacks. *Journal of the National Medical Association, 96*(2), 246–255.

Fernandez, E., & Sheffield, J. (1996). Relative contributions of life events versus daily hassles to the frequency and intensity of headaches. *Headache, 36,* 595–602.

Ferri, M., Amato, L., & Davoli, M. (2007, Issue 2). Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *The Cochrane Database of Systematic Reviews*.

Ferster, C. B. (1966). Animal behavior and mental illness. *Psychological Record, 16,* 345–356.

Fichter, M. M., & Noegel, R. (1990). Concordance for bulimia nervosa in twins. *International Journal of Eating Disorders, 9,* 425–436.

Fichter, M. M., Narrow, W. E., Roper, M. T., Rehm, J., et al. (1996). Prevalence of mental illness in Germany and the United States: Comparison of the Upper Bavarian Study and the Epidemiologic Catchment Area Program. *The Journal of Nervous and Mental Disease, 184*(10), 598–606.

Field, C. E., Nash, H. M., Handwerk, M. L., & Friman, P. C. (2004). A modification of the token economy for nonresponsive youth in family-style residential care. *Behavioral Modification, 28,* 438–457.

Fields, L. (1996). "Sanity and irresponsibility": Comment. *Philosophy, Psychiatry & Psychology, 3*(4), 303–304.

Filipek, P. A. (1999). Neuroimaging in the developmental disorders: The state of the science. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 40*(1), 113–128.

Filipek, P. A. (2005). Medical aspects of autism. In F. R., Volkmar, R., Paul, A., Klin, & D., Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders, Volume 1* (3rd ed., pp. 534–578). Hoboken, NJ: John Wiley & Sons.

Fine, C. G. (1991). Treatment stabilization and crisis prevention: Pacing the therapy of the multiple personality disorders patient. *Psychiatric Clinics of North America, 14,* 661–675.

Fine, C. G. (1992). Multiple personality disorder. In A. Freeman & F. M. Dittilio (Eds.), *Comprehensive casebook of cognitive therapy* (pp. 347–360). New York: Plenum Press.

Fine, C. G. (1996). A cognitively based treatment model for DSM-IV dissociative identity disorder. In L. K. Michelson & W. J. Ray (Eds.), *Handbook of dissociation: Theoretical, empirical, and clinical perspectives* (pp. 401–411). New York: Plenum Press.

Fine, C. G. (1999). The tactical-integration model for the treatment of dissociative identity disorder and allied dissociative disorders. *American Journal of Psychotherapy, 53*(3), 361–376.

Fingerhood, M. (2000). Substance abuse in older people. *Journal of the American Geriatrics Society, 48*(8), 985–995.

Fink, M. (1999). *Electroshock: Restoring the mind.* New York: Oxford University Press.

Fink, M. (2005). Is the practice of ECT ethical? *The World Journal of Biological Psychiatry, 6* (Suppl. 2)*,* 38–43.

Fink, M., & Taylor, M. A. (2001). The many varieties of catatonia. *European Archives of Psychiatry & Clinical Neuroscience (Special Issue: Catatonia: A New Focus of Research, 251* (1), S8–S13.

Finkelhor, D. (1987). The sexual abuse of children: Current research reviewed. *Psychiatric Annals, 17,* 233–241.

Finlay-Jones, R. (1986). Should thiamine be added to beer? *Australian & New Zealand Journal of Psychiatry, 20,* 3–6.

Finucane, A., & Mercer, S. (2006). An exploratory mixed methods study of the acceptability and effectiveness on mindfulness-based cognitive therapy for patients with active depression and anxiety in primary care. *BMC Psychiatry, 6*(14), 6–14.

First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1997). *SCID I/P (for DSM-IV) patient edition structured clinical interview for DSM-IV Axis I disorders.* New York: Biometrics Research, New York State Psychiatric Institute.

Fish, E., Faccidomo, S., DeBold, J., & Miczek, K. A. (2001). Alcohol, allopregnanolone and aggression in mice. *Psycopharmacology, 153*(4), 473–483.

Fisher, D. (2001, Aug. 19). We've been misled by the drug industry. *The Washington Post,* p. B03.

Fisher, G. L., & Harrison, T. C. (1997). *Substance abuse.* Boston: Allyn & Bacon.

Fiske, S., & Taylor, S. (1991). *Social cognition* (2nd ed). New York: McGraw-Hill.

Flaherty, J. (2001, May 9). At Amherst, the day the urns went dry. *The New York Times,* p. A26.

Flament, M. F., Rapoport, J. L., Berg, W., Sceery, C., et al. (1985). Cominpramine treatment of childhood obsessive-compulsive disorder: A double-blind controlled study. *Archives of General Psychiatry, 429*(10), 977–983.

Flanagan, E. H., & Blashfield, K. (2003). Gender bias in the diagnosis of personality disorders: The roles of base rates and social stereotypes. *Journal of Personality Disorders, 17*(5), 431–446.

Fleet, R. P., Dupuis, G., Marchand, A., Burelle, D., et al. (1996). Panic disorder in emergency department chest pain patients: prevalence, comorbidity, suicidal ideation, and physician recognition. *American Journal of Medicine, 101,* 371–380.

Fleischhacker, W. (2000). Negative symptoms in patients with schizophrenia with special reference to the primary versus secondary distinction. *Encephale (Special Issue), 26*(1), 12–14.

Fleming, N., Potter, & Kettyle. (1996). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Flint, A. J., & Rifat, S. L. (2002). Relationship between clinical variables and symptomatic anxiety in late-life depression. *American Journal of Geriatric Psychiatry, 10*(3), 292–296.

Foa, E. P., & Kozak, M. J. (1996). Obsessive-compulsive disorder. In C. Lindemann (Ed.), *Handbook of the treatment of anxiety disorders* (pp. 139–171). Northvale, NJ: Jason Aronson, Inc.

Fodor, I. E. (1974). Sex role conflict and symptom formation in women: Can behavior therapy help? *Psychotherapy: Theory, Research & Practice, 11*(1), 22–29.

Fog, A. (1992). Paraphilias and therapy. *Nordisk Sexologi, 10*(4), 236–242.

Follette, W. C., & Houts, A. C. (1996). Models of scientific progress and the role of theory in taxonomy development: A case study of the DSM. *Journal of Consulting and Clinical Psychology, 64*(6), 1120–1132.

Fontenelle, L. F., Mendlowicz, M. V., de Menezes, G. B., Papelbaum, M., Freitas, S. R., Godoy-Matos, A., et al. (2003). Psychiatric comorbidity in a Brazilian sample of patients with binge-eating disorder. *Psychiatry Research, 119*(1–2), 189–194.

Ford, M., & Widiger, T. A. (1989). Sex bias in the diagnosis of histrionic and antisocial personality disorders. *Journal of Consulting and Clinical Psychology, 57,* 301–305.

Fossati, A., Maffei, C., Battaglia, M., Bagnato, M., et al. (2001). Latent class analysis of DSM-IV schizotypal personality disorder criteria in psychiatric patients. *Schizophrenia Bulletin, 27*(1), 59–71.

Foulks, E. F. (1996). Culture and personality disorders. In J. E. Mezzich, A. Kleinman, H. Fabrega, & D. Parron (Eds.), *Culture and psychiatric diagnosis* (pp. 243–252). Washington, DC: American Psychiatric Press, Inc.

Foxx, R. M. (1998). A comprehensive treatment program for inpatient adolescents. *Behavioral Interventions, 13*(1), 67–77.

France, R., & Robson, M. (1997). *Cognitive behaivoural therapy in primary care: A practical guide.* London: Jessica Kingsley Publishers.

Franco, D. L., Wonderlich, S. A., Little, D., & Herzog, D. B. (2004). Diagnosis and classification of eating disorders. In J. K. Thompson (Ed.), *Handbook of Eating Disorders and Obesity* (pp. 58–80). Hoboken, NJ: John Wiley & Sons.

Frank, E., Kupfer, D., Wagner, E., & McEachran, A. (1991). Efficacy of interpersonal psychotherapy as a maintenance treatment of recurrent depression: Contributing factors. *Archives of General Psychiatry, 48,* 1053–1059.

Frank, L. K. (1939). Projective methods for the study of personality. *Journal of Psychology, 8,* 343–389.

Frankl, I. D. (1980). *Existential psychotherapy.* New York: Basic Books.

Franklin, M. E., Abramowitz, J. S., Kozak, M. J., Levitt, J. T., et al. (2000). Effectiveness of exposure and ritual prevention for obsessive-compulsive disorder: Randomized compared with nonrandomized samples. *Journal of Consulting & Clinical Psychology, 68,* 594–602.

Franzen, M. D., & Smith-Seemiller, L. (1998). Behavioral neuropsychology. In A. S. Bellack & M. E. Hersen (Eds.), *Behavioral assessment: A practical handbook* (4th ed.). Boston: Allyn & Bacon.

Fredrikson, M., Annas, P., Fischer, H., & Wik, G. (1996). Gender and age differences in the prevalence of specific fears and phobias. *Behaviour Research & Therapy, 34,* 33–39.

Freedman, D. X. (1968). On the use and abuse of LSD. *Archives of General Psychiatry, 18,* 330–347.

Freeman, A., Freeman, S. M., & Rosenfield, B. (2005). Histrionic personality disorder. In G. O., Gabbard, J. S., Beck, & Holmes, J., (Eds.), *Oxford Textbook of Psychotherapy* (pp. 305–310). New York: Oxford University Press.

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

Freeman, A., Pretzer, J., Fleming, B., & Simon, K. M. (2004). *Clinical Applications of Cognitive Therapy* (2nd ed.). New York: Kluwer Academic/Plenum Publishers.

Freeman, C. (1995). Cognitive therapy. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 309–331). New York: John Wiley & Sons.

Freeman, H. (1994). Schizophrenia and city residence. *British Journal of Psychiatry, 164* (23), S39–S50.

Fresco, D. M., Heimberg, R. G., Abramowitz, A., & Bertram, T. L. (2006). The effects of a negative mood priming challenge on dysfunctional attitudes, explanatory style, and explanatory flexibility. *British Journal of Clinical Psychology, 45,* 167–183.

Freud, A. (1937). *The ego and the mechanisms of defense.* New York: International Universities Press.

Freud, A. (1962). Assessment of childhood disturbances. *Psychoanalytic Study of the Child, 17,* 149–158.

Freud, A. (1965). *Normality and pathology in childhood: Assessments of development.* Madison, WI: International Universities Press.

Freud, A. (1981). *Psychoanalytic psychology of normal development.* New York: International Universities Press.

Freud, S. (1894). The neuro-psychoses of defense. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3). London: Hogarth Press.

Freud, S. (1895). A reply to criticisms on the anxiety neurosis. In *Collected Works* (Vol. 1). London: Hogarth Press.

Freud, S. (with J. Breuer) (1895). *Studies in hysteria.* Standard Edition of the *Complete psychological works of Sigmund Freud,* (Vol. II). London: Hogarth Press.

Freud, S. (1905). Three essays on the theory of sexuality. In *Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 7, pp. 125–245). London: Hogarth Press.

Freud, S. (1909). Analysis of a phobia in a five-year-old boy (The case of "Little Hans"). In *Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 10, pp 1–149). London: Hogarth Press.

Freud, S. (1913). The disposition to obsessional neurosis. *Standard edition of the complete psychological works of Sigmund Freud* (Vol. 12). London: Hogarth Press, pp. 311–326.

Freud, S. (1914). On narcissism. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14). London: Hogarth Press.

Freud, S. (1923). *The ego and the id.* London: Hogarth Press.

Freud, S. (1924). The loss of reality in neurosis and psychosis. In *The standard edition of the complete psychological works of Sigmund Freud* (Vol). London: Hogarth Press.

Freud, S. (1925). *Collected papers, volume 4.* London: Hogarth Press.

Freud, S. (1926). Inhibitions, symptoms and anxiety. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3). London: Hogarth Press.

Freud, S. (1940a). Splitting of the ego in the defensive process (1938). In *Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 23; pp. 271–278). London: Hogarth Press.

Freud, S. (1940b). An outline of psychoanalysis. In *Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 23, pp. 141–207). London: Hogarth Press.

Freud, S. (1952). *An autobiographical study.* J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud,* Vol. 20. London: Hogarth Press. (Original work published 1925.)

Freud, S. (1953–1966). In J. Strachey (Ed. & Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vols. 1–23). London: Hogarth Press.

Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14). London: Hogarth Press. (Original work published 1917.)

Freud, S. (1962). *The aetiology of hysteria.* In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud,* Vol. 3. London: Hogarth Press. (Original work published 1896.)

Freud, S. (1964). New introductory lectures on psychoanalysis. In J. Strachey (Ed. & Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 22). London: Hogarth Press. (Original work published 1933.)

Freund, K., Seto, M., & Kuban, M. (1997). Frotteurism: The theory of courtship disorder. In *Sexual deviance: Theory, assessment, and treatment* (pp. 111–130). New York: Guilford Press.

Frewen, P. A., & Lanius, A. (2006). Neurobiology of dissociation: Unity and disunity in mind-body-brain. *Psychiatric Clinics of North America, 29*(1), 113–128.

Frick, P. J. (1998). Conduct disorders. In T. H. Ollendick & M. Hersen (Eds.), *Handbook of child psychopathology* (pp. 213–237). New York: Plenum Press.

Fridell, M., & Hesse, M. (2005). Psychiatric severity and mortality in substance abusers: A 15-year follow-up of drug abusers. *Addictive Behaviors, 31*(4), 559–565.

Friedhoff, A. J., & Silva, R. R. (1997). Stabilizing systems in the brain. In *Plasma homovanillic acid in schizophrenia: Implications for presynaptic dopamine dysfunction* (pp. 79–87). Washington, DC: American Psychiatric Press.

Friedman, M. J. (2004). Acknowledging the psychiatric cost of war. *New England Journal of Medicine, 351*(1), 75–77.

Friedman, M., & Rosenman, R. H. (1974). *Type A behavior and your heart.* New York: Alfred A. Knopf.

Friedman, M. J., Schnurr, P. P., & McDonagh-Coyle, A. (1994). Posttraumatic stress disorder in military veterans. *Psychiatric Clinics of North American, 17,* 265–277.

Frisby, M. K. (1994, Dec. 10). Clinton fires surgeon general Elders citing differences in opinion, policy. *Wall Street Journal,* p. 16.

Frischholz, E. J. (1985). The relationship among dissociation, hypnosis, and child abuse in the development of multiple personality disorder. In R. P. Kluft (Ed.), *Childhood antecedents of multiple personality* (pp. 99–126). Washington, DC: American Psychiatric Press.

Fromm, M. G. (1995). What does borderline mean? *Psychoanalytic Psychology, 12,* 233–245.

Fromm-Reichmann, F. (1943). Psychotherapy of schizophrenia. *American Journal of Psychiatry, 111,* 410–419.

Fromm-Reichmann, F. (1948). Notes on the development of treatment of schizophrenia by psychoanalytic psychotherapy. *Psychiatry, 11,* 263–273.

Fromm-Reichmann, F. (1950). *Principles of intensive psychotherapy.* Chicago: University of Chicago.

Fullerton, C. S., Ursano, R. J., Epstein, R. S., Crowley, B., et al. (2001). Gender differences in posttraumatic stress disorder after motor vehicle accidents. *American Journal of Psychiatry, 158,* 1486–1491.

Furman, E. (1992). Constructing and using the toddler profile. In *Toddlers and their mothers: A study in early personality development.* Madison, WI: International Universities Press.

Furnham, A., & Haraldsen, E. (1998). Lay theories of etiology and "cure" for four types of paraphilia: Fetishism, pedophilia, sexual sadism, and voyeurism. *Journal of Clinical Psychology, 54*(4), 689–700.

Furst, R. T., Johnson, B. D., Dunlap, E., & Curtis, R. (1999). The stigmatized image of the "crack head": A sociocultural exploration of a barrier to cocaine smoking among a cohort of youth in New York City. *Deviant Behavior, 20*(2), 153–181.

Fyer, A. J., Mannuzza, S., Chapman, T. F., Liebowitz, M. P., et al. (1993). A direct interview family study of social phobia. *Archives of General Psychiatry, 50,* 286–293.

G

Gabbard, G. (1990). *Psychodynamic psychiatry in clinical practice.* Washington, DC: American Psychiatric Press.

Gabbard, G. O. (2000). *Psychodynamic psychiatry in clinical practice*. Washington, DC: American Psychiatric Press.

Gabbard, G., & Coyne, L. (1987). Predictors of response of antisocial patients to hospital treatment. *Hospital & Community Psychiatry, 38*(11), 1181–1185.

Gabbard, G., Gunderson, J., & Fonagy, P. (2002). The place of psychoanalytic treatments within psychiatry. *Archives of General Psychiatry, 591,* 505–510.

Gacono, C., Meloy, J., & Bridges, M. (2000). A Rorschach comparison of psychopaths, sexual homicide perpetrators, and nonviolent pedophiles: Where angels fear to tread. *Journal of Clinical Psychology, 56*(6), 757–777.

Gaither, G. A., & Plaud, J. J. (1997). The effects of secondary stimulus characteristics on men's sexual arousal. *Journal of Sex Research, 34*(3), 231–236.

Galanter, M., & Brook, D. (2001). Network therapy for addiction: Bringing family and peer support into office practice. *International Journal of Group Psychotherapy, 51*(1), 101–122.

Galanter, M., & Kleber, H. D. (1999). *Textbook of substance abuse treatment* (2nd ed.). Washington, DC: American Psychiatric Press.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346,* 982–987.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346*(13), 982–987.

Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of posttraumatic stress disorder after disasters. *Epidemiologic Reviews, 27*, 78–91.

Gallagher, P., & Young, A. (2006). Mifeprsitone (RU-486) treatment for depression and psychosis: a review of the therapeutic implications. *Neuropsychiatric Diseasse and Treatment, 2*(1), 33–42.

Gallagher-Thompson, D., Shurgot, G. R., Rider, K., Gray, H. L., McKibbin, C. L., et al. (2006). Ethnicity, stress, and cortisol function in Hispanic and non-Hispanic white women: A preliminary study of family dementia caregivers and noncaregivers. *American Journal of Geriatric psychiatry,14*(4), 334–342.

Galynker, I. I., Cohen, L. J., & Cai, J. (2000). Negative symptoms in patients with major depressive disorder: A preliminary report. *Neuropsychiatry, Neuropsychology, & Behavioral Neurology, 13*(3), 171–176.

Ganaway, G. K. (1994). Transference and countertransference shaping influences on dissociative syndromes. In S. J. Lynn & J. Rhue (Eds.), *Dissociation: Clinical and theoretical perspectives* (pp. 317–337). New York: Guilford Press.

Garbarino, J. (2002). Forward: Pathways from childhood trauma to adolescent violence and delinquency. *Journal of Aggression, Maltreatment & Trauma, 6*(1), xxv–xxxi.

Garber, B. (1993). A contribution to the etiology of learning disabilities. In T. B. Cohen, M. H. Etezady, et al. (Eds.), *The vulnerable child* (Vol. 1, p. 139–154). Madison, CT: International Universities Press.

Garbutt, J. C., Krantzler, H. R., O'Malley, D., S. S., Gastfriend, D. R., Pettinati, H. M., et al. (2005). Efficacy and tolerability of long-acting injectable naltrexone for alcohol dependence. *Journal of the American Medical Association, 293*(13), 1617–1625.

Gardea, M. A., Gatchel, R. J., & Mishra, K. D. (2001). Long-term efficacy of biobehavioral treatment of temporomandibular disorders. *Journal of Behavioral Medicine, 24,* 341–359.

Gardner, J. M., Grantham-McGregor, S. M., Himes, J., Chang, S. (1999). Behaviour and development of stunted and nonstunted Jamaican children. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 40*(5), 819–827.

Garfield, S. L. (1996). Some problems associated with "validated" forms of psychotherapy. *Clinical Psychology, Science and Practice, 3,* 218–229.

Garfinkle, P. E., & Dorian, B. J. (2001). Improving understanding and care for the eating disorders. In R. H. Striegel-Moore & L. Smolak (Eds.), *Eating disorders: Innovative directions in research and practice* (pp. 9–26). Washington, DC: American Psychological Association.

Garlow, S. J., Purselle, D., & Heninger, M. (2005). Ethnic differences in patterns of suicide across the life cycle. *American Journal of Psychiatry, 162,* 319–323.

Garralda, M. E. (2000). The links between somatisation in children and in adults. In P. Reder & M. McClure (Eds.), *Family matters: Interfaces between child and adult mental health* (pp. 122–134). London: Routledge.

Garrick, T. M., Sheedy, D., Abernethy, J., Hodda, A. E., et al. (2000). Heroin-related deaths in Sydney, Australia. How common are they? *American Journal on Addictions, 9*(2), 172–178.

Garrity, J. F. (2000). Jesus, peyote, and the holy people: Alcohol abuse and the ethos of power in Navajo healing. *Medical Anthropology Quarterly, 14*(4), 521–542.

Gast, U., Rodewald, F., Nickel, V., & Emrich, H. M. (2001). Prevalence of dissociative disorders among psychiatric inpatients in a German university clinic. *Journal of Nervous and Mental Disease, 189*(4), 249–257.

Gaston, J. E., Abbott, M. J., Rapee R. M., & Neary, S. A. (2006). Do empirically supported treatments generalize to private practice? A benchmark study of a cognitive-behavioral group treatment programme for social phobia. *British Journal of Clinical Psychology, 45* (1)*,* 33–48.

Gatchel, R. J. (2001). Biofeedback and self-regulation of physiological activity: A major adjunctive treatment modality in health psychology. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 95–115). Mahwah, NJ: Lawrence Erlbaum.

Gatz, M., Fiske, A., Reynolds, C., Wetherell, J. L., Johansson, B., et al. (2003). Sex differences in genetic risk for dementia. *Behavior genetics, 33*(2), 95–105.

Gatz, M., Svedberg, P., Pedersen, N. L., Mortimer, J. A., et al. (2001). Education and the risk of Alzheimer's disease: Findings from the study of dementia in Swedish twins. *Journals of Gerontology: Series B: Psychological Sciences & Social Sciences, 56B,* 292–300.

Gavin, H. (1838). *On feigned and factitious diseases* (pp. 51–83). Edinburgh, Scotland: Edinburgh University Press.

Geiger, T. C., & Crick, N. R. (2001). A developmental psychopathology perspective on vulnerability to personality disorders. In R. E. Ingram & J. M. Price (Eds.), *Vulnerability to Psychopathology: Risk across the Lifespan* (pp. 57–102). New York: Guilford Press.

Gay, P. (1988). *Freud: A life for our time*. New York: Norton.

Gay, P. (1988). Psycholanalysis in history. In W. M. Runyan (Ed.), *Psychology and historical interpretation* (pp. 107–120). New York: Oxford University Press.

Geller, D., Biederman, J., Jones, J., Park, K., et al. (1998). Is juvenile obsessive compulsive disorder a developmental subtype of the disorder? A review of the pediatric literature. *Journal of the American Academy of Child & Adolescent Psychiatry, 37,* 420–427.

Gelman, S. (1999). *Medicating schizophrenia: A history.* New Brunswick, NJ: Rutgers University Press.

Gendall, K. A., & Bulik, C. M. (2005). The long-term biological consequences of anorexia nervosa. *Current Nutrition & Food Science, 1*(1), 87–96.

Gerber, A. (1993). *Language-related learning disabilities: Their nature and treatment.* Baltimore: Paul H. Brookes.

Gerostamoulos, J., Staikos, V., & Drummer, O. H. (2001). Heroin-related deaths in Victoria: A review of cases for 1997 and 1998. *Drug & Alcohol Dependence, 61*(2), 123–127.

Gershon, E. S., & Nurnberger, J. I. (1995). Bipolar illness. In J. M Oldham & M. B. Riba (Eds.), *American Psychiatric Press review of psychiatry.* Washington, DC: American Psychiatric Press.

Gersons, B. P., & Carlier, I. V. (1993). Plane crash crisis intervention: A preliminary report from the Bijlmermeer, Amsterdam. *Crisis, 14*(3), 109–116.

Gesell, A. (1940). *The first five years of life: A guide to the study of the preschool child.* New York: Harper & Row.

Gesell, A., & Ilg, F. L. (1943). *Infant and child in the culture of today.* New York: Harper.

Ghuran, A., & Nolan, J. (2000, June 1). Recreational drug misuse: issues for the cardiologist. *Heart, 83*(6), 627–633.

Giannini, A. J. (1998). Phencyclidine. In *Handbook of substance abuse: Neurobehavioral pharmacology* (pp. 579–587). New York: Plenum Press.

Gibbons, R. D., Hur, K., Bhaumik, D. K., & Mann, J. (2005). The relationship between antidepressant medication use and rate of suicide. *Archives of General Psychiatry, 62,* 165–172.

Gilger, J. W., Pennington, B. F., & DeFries, J. C. (1992). A twin study of the etiology of comorbidity: Attention-deficit hyperactivity disorder and dyslexia. *Journal of the American Academy of Child and Adolescent Psychiatry, 31,* 343–348.

Gilman, C. (1913). Why I Wrote "The Yellow Wallpaper." *The Forerunner, 4,* 271.

Gilman, C. (1935). *The living of Charlotte Perkins Gilman: An autobiography.* New York: D. Appleton-Century Company. Reprint. Madison: University of Wisconsin Press 1991.

Gilmore, K. (2000). A psychoanalytic perspective on attention-deficit/hyperactivity disorder. *Journal of the American Psychoanalytic Association, 48,* 1259-1293.

Gilmore, K. (2002). Diagnosis, dynamics, and development: Considerations in the psychoanalytic assessment of children with AD/HD. *Psychoanalytic Inquiry, 22,* 372–390.

Gilmore, M. (1994). *Shot in the heart.* New York: Anchor Books.

Gitlow, S. (2001). *Substance use disorders: Practical guides in psychiatry.* Philadelphia: Lippincott Williams & Wilkins.

Gladstone, G. L., Parker, G. B., Mitchell, P. B., Wilhelm, K. A., et al. (2005). Relationship between self–reported childhood behavioral inhibition and lifetime anxiety disorders in a clinical sample. *Depression and Anxiety, 22*(3), 103–113.

Glaser, W. (2003). Integrating pharmacological treatments. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Gleaves, D. H. (1996). The sociocognitive model of dissociative identity disorder: A reexamination of the evidence. *Psychological Bulletin, 120,* 42–59.

Glisky, E. L., Ryan, L., Reminger, S., Hardt, O., et al. (2004). A case of psychogenic fugue: I understand, aber ich verstehe nichts. *Neuropsychologia, 42*(3), 1132–1147.

Gloaguen, V., Cottraux, J., Cucherat, M., & Blackburn, I. (1998). A meta-analysis of the effects of cognitive therapy in depressed patients. *Journal of Affective Disorders, 49,* 59–72.

Goddard, A. W., Coplan, J. D., Shekhar, A., Gorman, J. M., et al. (2004). Principles of pharmacotherapy for the anxiety disorders. In D. S. Chamey, & E. J. Nestler (Eds.), *Neurobiology of Mental Illness* (pp. 661–679). New York: Oxford University Press.

Goenjian, A. K., Najarian, L. M., Pynoos, R. S., & Steinberg, A. M. (1994). Posttraumatic stress disorder in elderly and younger adults after the 1988 earthquake in Armenia. *American Journal of Psychiatry, 151*(6), 895–901.

Goettman, C., Greaves, G. B., & Coons, P. M. (1992). *Multiple personality and dissociation, 1791–1991. A complete bibliography.* Lutherville, MD: Sidran Press.

Golberg, E. M., & Morrison, S. K. (1963). Schizophrenia and social class. *British Journal of Psychiatry, 109,* 785–802.

Gold, P. B., Meissler, N., Santos, A. B., & Carnemolla, M. A., Williams O. H., et al. (2006). Randomized trial of supported employment integrated with assertive community treatment for rural adults with severe mental illness. *Schizophrenia Bulletin, 32*(2): 378–395.

Gold, S., & Heffner, C. (1998). Sexual addiction: Many conceptions, minimal data. *Clinical Psychology Review, 18*(3), 367–381.

Goldberg, J. O., & Schmidt, L. A. (2001). Shyness, sociability, and social dysfunction in schizophrenia. *Schizophrenia Research (Special Issue), 48*(2–3), 343–349.

Golden, C. J. (1989). The Luria-Nebraska Neuropsychological Battery. In C. S. Newark (Ed.), *Major psychological assessment instruments.* (Vol. 2). Needham Heights, MA: Allyn & Bacon.

Golden, C., ed. (1992). *The captive imagination.* New York: The Feminist Press.

Goldstein, E. (1975). Compulsory treatment in Soviet psychiatric hospitals: A view from the inside. *International Journal of Offender Therapy & Comparative Criminology, 19*(2), 121–128.

Goldstein, G., & Hersen, M. (1990). *Handbook of psychological assessment* (2nd ed.). New York: Pergamon Press.

Goldstein, M. J. (1984). Family affect and communication related to schizophrenia. *New Directions for Child Development, 24,* 47–62.

Goldstein, M. J. (1995). The impact of gender on understanding the epidemiology of schizophrenia. In M. V. Seeman (Ed.), *Gender and psychopathology* (pp. 159–200). Washington, DC: American Psychiatric Press.

Goldstein, M. J. (1998). Adolescent behavioral and intrafamilial precursors of schizophrenia spectrum disorders. *International Clinical Psychopharmacology, 13* (1), S101.

Golomb, A., Ludolph, P., Westen, D., Block, M. J., et al., (1994). Maternal empathy, family chaos, and the etiology of borderline personality disorder. *Journal of the American Psychoanalytic Association, 42*(2)*,* 525–548.

Gonzalez, C. A., & Griffith, E. E. H. (1996). Culture and the diagnosis of somatoform and dissociaitive disorders. In J. E. Mezzich, A. Kleinman, H. Fabrega Jr., & D. L. Parron (Eds.), *Culture and psychiatric diagnosis: A DSM-IV perspective* (pp. 137–167). Washington, DC: American Psychiatric Press.

Goode, E. (1999, Dec. 7). Doctors try a bold new move against schizophrenia. *The New York Times,* D1.

Goode, E. (2001, November 20). Treatment can ease the lingering trauma of Sept. 11. *New York Times,* pp. D1, D6.

Goode, E. (2002, March 28). Thousands in Manhattan needed therapy after attack, study finds. *New York Times,* p. A15.

Goodman, E. (1999, May 28). Teaching young girls to harm themselves. *The Boston Globe.*

Goodwin, C. J. (1995). *Research in psychology: Methods and design.* New York: John Wiley & Sons.

Goodwin, J. M., & Sachs, R. G. (1996). Child abuse in the etiology of dissociative disorders. In L. K. Michelson & W. J. Ray (Eds.), *Handbook of dissociation: Theoretical, empirical, and clinical perspectives* (pp. 91–105). New York: Plenum Press.

Gordon, J. A., & Hen, R. (2004). Genetic approaches to the study of anxiety. *Annual Review of Neuroscience, 27,* 193–222.

Gorey K. M., & Leslie, D. R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect, 21* (4), 391–398.

Gorman-Smith, D., Tolan, P. H., & Henry, D. B. (2005). Promoting resilience in the inner city: Families as a venue for protection, support, and opportunity. In R. D., Peters, B., Leadbeater, & R. J., McMahon (Eds.), *Resilience in Children, Families, and Communities: Linking Context to Practice and Policy* (pp. 137–155.) New York: Kluwer Academic/Plenum Publishers.

Gossop, M., Stewart, D., & Marsden, J. (2007). Readiness for change and drug use outcomes after treatment. *Addiction, 102*(2), 301–308.

Gottdiener, W. H. (2001). The benefits of individual psychotherapy for schizophrenic patients: A meta-analytic review of the psychotherapy outcome literature. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61,* 7-B. Ann Arbor, MI: University Microfilms International.

Gottdiener, W. (2006). Individual psychodynamic psychotherapy of schizophrenia: Empirical evidence for the practicing clinician. *Psychoanalytic Psychology, 23*(3): 583–589.

Gottesman, I. (1991). *Schizophrenia genesis: The origins of madness.* New York: Freeman.

Gottesman, I.I., & Gold, T. (2003). The endophenotype concept in psychiatry: Etymology and strategic intentions. *American Journal of Psychiatry, 160*(4): 636–645.

Gottlieb, G., & Blair, C. (2004). How early experience matters in intellectual development in the case of poverty. *Prevention Science: The Official Journal of the Society for Prevention Research, 5*(4), 245–252.

Gould, R. A., Mueser, K. T., Bolton, E., Mays, V., et al. (2001). Cognitive therapy for psychosis in schizophrenia: An effect size analysis. *Schizophrenia Research (Special Issue), 48*(2–3), 335–342.

Gould, S. J. (1993). *The mismeasure of man.* New York, London: W. W. Norton. (Original work published 1981.)

Grady, D. (1998, Jan. 20). Studies of schizophrenia vindicate psychotherapy. *The New York Times*, B17.

Graeme, K. A. (2000). New drugs of abuse. *Emergency Medicine Clinics of North America, 18*(4), 625–636.

Graham, J. R. (1987). *The MMPI: A practical guide* (2nd ed.). New York: Oxford University Press.

Graham, S. (1854). *Lectures on the science of human life.* London: W. Horsell.

Grandin, T. (1995). *Thinking in pictures and other reports from my life with autism.* New York: Doubleday.

Granholm, E., McQuaid, J. R., McClure, F. S., Auslander, L. A., Perivoliotis, D., et al. (2005). A randomized, controlled trial of cognitive-behavioral social skills training for middle-aged and older outpatients with chronic schizophrenia. *American Journal of Psychiatry, 162:* 520–529.

Granic, I., & Patterson, R. (2006). Toward a comprehensive model of antisocial development: A dynamic systems approach. *Psychological Review, 113*(1), 101–131.

Grant, J. E., & Phillips, A. (2005). Recognizing and treating body dysmorphic disorder. *Annals of Clinical Psychiatry, 17*(4), 205–210.

Graziottin, A. (2001). Clinical approach to dyspareunia. *Journal of Sex & Marital Therapy, 27*(5), 489–501.

Grealy, L. (1994). *Autobiography of a face.* Boston: Houghton Mifflin.

Gregg, T., R., & Siiegel, A. (2001). Brain structures and neurotransmitters regulating aggression in cats: implications for human aggression. *Progress in neuropsycopharmacology & biological psychiatry, 25*(1), 91–140.

Green, J. P. (2000). Treating women who smoke: The benefits of using hypnosis. In L. M. Hornyak & J. P. Green (Eds.), *Healing from within: The use of hypnosis in women's health care* (pp. 91–117). Washington, DC: American Psychological Association.

Green, R., Newman, E., & Stoller, R. (1972). Treatment of boyhood "transsexualism". *Archives of General Psychiatry, 26*(3), 213–217.

Greenberg, J. (1964). *I never promised you a rose garden.* New York: Holt, Rinehart & Winston.

Greenberg, J., & Mitchell, S. (1983). *Object relations in psychoanalytic theory.* Cambridge, MA: Harvard University Press.

Greenberg. J. R., & Mitchell, S. (1983). *Object relations in psychoanalytic theory.* Cambridge, MA: Harvard University Press.

Greenberg, L. S., Korman, L. M., & Paivio, S. C. (2002). Emotion in humanistic therapy. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 499–530). Washington, DC: American Psychological Association.

Greenberg, L. S., & Paivio, S. C. (1997). *Working with the emotions.* New York: Guilford Press.

Greenfield, B., Hechtman, L., & Weiss, G. (1988). Two subgroups of hyperactives as adults: Correlations of outcome. *Canadian Journal of Psychiatry, 33,* 505–508.

Greenfield, S. F., & Sugarman, D. E. (2001). The treatment and consequences of alcohol abuse and dependence during pregnancy. *Management of psychiatric disorders in pregnancy.* New York: Oxford University Press.

Greenson, R. (1968). Dis-identifying from mother: Its special importance for the boy. *International Journal of Psycho-Analysis, 49*(2–3), 370–374.

Gregory, R. J. (1999). *Foundations of intellectual assessment: The WAIS-III and other tests in clinical practice.* Boston: Allyn & Bacon.

Gresham, F. M., & MacMillan, D. L. (1998). Early Intervention Project: Can its claims be substantiated and its effects replicated? *Journal of Autism and Developmental Disorders, 28,* 5–13.

Gribble, J. N., Miller, H. G., Cooley, P. C., Catania, J. A., et al. (2000). The impact of T-ACASI interviewing on reported drug use among men who have sex with men. *Substance Use & Misuse (Special Issue: Methodological Issues in the Measurement of Drug Use), 35*(6–8), 869–890.

Griffiths, R., Richards, W., McConn, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology, 187*(3), 268–283.

Grilo, C. M., Masheb, R. M., & Wilson, G. T. (2005). Efficacy of cognitive-behavioral therapy and fluoxetine for the treatment of binge eating disorder: a randomized double-blind placebo-controlled comparison. *Biological Psychiatry, 57*(3), 301–309.

Grisaru, N., Budowsky, D., & Witztum, E. (1997). Possession by the "Zar" among Ethiopian immigrants to Israel: Psychopathology or culture-bound syndrome? *Psychopathology, 30*(4), 223–233.

Griswold, T. (2000). Psychotherapy in emergency situtations. In *The real world guide to psychotherapy practice* (pp. 121–148). Cambridge, MA: Harvard University Press.

Gromska, J., Labon, T., Tyszkiewica, M., & de Walden K. J. (1972). Familial and environmental factors in the occurrence of mental illness and neurosis. *Psychiatria Polska, 6*(2), 175–182.

Gross, R., Neria, Y., Tao, X., Massa, J., et al. (2006). Posttraumatic stress disorder and other psychological sequelae among World Trade Center clean up and recovery workers. In R. Yehuda (Ed.), *Psychobiology of posttraumatic stress disorders: A decade of progress* (pp. 495–499). Malden, MA: Blackwell Publishing.

Gross, G. (1997). The onset of schizophrenia. *Schizophrenia Research, 28,* 187–198.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57*(1), 35–43.

Grossman, R. (2002). Psychopharmacologic treatment of patients with borderline personality disorder. *Psychiatric Annals, 32*(6), 357–370.

Groth-Marnat, G. (2003). *Handbook of psychological assessment*. Hoboken, NJ: John Wiley & Sons.

Grotstein, J. (1982). Newer perspectives in object relations theory. *Contemporary Psychoanalysis, 18,* 43–91.

Gruenbaum, A. (1996). Is psychoanalysis viable? In W. O'Donohue (Ed.), *The philosophy of psychology* (pp. 281–290). Thousand Oaks, CA: Sage Publications.

Gruzelier, J. H. (2006). Frontal functions, connectivity and neural efficiency underpinning hypnosis and hypnotic susceptibility. *Contemporary Hypnosis, 23*(1), 15–32.

Guarnaccia, P. J. (1997). A cross-cultural perspective on anxiety disorders. In S. Friedman (Ed.), *Cultural issues in the treatment of anxiety* (pp. 3–20). New York: Guilford Press.

Gureje, O., Simon, G. E., Ustun, T. B., & Goldberg, D. P. (1997). Somatization in cross-cultural perspective: A World Health Organization study in primary care. *American Journal of Psychiatry, 154*(7), 989–995.

Gurman, A., & Messer, S. (Eds.). (1995). *Essential psychotherapies.* New York: Guilford Press.

Gut-Fayand, A. Dervaux, A., Olie, J-P., Loo, H., et al. (2001). Substance abuse and suicidality in schizophrenia: A common risk factor linked to impulsivity. *Psychiatry Research (Special Issue), 102*(1), 65–72.

Guthrie, E. (1995). Treatment of functional somatic symptoms: Psychodynamic treatment. In R. Mayou, C. Bass, & M. Sharpe (Eds.), *Treatment of functional somatic symptoms* (pp. 144–160). Oxford, England: Oxford University Press.

Gutkind, D., Ventur, J., Barr, C., Shaner, A., et al. (2001). Factors affecting reliability and confidence of DSM-III-R psychosis-related diagnosis. *Psychiatry Research (Special Issue), 101*(3), 269–275.

H

Haaken, J. (1993). From Al-Anon to ACOA: Codependence and the reconstruction of caregiving. *Signs 18,* 321–345.

Haaken, J. (1995). A critical analysis of the codependency construct. In M. Babcock (Ed.), *Challenging codependency: Feminist critiques* (pp. xix, 240, 53–69). Buffalo, NY: University of Toronto Press.

Haas, G. J., Glick, I. D., Clarkin, J. F., Spencer, J. H., et al. (1988). Inpatient family intervention: A randomized clinical trial. II. Results at hospital discharge. *Archives of General Psychiatry, 45,* 217–224.

Hadley N. (1985). *Foundations of aversion therapy.* New York: SP Medical and Scientific Books.

Hadley, S. J., Newcorn, J. H., & Hollander, E. (2002). Body dysmorphic disorder. In D. J. Castle & K. A. Phillips (Eds.), *Disorders of body image* (pp. 139–155). Philadelphia: Wrightson Biomedical Publishing.

Haley, J. (1987). *Problem solving therapy* (2nd ed.). San Francisco: Jossey Bass.

Hall, G., Andersen, B., Aarestad, S., & Barongan, C. (2000). Sexual dysfunction and deviation. In M. Hersen, & A. Bellack (Eds.), *Psychopathology in adulthood* (2nd ed., pp. 390–418). Needham Heights, MA: Allyn & Bacon.

Hall, G. S. (1921). *Aspects of child life and education.* New York: D. Appleton and Company.

Halligan, P., Athwal, B., Oakley, D., & Frackowiak, R. S. (2000). Imaging hypnotic paralysis: Implications for conversion hysteria. *Lancet, 355*(9208), 986–987.

Halligan, P., Bass, C., & Wade, D. T. (2000). New approaches to conversion hysteria. *BMJ (Clinical research ed.), 320*(7248), 1488–1489.

Halligan, S. L., Michael, T., Clark, D. M., & Ehlers, A. (2003). Posttraumatic stress disorder following assault: The role of cognitive processing, trauma memory, and appraisals. *Journal of Consulting and Clinical Psychology, 71*(3), 419–431.

Halpern, C., Udry, J., Suchindran, C., & Campbell, B. (2000). Adolescent males' willingness to report masturbation. *Journal of Sex Research (Special Issue), 37*(4), 327–332.

Hamalainen, J., Poikolainen, K., Isometsa, E., Kaprio, J., et al. (2005). Major depressive episode related to long unemployment and frequent alchohol intoxication. *Nordic Journal of Psychiatry, 59,* 486–491.

Hammer, E. (1990). *Reaching the affect: Style in the Psychodynamic Therapies.* New York: Jason Aronson.

Handen, B. L. (1998). Mental retardation. In E. J. Mash & L. G. Terdal (Eds.), *Treatment of childhood disorders.* New York: Guilford Press.

Handen, B. L., & Gilchrist, R. H. (2006). Mental retardation. In E. J. Mash & R. A. Barkley (Eds.), *Treatment of Childhood Disorders*, (3rd ed., pp. 411–454). New York: Guilford Press.

Hankin, J. R., McCoul, M., & Huessne, J. (2000). Pregnant, alcohol-abusing women. *Alcoholism: Clinical and Experimental Research, 24*(8), 1276–1286.

Hansell, J. (1997). Take third parties out of mental health plans [Op-Ed]. *Detroit Free Press.*

Hansell, J. (1998). Gender anxiety, gender melancholia, gender perversion. *Psychoanalytic Dialogues, 8*(3), 337–351.

Hansell, J. (2002). Rigor and Reductionism: Commentory on Brenner. *Journal of Clinical Psychoanalysis, 11*(1), 83–89.

Hansell, J. H. (1989). Cognitive and affective determinants of coping: A study of divorced women. *Dissertation Abstracts International, 50,* (3B). University Microfilms International.

Hansen, R., et al. (2005). Efficacy and safety of second-generation antidepressants in the treatment of Major Depression. *Annals of Internal Medicine, 143*(6), 415–426.

Haraldsson, H., et al. (2004). Transcranial magnetic stimulation in the investigation and treatment of schizophrenia: A new review. *Schizophrenia Research, 71*(1), 1–16.

Harding, T. P., & Lachenmeyer, J. R. (1986). Family interaction patterns and locus of control as predictors of the presence and severity of anorexia nervosa. *Journal of Clinical Psychology, 42,* 440–448.

Hardy, M. S., & Calhoun, L. G. (1997). Psychological distress and the "medical student syndrome" in abnormal psychology students. *Teaching of Psychology, 24*(3), 192–193.

Hardy, P., Payan, C., Bisserbe, J. C., & Lepine, J. P. (1999). Anxiolytic and hypnotic use in 376 psychiatric inpatients. *European Psychiatry, 14*(1), 25–32.

Hare, E. (1962). Masturbatory insanity: The history of an idea. *Journal of Mental Science, 108,* 1–25.

Hare, R. (1999). *Without conscience: The disturbing world of the psychopaths among us.* New York: Guilford Press.

Harkness, S., & Super, C. M. (2000). Culture and psychopathology. In A. J. Sameroff, M. Lewis, & S. M. Miller (Eds.), *Handbook of Developmental Psychopathology* (2nd ed.). New York: Kluwer Academic/Plenum Press.

Harmon, A. (2007). Facing life with a lethal gene. *The New York Times*, 1, 1.

Harrap, C., & Trower, P. (2001). Why does schizophrenia develop at late adolescence? *Clinical Psychology Review, 21*(2), 241–266.

Harrigan, P. (1999). Are cannabis and psychosis linked? *Lancet (North American ed.), 353*(9154), 730.

Harrington, R., Rutter, M., Weissman, M., Fudge, H., et al. (1997). Psychiatric disorders in the relatives of depressed probands. I. Comparison of prepubertal, adolescent, and early adult onset cases. *Journal of Affective Disorders, 42,* 9–22.

Harris, B. (1979). Whatever happened to Little Albert? *American Psychologist, 34,* 151–160.

Harris, K. M., Carpenter, C., & Bao, Y. (2006). The Effects of State Parity Laws on the Use of Mental Health Care. *Medical Care, 44* (6), 499–505.

Harris, M. M. (1989). Reconsidering the employment interview: A review of recent literature and suggestions for future research. *Personnel Psychology, 42,* 691–726.

Harris, S. L., Handleman, J. S., & Jennett, H. K. (2005). Models of educational intervention for students with autism: Home, center, and school-based programming. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders, Volume 2*, (3rd ed., pp. 1043–1054). Hoboken, NJ: John Wiley & Sons.

Harrison, G., Hopper, K., Craig, T., Laska, E., et al. (2001). Recovery from psychotic illness: A 15- and 25-year international follow-up study. *British Journal of Psychiatry: (Special Issue), 178,* 506–517.

Hart, B. (1988). Biological basis of the behavior of sick animals. *Neuroscience and Biobehavioral Reviews, 12*(2)*,* 123–137.

Hartmann, U., Heiser, K., Ruffer-Hesse, C., & Kloth, G. (2002). Female sexual desire disorders: Subtypes, classification, personality factors and new directions for treatment. *World Journal of Urology, 20*, 79–88.

Harvard Mental Health Letter. (2003). Dual diagnosis. *Harvard Mental Health Letter*, August.

Harvard Mental Health Letter. (2004). *Pedophilia*, January 2004.

Harvard Mental Health Letter. (2004). Dysthymia. February issue.

Harvard Mental Health Letter. (2004). Brief treatment for problem drinkers. *Harvard Mental Health Letter*, August.

Harvard Mental Health Letter. (2004). Alcohol before birth. *Harvard Mental Health Letter*, September.

Harvard Mental Health Letter. (2004). Winter depression. November.

Harvard Mental Health Letter. (2004). Treating opiate addiction, Part I: Detoxification and maintainance. *Harvard Mental Health Letter*, December.

Harvard Mental Health Letter. (2005). Treating opiate addiction, Part II: Alternatives to maintainance. *Harvard Mental Health Letter*, January.

Harvard Mental Health Letter. (2005). What are the real risks of antidepressants? May.

Harvard Mental Health Letter. (2006). Update on St. John's wort. January.

Harvard Mental Health Letter. (2006). Comparing the antidepressants. March.

Harvard Mental Health Letter. (2006). How important is early care for schizophrenia? *Harvard Mental Health Letter,* April.

Harvard Mental Health Letter. (2006). Comparing the antidepressants. May.

Harvard Mental Health Letter. (2006). Assertive community treatment. *Harvard Mental Health Letter*, November.

Harvard Mental Health Letter. (2007). Addiction and the problem of relapse. *Harvard Mental Health Letter*, January.

Harvey, A. G., Bryant, R. A., & Tarrier, N. (2003). Cognitive behaviour therapy for posttraumatic stress disorder. *Clinical Psychology Review, 23*(3), 501–522.

Hawke, J. L., & Wadsworth, J. (2006). Genetic influences on reading difficulties in boys and girls: The Colorado twin study. *Dyslexia: An International Journal of Research and Practice, 12*(1), 21–29.

Harwood, D., & Jacoby, R. (2000). Suicidal behavior among the elderly. In K. Hawton & K. van Heeringen (Eds.), *The international handbook of suicide and attempted suicide* (pp. 275–292). New York: John Wiley & Sons.

Hatcher, R., Barends, A., Hansell, J., & Gutfreund, J. (1995). Patients' and therapists' shared and unique views of the therapeutic alliance: An investigation using confirmatory factor analysis in a nested design. *Journal of Consulting and Clinical Psychology, 63*(4), 636–643.

Hathaway, S., & McKinley, J. (1989). *Manual for administration and scoring of the MMPI-2*. Minneapolis: University of Minnesota Press.

Hausmann, A., & Fleischhacker, W. W. (2000). Depression in patients with schizophrenia: Prevalence and diagnostic and treatment considerations. *CNS Drugs, 14*(4), 289–299.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64–105.

Hayes, S., Follette, V., & Linehan, M. (2004). *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition.* New York Guilford Press.

Hayes, S., Follette, W., & Follette, V. (1995). Behavior therapy: A contextual approach. In A. Gurman & S. Messer (Eds.), *Essential psychotherapies.* New York: Guilford.

Hayes, S., Jacobson, N., Follette, V., & Dougher, M. (1994). *Acceptance and change in psychotherapy.* Reno, NV: Context Press.

Haynes, S. N., & O'Brien, W. H. (1990). Functional analysis in behavior therapy. *Clinical Psychology Review, 10*(6) 649–668.

Hazlett, E. A., Levine, J., & Buchsbaum, M. S. (2003). Deficient attentional modulation of the startle response in patients with schizotypal personality disorder. *American Journal of Psychiatry, 160*(9), 1621–1626.

Healy, D. (2003). Lines of evidence on the risks of suicide with selective serotonin reuptake inhibitors *Psychotherapy and Psychosomatics, 72,* 71–79.

Heath, A. C., Whitfield, J. B., Madden, P. A. F., Bucholz, K. K., et al. (2001). Towards a molecular epidemiology of alcohol dependence: Analyzing the interplay of genetic and environmental risk factors. *British Journal of Psychiatry (Special Issue), 78*(40), S33–S40.

Heath, I. (2000). May state treat, over his objection, a capital murder inmate who, as a result of mental illness, is found to be a danger to self and others, when a concurrent effect of the treatment is the restoration of competency to be executed? *Journal of the American Academy of Psychiatry & the Law, 28*(2), 247–248.

Hedden, T., & Gabrieli, E. (2004). Insights into the aging mind: A view from cognitive neuroscience. *Nature Reviews. Neuroscience, 5*(2), 87–96.

Heider, F. (1958). *Interpersonal relations.* New York: John Wiley & Sons.

Heim, C., Newport, D. J., Heit, S., Graham, Y. P., et al. (2000). Pituitary-adrenal and autonomic responses to stress in women after sexual and physical abuse in childhood. *Journal of the American Medical Association, 284,* 592–597.

Heim, N., & Hursch, C. J. (1977). Castration and sexual offenders: Treatment or punishment? A review and critique of recent European literature. *Archives of Sexual Behavior, 8,* 281–304.

Heimberg, R. G., & Becker, R. E. (2002). *Cognitive-Behavioral Group Therapy for Social Phobia.* New York: Guilford Press.

Henderson, V. W. (2006). Estrogen-containing hormone therapy and Alzheimer's disease risk: Understanding discrepant inferences from observational and experimental research. *Neuroscience, 138*(3), 1031–1039.

Hendren, R. L., & Mullen, D. J. (2006). Conduct disorder and oppositional defiant disorder. In M. K. Dulcan & J. M. Wiener (Eds.), *Essentials of Child and Adolescent Psychiatry* (pp. 357–387). Washington, DC: American Psychiatric Publishing.

Heinrichs, R. W., & Zakzanis, K. K. (1998). Neurocognitive deficit in schizophrenia: A quantitative review of the evidence. *Neuropsychology, 12*(3), 426–445.

Heinssen, R. K., Liberman, R. P., & Kopelowicz, A. (2000). Psychosocial skills training for schizophrenia: Lessons from the laboratory. *Schizophrenia Bulletin (Special Issue: Psychosocial Treatment for Schizophrenia), 26*(1), 21–46.

Helgeson, V. S., Cohen, S., Schulz, R., & Yasko, J. (2001). Group support interventions for people with cancer: Benefits and hazards. In A. Baum & B. L. Andersen (Eds.), *Psychosocial interventions for cancer* (pp. 269–286). Washington, DC: American Psychological Association.

Heng, L. (2001, March 12, 2001). *Mental disorder redefined, Homosexuality excluded.* Retrieved January 16, 2004 from (*People's Daily,* electronic English edition).

Herbert, J. D., Gaudiano, B. A. (2005). Moving from empirically supported treatment lists to practice guidelines in psychotherapy: the role of the placebo concept. *Journal of Clinical Psychology, 61*(7), 893–908.

Herbert, M., Ziegler, D., Deutsch, C., O'Brien, L., et al. (2003). Dissociations of cerebral cortex, subcortical and cerebral white matter volumes in autistic boys. *Brain: A Journal of Neurology, 126*(Pt. 5), 1182–1192.

Herbert, M., Ziegler, D., Deutsch, C., O'Brien, L., et al. (2005). Brain asymmetries in autism and developmental language disorder: a nested whole-brain analysis. *Brain: A Journal of Neurology, 128*(Pt.1), 213–226.

Herbert, T. B., & Cohen, S. (1993). Stress and immunity in humans: A metaanalytic review. *Psychosomatic Medicine, 55,* 364–379.

Herman, J. L. (1981). *Father-daughter incest.* Cambridge, MA: Harvard University Press.

Herman, J. L. (1997). *Trauma and recovery.* New York: Basic Books.

Herman, M. (2000). Psychotherapy with substance abusers: Integration of psychodynamic and cognitive-behavioral approaches. *American Journal of Psychotherapy, 54*(4), 574–579.

Hermans, D., Dirikx, T., Vansteenwegenin, D., Baeyens, F., Van den Bergh, O., & Eelen, P. (2005). Reinstatement of fear responses in human aversive conditioning. *Behaviour Research and Therapy, 43*(4), 533–551.

Hershman, D. J., & Lieb, J. (1998). *Manic depression and creativity.* Amherst, NY: Prometheus Books.

Herzig, A., & Licht, J. (2006). Overview of empirical support for the DSM symptom-based approach to diagnostic classification. In *Psychodynamic diagnostic manual*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.

Herzog, D. B., Keller, M. B., Sacks, N. R., Yeh, C. J., et al. (1992). Psychiatric comorbidity in treatment-seeking anorexics and bulimics. *Journal of the American Academy of Child & Adolescent Psychiatry, 31,* 810–818.

Herzog, D. B., Nussbaum, K. M., & Marmor, A. K. (1996). Comorbidity and outcome in eating disorders. *Psychiatric Clinics of North America, 19,* 843–859.

Hester, R., & Miller, W. (1995). *Handbook of alcoholism treatment approaches: Effective alternatives* (2nd ed.). Needham Heights, MA: Allyn & Bacon.

Heston, L. (1996). Psychiatric disorders in foster home reared children of schizophrenic mothers. *British Journal of Psychiatry, 112,* 819–825.

Hetrick, W., & Smith, D. (2000). Sensory gating: Construct definition, development of a self-report rating instrument, and comparison with a psychophysiological measure. *Dissertation Abstracts International, Section B: The sciences and engineering, 60*(11-B). University Microfilms International.

Hettema, J., Neale, M., & Kendler, K. S. (2001). A review and meta–analysis of the genetic epidemiology of anxiety disorders. *American Journal of Psychiatry, 158*(10), 1568–1578.

Hettema, J. M., Neale, M. C., & Kendler, K. S. (2001). A review and meta–analysis of the genetic epidemiology of anxiety disorders. *American Journal of Psychiatry, 158*(10), 1568–1578.

Heyman, A., Fillenbaum, G., Prosnitz, B., & Raiford, K. (1991). Estimated prevalence of dementia among elderly Black and White community residents. *Archives of Neurology, 48,* 594–598.

Hien, D., & Bukszpan, C. (1999). Interpersonal violence in a "normal" low-income control group. *Women & Health, 29,* 1–16.

Hilgard, J. R. (1991). A neodissociation theory of hypnosis. In S. J. Lynn & J. Rhue (Eds.), *Theories of hypnosis: Current models and perspectives* (pp. 83–104). New York: Guilford Press.

Hiller, J. B., Rosenthal, R., Bornstein, R. F., Berry, D. T., et al. (1999). A comparative meta-analysis of Rorschach and MMPI validity. *Psychological Assessment, 11*(3), 278–296.

Hilsenroth, M. J., Ackerman, S. J., Blagys, M.D., Baumann, B. D., et al. (2000). Reliability and validity of DSM-IV Axis V. *American Journal of Psychiatry*, 157, 1858–1863.

Hilsenroth, M. J., Ackerman, S. J., Blagys, M. D., Baity, M. R., et al. (2003). Short-term psychodynamic psychotherapy for depression: An examination of statistical, clinically significant, and technique-specific change. *Journal of Nervous & Mental Disease, 191,* 349–357.

Hilsenroth, M.J., Baity, M. R., Mooney, M. A., Meyer, G.J. (2004). DSM-IV major depressive episode criteria: An evaluation of reliability and validity across three different rating methods. *International Journal of Psychiatry in Clinical Practice*, 8(1), 3–10.

Hinshaw, S. P., & Lee, S. S. (2003). Conduct and oppositional defiant disorders. In E. J. Mash & R. A. Barkley (Eds.), *Child Psychopathology* (2nd ed., pp. 144–198). New York: Guilford Press.

Hinshaw, S. P., Klein, R. G., & Abikoff, H. B. (2002). Childhood attention-deficit hyperactivity disorder: Nonpharmacological treatments and their combination with medication. In P. E. Nathan, P. E., & J. M. Gorman, (Eds.), *A guide to treatments that work* (2nd ed., pp. 3–23). New York: Oxford University Press.

Hirsch, D., Paley, J. E., & Renner, J. A. (1996). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Hirschfeld-Becker, D. R., Biederman, J., & Rosenbaum, J. F. (2004). Behavioral inhibition. In T. L. Morris & J. S. March (Eds.), *Anxiety Disorders in Children and Adolescents* (2nd ed., pp. 27–58). New York: Guilford Press.

Ho, B. C., & Andreason, N. (2001). Positive symptoms, negative symptoms and beyond. In A. Brier, P. Tran, J. Herrera, G. Tollefson, et al. (Eds.), *Current issues in the psychopharmacology of schizophrenia* (pp. 407–416). Philadelphia: Lippincott Williams & Wilkins.

Hodapp, R. M., & Dykens, E. M. (2003). Mental retardation (intellectual disabilities). In E. J. Mash & R. A. Barkley (Eds.), *Child Psychopathology* (2nd ed., pp. 486–519). New York: Guilford Press.

Hoehn–Saric, R. (2005). Generalized anxiety disorder in medical practice. *Primary Psychiatry, 12*(3), 30–34.

Hoek, H. W. (1995). The distribution of eating disorders. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Hoerr, S., Bokram, R., Lugo, B., Bivins, T., & Keast, D. R. (2002). Risk for disordered eating relates to both gender and ethnicity for college students. *Journal of the American College of Nutrition, 21*(4), 307–314.

Hoff, A. L., & Kremen, W. (2003). Neuropsychology in schizophrenia: An update. *Current Opinion in Psychiatry*, 16(2): 149–155.

Hofmann, A. (1994). Notes and documents concerning the discovery of LSD. 1970. *Agents & Actions, 43*(3–4), 79–81.

Hogarty, G. (2002). *Personal Therapy for Schizophrenia and Related Disorders: A Guide to Individualized Treatment*. New York: Guilford Press.

Hogarty, G. (2004). Personal therapy: A practical psychotherapy for stabilization of schizophrenia. In S. Hofmann and M. Tompson (Eds.), *Treating Chronic and Severe Mental Disorders: A Handbook of Empirically Supported Interventions*, New York: Guilford Press.

Hogarty, G. E., Greenwald, D., Ulrich, R. F., Kornblith, S. J., et al. (1997b). Three-year trials of personal therapy among schizophrenic patients living with or independent of family: II. Effects of adjustment of patients. *American Journal of Psychiatry, 154*(11), 1514–1524.

Hogarty, G. E., Kornblith, S. J., Greenwald, D., DiBarry, A. L., et al. (1997a). Three-year trials of personal therapy among schizophrenic patients living with or independent of family: I. Description of study and effects of relapse rates. *American Journal of Psychiatry, 154*(11), 1504–1513.

Hogue, A., Dauber, S., Stambaugh, L. E., Cicero, J. J., Liddle, H. A. (2006). Early therapeutic alliance and treatment outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting and Clinical Psychology, 74* (11)*,* 121–129.

Holder-Perkins, V., & Wise, T. N. (2001). Somatization disorder. In K. A. Phillips (Ed.), *Somatoform and factitious disorders* (pp. 1–26). Washington, DC: American Psychiatric Publishing.

Holland, A. J., Hall, A., Murray, R., Russell. G. F. M., et al. (1984). Anorexia nervosa: A study of 34 twin pairs and one set of triplets. *British Journal of Psychiatry, 145,* 414–419.

Hollifield, M., Paine, S., Tuttle, L., & Kellner, R. (1999). Hypochondriasis, somatization, and perceived health and utilization of health care services. *Psychosomatics, 40,* 380–386.

Hollon, S. (1996). The efficacy and effectiveness of psychotherapy relative to medications. *American Psychologist, 51,* 1025–1030.

Hollon, S. D. et al. (2005). Psychotherapy and Mediation in the Treatments of Adult and Geriatric Depression: Which Monotherapy or Combined Treatment? *Journal of Clinical Psychiatry, 66,* 455–468.

Holm, J. E., Lokken, C., & Myers, T. C. (1997). Migraine and stress: A daily examination of temporal relationships in women migraineurs. *Headache, 37,* 553–558.

Holmes, E. A., Brown, R. J., Mansell, W., Fearon, R. P., et al. (2005). Are there two qualitatively distinct forms of dissociation? A review and some clinical implications. *Clinical Psychology Review, 25*(1), 1–23.

Holmes, E. A., Brown, R. J., Mansell, W., Fearon, R. P., et al. (2005). Are there two qualitatively distinct forms of dissociation? A review and some clinical implications. *Clinical Psychology Review, 25*(1), 1–23.

Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research, 11,* 213–218.

Hong, L. E., Tagamets, M., Avila, M., Wonodi, I., Holcomb, H., et al. (2005). Specific motion processing pathway deficit during eye tracking in schizophrenia: A performance-matched functional magnetic resonance imaging study. *Biological Psychiatry, 57:* 726–732.

Hong, S., Farag, N. H., Nelesen, R. A., Ziegler, M. G., et al. (2004). Effects of regular exercise on lymphocyte subsets and CD62L after psychological vs. physical stress. *Journal of Psychosomatic Research, 56*(3), 363–370.

Honigfield, G. (1996). Effects of the clozapine national registry system on incidence of deaths related to agranulocytosis. *Psychiatric Services, 47*(1), 52–56.

Hooley, J. M., & Hiller, J. B. (2001). Family relationships and major mental disorder: Risk factors and preventive strategies. In *Personal relationships: Implications for clinical and community psychology* (pp. 61–87). Chichester, England: Wiley.

Hope, L. C., Cook, C. C. H., & Thomson, A. D. (1999). A survey of the current clinical practice of psychiatrists and accident and emergency specialists in the United Kingdom concerning vitamin supplementation for chronic alcohol misusers. *Alcohol & Alcoholism, 34*(6), 862–867.

Hopgood, J. F. (2000). People of the peyote [Book review] Huichol Indian history, religion & survival. *Latin American Research Review, 35*(2), 204–215.

Hopkins, H. S., & Gelenberg, A. J. (1994). Treatment of bipolar disorder: How far have we come? *Psychopharmacology Bulletin, 30,* 27–38.

Hopko, D. R., Lejuez, C. W., Lepage, J. P., Hopko, S. D., et al. (2003). A brief behavioral activation treatment for depression: A randomized pilot trial within an inpatient psychiatric hospital. *Behavior Modification, 27,* 458–469.

Hopko, D. R., Lejuez, C. W., & Hopko, S. D. (2004). Behavioral activation as an intervention for coexistent depressive and anxiety symptoms. *Clinical Case Studies, 3,* 37–48.

Hopper, A., Ciorciari, J., Johnson, G., Spensley, J., et al. (2002). EEG coherence and dissociative identity disorder: Comparing EEG coherence in DID hosts, alters, controls and acted alters. *Journal of Trauma & Dissociation, 3*(1), 75–88.

Horacek, J., Libiger, J., Hoeschl, C., Borzova, K., et al. (2001). Clozapine-induced concordant agranulocytosis in monozygotic twins. *International Journal of Psychiatry in Clinical Practice (Special Issue), 5*(1), 71–73.

Horevitz, R., & Loewenstein, R. J. (1994). The rational treatment of multiple personality disorder. In S. J. Lynn & J. Rhue (Eds.), *Dissociation: Clinical and theoretical perspectives* (pp. 298–316). New York: Guilford Press.

Horley, J. (2001). Frotteurism: A term in search of an underlying disorder? *Journal of Sexual Aggression (Special Issue), 7*(1), 51–55.

Hornbacher, M. (1998). *Wasted: A memoir of anorexia and bulimia.* New York: HarperCollins.

Hornstein, N., & Putnam, F. W. (1992). Clinical phenomenology of child and adolescent dissociative disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 31,* 1077–1085.

Horvath, A. (1994). *The working alliance: Theory, research, and practice.* New York: John Wiley & Sons.

Horwath, E., & Weissman, M. M. (1997). Epidemiology of anxiety disorders across cultural groups. In S. Friedman (Ed.), *Cultural issues in the treatment of anxiety* (pp. 21–39). New York: Guilford Press.

Hou, C., Miller, B. L., Cummings, J. L., Goldberg, M., et al. (2000). Autistic savants. *Neuropsychiatry, Neuropsychology, and Behavioral Neurology, 13,* 29–38.

Houben, K., & Wiers, R. (2007). Are drinkers implicitly positive about drinking alcohol? Personalizing the alcohol-IAT to reduce negative extrapersonal contamination. *Alcohol and Alcoholism. doi: 10.1093/alcolc/agmo15.*

Houlihan, D., Schwartz, C., Miltenberger, R., & Heuton, D. (1993). The rapid treatment of a young man's balloon (noise) phobia using in vivo flooding. *Journal of Behavior Therapy & Experimental Psychiatry, 24,* 233–240.

Houran, J., & Lange, R. (1997). Hallucinations that comfort: Contextual mediation of deathbed visions. *Perceptual & Motor Skills, 84*(3, Pt. 2), 1491–1504.

Hovey, J., & Magaña, C. (2003). Suicide risk factors among Mexican migrant farmworker women in the Midwest United States. *Archives of Suicide Research, 7*(2), 107–121.

Howard, R., Rabins, P. V., Seeman, M. V., & Jeste, D. V. (2000). Late-onset schizophrenia and very-late-onset schizophrenia-like psychosis: An international consensus. *American Journal of Psychiatry, 157*(2), 172–178.

Hsiao, J. (2001). Curing schizophrenia, treating schizophrenia: Translating research into practice. In J. Lieberman & R. Murray (Eds.), *Comprehensive care of schizophrenia.* London: Martin Dunitz.

Hsu, L. K. G. (2006). Eating disorders in obesity. In S. L. McElroy, D. B. Allison, & G. A. Bray (Eds.), *Obesity and Mental Disorders,* (pp. 93–101). New York: Taylor & Francis.

Hudson, S., & Ward, T. (1997). Rape: Psychopathology and theory. In *Sexual deviance: Theory, assessment, and treatment* (pp. 332–355). New York: Guilford Press.

Huebner, H. F. (1993). *Endorphins, eating disorders and other addictive behaviors.* New York: W. W. Norton.

Hugdahl, K. (1995). *Psychophysiology: The mind-body perspective.* Cambridge, MA: Harvard University Press.

Hughes, J. M., Matrenza, C., Kemp, A. H., Harrison, B. J., et al. (2004). Selective effects of simultaneous monoamine depletion on mood and emotional responsiveness. *International Journal of Neuropsychopharmacology, 7,* 9–17.

Hughes, J. R., Oliveto, A. H., Bickel, W. K., Higgins, S. T., et al. (1993). Caffeine self-administration and withdrawal: Incidence, individual differences and interrelationships. *Drug & Alcohol Dependence, 32*(3), 239–246.

Hull, A. M. (2002). Neuroimaging findings in post-traumatic stress. *British Journal of Psychiatry, 181*(2), 102–110.

Huprich, S. (2003). Depressive personality and its relationship to depressed mood, interpersonal loss, negative parental Perceptions, and perfectionism. *Journal of Nervous & Mental Disease, 191*(2), 73–79.

Hutchings, D. E. (1989). *Prenatal abuse of licit and illicit drugs.* New York: New York Academy of Sciences.

Huyse, F. J., Lyons, J. S., Stiefel, F., Slaets, J., et al. (2001). Operationalizing the biopsychosocial model: The *Psychosomatics; Vol 42(1),* 5–13.

Hwang, M. Y., & Bermanzohn, P. C. (2001). *Schizophrenia and comorbid conditions: Diagnosis and treatment.* Washington, DC: American Psychiatric Press, Inc.

Hwang, M. Y., & Bermanzohn, P. C. (Eds.). (2001). *Schizophrenia and comorbid conditions: Diagnosis and treatment.* Washington, DC: American Psychiatric Press.

Hyman, S. & Moldin, S. (2001). Genetic Science and depression: Implications for research and treatment. In *Treatment of depression: Bridging the 21st century.* M. Weissman (Ed.), Washington DC: American Psychiatric Press, 83–103.

Hyman, S. E. (1994). Why does the brain prefer opium to broccoli? *Harvard Review of Psychiatry, 2*(1), 43–46.

Hyman, S., Malenka, R., & Nestler, E. (2006). Neural mechanisms of addiction: The role of reward-related learning and memory. *Annual Review of Neuroscience, 29*, 565–598.

I

Iacono, W. G., & Patrick, C. J. (1997). Polygraphy and integrity testing. In R. Richards (Ed.), *Clinical assessment of malingering and deception* (2nd ed.). New York: Guilford Press.

Iacono, W. G., Carlson, S. R., Malone, S. M., & McGue, M. (2002). P3 event-related potential amplitude and the risk for disinhibitory disorders in adolescent boys. *Archives of General Psychiatry, 59*(8), 750–757.

Ilechukwu, S. T. C., & Henry, T. (2006). Amytal interview using intravenous Lorazepam in a patient with dissociative fugue. *General Hospital Psychiatry, 28*(6), 544–545.

Illness, H. (1999). Homosexuality and mental illness. *Archives of General Psychiatry, 56*(10), 883–884.

Inouye, S. (2006). A practical program for preventing delirium in hospitalized elderly patients. *Cleveland Clinic Journal of Medicine, 71*(11), 890–896.

Insel, T. R. (1991). Long-term neural consequences of stress during development: Is early experience a form of chemical imprinting? In B. J. Carroll & J. E. Barrett (Eds.), *Psychopathology and the brain* (pp. 133–152). New York: Raven Press.

Insel, T. R., Zahn, T., & Murphy, D. L. (1985). Obsessive compulsive disorder: An anxiety disorder? In A. H. Turner & J. Maser (Eds.), *Anxiety and the anxiety disorders.* Hillsdale, NJ: Lawrence Earlbaum Associates.

Irving, L. M., DuPen, J., & Berel, S. (1998). A media literacy program for high school females. *Eating Disorders: The Journal of Treatment and Prevention, 6,* 119–131.

Isacsson, G., Holmgren, P., & Ahlner, J. (2005). Selective serotonin reuptake inhibitor antidepressants and the risk of suicide: A controlled forensic database study of 14,857 suicides. *Acta Psychiatrica Scandinavica, 111,* 286.

Isay, R. (1996). *Becoming gay: The journey to self-acceptance.* New York: Pantheon Books.

Ishii, T., Takahashi, O., Kawamura, Y., & Ohta, T. (2003). Comorbidity in attention deficit-hyperactivity disorder. *Psychiatry and Clinical Neurosciences, 57*(5), 457–463.

Iversen, L. L. (2000). *The science of marijuana.* New York: Oxford University Press.

Iverson, G. L., Turner, R. A., & Green, P. (1999). Predictive validity of WAIS-R VIQ-PIQ splits in persons with major depression. *Journal of Clinical Psychology, 55*(4), 519–524.

Iwanami, A., Isono, H., Okajima, Y., Noda, Y., et al. (1998). Event-related potentials during a selective attention task with short interstimulus intervals in patients with schizophrenia. *Journal of Psychiatry & Neuroscience, 23*(1), 45–50.

Izard, C. E., Youngstrom, E. A., Fine, S. E., Mostow, A. J., et al. (2006). Emotions and developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology, Volume 1: Theory and Method* (pp. 244–292). Hoboken, NJ: John Wiley & Sons.

J

Jablensky, A. (1995). Kraepelin's legacy. Paradigm or pitfall of modern psychiatry? *European Archives of Psychiatry, 245*(4–5), 186–188.

Jablensky, A. (1997). The 100 year epidemiology of schizophrenia. *Schizophrenia Research, 28,* 111–125.

Jablensky, A. (2000). Epidemiology of schizophrenia: The global burden of disease and disability. *European Archives of Psychiatry & Clinical Neuroscience 250*(6), 274–285.

Jacobs, K. M., & Hirsch, K. A. (2000). Psychiatric complications of Ma-huang. *Psychosomatics, 41*(1), 58–62.

Jacobsen, L. K., Southwick, S. M., & Kosten, T. R. (2001). Substance use disorders in patients with posttraumatic stress disorder: A review of the literature. *American Journal of Psychiatry, 158*(8), 1184–1190.

Jacobson, E. (1964). *The self and the object world.* New York: International Universities Press.

Jacobson, N., Dobson, K., Truax, P. A., Addis, M. E., et al. (2000). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology, 64,*(2), 295–304.

Jacobson, N. S., & Hollon, S. D. (1996). Cognitive-behavior therapy versus pharmacotherapy: Now that the jury's returned its verdict, it's time to present the rest of the evidence. *Journal of Consulting and Clinical Psychology, 64,* 74–80.

Jacobson, W., & Cooper, A. M. (1993). Psychodynamic diagnosis in the era of the current DSM's. In N. Miller, L. Luborsky, J. P. Barker, & J. P. Docherty (Eds.), *Psychodynamic treatment research: A handbook for clinical practice.* New York: Basic Books.

Jaffee, S., Moffitt, T., Caspi, A., Fombonne, E., et al. (2002). Differences in early childhood risk factors for juvenile-onset and adult-onset depression. *Archives of General Psychiatry, 59*(3), 215–222.

Jager, M., Bottleader, R., Strauss, A., & Mollen, H. J. (2004). Fifteen year follow-up of ICD-10 schizoaffective disorders compared with schizophrenia and affective disorders. *Acta Psychiatrica Scandinavica, 109*(1): 30–37.

Jain, S. (2003). Effect of Preksha meditation on anxiety and operational efficiency of young convicts. *Psychological Studies, 48*(3), 82–87.

James, S. A., Hartnett, S. A., & Kalsbeek, W. (1983). John Henryism and blood pressure differences among Black men. *Journal of Behavioral Medicine, 6,* 259–278.

James, W. (1936). *The varieties of religious experience.* New York: Modern Library.

Jamieson, E., Butwell, M., Taylor, P., & Leese, M. (2000). Trends in special (high security) hospitals: Referrals and admissions. *British Journal of Psychiatry,* 176, 253–259.

Jamison, K. (2005). *Exuberance*: Vintage Books.

Jamison, K. R. (1995). *An unquiet mind: A memoir of moods and madness.* New York: Vintage Books.

Jamison, K. R. (1999a). A magical orange grove in a nightmare. In R. Conlan (Ed.), *States of mind: New discoveries about how our brains make us who we are.* New York: John Wiley & Sons.

Jamison, K. R. (1999b). *Night falls fast: Understanding suicide.* New York: Knopf.

Jansen, K. L. R., & Darracot-Cankovic, R. (2001). The nonmedical use of ketamine, part two: A review of problem use and dependence. *Journal of Psychoactive Drugs (Special Issue), 33*(2), 151–158.

Jatzko, A., Rothenhofer, S., Schmitt, A., Gaser, C., et al. (2006). Hippocampal volume in chronic posttraumatic stress disorder (PTSD): MRI study using two different evaluation methods. *Journal of Affective Disorders, 94*(1–3), 121–126.

Javitt, D. C., & Zukin, S. R. (1991). Recent advances in the phencyclidine model of schizophrenia. *American Journal of Psychiatry, 148,* 1301–1308.

Jellineck, E. (1946). *Phases in the drinking history of alcoholics.* New Haven, CT: Hillhouse Press.

Jensen, P. S., Bloedau, L., Degroot, J., Ussery, T., et al. (1990). Children at risk I: Risk factors and child symptomatology. *Journal of the American Academy of Child and Adolescent Psychiatry, 29,* 51–59.

Jensen, P. S., & Hoagwood, K. (1997). The book of names: DSM-IV in context. *Development & Psychopathology, 9*(2), 231–249.

Jensen, P. S., Hoagwood, K., & Zitner, L. (2006). What's in a name? Problems versus prospects in current diagnostic approaches. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology, Volume 1: Theory and Method* (pp. 24–40). Hoboken, NJ: John Wiley & Sons.

Jex, S. M., Bliese, P. D., Buzzell, S., & Primeau, J. (2001). The impact of self-efficacy on stressor-strain relations: Coping style as an explanatory mechanism. *Journal of Applied Psychology: Special Issue, 86*(3), 401–409.

Jimerson, D. C., & Wolfe, B. E. (2006). Psychobiology of eating disorders. In S. Wonderlich, J. E. Mitchell, M. deZwaan, & H. Steiger

(Eds.), *Annual Review of Eating Disorders, Part 2* (pp. 1–15). Oxford: Radcliffe Publishing.

Joe, S., Baser, R., Breeden, G., Neighbors, H., et al. (2006). Prevalence of and Risk Factors for Lifetime Suicide Attempts among Blacks in the United States. *Journal of the American Medical Association, 296*(17), 2112–2123.

Jogems-Kosterman, B. J. M., Zitman, F. G., VanHoof, J. J. M., & Hulstijn, W. (2001). Psychomotor slowing and planning deficits in schizophrenia. *Schizophrenia Research (Special Issue), 48*(2–3), 317–333.

Johnson, C., Powers, P. S., & Dick, R. (1999). Athletes and eating disorders: The National Collegiate Athletic Association Study. *International Journal of Eating Disorders, 25,* 179–188.

Johnson, C. F. (2004). Child sexual abuse. *Lancet, 364*(9432), 462–470.

Johnson, J., Cohen, P., Kasen, S., & Brook, J. S. (2006). Dissociative disorders among adults in the community, impaired functioning, and axis I and II comorbidity. *Journal of Psychiatric Research, 40*(2), 131–140.

Johnson, J. G., & Sherman, M. F. (1997). Daily hassles mediate the relationship between major life events and psychiatric symptomatology: Longitudinal findings from an adolescent sample. *Journal of Social & Clinical Psychology, 16,* 389–404.

Johnson, M. E., Jones, G., & Brems, C. (1996). Concurrent validity of the MMPI-2 feminine gender role (GF) and masculine gender role (GM) scales. *Journal of Personality Assessment, 66*(1), 153–168.

Johnson, S. P. (2001). Short-term play therapy. In *Innovations in play therapy: Issues, process, and special populations* (pp. 217–235). Philadelphia: Brunner-Routledge.

Johnston-Brooks, C. H., Lewis, M. A., Evans, G. W., & Whalen, C. K. (1998). Chronic stress and illness in children: The role of allostatic load. *Psychosomatic Medicine, 60,* 597–603.

Johnstone, E. (1994). *Searching for the causes of schizophrenia.* New York: Oxford University Press.

Johnstone, E. C., Humphreys, M. S., Lang, F. H., Lawrie, S. M., et al. (1999). *Schizophrenia: Concepts and clinical management.* New York: Cambridge University Press.

Jones, E. & Pulos S. M. (1993). Comparing the process in psychodynamic and cognitive-behavioral therapies. *Journal of Consulting and Clinical Psychology, 61(2),* 306–316.

Jones, P. B., & Tarrant, C. J. (2000). Developmental precursors and biological markers for schizophrenia and affective disorders: Specificity and public health implications. *European Archives of Psychiatry & Clinical Neuroscience, 25*(6), 286–291.

Jones, R., et al. (2006). A systematic review of the efficacy and safety of second-generation antipsychotics in the treatment of mania. *European Psychiatry, 21*(1), 1–9.

Jordan, G., & Stein, D. (2000). Mental disorders due to a general medical condition. *Psychosomatics, 41*(4), 370.

Jorstad, J. (2001). Avoiding unbearable pain: Resistance and defence in the psychoanalysis of a man with a narcissistic personality disorder. *Scandinavian Psychoanalytic Review, 24,* 34–45.

Joseph, B. (1989). *Psychic equilibrium and psychic change.* London: Routledge.

Joseph, J. (2002). Twin studies in psychiatry and psychology: Science or pseudoscience? *Psychiatric Quarterly, 73:* 71–82.

Joseph, J. J. (2000). A critical analysis of the genetic theory of schizophrenia. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 60*(11-B). Ann Arbor, MI: University Microfilms International.

Junginger, J. (1988). Summation of arousal in partial fetishism. *Journal of Behavior Therapy & Experimental Psychiatry, 19*(4), 297–300.

Junginger, J. (1997). Fetishism: Assessment and treatment. In D. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 92–110). New York: Guilford Press.

Just, M. A., Cherkassky, V., Keller, T., Kana, R., et al. (2007). Functional and anatomical cortical underconnectivity in autism: Evidence from an FMRI study of an executive function task and corpus callosum morphometry. *Cerebral Cortex, 17*(4), 951–961.

K

Kabat-Zinn, J. (2003). Mindfulness-Based Interventions in Context: Past, Present, and Future. *Clinical Psychology: Science and Practice, 10,* 144.

Kabat-Zinn, J. (2005). *Coming to Our Senses.* New York: Hyperion.

Kafka, M. (1997). Hypersexual desire in males: An operational definition and clinical implications for males with paraphilias and paraphilia-related disorders. *Archives of Sexual Behavior, 26*(5), 505–526.

Kafka, M., & Hennen, J. (1999). The paraphilia-related disorders: An empirical investigation of nonparaphilic hypersexuality disorders in outpatient males. *Journal of Sex & Marital Therapy, 25*(4), 305–319.

Kafka, M., & Prentky, R. (1997). Compulsive sexual behavior characteristics. *American Journal of Psychiatry, 154*(11), 1632.

Kagitcibasi, C. (2000). Cultural contextualism without complete relativism in the study of human development. In A. Comunian (Ed.), *International perspectives on human development.* Lengerich, Germany: Pabst Science Publishers.

Kahn, D. A. (1993). The use of psychodynamic psychotherapy in manic-depressive illness. *Journal of the American Academy of Psychoanalysis. 21,* 441–455.

Kahn, J. H., with Solomon, H. (1975). *Job's illness: Loss, grief and integration: A psychological interpretation.* New York: Pergamon Press.

Kahn, S. (2001). A matter of life and death: The case of Jan. In S. Kahn (Ed.), *Changes in the therapist.* Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Kalil, K. M., Gruber, J. E., Conley, J. G., & LaGrandeur, R. M. (1995). Relationships among stress, anxiety, Type A, and pregnancy-related complications. *Pre- & Peri-Natal Psychology Journal, 9,* 221–232.

Kamali, M., Kelly, L., Gervin, M., Browne, S., et al. (2001). Insight and comorbid substance misuse and medication compliance among patients with schizophrenia. *Psychiatric Services (Special Issue), 52*(2), 161–163.

Kanayama, G., Gruber, A. J., Pope, H. G., Jr., Borowiecki, J. J., et al. (2001). Over-the-counter drug use in gymnasiums: An underrecognized substance abuse problem? *Psychotherapy & Psychosomatics (Special Issue), 70*(3), 137–140.

Kane, J. M., (2006). Review of treatments that can ameliorate nonadherence in patients with schizophrenia. *Journal of Clinical Psychiatry, 67* (Suppl. 5): 9–14.

Kanner, A., Coyne, J. C., Scaefer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine, 4,* 1–39.

Kantrowitz, B., & Springen, K. (2007). Confronting Alzheimers. *Newsweek,* 55–61.

Kaplan, H. (1974). *The new sex therapy; active treatment of sexual dysfunctions.* New York: Brunner/Mazel.

Kaplan, H. (1995). *New directions in sex therapy: Innovations and alternatives.* New York: Brunner/Mazel.

Kaplan, H. (1996). Erotic obsession: Relationship to hypoactive sexual desire disorder and paraphilia. *American Journal of Psychiatry, 153*(Suppl), 30–41.

Kaplan, M. (1983). A woman's view of the DSM-III. *American Psychologist, 28,* 786–792.

Kaplan, R. M., & Saccuzzo, D. P. (1993). *Psychological testing: Principles, applications and issues* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

Kapur, S., & Remington, G. (2001). Atypical antipsychotics: New directions and new challenges in the treatment of schizophrenia. *Annual Review of Medicine (Special Issue), 52,* 503–517.

Kardiner, A. (1941). *The traumatic neuroses of war.* New York: Paul B. Hoeber.

Karel, M., et al. (2002). *Assessing and treating late life depression: A casebook and resource guide*. New York: Basic Books.

Karl, A., Schaefer, M., Malta, L. S., Dorfel, D., et al. (2006). A meta-analysis of structural brain abnormalities in PTSD. *Neuroscience & Biobehavioral Reviews, 30*(7), 1004–1031.

Karon, B. P. (1992). The fear of understanding schizophrenia. *Psychoanalytic Psychology, 9*(2), 191–211.

Kaslow, N., & Celano, M. (1995). The family therapies. In A. Gurman & S. Messner (Eds.), *Essential psychotherapies*. New York: Guilford Press, pp. 343–402.

Kathol, R. G., Carter, J., & Yates, W. R. (1990). *Clinical psychiatry for medical students.* Philadelphia: J. P. Lippincott.

Katon, W., Sullivan, M., & Walker, E. (2001). Medical symptoms without identified pathology: Relationship to psychiatric disorders, childhood and adult trauma, and personality traits. *Annals of Internal Medicine, 134*(9, Pt. 2), 917–925.

Katz, R., & David, J. (1999). The relationship between worry, sexual aversion, and low sexual desire. *Journal of Sex & Marital Therapy, 25*(4), 293–296.

Katzman, D., Lambe, E., Mikulis, D., Ridgley, J., Goldbloom, D., & Zipursky, R. B. (1996). Cerebral gray matter and white matter volume deficits in adolescent girls with anorexia nervosa. *The Journal of Pediatrics, 129*(6), 794–803.

Kaufman, D., & Friedman, L. (1996). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Kaufman, E. (1986). A contemporary approach to the family treatment of substance abuse disorders. *American Journal of Drug & Alcohol Abuse, 12*(3), 199–211.

Kaye, W. H., Nagata, T., Weltzin, T. E., Hsu, L. K. G., et al. (2001). Double-blind placebo-controlled administration of fluoxetine in restricting- and restricting-purging-type anorexia nervosa. *Biological Psychiatry, 49,* 644–652.

Kazdin, A. E. (2005). *Parent Management Training: Treatment for Oppositional, Aggressive, and Antisocial Behavior in Children and Adolescents*. New York: Oxford University Press.

Kazdin, A. E. (1995). *Conduct disorders in childhood and adolescence* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Kazdin, A. E., Siegel, T. C., & Bass, D. (1992). Cognitive problem-solving skills training and parent management training in the treatment of antisocial behavior in children. *Journal of Consulting and Clinical Psychology, 60,* 733–747.

Keane, T. M., Zimering, R. T., & Caddell, J. M. (1985). A behavioral formulation of posttraumatic stress disorder in Vietnam veterans. *Behavior Therapist, 8,* 9–12.

Kear-Colwell, J., & Boer, D. (2000). The treatment of pedophiles: Clinical experience and the implications of recent research. *International Journal of Offender Therapy & Comparative Criminology (Special Issue), 44*(5), 593–605.

Kearney, C. A., & Silverman, W. K. (1995). Family environment in youngsters with school refusal behavior: A synopsis with implications for assessment and treatment. *American Journal of Family Therapy, 23,* 59–72.

Keefe, R. S. E. (2001). Negative symptoms and the assessment of neurocognitive treatment response. In *Negative symptom and cognitive deficit treatment response in schizophrenia* (pp. 85–110). Washington, DC: American Psychiatric Press.

Keefe, R. S. E., & McEvoy, J. P. (2001). *Negative symptom and cognitive deficit treatment response in schizophrenia.* Washington, DC: American Psychiatric Press.

Keel, P. K., & Klump, L. (2003). Are eating disorders culture-bound syndromes? Implications for conceptualizing their etiology. *Psychological Bulletin, 129*(5), 747–769.

Keeley, A., & Berridge, K. (2002). The neuroscience of natural rewards: Releance to addictive drugs. *Journal of Neuroscience, 22*(9), 3306–3311.

Keijers, G., Schoop, C., & Hoogdvin, C. (2000). The impact of interpersonal patient and therapist behaviors on outcome in cognitive-behavioral therapy: A review of empirical studies. *Behavior Modification, 24(2),* 264–297.

Keith, S. J., Regier, D. S., & Rae, D. A. (1991). Schizophrenic disorders. In L. N. Robins & D. S. Regier (Eds.), *Psychiatric disorders in America: The epidemiological catchment area study.* New York: Free Press.

Kellogg, J. (1881). *Plain facts for young and old embracing the natural history and hygiene of organic life.* Burlington, IA: I. F. Segner & Condit Co.

Kemp, R., & David, A. (2001). Patient compliance. In J. Lieberman & R. Murray (Eds.), *Comprehensive care of schizophrenia.* London: Martin Dunitz.

Kendall, P. C., & Gosch, E. A. (1994). Cognitive-behavioral interventions. In T. H. Ollendick, N. J. King, & W. Yule (Eds.), *International Handbook of Phobic and Anxiety Disorders in Children and Adolescents.* New York: Plenum Press.

Kendall, P. C., Haaga, D. A., Ellis, A., & Bernard, M. (1995). Rational-emotive therapy in the 1990s and beyond: Current status, recent revisions, and research questions. *Clinical Psychology Review, 15*(3), 269–85.

Kendall, P. C., & Treadwell, K. R. H. (1996). Cognitive-behavioral treatment for childhood anxiety disorders. In E. D. Hibbs & P. S. Jensen (Eds.), *Psychosocial Treatments for Child and Adolescent Disorders: Empirically Based Strategies for Clinical Practice* (pp. 23–41). Washington, DC: American Psychological Association.

Kendall, P. C., Safford, S., Flannery-Schroeder, E., & Webb, A. (2004). Child anxiety treatment: Outcomes in adolescence and impact on substance use and depression at 7.4-year follow-up. *Journal of Consulting and Clinical Psychology, 72*(2), 276–287.

Kendall, P. C., & Suveg, C. (2006). Treating anxiety disorders in youth. In P. C. Kendall (Ed.), *Child and Adolescent Therapy: Cognitive-Behavioral Procedures* (pp. 243–294). New York: Guilford Press.

Kendler, K., et al. (2002). Toward a comprehensive developmental model for major depression in women. *American Journal of Psychiatry, 159*(7), 1133–1145.

Kendler, K., Bulik, C, Silberg, J., Hettema, J., et al. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and cotwin control analysis. *Archives of General Psychiatry, 57*(10), 953–959.

Kendler, K., Gruenberg, A., & Kinney, D. (1994). Independent diagnoses of adoptees and relatives as defined by DSM-III in the provincial and national samples of the Danish Adoption Study of Schizophrenia. *Archives of General Psychiatry, 51*(6), 456–468.

Kendler, K. S., & Diehle, S. R. (1993). The genetics of schizophrenia: A current, genetic-epidemiologic perspective. *Schizophrenia Bulletin, 19,* 261–285.

Kendler, K. S., & Gardner, C. O. (1997). The risk for psychiatric disorder in relatives of schizophrenic and control probands: A comparison of three independent studies. *Psychological Medicine, 27,* 411–419.

Kendler, K. S., Karkowski, L. M., Neale, M. C., & Prescott, C. A. (2000). Illicit psychoactive substance use, heavy use, abuse, and dependence in a U.S. population-based sample of male twins. *Archives of General Psychiatry, 57*(3), 261–269.

Kendler, K. S., Karkowski, L., & Prescott, C. A. (1999). Hallucinogen, opiate, sedative and stimulant use and abuse in a population-based sample of female twins. *Acta Psychiatrica Scandinavica, 99*(5), 268–276.

Kendler, K. S., Neale, M. C., Kessler, R. C., Heath, A. C., et al. (1992). Generalized anxiety disorder in women: A population-based twin study. *Archives of General Psychiatry, 49*(4), 267–272.

Kenealy, P. M. (1997). Mood-state-dependent retrieval: The effects of induced mood on memory reconsidered. *Quarterly Journal of Experimental Psychology: Human Experimental Psychology, 50,* 290–317.

Kenna, G., McGeory, J., & Swift, R. (2004). Pharmacotherapy, pharmacogenomics, and the future of alcohol dependence treatment. *American Journal of Health—System Pharmacists, 61*(21), 2272–2279.

Kennedy, G. J., & Scalmati, A. (2001). The interface of depression and dementia. *Current Opinion in Psychiatry, 14*(4), 367–369.

Kennedy, M. G. (1995). Relapse in schizophrenia: The relationships among insight, symptom recognition, symptom self-management, and perceived effectiveness of symptom self-management at the time of hospitalization. *Dissertation Abstracts International: Section B: The Sciences 55*(10-B), 4321. Ann Arbor, MI: University Microfilms International.

Kensit, D. A. (2000). Rogerian theory: A critique of the effectiveness of pure client-centred therapy. *Counselling Psychology Quarterly: Special Issue, 13*(4), 345–351.

Kerfoot, Sakoulas, & Hyman, S. (1996). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Kerkhof, A. J. F. M. (2000). Attempted suicide: Patterns and trends. In K. Hawton & K. van Heeringen (Eds.), *The international handbook of suicide and attempted suicide* (pp. 49–64). New York: John Wiley & Sons.

Kernberg, O. F. (1998). Pathological narcissism and narcissistic personality disorder: Theoretical background, and diagnostic classification. In E. G. Ronningstam (Ed.), *Disorders of Narcissism: Diagnostic, Clinical, and Empirical Implications* (pp. 29–51). Washington, DC: American Psychiatric Press.

Kernberg, O. F., & Caligor, E. (2005). A psychoanalytic theory of personality disorders. In M. F. Lenzenweger & J. F. Clarkin (Eds.), *Major Theories of Personality Disorder* (2nd ed., pp. 114–156). New York: Guilford Press.

Kernberg, O. (1975). *Borderline conditions and pathological narcissism.* Northvale, NJ: Jason Aronson.

Kernberg, O. (2001). The concept of libido in the light of contemporary psychoanalytic theorizing. In *Mankind's oedipal destiny: Libidinal and aggressive aspects of sexuality* (pp. 95–111). Madison, CT: International Universities Press.

Kernberg, O. F. (1989). An ego psychology object relations theory of the structure and treatment of pathological narcissism: An overview. *Psychiatric Clinics of North America, 12,* 723–729.

Kernberg, O. F. (1995). *Love relations: Normality and pathology.* New Haven, CT: Yale University Press.

Kernberg, P. F., Weiner, A. S., & Bardenstein, K. K. (2000). *Personality disorders in children and adolescents.* New York: Basic Books.

Kesey, K. (1973). *One flew over the cuckoo's nest.* New York: Viking.

Keshavan, M., Stanley, J., & Pettegrew, J. (2000). Magnetic resonance spetroscopy in schizophrenia: Methodological issues and findings—Part II. *Biological Psychiatry, 48,* 369–380.

Kessler, J. W. (1988). *Psychopathology of childhood* (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.

Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., et al. (1994). Lifetime and 12-month prevalence of DSM-III–R psychiatric disorders in the United States: Results from the National Comorbidity Study. *Archives of General Psychiatry, 51,* 8–19.

Kessler, R. C. (2003). The impairments caused by social phobia in the general population: implications for intervention. *Acta Psychiatrica Scandinavica. Supplementum,* no. 417, 19–27.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602.

Kessler, R. C., et al. (2005, June). Prevalance and Treatment of Mental Disorders, 1990 to 2003. *New England Journal of Medicine, 352*, 2515–2523.

Kessler, R. C., et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of *DSM-IV* Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005; 62:593–602.

Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 617–627.

Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 617–627.

Key, F. A., Craske, M. G., & Reno, R. M. (2006). Anxiety-based cognitive-behavioral therapy for paranoid beliefs. *Behavior Therapy, 34:* 97–115.

Kety, S. S. (1988). Schizophrenic illness in the families of schizophrenic adoptees: Findings from the Danish national sample. *Schizophrenia Bulletin, 114*(2), 217–222.

Kety, S. S., Woodford, R. B., Harmel, M. H., Freyman, F. A., et al. (1994). Cerebral blood flow and metabolism in schizophrenia: The effects of barbiturate semi-narcosis, insulin coma and electroshock. *American Journal of Psychiatry, 151*(6), S203–S207.

Khantzian, E. J., Halliday, K. S., & McAuliffe, W. E. (1990). *Addiction and the vulnerable self: Modified dynamic group therapy for substance abusers.* New York: Guilford Press.

Kiecolt-Glaser, J. K., Glaser, R., Strain, E. C., Stout, J. C., et al. (1986). Modulation of cellular immunity in medical students. *Journal of Behavioral Medicine, 9,* 5–21.

Kieseppa, T., Partonen, T., Haukka, J., Kaprio, J., et al. (2004). High concordance of bipolar I disorder in a nationwide sample of twins. *American Journal of Psychiatry, 161,* 1814–1821.

Kihlstrom, J. R. (2005). Dissociative Disorders. *Annual Review of Clinical Psychology, 1*(1), 227–253.

Kim, J., & Siegel, S. (2001). The role of cholecystokinin in conditional compensatory responding and morphine tolerance in rats. *Behavioral Neuroscience (Special Issue), 115*(3), 704–709.

Kim, S. A., & Goff, B. C. (2000). Borderline personality disorder. In M. Hersen & M. Biaggio (Eds.), *Effective brief therapies* (pp. 335–354). San Diego, CA: Academic Press.

Kim, U. (2000). Indigenous, cultural, and cross-cultural psychology: A theoretical, conceptual, and epistemological analysis. *Asian Journal of Social Psychology:* Special Issue: Indigenous, cultural and cross-cultural psychologies, *3*(3), 265–287.

Kimerling, R., & Calhoun, K. S. (1994). Somatic symptoms, social support, and treatment seeking among sexual assault victims. *Journal of Consulting & Clinical Psychology, 62,* 333–340.

King, G., & Ellinwood, E. (1997). In J. Lowinson, P. Rulz, R. Millman, & J. Langrad (Eds.), *Substance abuse: A comprehensive textbook* (3rd ed). Baltimore: Williams & Wilkins.

King, M., & Bartlett, A. (1999). British psychiatry and homosexuality. *British Journal of Psychiatry, 175,* 106–113.

Kingsbury, S. J., & Yi, D. (2001). Insight and moderating variables. *Psychiatric Services (Special Issue), 52*(3), 387–388.

Kinsey, A., Pomeroy, W., & Martin, C. (1948). *Sexual behavior in the human male.* Philadelphia: W. B. Saunders.

Kinsey, A., Pomeroy, W., Martin, C., & Gebhard, P. (1953). *Sexual behavior in the human female.* Philadelphia: W. B. Saunders.

Kirk, S. A., & Kutchins, H. (1992). The selling of DSM: *The rhetoric of science in psychiatry.* New York: Aldine de Gruyter.

Kirk, S. A., & Kutchins, H. (1994). The myth of the reliability of DSM. *The Journal of Mind and Behavior, 15*(1–2), 71–86.

Kirkcaldy, B. D., Trimpop, R., & Cooper, C. L. (1997). Working hours, job stress, work satisfaction, and accident rates among medical practitioners and allied personnel. *International Journal of Stress Management, 4*(2), 79–87.

Kirkpatrick, B., Featon, W., & Carpenter, W. Jr. (2006). The NIMH-MATRICS consensus statement on negative symptoms. *Schizophrenia Bulletin, 32*(2): 214–219.

Kirkwood, G., Rampes, H., Tuffrey, V., Richardson, J., et al. (2005). Yoga for anxiety: A systematic review of the research evidence. *British Journal of Sports Medicine, 39*(12), 884–891; discussion 891.

Kirmayer, L. J., & Looper, K. J. (2001). Hypochondriasis in primary care. In V. Starcevic & D. R. Lipsitt (Eds.), *Hypochondriasis: Modern perspectives on an ancient malady* (pp. 155–180). Oxford: Oxford University Press.

Kirmayer, L. J., & Looper, K. J. (2001). Hypochondriasis in primary care. In V. Starcevic & D. R. Lipsitt (Eds.), *Hypochondriasis: Modern perspectives on an ancient malady* (pp. 155–180). New York: Oxford University Press.

Kirmayer, L. J., & Santhanam, R. (2001). The anthropology of hysteria. In P. W. Halligan, C. Bass, & J. C. Marshall (Eds.), *Contemporary approaches to the study of hysteria* (pp. 251–270). Oxford, England: Oxford University Press.

Kirmayer, L. J., & Young, A. (1999). Culture and context in the evolutionary concept of mental disorder. *Journal of Abnormal Psychology, 108*(3), 446–452.

Kirsch, I., & Saperstein, G. (1998). Listening to Prozac but hearing placebo: A meta-analysis of antidepressant medication. *Prevention & Treatment, 1,* Article 0002a. Available on the World Wide Web: http://journals.apa.org/prevention/volume1/pre0010002a.html.

Kirsch, I., Moore, T. J., Scoboria, A., & Nicholls, S. S. (2002). The emperor's new drugs: An analysis of antidepressant medication data submitted to the U.S. Food and Drug Administration. *Prevention & Treatment,* 5.

Kirschenbaum, H., & Jourdan, A. (2005). The Current Status of Carl Rogers and the Person-Centered Approach. *Psychotherapy: Theory, Research, Practice, Training, 42,* 37–51.

Kish, S. J., Furukawa, Y., Ang, L., Vorce, S. P., et al. (2000). Striatal serotonin is depleted in brain of a human MDMA (ecstasy) user. *Neurology, 55*(2), 294–296.

Klamen, D., Grossman, L., & Kopacz, D. (1999). Medical student homophobia. *Journal of Homosexuality, 37*(1), 53–63.

Klegeris, A., & McGeer, L. (2005). Non-steroidal anti-inflammatory drugs (NSAIDs) and other anti-inflammatory agents in the treatment of neurodegenerative disease. *Current Alzheimer Research, 2*(3), 355–365.

Klein, D. (1964). Delineation of two drug responsive anxiety syndromes. *Psychopharmacologia, 5,* 397–408.

Klein, D., et al. (2003). Therapeutic alliance in depression treatment: Controlling for prior chance and patient characteristics. *Journal of Consulting and Clinical Psychology, 71,* 997–1006

Klein, D., et al. (2003). Dysthymia and chronic depression: Introduction, classification, risk factors, and course. *Journal of Clinical Psychology, 59*(8), 807–816.

Klein, M. (1946). Notes on some schizoid mechanism. In *Envy and gratitude and other works* (Vol. 3 of *The writings of Melanie Klein,* pp. 1–24). London: Hogarth Press.

Klein, M. (1997). Disorders of desire. In R. Charlton (Ed.), *Treating sexual disorders* (pp. 201–236). San Francisco: Jossey-Bass.

Klein, M., & Riviere, J. (1967/1937). *Love, hate and reparation.* London: Hogarth Press and the Institute of Psycho-analysis.

Kleinknecht, R. A. (1994). Aquisition of blood, injury, and needle fears and phobias. *Behaviour Research & Therapy, 32,* 817–823.

Kleinman, A. (1987). Culture and clinical reality: Commentary on "culture-bound syndromes and international disease classifications." *Culture, Medicine & Psychiatry, 11*(1), 49–52.

Kleinman, A. (1996). How is culture important for DSM-IV? In J. E. Mezzich, A. Kleinman, H. Fabrega, & D. L. Parron (Eds.), *Culture and psychiatric diagnosis: A DSM-IV perspective.* Washington, DC: American Psychiatric Press.

Kleinplatz, P. J. (2003). What's new in sex therapy? From stagnation to fragmentation. *Sexual and Relationship Therapy, 18*, 95–106.

Klerman, G. L., & Weissman, M. M. (1992). Interpersonal psychotherapy. In E. S. Paykel (Ed.), *Handbook of affective disorders.* New York: Guilford Press.

Klerman, G. L., Weissman, M. M., Rounsaville, B. J., & Chevron, E. (1984). *Interpersonal psychotherapy of depression.* New York: Basic Books.

Klingemann, H., & Hunt, G. (Eds.). (1998). *Drug treatment systems in an international perspective: Drugs, demons, and delinquents.* Thousand Oaks, CA: Sage.

Klinger, E., Bouchard, S., Legeron, P., Roy, S., et al. (2005). Virtual reality therapy versus cognitive-behavior therapy for social phobia: A preliminary controlled study. *CyberPsychology & Behavior, 8*(1), 76–88.

Kluft, R. P. (1984). Multiple personality in childhood. *Psychiatric Clinics of North America, 14,* 631–648.

Kluft, R. P. (1985). Hypnotherapy of childhood multiple personality disorder. *American Journal of Clinical Hypnosis, 27*(4), 201–210.

Kluft, R. P. (1988). The phenomenology and treatment of extremely complex multiple personality disorder. *Dissociation, 1,* 47–58.

Kluft, R. P. (1993). Multiple personality disorder. In D. Spiegel (Ed.), *Dissociative disorders: A clinical review* (pp. 17–44). Lutherville, MD: Sidran Press.

Kluft, R. P. (1994). Treatment trajectories in multiple personality disorder. *Dissociation: Progress in the Dissociative Disorders, 7*(1), 63–76.

Kluft, R. P. (1996). Dissociative identity disorder. In L. K. Michelson & W. J. Ray (Eds.), *Handbook of dissociation: Theoretical, empirical, and clinical perspectives* (pp. 337–366). New York: Plenum Press.

Kluft, R. P. (1999). An overview of the psychotherapy of dissociative identity disorder. *American Journal of Psychotherapy, 53*(3), 289–319.

Kluft, R. P. (2005). Diagnosing dissociative identity disorder. *Psychiatric Annals, 35*(8), 633–643.

Knight, J. (2004). Religion and science: Buddhism on the brain. *Nature*, *9*; 432(7018),670.

Kobau, R. et al. (2004). Sad, blue or depressed days, health behaviors, and health-related quality of life, behavioral risk factor surveillance system, 1995–2000. *Health and Quality of Life Outcomes, 2*, 40.

Kockott, G. (2007). Psychotherapy for sexual dysfunctions and desire disorders. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz, 50*(1), 11–18.

Kodesh, A., Finkel, B., Lerner, A. G., Kretzmer, G., et al. (2001). Dose-dependent olanxapine-associated leukopenia: Three case reports. *International Clinical Psychopharmacology (Special Issue), 16*(2), 117–119.

Koenigsberg, H. W., Reynolds, D., Goodman, M., New, A. S., Mitropoulou, V., Trestman, R. L., et al. (2003). Risperidone in the treatment of schizotypal personality disorder. *Journal of Clinical Psychiatry, 64*(6), 628–634.

Koenigsberg, H. W., Woo-Ming, A. M., & Siever, L. J. (2002). Pharmacological treatments for personality disorders. In P. E. Nathan & J. M. Gorman (Eds.), *A guide to treatments that work* (2nd ed., pp. 625–641). New York: Oxford University Press.

Koerner, K., & Linehan, M. (2000). Research on dialectical behavior therapy for patients with borderline personality disorder. *Psychiatric Clinics of North America, 23*(1), 151–167.

Kohlenberg, R. & Tsai, M. (1992). *Functional analytic psychotherapy: Creating intense and curative therapeutic relationships.* New York: Plenum Press.

Kohut, H. (1977). *The restoration of the self.* Madison, CT: International Universities Press.

Kojima, S., Nakahara, T., Nagai, N., Muranaga, T., Tanaka, M., Yasuhara, D., et al. (2005). Altered ghrelin and peptide YY responses to meals in bulimia nervosa. *Clinical Endocrinology, 62*(1), 74–78.

Kolata, G. (1994, Dec. 18). The rule Dr. Elders forgot; America keeps Onan in the closet. *The New York Times,* p. 5.

Kolata, G. (2000, April 18). Impotence is given another name, and a drug market grows. *The New York Times,* p. 6.

Koo, M., Dickey, C. C., Park, H., Kubicki, M., Ji, N. Y., Bouix, S., et al. (2006). Smaller neocortical gray matter and larger sulcal cerebrospinal fluid volumes in neuroleptic-naive women with schizotypal personality disorder. *Archives of General Psychiatry, 63*(10), 1090–1100.

Koob, G. F., Ahmed, S., Boutrel, B., Chen, S., Kenny, P., et al. (2004). Neurobiological mechanisms in the transition from drug use to drug dependence. *Neuroscience and Biobehavioral Reviews, 27*(8), 739–749.

Koocher, G., Norcross, J., Hill, S. (Eds.). (1998). *Psychologists' desk reference.* New York: Oxford University Press.

Koons, C. R., Robins, C. J., Tweed, J. L., Lynch, T. R., Gonzalez, A. M., Morse, J. Q., et al. (2001). Efficacy of dialectical behavior therapy in women veterans with borderline personality disorder. *Behavior Therapy, 32*(2), 371–390.

Kopelman, M. D. (1987). Crime and amnesia: A review. *Behavioral Sciences and the Law, 5,* 323–342.

Kopelman, M. D. (2002). Psychogenic amnesia. In A. D. Baddeley, M. D. Kopelman, & B. A. Wilson (Eds.), *Handbook of Memory Disorders* (pp. 451–471). Hoboken, NJ: John Wiley & Sons.

Koss, M. P. (1998). Hidden rape: Sexual aggression and victimization in a national sample of students in higher education. In M. E. Odem & J. Clay-Warner (Eds.); *Confronting rape and sexual*

assault (pp. 51–69). Wilmington, DE: SR Books/Scholarly Resources Inc.

Kosten, T. R. (1990). Neurobiology of abused drugs: Opioids and stimulants. *Journal of Nervous & Mental Disease, 178*(4), 217–227.

Kozlowski, L., Henningfield, J., & Brigham, J. (2001). *Cigarettes, nicotine, & health: A biobehavioral approach.* Thousand Oaks, CA: Sage.

Krabbendam, L., Myin-Germeys, I., & Van Os, J. (2004). The expanding psychosis phenotype. *International Journal of Psychology and Psychological Therapy, 4:* 411–421.

Kraepelin, E. (1899/1904). *Clinical psychiatry: A textbook for students and physicians.* Abstracted and adapted from the 6th German edition of Kraepelin (Author) *Psychiatrie; ein lehrbuch für studierend ünd ärzte,* by A. R. Defendorf (Trans.). New York: Macmillan.

Kraepelin, E. (1923). *Textbook of psychiatry.* New York: Macmillan. (Original work published 1883.)

Krafft-Ebing, von R. (1999). *Psychopathia sexualis: With especial reference to contrary sexual instinct: a clinical-forensic study.* [Translated by B. King] (12th ed., unabridged). Burbank, CA: Bloat Publishing. (Original work published in 1886.)

Kramer, A., & Buck, L. A. (1997). Encountering people labeled "schizophrenic." *Journal of Humanistic Psychology, 37*(4), 12–29.

Kramer, P. (1993). *Listening to Prozac.* New York: Viking.

Kreek M. J., Nielson. D., & LaForge, K. (2005). Genes associated with addiction: Alcoholism, opiate, and cocaine addiction. *Neuromolecular Medicine, 5*(1), 85–108.

Kroenke, C., Kubzansky, L., Schernhammer, E., Holmes, M., et al. (2006). Social networks, social support, and survival after breast cancer diagnosis. *Journal of Clinical Oncology, 24*(7), 1105–1111.

Kroenke, K., & Swindle, R. (2000). Cognitive-behavioral therapy for somatization and symptom syndromes: A critical review of controlled clinical trials. *Psychotherapy and psychosomatics, 69*(4), 205–215.

Krueger, R., & Markon, K. (2006). Understanding psychopathology: Melding behavior genetics, personality, and quantitative psychology to develop an empirically based model. *Current Directions in Psychological Science*, *15*(3), 133–117.

Krystal, H. (1979). Alexithymia and psychotherapy. *American Journal of Psychotherapy, 33*(1).

Krystal, H., & Raskin, H. (1994). Affect tolerance. In J. D. Levin (Ed.), *The dynamics and treatment of alcoholism: Essential papers* (pp. 158–175). Northvale, NJ: Jason Aronson.

Krystal, J., Abi-Dargham, A., Laruelle, M., & Moghaddam, B. (2004). Pharmacological models of psychoses. In D. Charney & E. Nestler (Eds.), *Neurobiology of Mental Illness*. New York: Oxford University Press.

Krystal, J. H., Bremner, J. D., Southwick, S. M., & Charney, D. S. (1998). The emerging neurobiology of dissociation: Implications for treatment of posttraumatic stress disorder. In J. D. Bremner & C. R. Marmar (Eds.), *Trauma, memory, and dissociation* (pp. 321–363). Washington, DC: American Psychiatric Press, Inc.

Kuczmarski, R. J., Flegel, K. M., Campbell, S. M., & Johnson, C. L. (1994). Increasing prevalence of overweight among US adults. *Journal of the American Medical Association, 272,* 205–211.

Kuhn, J. L. (2001). Toward an ecological humanistic psychology. *Journal of Humanistic Psychology: Special Issue, 41*(2), 9–24.

Kuhn, T. (1962). *The structure of scientific revolutions.* Chicago: University of Chicago Press.

Kulish, N. (1991). The mental representation of the clitoris: The fear of female sexuality. *Psychoanalytic Inquiry, 11*(4), 511–536.

Kunen, S., et al. (2005). Race disparities in psychiatric rates in emergency departments. *Journal of Consulting and Clinical Psychology, 73*(1), 116–126.

Kuperman, S., Johnson, B., Arndt, S., Lindgren, S., et al. (1996). Quantitative EEG differences in a nonclinical sample of children with ADHD and undifferentiated ADD. *Journal of the American Academy of Child and Adolescent Psychiatry, 27,* 330–335.

Kuperman, S., Schloser, S. S., Lidral, J., & Reich, W. (1999). Relationship of child psychopathology to parental alcoholism and antisocial personality disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 38,* 686–692.

L

Lacasse, J., & Leo, J. (2005). Serotonin and depression: A disconnect between the advertisements and the scientific literature.

Lahey, B. B., & Loeber, R. (1997). Attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, and adult antisocial behavior: A life span perspective. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 51–59). New York: John Wiley & Sons.

Lahey, B. B., Loeber, R., Burke, J. D., & Applegate, B. (2005). Predicting future antisocial personality disorder in males from a clinical assessment in childhood. *Journal of Consulting and Clinical Psychology, 73*(3), 389–399.

Laing, R. D. (1959). *The divided self: An existential study in sanity and madness.* London: Tavistock.

Lakin, K. C., Prouty, R., Coucouvanis, K., Braddock, D., et al. (2004). U.S. residential support recipients with ID/DD now exceed 400,000 after 30% increase in past decade: Increases evident in all states. *Mental Retardation, 42*(6), 490–493.

Lalumiere, M., & Quinsey, V. (1996). Sexual deviance, antisociality, mating effort, and the use of sexually coercive behaviors. *Personality & Individual Differences, 21*(1), 33–48.

Lam, R., Tam, E., Shiah, I.-S., Yatham, L., & Zis, A. (2000). Effects of light therapy on suicidal ideation in patients with winter depression. *Journal of Clinical Psychiatry, 61*(1), 30–32.

Lambert, M., & Bergin, A. (1994). The effectiveness of psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 143–189). New York: John Wiley & Sons.

Lambert, M., Weber, F., & Sykes, J. (1993). *Psychotherapy versus placebo.* Poster presented at the annual meeting of the Western Psychological Association, Phoenix, Arizona.

Lamberti, J., Olson, P., Cailly, J., Olivares, T., Williams, G., et al. (2006). Prevalence of the metabolic syndrome among patients receiving clozapine. *American Journal of Psychiatry, 163*(7): 1273–1276.

Langa, K., et al. (2004). Extent and cost of informal caregiving for older americans with symptoms of depression. *American Journal of Psychiatry, 161*(5), 857–863.

Langeluddeke, A. (1963). *Die entmannung von sittlich—keitsverbrecher.* Berlin: de Gruyter.

Langlois, S., & Morrison, P. (2002). Suicide deaths and suicide attempts. *Health Reports, 13.*

Lanyon, R. I. (1984). Personality assessment. *Annual Review of Psychology, 35,* 667–701.

LaPlanche, J., & Pontalis J.-B. (1973). *The language of psychoanalysis.* New York: Norton.

Laranjeira, R., Rassi, R., Dunn, J., Fernandes, M., et al. (2001). Crack cocaine: A two-year follow-up of treated patients. *Journal of Addictive Diseases (Special Issue), 20*(1), 43–48.

Larkin, M. (1998). Festive drinking's slippery slope beckons. *Lancet, 352,* 19–26.

Lasch, C. (1978). *The culture of narcissism: American life in an age of diminishing expectations.* New York: Guilford Press.

Lauderdale, S. A., Kelly, K., & Sheikh, J. I. (2006). Anxiety disorders in the elderly. In M. E. Agronin & G. J. Maletta (Eds.), *Principles and practice of geriatric psychiatry* (pp. 429–448). Philadelphia, Lippincott, Williams, & Wilkins.

Laufer, M. (1981). The psychoanalyst and the adolescent's sexual development. *Psychoanalytic Study of the Child, 36,* 181–191.

Laumann, E., Paik, A., & Rosen, R. (1999). Sexual dysfunction in the United States: Prevalence and predictors. *Journal of the American Medical Association, 281*(6), 537–544.

Laurent, A., Rochet, T., d'Amato, T., Anchisi, A.-M., et al. (2000). Vulnerability to schizophrenia: III. Interests and limits of the Continuous Performance Test-Identical Pairs (CPT-IP). *Encephale, 26*(2), 48–55.

Lauria, G., Gentile, M., Fassetta, G., Casetta, I., & Caneve, G. (1997). Incidence of transient global amnesia in the Belluno province, Italy: 1985 through 1995. Results of a community-based study. *Acta neurologica Scandinavica, 95*(5), 303–310.

Laurila, J. V., Pitkala, K. H., Strandberg, T. E., & Tilvis, R. S. (2004). Detection and documentation of dementia and delirium in acute geriatric wards. *General Hospital Psychiatry, 26*(1), 31–35.

Lavin, M. R., & Rifkin, A. (1993). Diagnosis and pharmacotherapy of conduct disorder. *Progress in Neuro-Psychopharmacology & Biological Psychiatry, 17,* 875–885.

Lawrie, S. M., Whalley, H. C., Abukmeil, S. S., Kestelman, J. N., et al. (2001). Brain structure, genetic liability, and psychotic symptoms in subjects at high risk of developing schizophrenia. *Biological Psychiatry (Special Issue), 49*(10), 811–823.

Laws, D., & Marshall, W. (1990). A conditioning theory of the etiology and maintainance of deviant sexual preference and behavior. In *Handbook of sexual assualt: Issues, theories, and treatment of the offender* (pp. 209–229). New York: Plenum Press.

Laws, D., & Marshall, W. (1991). Masturbatory reconditioning with sexual deviates: An evaluative review. *Advances in Behaviour Research and Therapy, 13*(1), 13–25.

Laws, D., & O'Donohue, W. (1997). *Sexual deviance: Theory, assessment, and treatment.* New York: Guilford Press.

Laws, R. (2003). Penile plethysmography: Will we ever get it right? In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Lazar, S., Kerr, C., Wasserman, R., Gray, J., et al., (2005). Meditation experience is associated with increased cortical thickness. *Neuroreport, 16*(17), 1893–1897.

Lazarus, R. S. (1999). *Fifty years of the research and theory of R. S. Lazarus: An analysis of historical and perennial issues.* Mahwah, NJ: Lawrence Erlbaum.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Lazorthes, Y., Sagen, J., Sallerin, B., Tkaczuk, J., et al. (2000). Human chromaffin cell graft into the CSF for cancer pain management: A prospective phase II clinical study. *Pain, 87*(1), 19–32.

le Grange, D. (1999). Family therapy for adolescent anorexia nervosa. *Journal of Clinical Psychology, 55,* 727–739.

Leahy, R. L. (1997). *Practicing cognitive therapy: A guide to interventions.* Northvale, NJ: Jason Aronson, Inc.

Leary, K. (2000). Racial enactments in dynamic treatment. *Psychoanalytic Dialogues, 10*(4), 639–653.

Leary, M. (1995). *Behavioral research methods*. Pacific Grove, CA: Brooks/Cole.

Ledig, M., Misslin, R., Vogel, E., Holownia, A., et al. (1998). Paternal alcohol exposure: Developmental and behavioral effects on the offspring of rats. *Neuropharmacology, 37*(1), 57–66.

Lee, C. K., Kwak, Y. S., Yamamoto, J., Rhee, H., et al. (1990). Psychiatric epidemiology in Korea: Part II. Urban and rural differences. *Journal of Nervous and Mental Disease, 178,* 247–252.

Lee, K.-H., Williams, L. M., Haig, A., Goldberg, E., et al. (2001). An integration of 40Hz gamma and phasic arousal: Novelty and routinization processing in schizophrenia. *Clinical Neurophysiology, 112*(8), 1499–1507.

Lee, S. (1999). Psychiatry and homosexuality. *British Journal of Psychiatry, 175,* 492–493.

Lee, S., & Lee, A. M. (1999). Disordered eating in three communities of China: A comparative study of female high school students in Hong Kong, Shenzen, and rural Hunan. *International Journal of Eating Disorders, 27,* 317–327.

Leeds, J., & Morgenstern, J. (1996). Psychoanalytic theories of substance abuse. *Treating substance abuse: Theory and technique.* New York: Guilford Press.

Leff, J. (1988). *Psychiatry around the globe: A transcultural view.* London: Gaskell/Royal College of Psychiatrists.

Leiblum, S. (2000). Vaginismus: A most perplexing problem. In S. Leiblum & C. Raymond (Eds.), *Principles and practice of sex therapy* (3rd ed. pp. 181–202). New York: Guilford Press.

Leiblum, S., & Sharon, G. (2001). Persistent sexual arousal syndrome: A newly discovered pattern of female sexuality. *Journal of Sex & Marital Therapy (Special Issue: Historical and International Context of Nosology of Female Sexual Disorders), 27*(4), 365–380.

Leichsenring, F., & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive-behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry, 160*(7), 1223–1232.

Leichsenring, F., et al. (2004). The Efficacy of Short-Term Psychodynamic Psychoterapy in Specific Psychiatric Disorders: A Meta-Analysis. *Archives of General Psychiatry, 61,* 1208–1216.

Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective?: A review of empirical data. *The International Journal of Psycho-analysis, 86*(Pt. 3), 841–868.

Leifer, R. (1966). Involuntary psychiatric hospitalization and social control. *International Journal of Social Psychiatry, 13*(1), 53–58.

Lemelson, R. (2003). Obsessive–compulsive disorder in Bali: The cultural shaping of a neuropsychiatric disorder. *Transcultural Psychiatry, 40*(3), 377–408.

Leon, M. R. (2000). Effects of caffeine on cognitive, psychomotor, and affective performance of children with attention-deficit/hyperactivity disorder. *Journal of Attention Disorders, 4*(1), 27–47.

Leonard, K. E., & Blane, H. T. (Eds.). (1999). *Psychological theories of drinking and alcoholism* (2nd ed.). New York: Guilford Press.

Leonhard, K. (1957). *Aufteilung der Endogenen Psychosen* [Partitioning the endogenous psychoses]. Berlin: Akademieverlag.

Lenze, E. J., Miller, A. R., Munir, Z. B., Pornnoppadol, C., et al. (1999). Psychiatric symptoms endorsed by somatization disorder in a psychiatric clinic. *Annals of Clinical Psychiatry, 11,* 73–79.

Lenzenweger, M. (2006). Schizoptypy: An organizing framework for schizophrenia research. *Current Directions in Psychological Science, 15*(4): 162–166.

Leschied, A. W., Chiodo, D., Whitehead, P. C., & Hurley, D. (2005). The relationship between maternal depression and child outcomes in a child welfare sample: Implications for treatment and policy. *Child & Family Social Work, 10*(4), 281–291.

Leserman, J., & Drossman, D. A. (1995). Sexual and physical abuse history and medical practice. *General Hospital Psychiatry, 17,* 71–74.

LeShan, L. L., & Worthington, R. E. (1956). Personality as a factor in the pathogenesis of cancer: Review of the literature. *British Journal of Medical Psychology, 29,* 49–55.

Leuchter, A. F., Cook, I. A., Witte, E. A., Morgan, M., et al. (2002). Changes in brain function of depressed subjects during treatment with placebo. *American Journal of Psychiatry, 159*(1), 122–129.

Levav, M., Mirsky, A. F., French, L. M., & Bartko, J. J. (1998). Multinational neuropsychological testing: Performance of children and adults. *Journal of Clinical & Experimental Neuropsychology, 20*(5), 658–672.

Levenston, G. K., Patrick, C. J., Bradley, M. M., & Lang, P. J. (2000). The psychopath as observer: Emotion and attention in picture processing. *Journal of Abnormal Psychology, 109*(3), 373–385.

Levenson, J. L., & Bemis, C. (1995). Cancer onset and progression. In A. Stoudemire (Ed.), *Psychological factors affecting medical conditions* (pp. 81–97). Washington, DC: American Psychiatric Press.

Levenson, R. W., Ekman, P., & Friesen, W. V. (1990). Voluntary facial action generates emotion-specific autonomicnervous system activity. *Psychophysiology, 27,* 363–384.

Leventhal, B. L., & Midelfort, H. B. (1986). The physical abuse of children: a hurt greater than pain. *Advances in Psychosomatic Medicine, 16,* 48–83.

Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin, 126*(2), 309–337.

Levin, J. D., & Weiss, R. H. (Eds.). (1994). *The dynamics and treatment of alcoholism: Essential papers.* Northvale, NJ: Jason Aronson.

Levin, M. P., Piran, N., & Stoddard, C. (1999). Mission more probable: Media literacy, activism, and advocacy as primary prevention. In N. Piran, M. P. Levin, & C. Steiner-Adair (Eds.), *Preventing eating disorders: A handbook of interventions and special challenges.* Philadelphia: Brunner/Mazel.

Levine, M. P., & Harrison, K. (2004). Media's role in the perpetuation and pervention of negative body image and disordered eating. In J. K. Thompson (Ed.), *Handbook of Eating Disorders and Obesity* (pp. 695–717). Hoboken, NJ: John Wiley & Sons.

Levine, S., & Althof, S. (1997). Psychological evaluation and sex therapy. In J. Mulcahy (Ed.), *Diagnosis and management of male sexual dysfunction* (pp. 262). New York: Igaku-Shoin.

Levinthal, C. F. (1999). *Drugs, behavior, and modern society* (2nd ed.). Needham Heights, MA: Allyn & Bacon.

Levy, D. (1997). *Tools of critical thinking.* Boston: Allyn & Bacon.

Levy, R. L., & Walker, S. (2005). Cognitive behavior therapy for the treatment of recurrent abdominal pain. *Journal of Cognitive Psychotherapy, 19*(2), 137–149.

Lewinsohn, P., Joiner, T., & Rohde, P. (2001). Evaluation of cognitive diathesis-stress models in predicting major depressive disorder in adolescents. *Journal of Abnormal Psychology, Special Issue, 11*(2), 203–215.

Lewinsohn, P. M., Gotlib, I. H., & Hautzinger, M. (1998). Behavioral treatment of unipolar depression. In V. E. Caballo (Ed.), *International handbook of cognitive and behavioural treatments for psychological disorders* (pp. 441–488). Oxford, England: Elsevier Science.

Lewinsohn, P. M., Hoberman, H., Teri, L., & Hautzinger, M. (1985). An integrative theory of depression. In S. Reiss & R. Bootzin (Eds.), *Theoretical issues in behavior therapy.* New York: Academic Press.

Lewinsohn, P. M., Lobitz, W. C., & Wilson, S. (1973). "Sensitivity" of depressed individuals to aversive stimuli. *Journal of Abnormal Psychology, 81,* 259–263.

Lewis, C., & Stanley, C. (2000). Women accused of sexual offenses. *Behavioral Sciences and the Law, 18,* 73–81.

Lewis, D. M., & Cachelin, F. M. (2001). Body image, body dissatisfaction, and eating attitudes in midlife and elderly women. *Eating Disorders: The Journal of Treatment & Prevention, 9*(1), 29–39.

Lewis, D. O., Yeager, C. A., Swica, Y., Pincus, J. H., et al. (1997). Objective documentation of child abuse and dissociation in 12 murderers with dissociative identity disorder. *American Journal of Psychiatry, 154,* 1703–1710.

Lewis, R., Kapur, S., Jones, C., DaSilva, J., et al. (1999). Serotonin 5-HT_2 receptors in schizophrenia: A PET study using (-sup-1-sup-8F) setoperone in neuroleptic-naïve patients and normal subjects. *American Journal of Psychiatry, 156,* 72–78.

Lewontin, R., Rose, S., & Kamin, L. (1984). *Not in our genes: Biology, ideology and human nature.* New York: Pantheon.

Lezak, M. D. (1976). *Neuropsychological assessment.* New York: Oxford University Press.

Li, C., Gu, G., Xu, J., & Lei, S. (2001). Quality of marriage and child bearing of married female schizophrenics. *Chinese Mental Health Journal (Special Issue), 15*(3), 193.

Libbrecht, K. (1995). *Hysterical psychosis: A historical survey.* New Brunswick, NJ: Transaction Publishers.

Liberman, R. P., Eckman, T. A., & Marder, S. R. (2001). Training in social problem solving among persons with schizophrenia. *Psychiatric Services, 52*(1), 31–33.

Lichterman, D., Karbe, E., & Maier, W. (2000). The genetic epidemiology of schizophrenia and of some schizophrenia spectrum disorders. *European Archives of Psychiatric Clinical Neuroscience, 250,* 304–310.

Lichtman, A. H., & Martin, B. R. (1999). Analgesic properties of THC and its synthetic derivatives. In G. G. Nahas (Ed.), *Marihuana and medicine* (pp. 511–526). Clifton, NJ: Humana Press, Inc.

Lidz, T., Fleck, S., & Cornelison, A. R. (1965). *Schizophrenia and the family.* New York: International Universities Press.

Lidz, T., Fleck, S., Cornelison, A. R., Alanen, Y. A., et al. (1985). *Schizophrenia and the family* (2nd ed.). Madison, CT: International Universities Press.

Lief, H., & Hubschman, L. (1993). Orgasm in the postoperative transsexual. *Archives of Sexual Behavior, 22*(2), 145–155.

Liester, M. B. (1998). Toward a new definition of hallucinations. *American Journal of Orthopsychiatry, 68*(2), 305–312.

Liguori, A., Grass, J. A., & Hughes, J. R. (1999). Subjective effects of caffeine among introverts and extraverts in the morning and evening. *Experimental & Clinical Psychopharmacology, 7*(3), 244–249.

Liiceanu, A. (2000). Parallel selves as the end of grief work. In J. Harvey (Ed.), *Loss and trauma: General and close relationship perspectives.* Philadelphia: Brunner-Routledge.

Likierman, M. (2001). *Melanie Klein: Her work in context* (p. 202). New York: Continuum.

Lilienfeld, S. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science, 2*(1), 53–70.

Lilienfeld, S. O., Kirsch, I., Sarbin, T. R., Lynn, S. J., et al. (1999). Dissociative identity disorder and the sociocognitive model: Recalling the lessons of the past. *Psychological Bulletin, 125,* 507–523.

Lilienfeld, S. O., & Lynn, S. J. (2003). Dissociative identity disorder: Multiple personalities, multiple controversies. In S. O. Lilienfeld, S. J. Lynn, & J. M. Lohr (Eds.), *Science and Pseudoscience in Clinical Psychology* (pp. 109–142). New York: Guilford Press.

Limpert, C., & Amador, X. F. (2001). Negative symptoms and the experience of emotion. In *Negative symptom and cognitive deficit treatment response in schizophrenia* (pp. 111–137). Washington, DC: American Psychiatric Press.

Linde, J., Jeffery, R., Levy, R., Sherwood, N., Utter, J., Pronk, N., et al. (2004). Binge eating disorder, weight control self-efficacy, and depression in overweight men and women. *International Journal of Obesity, 28*(3), 418–425.

Lindemann, C. (1996). *Handbook of the treatment of anxiety disorders.* Northvale, NJ: Jason Aronson, Inc.

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder: The dialectics of effective treatment.* New York: Guilford Press.

Linehan, M. M. et al. (2006). Two-Year Randomized Trial and Follow-up of Dialectical Behavior Therapy vs. Therapy by Experts for Suicidal Behaviors and Borderline Personality Disorder. *Archives of General Psychiatry, 63,* 757–766.

Ling, L. H., Marchant, C., Buckley, N. A., Prior, M., et al. (2001). Poisoning with the recreational drug paramethoxyamphetamine ("death"). *Medical Journal of Australia, 174*(9), 453–455.

Linszen, D. H., Dingemans, P. M., Nugter, M. A., Van der Does, A. J. W., et al. (1997). Patient attributes and expressed emotion as risk factors for psychotic relapse. *Schizophrenia Bulletin, 23*(1), 119–130.

Lipowski, Z. J. (1987). Somatization: Medicine's unsolved problem. *Psychodmatics, 28,* 294–297.

Lipsitt, D. R. (2001). Psychodynamic perspectives on hypochondriasis. In V. Starcevic & D. R. Lipsitt (Eds.), *Hypochondriasis: Modern perspectives on an ancient malady* (pp. 183–201). Oxford: Oxford University Press.

Lisanby, S. H., Luber, B., Schlaepfer, T. E., & Sackeim, H. A. (2003). Safety and feasibility of magnetic seizure therapy (MST) in major depression: Randomized within-subject comparison with electroconvulsive therapy. *Neuropsychopharmacology, 28,* 1852–1865.

Lissek, S., Baas, J. M. P., Pine, D. S., Orme, K., et al. (2005). Sensation seeking and the aversive motivational system. *Emotion, 5*(4), 396–407.

Lit, Wiviott-Tishlor, Wong, & Hyman (1996). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Litman, R., & Farberow, N. (1994). Pop-rock music as precipitating cause in youth suicide. *Journal of Forensic Sciences, 39*(2), 494–499.

Little, K. B., & Schneidman, E. S. (1959). Congruences among interpretations of psychological tests and amnestic data. *Psychological Monographs, 73*(6, Whole No. 476).

Llinas, R. (2002). *I of the Vortex: From Neurons to Self.* Boston: MIT Press.

Llinas, R. R., & Pare, D. (1991). Of dreaming and wakefulness. *Neuroscience, 44,* 521–535.

Loas, G., Yon, V., & Bralet, M. C. (Eds.). (2001). Anhedonia and suicide in chronic schizophrenia: A follow-up study. *Schizophrenia Research, 47*(1), 105–106.

Locke, J. (1950). *An essay concerning human understanding.* New York: Dover.

Loeber, R., Lahey, B. B., & Thomas, C. (1991). Diagnostic conundrum of oppositional defiant disorder and conduct disorder. *Journal of Abnormal Psychology, 100,* 379–390.

Loewenstein, R. J. (1991). Rational psychopharmacotherapy in the treatment of multiple personality disorder. *Psychiatric Clinics of North America, 14,* 721–740.

Loewenstein, R. J. (1993). Psychogenic amnesia and psychogenic fugue: A comprehensive review. In D. Spiegel (Ed.), *Dissociative disorders: A clinical review* (pp. 45–78). Lutherville, MD: Sidran Press.

Loewenstein, R. J. (1996). Dissociative amnesia and dissociative fugue. In L. K. Michelson & W. J. Ray (Eds.), *Handbook of dissociation: Theoretical, empirical, and clinical perspectives* (pp. 307–336.). New York: Plenum Press.

Loewenstein, R. J. (2005). Psychopharmacologic treatments for dissociative identity disorder. *Psychiatric Annals, 35*(8), 666–673.

Loftus, E. F. (1997). Creating childhood memories. *Applied Cognitive Psychology, 11,* S75–S86.

Logdberg, B., Nilsson, L. L., Levander, M. T., & Levander, S. (2004). Schizophrenia, neighbourhood, and crime. *Acta Psychiatrica Scandinavica, 110:* 92–97.

Lokshin, P., Prolov, K., & Belmaker, R. H. (1994). A survey of insulin coma experience among former Soviet psychiatrists in Israel. *Human Psychopharmacology Clinical & Experimental, 9*(4), 307.

Long, P., Forehand, R., Wierson, M., & Morgan, A. (1994). Does parent training with young noncompliant children have long-term effects? *Behaviour Research and Therapy, 32,* 101–107.

Longato-Stadler, E., af Klinteberg, B., Garpenstrand, H., Oreland, L., et al. (2002). Personality traits and platelet monoamine oxidase activity in a Swedish male criminal population. *Neuropsychobiology, 46*(4), 202–208.

Lopez, S. R., & Guarnaccia, P. J. J. (2000). Cultural psychopathology: Uncovering the social world of mental illness. *Annual Review of Psychology, 52,* 571–598.

Lorr, M., & Strack, S. (1994). Personality profiles of police candidates. *Journal of Clinical Psychology, 50*(2), 200–207.

Losken, A., Maviglia, S., & Friedman, L. (in press). In L. Friedman, N. Fleming, D. Roberts, S. Hyman (Eds.), *Sourcebook of Substance Abuse and Addiction.* Baltimore: Williams & Wilkins.

Louw, F., & Straker, G. (2002). Borderline Pathology: An Integration of Cognitive Therapy and Psychodynamic Therapy. *Journal of Psychotherapy Integration, 12,* 190–217.

Lovaas, O. I., Cross, S., & Revlin, S. (2006). Autistic disorder. In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's Guide to Evidence-Based Psychotherapy* (pp. 101–114). New York: Springer Science & Business Media.

Love, J. M., Chazan-Cohen, R., & Raikes, H. (2007). Forty years of research knowledge and use: From Head Start to Early Head Start and beyond. In J. L. Aber, S. J. Bishop-Josef, S. M. Jones, K. T. McLearn, (Eds.), *Child Development and Social Policy: Knowledge for Action* (pp. 79–95). Washington, DC: American Psychological Association.

Lowell, R. (1977). *Day by day.* New York: Farrar, Straus and Giroux.

Lowes, J., & Tiggemann, M. (2003). Body dissatisfaction, dieting awareness and the impact of parental influence in young children. *British Journal of Health Psychology, 8*(2), 135–147.

Luborsky, L., Diguer, L., Luborsky, E., & Schmidt, K. (1999). The efficacy of dynamic versus other psychotherapies: Is it true that "everyone has won and all must have prizes"?—An update. In D. S. Janowsky, et al. (Eds.), *Psychotherapy indications and outcomes.* Washington DC: American Psychiatric Press.

Lubow, R. E., Kaplan, O., Abramovich, P., Rudnick, A., et al. (2000). Visual search in schizophrenia: Latent inhibition and novel pop-out effects. *Schizophrenia Research, 45*(1–2), 145–156.

Lucas, C. P., Zhang, H., Fisher, P. W., Shaffer, D., et al. (2001). The DISC Predictive Scales (DPS): Efficiently screening for diagnoses. *Journal of the American Academy of Child & Adolescent Psychiatry (Special Issue), 40*(4), 443–449.

Ludwig, A. M. (1992). Creative achievement and psychopathology: Comparison among professions. *American Journal of Psychotherapy, 46,* 330–356.

Lykken, D. T. (1957). A study of anxiety in the sociopathic personality. *Journal of Abnormal and Social Psychology, 55,* 6–10.

Lykken, D. T. (1995). *The antisocial personalities.* Hillsdale, NJ: Erlbaum.

Lynch, P., & Galbraith, M. (2003). Panic in the emergency room. *Canadian Journal of Psychiatry. Revue canadienne de psychiatrie, 48*(6), 361–366.

Lynn, S. J. (2001). Informed consent and uninformed clinical practice: Dissociation, hypnosis and false memories. *American Journal of Clinical Hypnosis, 43*(3–4), 311–321.

M

MacDonald, A. W. III., Pogue-Geile, M. F., Debski, T. T., & Manuck, S. (2001). Genetic and environmental influences on schizotypy: A community-based twin study. *Schizophrenia Bulletin, 27*(1), 47–58.

Macdonald, D., & Mansfield, D. (2001). Drugs and Afghanistan. *Drugs: Education, Prevention & Policy, 8*(1), 1–6.

MacFadyen, L., Hastings, G., & MacKintosh, A. M. (2001). Cross sectional study of young people's awareness of and involvement with tobacco marketing. *British Medical Journal (Special Issue), 322*(7285), 513–517.

Macfie, J., Cicchetti, D., & Toth, S. L. (2001). The development of dissociation in maltreated preschool-aged children. *Development and Psychopathology, 13*(2), 233–254.

Machlin, G. (1996). Some causes of genotypic and phenotypic discordance in monozygotic twin pairs. *American Journal of Psychiatry, 137,* 216–228.

Machover, K. (1949). *Personality projection in the drawing of the human figure.* Springfield, IL: Charles C Thomas.

MacKinnon, A., & Foley, D. (1996). The genetics of anxiety disorders. In H. G. M. Westenberg, J. A. Den Boer, & D. L. Murphy (Eds.), *Advances in the neurobiology of anxiety disorders* (pp. 39–59). New York: John Wiley & Sons.

Mackinnon, R. A., Michels, R., & Buckley, P. J. (2006). *The psychiatric interview in clinical practice,* 2nd Ed. American Psychiatric Publishing.

Macleod, A. K., & Cropley, M. L. (1995). Depressive future thinking: The role of valence and specificity. *Cognitive Therapy and Reserch, 19*(1), 35–50.

Madianos, M., Zacharakis, C., & Tsitsa, C. (2000). Utilization of psychiatric inpatient care in Greece: A nationwide study. *International Journal of Psychology, 46*(2), 89–100.

Maes, M., De Vos, N., Van Hunsel, F., Van West, D., et al. (2001). Pedophilia is accompanied by increased plasma concentrations of catecholamines, in particular epinephrine. *Psychiatry Research (Special Issue), 103*(1), 43–49.

Magarinos, M., Zafar, U., Nissenson, K., & Blanco, C. (2002). Epidemiology and treatment of hypochondriasis. *CNS Drugs, 16*(1), 9–22.

Maguire, G. A. (2002). Comprehensive understanding of schizophrenia and its treatment. *American Journal of Health-System Pharmacy, 59:* 4–11.

Mahler, M. (1971). A study of the separation-individuation process and its possible application to the borderline phenomena in the psychoanalytic situation. *Psychoanalytic Study of the Child, 26,* 403–424.

Mahler, M. S. (1975). On the current status of infantile neurosis. *Journal of the American Psychoanalytic Association, 23*(2), 327–333.

Mahoney, M. J. (1993). Introduction to special section: Theoretical developments in the cognitive psychotherapies. *Journal of Consulting and Clinical Psychology, 61*(2), 187–193.

Mahowald, M. W., & Schenck, C. H. (1991). Status dissociatus: A perspective on states of being. *Sleep, 4,* 69–79.

Maj, M. (1999). Lithium prophylaxis of bipolar disorder in ordinary clinical conditions: Patterns of long-term outcome. In J. F. Goldberg & M. Harrow (Eds.), *Bipolar disorders: Clinical course and outcome.* Washington, DC: American Psychiatric Press.

Major, B., Mueller, P., & Hildenbrandt, K. (1985). Attributions, expectations, and coping with abortion. *Journal of Personality and Social Psychology, 48,* 585–599.

Maldonado, J. R., & Spiegel, D. (1998). Trauma, dissociation, and hypnotizability. In J. D. Bremner & C. R. Marmar (Eds.), *Trauma, memory, and dissociation* (pp. 57–106). Washington, DC: American Psychiatric Press.

Maldonado, J. R., & Spiegel, D. (2001). Conversion disorder. In K. A. Phillips (Ed.), *Somatoform and factitious disorders* (pp. 95–128). Washington, DC: American Psychiatric Publishing.

Malla, A. K., Norman, R. M. G., & Scholten, D. (2000). Predictors of service use and social conditions in patients with psychotic disorders. *Canadian Journal of Psychiatry 45*(3), 269–273.

Mallery, S. (1999). Zar possession as psychiatric diagnosis: Problems and possibilities. Dissertation Abstracts International: Section B: The Sciences & Engineering, 59(7-B).

Maloney, M. J., McGuire, J., Daniels, S. R., & Specker, B. (1989). Dieting behavior and eating attitudes in children. *Pediatrics, 84,* 482–489.

Malt, U. F. (1986). Five years of experience with the DSM-III system in clinical work and research: Some concluding remarks. *Acta Psychiatrica Scandinavica, 73*(328 suppl), 76–84.

Manger, T. A., & Motta, W. (2005). The impact of an exercise program on posttraumatic stress disorder, anxiety, and depression. *International Journal of Emergency Mental Health, 7*(1), 49–57.

Mangini, M. (1998). Treatment of alcoholism using psychedelic drugs: A review of the program of research. *Journal of Psychoactive Drugs, 30*(4), 381–418.

Mann, R., & Beech, A. (2003). Cognitive distortions, schemas, and implicit theories. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Mannuzza, S., & Klein, R. G. (2000). Long-term prognosis in attention-deficit/hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America, 9,* 711–726.

Manson, S., Beals, J., O'Nell, T., Piasecki, J., et al. (1996). Wounded spirits, ailing hearts: PTSD and related disorders among American Indians. In A. J. Marsella, M. G. Friedman, E. T. Gerrity, & R. M. Scurfield (Eds.), *Ethnocultural aspects of posttraumatic stress disorder* (pp. 255–283). Washington, DC: American Psychiatric Press.

Manuck, S. B., Kasprowicz, A. L., & Muldoon, M. (1990). Behaviorally-evoked cardiovascular reactivity and hypertension: Conceptual issues and potential associations. *Annals of Behavioral Medicine, 12,* 17–29.

Mao, R., Zielke, C., Zielke, H. R., & Pevsner, J. (2003). Global up-regulation of chromosome 21 gene expression in the developing Down syndrome brain. *Genomics, 81*(5), 457–467.

Marangell, M., et al. (2003). A double-blind placebo-controlled study of the omega-3 fatty acid Docosahexaenoic Acid in the treatment of major depression. *American Journal of Psychiatry, 160*, 996–998.

Marans, S. (2000). "That's what my imagination says:" A study of antisocial behavior in two boys. *Psychoanalytic Study of the Child, 55,* 61–86.

Marans, S., Berkowitz, S. J., & Cohen, D. J. (1998). Police and mental health professionals: Collaborative response to the impact of violence on children and families. *Child and Adolescent Psychiatric Clinics of North America, 7,* 635–651.

Marantz, S., & Coates, S. (1991). Mothers of boys with gender identity disorder: A comparison of matched controls. *Journal of the American Academy of Child & Adolescent Psychiatry, 30*(2), 310–315.

Marcantonio, E. R., Simon, S. E., Bergmann, M. A., Jones, R. N., Murphy, K. M., et al. (2003). Delirium symptoms in post-acute care: Prevalent, persistent, and associated with poor functional recovery. *Journal of the American Geriatrics Society, 51*(1), 4–9.

Margai, F., & Henry, N. (2003). A community-based assessment of learning disabilities using environmental and contextual risk factors. *Social Science & Medicine, 56*(5), 1073–1085.

Mariani, J., & Levin, F. (2004). Pharmacotherapy for alcohol related disorders: What every clinician should know. *Harvard Review of Psychiatry, 12*(6), 351–356.

Marin, D. B. (1999). Principles of the pharmacotherapy of dementia. In D. S. Charney, E. J. Nestler, & B. S. Bunney (Eds.), *Neurobiology of mental illness* (pp. 735–744). New York: Oxford University Press.

Marin, R., with Joseph, N. (1998, January 5). Lick me, flog me, buy me. *Newsweek Magazine,* p. 85.

Markowitz, J. (2003). Interpersonal psychotherapy for chronic depression. *Journal of Clinical Psychology, 59*(8), 847–858.

Markowitz, J. C., & Weissman, M. M. (1995). Interpersonal psychotherapy. In E. E. Beckham & W. R. Leber (Eds.), *Handbook of depression* (2nd ed., pp. 376–390). New York: Guilford Press.

Marks, D. F., Murray, M., Evans, B., & Willig, C. (2000). *Health psychology: Theory, research and practice.* London: Sage.

Marks, I. M. (1990). Behavioral therapy of anxiety states. In N. Sartorius, V. Andreoli, G. Cassano, L. Eisenberg, et al. (Eds.), *Anxiety: Psychobiological and clinical perspectives.* New York: Hemisphere Publishing.

Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality & Social Psychology, 35,* 63–78.

Marlatt, G., & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. *Addictive Behaviors, 901*, 1–20.

Marlatt, G. A., & Gordon, J. R. (Eds.). (1985). *Relapse prevention: maintenance strategies in the treatment of addictive behaviors.* New York: Guilford Press.

Marlatt, G. A., Baer, J. S., Kivlahan, D. R., Dimeff, L. A., Larimer, M. E., et al. (1998). Screening and brief intervention for high-risk college student drinkers: Results from a 2-year follow-up assessment. *Journal of Consulting and Clinical Psychology, 66*(4), 604–615

Marmorstein, N. R., & Iacono, G. (2004). Major depression and conduct disorder in youth: Associations with parental psychopathology and parent-child conflict. *Journal of Child Psychology and Psychiatry, 45*(2), 377–386.

Marshall, B. J., & Warren, J. R. (1984). Unidentified curved bacilli in the stomach of patients with gastritis and peptic ulceration. *Lancet, 1,* 1311–1315.

Marshall, J. R. (1996). Science, "schizophrenia," and genetics: The creation of myths. *Journal of Primary Prevention, 17*(1), 99–115.

Marshall, W. (1997). Pedophilia: Psychopathology and theory, *Sexual deviance: Theory, assessment, and treatment* (pp. 152–174). New York: Guilford Press.

Marshall, W., & Eccles, A. (1993). Pavlovian conditioning processes in adolescent sex offenders. In H. Barbaree, W. Marshall, & S. Hudson (Eds.), *The juvenile sex offender* (118–142). New York: Guilford Press.

Marsland, A. L., Bachen, E. A., Cohen, S., & Maunck, S. B. (2001). Stress, immunity, and susceptibility to infections disease. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 683–695). Mahwah, NJ: Lawrence Erlbaum.

Marsland, A. L., Herbert, T. B., Muldoon, M. F., Bachen, E. A., et al. (1997). Lymphocyte subset redistribution during acute laboratory stress in young adults: Mediating effects of hemoconcentration. *Health Psychology, 16,* 1–8.

Marteau, T., & Lerman, C. (2001). Genetic risk and behavioral change. *BMJ: British Medical Journal Special Issue, 322*(7293), 1056–1059.

Martens, W. H. J. (2000). Antisocial and psychopathic personality disorders: Causes, course, and remission—a review article. *International Journal of Offender Therapy & Comparative Criminology (Special Issue), 44*(4), 406–430.

Martin, S., Martin, E., Rai, S., Richardson, M., et al. Brain blood flow changes in depressed patients treated with interpersonal psychotherapy or venlafaxine: Preliminary findings. *Archives of General Psychiatry, 58*(7), 641–648.

Martins, C. D., Gil, A., Abreu, P. S. B., & Lobato, M. I. (2004). Mood and psychosis in schizophrenia: Exploring diagnostic frontiers with the Operational Criteria Checklist for Psychotic Illness (OPCRIT) and John Nash case. *Revista de Psiquiatria do Rio Grande do Sul, 26:* 135–157.

Maruish, M. E. (1999). *The use of psychological testing for treatment planning and outcomes assessment* (2nd ed.). Mahwah, NJ: Lawrence Elbaum.

Marx, B., Calhoun, K., Wilson, A., & Meyerson, L. (2001). Sexual revictimization prevention: An outcome evaluation. *Journal of Consulting and Clinical Psychology, 69*(1), 25–32.

Marx, B. P., & Sloan, M. (2005). Peritraumatic dissociation and experiential avoidance as predictors of posttraumatic stress symptomatology. *Behaviour Research and Therapy, 43*(5), 569–583.

Matthews, K. A., & Gump, B. (2002). Chronic work stress and marital dissolution increase risk of posttrial mortality in men from the Multiple Risk Factor Intervention Trial. *Archives of Internal Medicine, 162*(3), 309–315.

Maslow, A. H., & Mittelmann, B. (1951). *Principles of abnormal psychology: The dynamics of psychic illness.* New York: Harper.

Mason, F. (1997). Fetishism: Psychopathology and theory. In *Sexual deviance: Theory, assessment, and treatment* (pp. 75–91). New York: Guilford Press.

Mason, J. W. (1975). A historical view of the stress field: Parts 1 & 2. *Journal of Human Stress, 1,* 6–12, 22–36.

Massaro, D. W. (1987). Categorical partition: A fuzzy-logical model of categorization behavior. In S. Harnad (Ed.), *Categorical perception: The groundwork of cognition.* New York: Cambridge University Press.

Masters, W., & Johnson, V. (1970). *Human sexual inadequacy.* Boston: Little, Brown.

Masters, W., Johnson, V., & Kolodny, R. (1986). *Masters and Johnson on sex and human loving.* Boston: Little, Brown.

Maunder, R. G., & Hunter, J. J. (2001). Attachment and psychosomatic medicine: Developmental contributions to stress and disease. *Psychosomatic Medicine (Special Issue), 63*(4), 556–567.

Maxwell, H. (2000). Developments within psychoanalytic theory and practice. In H. Maxwell (Ed.), *Clinical psychotherapy for health professionals* (pp. xiii, 207, 32–41) London: Whurr Publishers, Ltd.

May, R. (1961). *Existential psychology.* New York: Random House.

May, R. (1967). *Psychology and the human dilemma.* New York: Van Nostrand-Reinhold.

May, R., & Yalom, I. D. (1995). Existential psychotherapy. In R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (5th ed., pp. 262–292). Itasca, IL: Peacock.

Mayberg, H., et al. (2005). Deep Brain stimulation treatment for treatment-resistant depression. *Neuron, 45,* 651–660.

Mayberg, H. S., Silva, J., Brannan, S., Tekell, J., et al. (2002). The functional neuroanatomy of the placebo effect. *American Journal of Psychiatry, 159*(May), 728–735.

Mayes, L. C. (1999). Developing brain and in utero cocaine exposure: Effects on neural ontogeny. *Development & Psychopathology, 11*(4), 685–714.

Mayes, S. D. (1992). Eating disorders of infancy and early childhood. In S. R. Cooper, G. W. Hynd, & R. E. Mattison (Eds.), *Child psychopathology: Diagnostic criteria and clinical assessment.* New York: Lawrence Erlbaum Associates.

Mayes, S. D., Calhoun, S. L., & Crowell, E. W. (2000). Learning disabilities and ADHD: Overlapping spectrum disorders. *Journal of Learning Disabilities, 33,* 417–424.

Mazza, M., Capuano, A., Bria, P., & Mazza, S. (2006). Ginkgo biloba and donepezil: A comparison in the treatment of Alzheimer's dementia in a randomized placebo-controlled double-blind study. *European Journal of Neurology, 13*(9), 981–985.

Mazzeo, S. E., Slop-Op't Landt, M. C. T., van Furth, E. F., & Bulik, C. M. (2006). Genetics of eating disorders. In S. Wonderlich, J. E. Mitchell, M. deZwaan, & H. Steiger (Eds.), *Annual Review of Eating Disorders, Part 2* (pp. 17–33). Oxford: Radcliffe Publishing.

McCann, S. M., Lipton, J. M., Sternberg, E. M., Chrousos, G. P., et al. (Eds.). (1998). Neuroimmunomodulation: Molecular aspects, integrative systems, and clinical advances. *Annals of the New York Academy of Sciences, 840.*

McCarthy, B., & McCarthy, E. (1998). *Male sexual awareness: Increasing sexual satisfaction* (rev. ed.). New York: Carroll & Graf.

McCloskey, M. E., & Glucksberg, S. (1978). Natural categories: Well defined or fuzzy sets? *Memory & Cognition, 6*(4), 462–472.

McCoy, C. B., McCoy, H., Lai, S., Yu, Z., et al. (2001). Reawakening the dragon: Changing patterns of opiate use in Asia, with particular emphasis on China's Yunnan Province. *Substance Use & Misuse (Special Issue: Emergent Drug Issues for the 21st Century), 36*(1–2), 49–69.

McCrady, B. S., & Epstein, E. E. (Eds.). (1999). *Addictions: A comprehensive guidebook.* New York: Oxford University Press.

McCrady, B. S., & Miller, W. R. (Eds.). (1993). *Research on Alcoholics Anonymous: Opportunities and alternatives.* New Brunswick, NJ: Rutgers Center of Alcohol Studies.

McDonald, W. M., Richard, I. H., & DeLong, M. R. (2003). Prevalence, etiology, and treatment of depression in Parkinson's disease. *Biological Psychiatry, 54*(3), 363–375.

McDougal, J. (1980). *Plea for a measure of abnormality.* New York: International Universities Press.

McDougle, C., Scahill, L., Aman, M., McCracken, J., et al. (2005). Risperidone for the core symptom domains of autism: Results from the study by the autism network of the research units on pediatric psychopharmacology. *The American Journal of Psychiatry, 162*(6), 1142–1148.

McDougle, C. J. (1997). Psychopharmacology. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of autism and pervasive developmental disorders.* New York: John Wiley & Sons.

McDowell, D., & Spitz, H. (1999). *Substance abuse: From principles to practice.* Philadelphia: Brunner/Mazel.

McEvoy, J. P., Meyer, J. M., Goff, D. C., Nasrallah, H. A., Davis, S. M., et al. (2005). Prevalence of metabolic syndrome in patients with schizophrenia: Baseline results from the clinical antipsychotics trials of intervention effectiveness schizophrenia trial (CATIE) and comparison with national estimates from NHANES III. *Schizophrenia Research, 80*(1): 19–32.

McEwen, B. S. (1999). The effect of stress on the functional plasticity in the hippocampus. In D. S. Charney, E. J. Nestler, & B. S. Bunney (Eds.), *Neurobiology of mental illness* (pp. 475–495). New York: Oxford University Press.

McFadden, R. D. (1996, May 26). From a child of promise to a Unabom suspect. *The New York Times,* pp. 1, 12–15.

McFall, R. (1990). The enhancement of social skills: An information processing analysis. In W. L. Marshall, D. L., Laws, & H. E. Barboree (Eds.), *Handbook of sexual assualt: Issues, theories and treatment of the offender.* New York: Plenum.

McGeer, P. L., & McGeer, G. (2007). NSAIDs and Alzheimer's disease: Epidemiological, animal model and clinical studies. *Neurobiology of Aging, 28*(5), 639–647.

McGlashan, T. H., Zipursky, R. B., Perkins, D., Addington, J., Miller, T., et al. (2006). Randomized, double-blind trial of olanzapine versus placebo in patients prodromally symptomatic for psychosis. *American Journal of Psychiatry, 163:* 790–799.

McGrath, E., Keita, G. P., Strickland, B. R., & Russo, N. F. (1991). *Women and depression.* Washington, DC: American Psychological Association.

McGuffin, P., Katz, R., Watkins, S., & Rutherford, J. (1996). A hospital-based twin register of the heritability of DSM-IV unipolar depression. *Archives of General Psychiatry, 53,* 129–136.

McHugh, P. R. (1999). How psychiatry lost its way. *Commentary, 108*(5), 32–38.

McKay, D. (1999). Two-year follow-up of behavioral treatment and maintenance for body dysmorphic disorer. *Behavioral Modification, 23,* 620–629.

McKay, D., Todaro, J., Neziroglu, F., & Campisi, T. (1997). Body dysmorphic disorder: A preliminary evaluation of treatment and maintenance using exposure with response prevention. *Behaviour Research & Therapy, 35,* 67–70.

McKellar, J., Stewont, E., & Humphreys, K. (2003). Alcoholics Anonymous involvement and positive alcohol-related outcomes: Causes, consequences, or just a correlate? A prospective 2-year study of 2319 alcohol-dependent men. *Journal of Clinical and Consuting Psychology, 71*(2), 302–308.

McKenna, P. (2001). *Chronic schizophrenia.* In J. Lieberman & R. Murray (Eds.), *Comprehensive care of schizophrenia.* London: Martin Dunitz.

McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53,* 185–204.

McQuaid, J. R., Granholm, E., McClure, F. S., Roepke, S., et al. (2000). Development of an integrated cognitive-behavioral and social skills training intervention for older patients with schizophrenia. *Journal of Psychotherapy Practice & Research, 9*(3), 149–156.

McVey, G., Tweed, S., & Blackmore, E. (2004). Dieting among preadolescent and young female adolescents. *Canadian Medical Association Journal, 170*(10), 1559–1561.

McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process.* New York: Guilford Press.

McWilliams, N. (2006). Some thoughts about schizoid dynamics. *Psychoanalytic Review, 93*(1), 1–24.

Mead, M. (1963). *Sex and temperament in three primitive societies.* New York: Dell.

Meehl, P. (1962). Schizotaxia, schizotype, and schizophrenia. *American Psychologist, 17,* 827–838.

Meehl, P. E. (1990). Toward an integrated theory of schizotaxia, schizotypy, and schizophrenia. *Journal of Personality Disorders, 4*(1), 1–99.

Meichenbaum, D. (Ed.) (1997). *Cognitive behavior modification: An integrative approach.* New York: Plenum.

Meier, M., Lutske, W., & Cadoret, R. (2007). Positive alcohol expectancies partially mediate the relation between delinquent behavior and alcohol use: Generealizability across age, sex, and race in a cohort of 85,000 Iowa schoolchildren. *Psychology of Addictive Behavior, 21*(1), 25–34.

Melnick, J., & Nevis, S. M. (1998). Diagnosing in the here and now: A Gestalt therapy approach. In L. S. Greenberg, J. C. Watson, et al. (Eds.), *Handbook of experiential psychotherapy* (pp. 428–447). New York: Guilford Press.

Meloy, J., & Gothard, S. (1995). Demographic and clinical comparison of obsessional followers and offenders with mental disorders. *American Journal of Psychiatry, 152*(2), 258–263.

Melton, G., Pertila, J., Poythress, N., & Slobogin, P. (1997). *Psychological evaluation for the courts* (2nd ed.). New York: Guilford Press.

Meltzer, H. Y. (1999a). Treatment of schizophrenia and spectrum disorders: Pharmacotherapy, psychosocial treatments, and neurotransmitter interactions. *Biological Psychiatry, 46*(10), 1321–1327.

Meltzer, H. Y. (1999b). Dopamine$_2$ receptor occupancy and the action of clozapine: Does it make a difference to add a neuroleptic? *Biological Psychiatry, 46*(1), 114–147.

Meltzer, H. Y. (2002). Suicidality in schizophrenia: A review of the evidence for risk factors and treatment options. *Current Psychiatry Reports, 4:* 279–283.

Mendez, M. F., & Cummings, J. L. (2003). *Dementia: A clinical approach*, 3rd ed. Philadelphia: Butterworth-Heinemann.

Menzies, R. G., & Clarke, J. C. (1993). The etiology of childhood water phobia. *Behaviour Research & Therapy, 31,* 499–501.

Merikangas, K. R., Dierker, L. C., & Szamari, P. (1998). Psychopathology among offspring of parents with substance abuse

and/or anxiety disorders: A high risk study. *Journal of Child Psychology and Psychiatry, 39*(5), 711–720.

Merkin, D. (1996, Feb. 26 & March 4). Unlikely obsession. *The New Yorker Magazine,* pp. 98–100, 102–108.

Merritt, M., Bennett, G., Williams, R., Sollers, J. J., et al. (2004). Low educational attainment, John Henryism, and cardiovascular reactivity to and recovery from personally relevant stress. *Psychosomatic Medicine, 66*(1), 49–55.

Messina, N., Farabee, D., & Rawson, R. (2003). Treatment responsivity of cocaine-dependent patients with antisocial personality disorder to cognitive-behavioral and contingency management interventions. *Journal of Consulting and Clinical Psychology, 71*(2), 320–329.

Metz, M., & Pryor, J. (2000). Premature ejaculation: A psychophysiological approach for assessment and management. *Journal of Sex & Marital Therapy (Special Issue: Historical and International Context of Nosology of Female Sexual Disorders), 26*(4), 293–320.

Metzger, D. S., Navaline, H., & Woody, G. E. (2000). The role of drug abuse treatment in the prevention of HIV infection. In J. L. Peterson (Ed.), *Handbook of HIV prevention* (pp. 147–157). New York: Kluwer Academic/Plenum Publishers.

Meuret, A. E., Ritz, T., Wilhelm, F. H., & Roth, W. T. (2005). Voluntary hyperventilation in the treatment of panic disorder—functions of hyperventilation, their implications for breathing training, and recommendations for standardization. *Clinical Psychology Review, 25*(3), 285–306.

Meyer, G.J., Mihura, J.L., & Smith, B. L. (2005). The interclinician reliability of Rorschach interpretation in four data sets. *Journal of Personality Assessment*, *84* (3), 296–314.

Meyer, R. G. (1998). *Case studies in abnormal behavior* (4th ed.). Needham Heights, MA: Allyn & Bacon.

Miach, P., Berah, E., Butcher, J., & Rouse, S. (2000). Utility of the MMPI-2 in assessing gender dysphoric patients. *Journal of Personality Assessment, 75*(2), 268–279.

Micallef, J., & Blin, O. (2001). Neurobiology and clinical pharmacology of obsessive-compulsive disorder. *Clinical Neuropharmacology, 24,* 191–207.

Michalos, A. C., Hubley, A. M., Zumbo, B. D., & Hemingway, D. (2001). Health and other aspects of the quality of life of older people. *Social Indicators Research, 54,* 239–274.

Mihura, J. L., Meyer, G. J., Bel-Bahar, T., & Gunderson, J. (2003). Correspondence among observer ratings of Rorschach, Big Five Model, and DSM-IV personality disorder constructs. *Journal of Personality Assessment*, *81*, 20–39.

Miklowitz, D., Strachan, A., Goldstein, M., Doane, J., et al. (1986). Expressed emotion and communication deviance in the families of schizophrenics. *Journal of Abnormal Psychology, 95,* 60–66.

Miklowitz, D. J., & Frank, E. (1999). New psychotherapies for bipolar disorder. In J. F. Goldberg & M. Harrow (Eds.), *Bipolar disorders: Clinical course and outcome* (pp. 57–84). Washington, DC: American Psychiatric Press.

Milberger, S., Biederman, J., Faraone, S. V., Chen, L., et al. (1996). Is maternal smoking during pregnancy a risk factor for attention deficit hyperactivity disorder in children? *American Journal of Psychiatry, 153,* 1138–1142.

Milberger, S., Biederman, J., Faraone, S., & Jones, J. (1998). Further evidence of an association between maternal smoking during pregnancy and attention deficit hyperactivity disorder: Findings from a high-risk sample of siblings. *Journal of Clinical Child Psychology, 27*(3), 352–358.

Milev, P., Ho, B. C., Arndt, S., & Andreasen, N. C. (2005). Predictive values of neurocognition and negative symptoms on functional outcome in schizophrenia: A longitudinal first-episode study with 7-year follow-up. *American Journal of Psychiatry, 162*(3): 495–506.

Miller, A. (1979). Depression and grandiosity as related narcissistic disturbances. *International Review of Psychoanalysis, 6,* 61–76.

Miller, A. (1981). *Prisoners of childhood: The drama of the gifted child and the search for the true self.* New York: Basic Books.

Miller, C. T., & Downey, K. T. (1999). A meta-analysis of heavyweight and self-esteem. *Personality and Social Psychology, 3,* 68–84.

Miller, I. (1997). Beware of a Trojan horse for managed care: Dangerous provisions in parity legislation. *The Independent Practitioner, 17*(3), 138–143.

Miller, J. L. (2001). Alcohol use and abuse among college women: A one-year follow-up study. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61*(8-B), 4384. Ann Arbor, MI: University Microfilms International.

Miller, J., Naimi, T., Brewer, R., and Jones, S. (2007). Binge drinking and associated health risk behaviors among high school students. *Pediatrics, 119*(1), 76–85.

Miller, M. (2005). What are caffeine's psychological risks and benefits? *Harvard Mental Health Letter*, September.

Miller, N. S., & Flaherty, J. A. (2000). Effectiveness of coerced addiction treatment (alternative consequences): A review of the clinical research. *Journal of Substance Abuse Treatment, 18*(1), 9–16.

Miller, N. S., Stout, A. W., & Sheppard, L. M. (2000). Underage drinking among college students. *Psychiatric Annals, 30*(9), 597–601.

Miller, P., Byrne, M., Hodges, A., Lawrie, S. M., et al. (2002). Schizotypal components in people at high risk of developing schizophrenia: Early findings from the Edinburgh high-risk study. *British Journal of Psychiatry, 180,* 179–184.

Miller, S. D., Blackburn, T., Scholes, G., White, G. L., et al. (1991). Optical differences in multiple personality disorder: A second look. *Journal of Nervous & Mental Disease, 179,* 132–135.

Miller, T. Q., Smith, T. W., Turner, C. W., Guijarro, M. L., et al. (1996). Meta-analytic review of research on hostility and physical health. *Psychological Bulletin, 119,* 322–348.

Miller, W., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People for Change*, (2nd ed.). New York: Guilford Press.

Miller, W., Yahne, C., & Tonigan, J. Motivational interviewing in drug abuse services: A randomized trial. *Journal of Consulting and Clinical Psychology, 71*(4), 754–763.

Miller, W. R., & Kurtz, E. (1994). Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused. *Journal of Studies on Alcohol, 55,* 159–166.

Millon, T., & Davis, R. (1996). *Disorders of personality: DSM-IV and beyond.* New York: John Wiley & Sons.

Millon, T., & Davis, R. (2000). *Personality disorders in modern life.* New York: John Wiley & Sons.

Millon, T., Grossman, S., Millon, C., Meagher, S., & Ramnath, R. (2004). *Personality Disorders in Modern Life* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

Milne, D. (2004). New convulsive technique may offer ECT alternative. *Psychiatry News, 39,* 30.

Milner, J., & Dopke, C. (1997). Paraphilia not otherwise specified: Psychopathology and theory. In D. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment and treatment.* New York: Guilford Press.

Mimica, N., Folnegovic-Smalc, V., & Folnegovic, Z. (2001). Catatonic schizophrenia in Croatia. *European Archives of Psychiatry & Clinical Neuroscience (Special Issue: Catatonia: A New Focus of Research), 251*(1), S17–S20.

Mineka, S., & Zinbarg, R. (2006). A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist, 61*(1), 10–26.

Minshew, N. J., Sweeney, J. A., & Bauman, M. L. (1997). Neurological aspects of autism. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of autism and pervasive developmental disorders.* New York: John Wiley & Sons.

Minter, S. (1999). Diagnosis and treatment of gender identity disorder in children. In M. Rotnek (Ed.), *Sissies and tomboys: Gender nonconformity and homosexual childhood* (pp. 9–33). New York: New York University Press.

Mintzer, J. E., Brawman-Mintzer, O., Mirski, D. F., & Barkin, K. (2000). Anxiety in the behavioral and psychological symptoms of dementia. *International Psychogeriatrics, 12*(1), 139–142.

Minuchin, S. (1974). *Families and family therapy.* Cambridge, MA: Harvard University Press.

Minuchin, S., Rosman, B. L., & Baker, L. (1978). *Psychosomatic families: Anorexia nervosa in context.* Cambridge, MA: Harvard University Press.

Mirsky, A. F., & Duncan-Johnson, C. C. (1984). Nature versus nurture in schizophrenia: The struggle continues. *Integrative Psychiatry, 2*(4), 137–141.

Mitchell, J. E., Peterson, C. B., Myers, T., & Wonderlich, S. (2001). Combining pharmacotherapy and psychotherapy in the treatment of patients with eating disorders. *Psychiatric Clinics of North America, 24,* 315–323.

Mitchell, S. (2000). *Relationality: From attachment to intersubjectivity.* Hillsdale, NJ: Analytic Press.

Mitchell, S., & Aron, L. (1999). *Relational psychoanalysis: The emergence of a tradition.* Hillsdale, NJ: Analytic Press.

Modrego, P. J. (2006). Predictors of conversion to dementia of probable Alzheimer type in patients with mild cognitive impairment. *Current Alzheimer Research, 3*(2), 161–170.

Moehle, K. A., & Levitt, E. E. (1991). The history of the concepts of fear and anxiety. In C. E. Walker (Ed.), *Clinical psychology: Historical and research foundations.* New York: Plenum Press.

Moene, F. C., Hoogduin, K. A. L., & van Dyck. R. (1998). The inpatient treatment of patients suffering from (motor) conversion symptoms: A description of eight cases. *International Journal of Clinical and Experimental Hypnosis, 46,* 171–190.

Moene, F. C., Spinhoven, P., Hoogduin, K. A. L., & van Dyck, R. (2002). A randomised controlled clinical trial on the additional effect of hypnosis in a comprehensive treatment programme for inpatients with conversion disorder of the motor type. *Psychotherapy and Psychosomatics, 71*(2), 66–76.

Moene, F. C., Spinhoven, P., Hoogduin, K. A. L., & Dyck, R. V. (2003). A randomized controlled clinical trial of a hypnosis-based treatment for patients with conversion disorder, motor type. *International Journal of Clinical and Experimental Hypnosis, 51*(1), 29–50.

Moffitt, T. E. (2006). Life-course-persistent versus adolescence-limited antisocial behavior. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology*, Vol. 3: *Risk, Disorder, and Adaptation* (2nd ed., pp. 570–598). Hoboken, NJ: John Wiley & Sons.

Mogg, K., Millar, N., & Bradley, B. P. (2000). Biases in eye movements to threatening facial expressions in generalized anxiety disorder and depressive disorder. *Journal of Abnormal Psychology, 109,* 695–704.

Mojtabai, R., Varma, V. K., Malhotra, S., Mattoo, S. K., et al. (2001). Mortality and long-term course in schizophrenia with a poor 2-year course: A study in a developing country. *British Journal of Psychiatry, 178,* 71–75.

Moleman, P., van Dam, K., & Dings, V. (1999). Psychopharmacological treatment of personality disorders: A review. In J. Derksen, C. Maffei, & H. Groen (Eds.), *Treatment of personality disorders* (pp. 207–227). New York: Kluwer Academic/Plenum Publishers.

Molina, V., Reig, S., Sanz, J., Benito, C., Pascau, J., et al. (2002). Association between relative temporal and prefrontal sulcal cerebrospinal fluid and illness duration in schizophrenia. *Schizophrenia Research, 58:* 305–312.

Monahan, J. (1992). Mental disorder and violent behavior: Perceptions and evidence. *American Psychologist, 47*(4), 511–521.

Monahan, J. (1993). Mental disorder and violence: Another look. In S. Hodgins (Ed.), *Mental disorder and crime.* Newbury Park, CA: Sage Publications Co.

Money, J. (1985). *The destroying angel: Sex, fitness & food in the legacy of degeneracy theory, graham crackers, Kellogg's corn flakes & American health history.* Buffalo, NY: Prometheus Books.

Money, J. (1986). *Lovemaps: Clinical concepts of sexual/erotic health and pathology, paraphilia, and gender transposition of childhood, adolescence, and maturity.* New York: Irvington.

Money, J. (1992). *The Kaspar Hauser syndrome of "psychological dwarfism": Deficient statural, intellectual and social growth induced by child abuse.* Buffalo, NY: Prometheus Books.

Money, J. (1994). The concept of gender identity disorder in childhood and adolescence after 39 years. *Journal of Sex & Marital Therapy, 20*(3), 163–177.

Monteleone, P., DiLieto, A., Castaldo, E., & Maj, M. (2004). Leptin functioning in eating disorders. *CNS Spectrums, 9*(7), 523–529.

Monroe, J. (1998). Marijuana—A mind-altering drug. *Current Health 2*(24), 16–19.

Monti, P. M., Colby, S. M., & O'Leary, T. A. (Eds.). (2001). *Adolescents, alcohol, and substance abuse: Reaching teens through brief interventions.* New York: Guilford Press

Mooney, D. K. (2001). Assessing binge drinking: What you get is what you … ask! *Journal of American College Health (Special Issue), 49*(5), 243.

Moore, N. C. (2000). A review of EEG biofeedback treatment of anxiety disorders. *Clinical Electroencephalography, 31* (1), 1–12.

Moran, C. (1986). Depersonalization and agoraphobia associated with marijuana use. *British Journal of Medical Psychology, 59,* 187–196.

Moran, G., Fonagy, P., Kurtz, A., Bolton, A., et al. (1991). A controlled study of the psychoanalytic treatment of brittle diabetes. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 926–935.

Moran, M. (2005). Genomics Promises Revolution in Psychiatric Treatment. *Psychiatric News, 40* (14), 12.

Moreau, C., & Zisook, S. (2002). Rationale for a posttraumatic stress spectrum disorder. *Psychiatric Clinics of North America, 25*(4), 775–790.

Morgan, C. A., Krystall, J. H., & Southwick, S. M. (2003). Toward early pharmacological posttraumatic stress intervention. *Biological psychiatry, 9* (53), 834-843.

Morgan, C. D., & Murray, H. A. (1935). A method for investigating fantasies. The Thematic Apperception Test. *American Medical Association Archives of Neurology and Psychiatry, 34,* 289–306.

Morgan, D. G. (1992). Neurochemical changes with aging: Predisposition toward age-related mental disorders. In J. E. Birren, R. B. Sloane, & G. D. Cohen (Eds.), *Handbook of mental health and aging* (2nd ed.). San Diego, CA: Academic Press.

Morrison, A., & Baker, C. A. (2000). Intrusive thoughts and auditory hallucinations: A comparative study of intrusions in psychosis. *Behavior Research & Therapy, 38*(11), 1097–1106.

Morrison, J. (1989). Childhood molestation reported by women with somatization disorder. *Annals of Clinical Psychiatry, 1,* 25–32.

Morrow, E. M., & Smoller, J. W. (2006). The Interface of Genetics and Clinical Psychiatry. *Harvard Review of Psychiatry, 14,* 45–46.

Moscovitch, D. A., Hofmann, S. G., & Litz, B. T. (2005). The impact of self-construals on social anxiety: A gender-specific interaction. *Personality and Individual Differences, 38*(3), 659–672.

Moser, C. (2001). Paraphilia: A critique of a confused concept. In P. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (pp. 91–108). Philadelphia: Brunner-Rutledge.

Moser, P. C., Hitchcock, J. M., Lister, S., & Moran, P. M. (2000). The pharmacology of latent inhibition as an animal model of schizophrenia. *Brain Research Reviews, 33*(2–3), 275–307.

Moses, E. & Barlow, D. (2006). A New Unified Treatment Approach for Emotional Disorders Based on Emotion Science. *Current Directions in Psychological Sciences, 15,* 146–150.

Moss, H. B. (1999). Pharmacotherapy. In M. Hersen (Ed.), *Handbook of comparative interventions for adult disorders* (2nd ed., pp. 652–676). New York: John Wiley & Sons.

Moyers, T. B., Miller, W. R., & Hendrickson, S. M. L. (2005). How does motivational interviewing work? Therapist interpersonal skill predicts client involvement within motivational interviewing sessions. *Journal of Consulting and Clinical Psychology, 73*(4), 590–598.

MTA Cooperative Group. (1999). A 14-month randomised clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry, 56,* 1073–1086.

Muir-Broaddus, J. E., Rosenstein, L. D., Medina, D. E., & Soderberg, C. (2002). Neuropsychological test performance of children with ADHD relative to test norms and parent behavioral ratings. *Archives of Clinical neuropsychology, 17*(7), 671–89.

Muller, R. J. (1998). A patient with dissociative identity disorder "switches" in the emergency room. *Psychiatric Times, 15*(11). Retrieved December 19, 2003, from www.psychiatrictimes.com/p981107.html.

Munroe, R., & Gauvain, M. (2001). Why the paraphilias? Domesticating strange sex. *Cross-Cultural Research: The Journal of Comparative Social Science (Special Issue in Honor of Ruth H. Munroe: Part 2), 35*(1), 44–64.

Muntaner, C., Eaton, W., Miech, R., & O'Campo, P. (2004). Socioeconomic position and major mental disorders. *Epidemiologic Reviews, 26,* 53–62.

Muratori, F., & Picci, L. (2005). Psychotherapy for anxiety disorders in children. In C. M. Velotis (Ed.), *Anxiety Disorder Research* (pp. 233–262). New York: Nova Science Publishers.

Muratori, F., Picchi, L., Apicella, F., Salvadori, F., et al. (2005). Psychodynamic psychotherapy for separation anxiety disorders in children. *Depression and Anxiety, 21*(1), 45–46.

Murphy, P. E., Ciarrocchi, J. W., Piedmont, R. L., Cheston, S. S., et al.(2000). The relation of religious belief and practices, depression, and hopelessness in persons with clinical depression. *Journal of Consulting and Clinical Psychology*, *68*(6), 1102–1106.

Murphy, W. (1997). Exhibitionism: Psychopathology and theory. In D. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 22–39). New York: Guilford Press.

Murray, B. (2002). Writing to heal. *Monitor on Psychology, 33,* 54–55.

Murray, H. A. (1938). *Explorations in personality.* New York: Oxford University Press.

Murray, H. A. (1943). *Thematic Apperception Test manual.* Cambridge, MA: Harvard University Press.

Murray, L. L. (2000). Spoken language production in Huntington's and Parkinson's diseases. *Journal of Speech, Language, & Hearing Research, 43,* 1350–1366.

Murugaiah, K., et al. (1982). Chronic continuous administration of neuroleptic drugs alters cerebral dopamine receptors and increases spontaneous dopaminergic action in the striatum. *Nature, 296*(5857), 570–572.

Myers, M. G., Stewart, D. G., & Brown, S. A. (1998). Progression from conduct disorder to antisocial personality disorder following treatment for adolescent substance abuse. *American Journal of Psychiatry, 155,* 479–485.

Myers, W. C., Burton, P. R. S., Sanders, P. D., Donat, K. M., et al. (2000). Project Back-on-Track at 1 year: A delinquency treatment program for early-career juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry, 39,* 127–1134.

N

Nakajima, S. (2004). Conditioned Ethanol Aversion in Rats Induced by Voluntary Wheel Running, Forced Swimming, and Electric Shock: An Implication for Aversion Therapy of Alcoholism. *Integrative Physiological & Behavioral Science, 39* (2), 95–104.

Nakamagoe, K., Iwamoto, Y., & Yoshida, K. (2000). Evidence for brainstem structures participating in oculomotor integration. *Science, 288*(5467), 857–859.

Nakatani, E., Nakgawa, A., Ohara, Y., Goto, S., et al. (2003). Effects of behavior therapy on regional cerebral blood flow in obsessive-compulsive disorder. *Psychiatry Research, 124*(2), 113–120.

Nandi, D. N., Banerjee, G., Nandi, S., & Nandi, P. (1992). Is hysteria on the wane? A community survey in West Bengal, India. *British Journal of Psychiatry, 160,* 87–91.

Nandi, D. N., Banerjee, G., Mukherjee, S. P., Ghosh, A., et al. (2000). Psychiatric morbidity of a rural Indian community: Changes over a 20-year interval. *British Journal of Psychiatry, 176,* 351–356.

Napholz, L. (1995). Indexes of psychological well-being and role commitment among working women. *Journal of Employment Counseling, 32,* 22–31.

Nappo, S. A., Galduroz, J. C. F., & Carlini, E. A. (2000). Cocaine use: Key informant (KY) report from Sao Paulo, Brazil. *Journal Brasileiro de Psiquiatria, 49*(5), 149–166.

Nardi, A. E., Valenca, A. M., Nascimento, I., Mezzasalma, M. A., et al. (2001). Hyperventilation in panic disorder and social phobia. *Psychopathology, 34,* 123–127.

Narrow, W. E., Rae, D. S., Robins, L. N., & Regier, D. A. (2002). Revised prevalence estimates of mental disorders in the United States. *Archives of General Psychiatry, 59:* 115–123.

Nash, M. R., & Lynn, S. J. (1986). Child abuse and hypnotic ability. *Imagination, Cognition, and Personality, 5,* 211–218.

Nasrallah, H. A. (2007). The case for long-acting antipsychotic agents in the Post-CATIE era. *Acta Psychiatrica Scandinavica 115*(4): 260–267.

Nathan, P. E. (1995). DSM-IV process and outcomes. In F. Kessell (Ed.), *Psychology, science, and human affairs: Essays in honor of William Bevan.* Boulder, CO: Westview Press.

Nathan, P. E., & Gorman, J. M. (2002). *A guide to treatments that work* (2nd ed.). New York: Oxford University Press.

Nathan, P. E., & Lagenbucher, J. W. (1999). Psychopathology: Description and classification. *Annual Review of Psychology, 50,* 79–107.

National Institute of Mental Health. (1998). *New study on financing mental health parity in managed behavioral health care.* Press Release. Rockville, MD.

Nayudu, S. K., & Scheftner, W. A. (2000). Case report of withdrawal syndrome after olanzapine discontinuation. *Journal of Clinical Psychopharmacology, 20*(4), 489–490.

NCIPC (National Center for Injury Prevention and Control). (1999, February 20). *Suicide in the United States.* Atlanta, GA: Author.

Neill, J. R. (1987). More than medical significance: LSD and American psychiatry: 1953 to 1966. *Journal of Psychoactive Drugs, 19*(1), 39–45.

Nelissen, I., Muris, P., & Merckelbach, H. (1995). Computerized exposure and in vivo exposure treatments of spider fear in children: Two case reports. *Journal of Behavior Therapy and Experimental Psychiatry, 26*(2), 153–156.

Nelson, C. M. (1987). Behavioral interventions: What works and what doesn't. *Pointer, 31,* 45–50.

Nelson, H. E. (1997). *Cognitive-behavioral therapy with schizophrenia: A practice manual.* Cheltenham, England: Stanley Thornes (Publishers).

Nelson, T. F., & Wechsler, H. (2001). Alcohol and college athletes. *Medicine & Science in Sports & Exercise, 33*(1), 43–47.

Nesse, R. (1998). Emotional disorders in evolutionary perspective. *British Journal of Medical Psychology, 71,* 397–415.

Nesse, R. M., & Berridge, K. C. (1997). Psychoactive drug use in evolutionary perspective. *Science, 278*(5335), 63–66.

Nestler, E. (2005). Is there a common pathway for addiction? *Nature Neuroscience, 8*(11), 1445–1450.

Netherton, S. D., & Walker, C. E. (1999). Brief history of DSM-IV and ICD-10. In *Child & adolescent psychological disorders: A comprehensive textbook.* New York: Oxford University Press.

Neumark, Y. D., Van Etten, M. L., & Anthony, J. C. (2000). "Drug dependence" and death: Survival analysis of the Baltimore ECA sample from 1981 to 1995. *Substance Use & Misuse, 35*(3), 313–327.

Neumarker, K., Bzufka, W., Dudeck, U., Hein, J., & Neumarker, U. (2000). Are there specific disabilities of number processing in adolescent patients with anorexia nervosa? Evidence from clinical and neuropsychological data when compared to morphometric measures from magnetic resonance imaging. *European Child & Adolescent Psychiatry, 9* (Suppl 2), II111–21.

Neumeister, A., Bain, E., Nugent, A., Carson, R., et al. (2004). Reduced serotonin type lA receptor binding in panic disorder. *Journal of Neuroscience: Official Journal of the Society for Neuroscience, 24*(3), 589–591.

Newman, C. F., Leahy, R. L., Beck, A. T., Reilly-Harrington, N. A., et al. (2001). *Bipolar disorder: A cognitive therapy approach.* Washington, DC: American Psychological Association.

Newman, M. G., Clayton, L., Zuellig, A., Cashman, L., et al. (2000). The relationship of childhood sexual abuse and depression with somatic symptoms and medical utilization. *Psychological Medicine, 30*(5), 1063–1077.

Newshan, G., & Leon, W. (2001). The use of anabolic agents in HIV disease. *International Journal of STD & AIDS (Special Issue), 12*(3), 141–144.

Neziroglu, F., & Yaryura-Tobias, J. A. (1997). A review of cognitive-behavioral and pharmacological treatment of body dysmorphic disorder. *Behavior Modification, 21,* 324–340.

Ng, D. M., & Jeffery, R. W. (2003). Relationships between perceived stress and health behaviors in a sample of working adults. *Health Psychology, 22*(6), 638–642.

Ngcobo, H., & Edwards, S. (1998). Violence and psychoanalysis: Zululand perspectives. *Psycho-analytic Psychotherapy in South Africa, 6*(1), 63–66.

NIAAA. (2000). *Tenth Special Report to the United States Congress on Alcohol and Health*. National Institute on Alcoholism and Alcohol Abuse Publications.

Niaura, R., Herbert, P. N., McMahon, N., & Sommerville, L. (1992). Repressive coping and blood lipids in men and women. *Psychosomatic Medicine, 54,* 698–706.

Nichols, B. (1998). Predictors of sexual offending: Fantasy proneness, deviant sexual modeling in childhood, and paraphilic fantasy. *Dissertation Abstracts International: Section B: The Sciences and*

Engineering, 59(6-B). Ann Arbor, MI: University Microfilms International.

Nichols, M. (2000). Roll-your-own medicine. *Maclean's, 113*(33), 22.

Nicholson, K. L., & Balster, R. L. (2001). GHB: A new and novel drug of abuse. *Drug & Alcohol Dependence (Special Issue), 63*(1), 1–22.

Nielsen, S. (2001). Epidemiology and mortality of eating disorders. *Psychiatric Clinics of North America: Eating Disorders, 24,* 201–214.

Nietzel, M. T., Bernstein, D. A., & Milich, R. (1994). *Introduction to clinical psychology* (4th ed.). Englewood Cliffs, NJ: Prentice Hall.

Nieves-Rivera, F., Gonzalez de Pijem, L., & Mirabal, B. (1998). Reversible growth failure among Hispanic children: Instances of psychosocial short stature. *Puerto Rico Health Sciences Journal, 17*(2), 107–112.

Ninan, P. T. (1999). The functional anatomy, neurochemistry, and pharmacology of anxiety. *Journal of Clinical Psychiarty, 60*(22 suppl), 12–17.

Nishino, S., Mignot, E., & Dement, W. C. (2001). Sedative-hypnotics. In A. F. Schatzberg (Ed.), *Essentials of clinical psychopharmacology* (pp. 283–301). Washington, DC: American Psychiatric Association.

Niznikiewicz, M. A., Kubicki, M., & Shenton, M. E. (2003). Recent structural and functional imaging findings in schizophrenia. *Current Opinion in Psychiatry, 16:* 123–147.

Noffsinger, S., & Resnick, P. (2000). Sexual predator laws and offenders with addictions. *Psychiatric Annals, 30*(9), 602–608.

Nohr, R. W. (2000). Outcome effects of receiving a spiritually informed vs. a standard cognitive-behavioral stress management workshop. In *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61*(7-B). University Microfilm International. 3855. AAI9977718. Ann Arbor, MI.

Nolen-Hoeksema, S. (1990). *Sex differences in depression.* Stanford, CA: Stanford University Press.

Nolen-Hoeksema, S. (1998). The other end of the continuum: The costs of rumination. *Psychological Inquiry, 9*(3), 216–219.

Nolen-Hoeksema, S. (2003). *Women who think too much.* New York: Henry Holt & Co.

Nolen-Hoeksema, S., & Girgus, J. (1995). Explanatory style and achievement, depression, and gender differences in childhood and early adolescence. In G. Buchanan & M. Seligman (Eds.), *Explanatory style.* Hillsdale, NJ: Lawrence Erlbaum.

Nolen-Hoeksema, S., Girgus, J. S., & Seligman, M. E. P. (1986). Learned helplessness in children: A longitudinal study of depression, achievement, and explanatory style. *Journal of Personality and Social Psychology, 51,* 435–442.

North, C. S., Nixon, S. J., Shariat, S., Mallonee, S., et al. (1999). Psychiatric disorders among survivors of the Oklahoma City bombing. *Journal of the American Medical Association, 282,* 755–762.

North, C. S., Pfefferbaum, B., Tivis, L., Kawasaki, A., et al. (2004). The course of posttraumatic stress disorder in a follow-up study of survivors of the Oklahoma City bombing. *Annals of Clinical Psychiatry, 16*(4), 209–215.

Noshirvani, H. F., Kasvikis, Y., Marks, I. M., Tsakiris, F., et al. (1991). Gender-divergent aetiological factors in obsessive-compulsive disorder. *British Journal of Psychiatry, 158,* 260–267.

Nottleman, E. D., & Jensen, P. S. (1995). Comorbidity of disorders in children and adolescents: Developmental perspectives. In T. H. Ollendick & R. J. Prinz (Eds.), *Advances in clinical child psychology* (Vol. 17). New York: Plenum Press.

Novak, S. J. (1997). LSD before Leary. Sidney Cohen's critique of 1950s psychedelic drug research. *Isis, 88*(1), 87–110.

Novak, S. J. (1998). Second thoughts on psychedelic drugs. *Endeavour, 22*(1), 21–23.

Nowakowska, C., Strong, C. M., Santosa, C. M., Wang, P. W., et al. (2005). Temperamental commonalities and differences in euthymic mood disorder patients, creative controls, and healthy controls. *Journal of Affective Disorders, 85,* 201–215.

Noyes, R., & Hoehn-Saric, R. (1998). *The anxiety disorders.* Cambridge, UK: Cambridge University Press.

Noyes, R., Clarkson, C., Crowe, R. R., Yates, W. R., et al. (1987). A family study of generalized anxiety disorder. *American Journal of Psychiatry, 144,* 1019–1024.

Nydes, J. (1963). The paranoid-masochistic character. *Psychoanalytic Review, 50,* 215–251.

Nye, R. (1999). *Sexuality.* New York: Oxford University Press.

Nyklicek, I., Vingerhoets, A. J. J. M., & Van Heck, G. L. (2000). Blood pressure, appraisal, and coping with stressors. In P. M. McCabe, N. Schneiderman, T. Field, & A. R. Wellens (Eds.), *Stress, coping, and cardiovascular disease* (pp. 123–144). Mahwah, NJ: Lawrence Erlbaum.

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O'Brien, K. M., & Vincent, K. (2003). Psychiatric comorbidity in anorexia and bulimia nervosa: Nature, prevalence and causal relationships. *Clinical Psychology Review, 23*(1), 57–74.

O'Brien, M., & Anthony, J. (2005). The risk of becoming cocaine dependent: Epidemiological estimates for the United States, 2000–2001. *Neuropsychopharmacology, 30*(5) 1006–1018.

O'Brien, M., & Houston, G. (2000). *Integrative therapy: A practitioner's guide.* Thousand Oaks, CA: Sage Publications.

O'Conner, M., et al. (2003). Relative effects of repetitive transcranial magnetic stimulation and electroconvulsive therapy on mood and memory: A neurocognitive risk-benefit analysis. *Cognitive and Behavioral Neurology, 16*(2), 118–127.

O'Connor, M., & Verfaille, M. (2002). The amnestic syndrome: Overview and subtypes. In A. D. Baddeley, M. D. Kopelman, & B. A. Wilson (Eds.), *The Handbook of Memory Disorders* (pp. 145–166). Hoboken, NJ: Wiley.

O'Connor, M., Brenninkmeyer, C., Morgan, A., Bloomingdale, K., et al. (2003). Relative effects of repetitive transcranial magnetic stimulation and electroconvulsive therapy on mood and memory: A neurocognitive risk-benefit analysis. *Cognitive and Behavioral Neurology, 16,* 118–127.

O'Dea, J. A., & Yager, Z. (2006). Body image and eating disorders in male adolescents and young men. In P. I. Swain (Ed.), *New Developments in Eating Disorder Research* (pp. 1–36). New York: Nova Science.

O'Doherty, M. (1998). Acute psychiatric services: An appraisal of a major change in service delivery within one catchment area. *Irish Journal of Psychological Medicine, 15*(3), 84–87.

O'Donohue, Fisher, & Hayes. (2003). *Cognitive Behavior Therapy.* N. J. Hoboken: John Wiley & Sons.

O'Farrell, T. J. (2001). Substance abuse disorders. In M. Hersen (Ed.), *Advanced abnormal psychology* (2nd ed., pp. 355–377). New York: Kluwer Academic/Plenum Publishers.

O'Grady, W., Asbridge, M., & Abernathy, T. (2000). Illegal tobacco sales to youth: A view from rational choice theory. *Canadian Journal of Criminology, 42*(1), 1–20.

Oakley, D. (1999). Hypnosis and conversion hysteria: A unifying model. *Cognitive Neuropsychiatry, 4,* 243–265.

Oehman, A., & Mineka, S. (2001). Fears, phobias, and preparedness: Toward an evolved module of fear and fear learning. *Psychological Review, 108,* 483–522.

Oestroem, M., & Eriksson, A. (2001). Pedestrian fatalities and alcohol. *Accident Analysis & Prevention, 33*(2), 173–180.

Ogden, T., Forgatch, M. S., Askeland, E., Patterson, G. R., et al. (2005). Implementation of parent management training at the national level: The case of Norway. *Journal of Social Work Practice, 19*(3), 317–329.

Oldenberg, D. (1998, June 23). On thin ground. *The Washington Post,* p. B4.

Oldham, J. M. (1994). Personality disorders: Current perspectives. *Journal of the American Medical Association, 272*(22), 1770–1776.

Oldham, J. M., & Skodol, A. E. (2000). Charting the future of Axis II. *Journal of Personality Disorders, 14*(1), 17–29.

Oldham, J. M., Skodol, A. E., Gallaher, P. E., & Kroll, M. E. (1996). Relationship of borderline symptoms to histories of abuse and neglect: A pilot study. *Psychiatric Quarterly, 67*(4), 287–295.

Olds, D., Pettitt, L. M., Robinson, J., Henderson, C. Jr., et al. (1998). Reducing risks for antisocial behavior with a program of prenatal and early childhood home visitation. *Journal of Community Psychology, 26*(1), 65–83.

Olivardia, R. (2001). Mirror, mirror on the wall, who's the largest of them all? The feathers and phenomenology of muscle dysmorphia. *Harvard Review of Psychiatry, 9,* 254–259.

Olivardia, R., Pope, H.G., Jr., & Hudson, J. I. (2000). Muscle dysmorphia in male weightlifters: A case-control study. *American Journal of Psychiatry, 157,* 1291–1296.

Ollendick, T. H., King, N. J., & Muns, P. *(2002).* Fears and phobias in children: Phenomenology, epidemiology, and aetiology. *Child and Adolescent Mental Health, 7*(3), 98–106.

Ollendick, T. H., Mattis, S. G., & King, N. J. (1994). Panic in children and adolescents: A review. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 35*(1), 113–134.

Olshansky, S. (1980). The deinstitutionalization of schizophrenics: A challenge to rehabilitation. *Rehabilitation Literature, 41*(5–6), S127–S129.

Olson, M., Krantz, D., Kelsey, S., Pepine, C., et al. (2005). Hostility scores are associated with increased risk of cardiovascular events in women undergoing coronary angiography: A report from the NHLBI-Sponsored WISE Study. *Psychosomatic Medicine, 67*(4), 546–552.

Orr, S. P., Metzger, L. J., Lasko, N. B., Macklin, M. L., et al. (2003). Physiologic responses to sudden, loud tones in monozygotic twins discordant for combat exposure: Association with posttraumatic stress disorder. *Archives of General Psychiatry, 60*(3), 283–288.

Orrell, M., & Bebbington, P. (1996). Psychosocial stress and anxiety in senile dementia. *Journal of Affective Disorders, 39*(3), 165–173.

Ortega, S. T., Crutchfield, R. D., & Rushing, W. A. (1983). Race differences in elderly personal well-being. *Research on Aging, 5,* 101–118.

Orth-Gomer, K., Rosengren, A., & Wilhelmsen, L. (1993). Lack of social support and incidence of coronary heart disease in middle-aged Swedish men. *Psychosomatic Medicine, 55,* 37–43.

Oscar-Berman, M., Shagrin, B., Evert, D. L., & Epstein, C. (1997). Impairments of brain and behavior: The neurological effects of alcohol. *Alcohol Health & Research World, 21*(1), 65–75.

Ost, L., & Breitholtz, E. (2000). Applied relaxation vs. cognitive therapy in the treatment of generalized anxiety disorder. *Behaviour Research and Therapy, 38*(8), 777–790.

Ost, L. G., Alm, T., Brandberg, M., & Breitholtz, E. (2001). One vs five sessions of exposure and five sessions of cognitive therapy in the treatment of claustrophobia. *Behaviour Research & Therapy, 39,* 167–183.

Ostler, K., Thompson, C., Kinmonth, A. L. K., Peveler, R. C., et al. (2001). Influence of socio-economic deprivation on the prevalence and outcome of depression in primary care: The Hampshire Depression Project. *British Journal of Psychiatry, 178,* 12–17.

Otto, M. W., & Deckersbach, T. (1998). Cognitive-behavioral therapy for panic disorder. In J. F. Rosenbaum & M. H. Pollack (Eds.), *Panic disorder and its treatment* (pp. 181–203). New York: Marcel Dekker, Inc.

Ottosson, H., Grann, M., & Kullgren, G. (2000). Test-retest reliability of a self-report questionnaire for DSM-IV and ICD-10 personality disorders. *European Journal of Psychological Assessment, 16*(1), 53–58.

Overholser, J. C. (1997). Treatment of excessive interpersonal dependency: A cognitive-behavioral model. *Journal of Contemporary Psychotherapy, 27*(4), 283–301.

Overholser, J. C. (2002). Cognitive-behavioral treatment of social phobia. *Journal of Contemporary Psychotherapy, 32* (2–3), 125–144.

Owen, F., Crow, T. J., & Poulter, M. (1987). Central dopaminergic mechanisms in schizophrenia. *Acta Psychiatrica Belgica, 87*(5), 552–565.

Owens, E. B., Hinshaw, S. P., Kraemer, H. C., Arnold, L. E., et al. (2003). Which treatment for whom for ADHD? Moderators of treatment response in the MTA. *Journal of Consulting and Clinical Psychology, 71*(3), 540–552.

Ozarin, L. (2001). Moral insanity: A brief history. *Psychiatric Times, 36* (10), 21.

Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin, 129*(1), 52–73.

P

Pagnin, D., de Queiroz, V., Pini, S., & Cassano, G. B. (2004). Efficacy of ECT in depression: A meta-analytic review. *Journal of Electroconvulsive Therapy, 20,* 13–20.

Palapattu, A. G., Kingery, J. N., & Ginsburg, G. S. (2006). Gender role orientation and anxiety symptoms among African American adolescents. *Journal of Abnormal Child Psychology, 34*(3), 441–449.

Palfai, T., & Jankiewicz, H. (1997). *Drugs and human behavior* (2nd ed.). Madison, WI: Brown & Benchmark Publishers.

Palha, A. P., & Esteves, M. F. (1997). The origin of dementia praecox. *Schizophrenia Research: (Special Issue: 100 Years of Dementia Praecox), 28*(2–3), 99–103.

Palmer, B. A., Pankratz, V. S., & Bostwick, J. M. (2005). The lifetime risk of suicide in schizophrenia: A reexamination. *Archives of General Psychology, 62:* 247–253.

Palmer, R. L. (1995). Sexual abuse and eating disorders. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Parker, J., Klein, S., McClintock, M., Morison, W., et al. (2004). Chronic stress accelerates ultraviolet-induced cutaneous carcinogenesis. *Journal of the American Academy of Dermatology, 51*(6), 919–922.

Parks, A. C., & Herman, K. C. (2003). A sociocultural perspective on the primary prevention of depression. *Prevention & Treatment, 6*.

Parnas, J., Licht, D., & Bovet, P. (2005). Cluster A personality disorders: A review. In M. Maj, H. S. Akiskal, J. E. Mezzich, & A. Okasha (Eds.), *Personality Disorders* (pp. 1–74). Hoboken, NJ: John Wiley & Sons.

Paris, J., Zweig-Frank, H., Ng Ying Kin, N. M. K., Schwartz, G., Steiger, H., & Nair, N. P. V. (2004). Neurobiological correlates of diagnosis and underlying traits in patients with borderline personality disorder compared with normal controls. *Psychiatry Research, 121*(3), 239–252.

Parsons, M. (2000). Sexuality and perversion a hundred years on: Discovering what Freud discovered. *International Journal of Psycho-Analysis, 81*(1), 37–51.

Pato, M. T., Pato, C. N., & Gunn, S. A. (1998). Biological treatments for obsessive-compulsive disorder. In R. P. Swinson, M. M. Antony, S. Rachman, & M. A. Richter (Eds.), *Obsessive-compulsive disorder: Theory, research, and treatment* (pp. 327–348). London: Guilford Press.

Patrick, C. J., Bradley, M. M., & Lang, P. J. (1993). Emotion in the criminal psychopath: Startle reflex modulation. *Journal of Abnormal Psychology, 102,* 82–92.

Patterson, G. R., & Yoerger, K. (2002). A developmental model for early- and late-onset delinquency. In J. B. Reid, G. R. Patterson, & J. Snyder, (Eds.), *Antisocial Behavior in Children and Adolescents: A Developmental Analysis and Model for Intervention* (pp. 147–172). Washington, DC: American Psychological Association.

Patterson, T. L. & Joste, D. V. (1999). The potential impact of baby-boom generation substance abuse among elderly persons. *Psychiatric Services 50,* 1184–1188.

PDM Task Force. (2006).

PDM Task Force. (2006). *Psychodynamic Diagnostic Manual.* Silver Spring, MD: Alliance of Psychoanalytic Organizations.

Peltzer, K. (1989). Nosology and etiology of a spirit disorder (Vimbuza) in Malawi. *Psychopathology, 22,* 145–151.

Peralta, V., & Cuesta, M. J. (2000). Clinical models of schizophrenia: A critical approach to competing conceptions. *Psychopathology, 33*(5), 252–258.

Peralta, V., & Cuesta, M. J. (2001). Motor features in psychotic disorders. II: Development of diagnostic criteria for catatonia. *Schizophrenia Research: (Special Issue), 47*(2–3), 117–126.

Perlmutter, S., Leitman, S., Garvey, M., Hamburger, S., et al. (1999). Therapeutic plasma exchange and intravenous immunoglobulin for obsessive-compulsive disorder and tic disorders in childhood. *Lancet, 354*(9185), 1153–1158.

Perna, G., Bertam, A., Caldirola, D., Smeraldi, E., et al. (2001). A comparison of citalopram and paroxetine in the treatment of panic disorder: A randomized, single-blind study. *Pharmacopsychiatry, 34*(3), 85–90.

Perna, G., Brambilla, F., Arancio, C., & Bellodi, L. (1995). Menstrual cycle-related sensitivity to 35% CO_2 in panic patients. *Biological Psychiatry, 37*(8), 528–532.

Perry, W., & Braff, D. L. (1994). Information-processing deficits and thought disorder in schizophrenia. *American Journal of Psychiatry, 151*(3), 363–367.

Person, E., & Ovesey, L. (1978). Transvestism: New perspectives. *Journal of the American Academy of Psychoanalysis, 6*(3), 301–323.

Peszke, M. A. (1975). Is dangerousness an issue for physicians in emergency commitment? *American Journal of Psychiatry 132*(8), 825–828.

Peters, K. D., Kochanek, K. D., & Murphy, S. L. (1998). Deaths: Final data for 1996. *National Vital Statistics Reports, 47*(9). Hyattsville, MD: National Center for Health Statistics.

Peters, M. A., & Phelps, L. (2001). Body image dissatisfaction and distortion, steroid use, and sex differences in college age bodybuilders. *Psychology in the Schools (Special Issue), 38*(3), 283–289. New York: John Wiley & Sons.

Peterson, C., & Bossio, L. M. (1991). *Health and optimism.* New York: Free Press.

Peterson, C., & Bossio, L. M. (2001). Optimism and physical well-being. In E. C. Chang (Ed.), *Optimism & pessimism: Implications for theory, research, and practice* (pp. 127–145). Washington, DC: American Psychological Association.

Peterson, C., Maier, S. F., & Seligman, M. E. (1993). *Learned helplessness: A theory for the age of personal control.* New York/Oxford: Oxford University Press.

Peterson, C., & Seligman, M. E. (1984). Causal explanations as a risk factor for depression: Theory and evidence. *Psychological Review, 91,* 347–374.

Peterson, C., Seligman, M. E., & Vaillant, G. E. (1988). Pessimistic explanatory style is a risk factor for physical illness: A thirty-five-year longitudinal study. *Journal of Personality & Social Psychology, 55,* 23–27.

Petry, N., Peirce, J., Stitzen, M., Blaine, J., Roll, J., et al. (2005). Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: A national drug abuse treatment clinical trials network study. *Archives of General Psychiatry, 62*(10), 1148–1156.

Petry, N. M., Tedford, J., & Martin, B. (2001). Reinforcing compliance with non-drug-related activities. *Journal of Substance Abuse Treatment (Special Issue), 20*(1), 33–44.

Pezdek, K., & Hodge, D. (1999). Planting false childhood memories in children: The role of event plausibility. *Child Development, 70,* 887–895.

Pfefferbaum, B., Seale, T. W., Brandt, E. N., Pfefferbaum, R. L., et al. (2003). Media exposure in children one hundred miles from a terrorist bombing. *Annals of Clinical Psychiatry, 15*(1), 1–8.

Pfefferbaum, B., Seale, T. W., McDonald, N. B., Brandt, E. N. Jr., et al. (2000). Posttraumatic stress two years after the Oklahoma City bombing in youths geographically distant from the explosion. *Psychiatry: Interpersonal & Biological Processes, 63,* 358–370.

Pfiffner, L. (1996). *All about ADHD: The complete practical guide for classroom teachers.* New York: Scholastic Professional Books.

Pfiffner, L. J., Barkley, R. A., & DuPaul, G. J. (2006). Treatment of ADHD in school settings. In R. A. Barkley (Ed.), *Attention-Deficit Hyperactivity Disorder* (3rd ed., pp. 547–589). New York: Guilford Press.

Pfiffner, L. J., Calzada, E., & McBurnett, K. (2000). Interventions to enhance social competence. *Child and Adolescent Psychiatric Clinics of North America, 9,* 689–709.

Phelps, R., Eisman, E., & Kohut, J. (1998). Psychological practice and managed care: Results of the CAPP practitioner survey. *Professional Psychology: Research and Practice, 29,* 31–36.

Phillips, K., Menard, W., & Fay, C. (2006). Gender similarities and differences in 200 individuals with body dysmorphic disorder. *Comprehensive Psychiatry, 47*(2), 77–87.

Phillips, K. A. (1996). *The broken mirror: Understanding and treating body dysmorphic disorder.* New York: Oxford University Press.

Phillips, K. A. (2000). Pharamacological treatment of body dysmorphic disorder: A review of empirical data and a proposed treatment algorithm. *Psychiatric Clinics of North America, 7,* 59–82.

Phillips, K. A. (2001). *Somatoform and factitious disorders.* Washington, DC: American Psychiatric Publishing.

Phillips, K. A., & Castle, D. J. (2002). Body dysmorphic disorder. In D. J. Castle & K. A. Phillips (Eds.), *Disorders of body image* (pp. 101–120). Philadelphia: Wrightson Biomedical Publishing.

Phillips, K. A., & Diaz, S. F. (1997). Gender differences in body dysmorphic disorder. *Journal of Nervous Mental Diseases, 188,* 170–175.

Phillips, K. A., & Najjar, F. (2003). An open-label study of citalopram in body dysmorphic disorder. *Journal of Clinical Psychiatry, 64*(6), 715–720.

Phillips, M. L. & Sierra, M. (2003). Depersonalization disorder: A functional neuroanatomical perspective. Stress: The International Journal on the Biology of Stress*, 6*(3), 157–165.

Pichot, P. (1997). DSM-III and its reception. *American Journal of Psychiatry:* Special Issue, *154*(6 suppl.), 47–54.

Pickar, D. B. (1986). Psychosocial aspects of learning disabilities: A review of research. *Bulletin of the Menninger Clinic, 50,* 22–32.

Pigache, R. M. (1999). Vigilance in schizophrenia and its disruption by impaired preattentive selection: A dysintegration hypothesis. *Cognitive Neuropsychiatry, 4*(2), 119–144.

Pigott, T. A. (2003). Anxiety disorders in women. *Psychiatric Clinics of North America, 26*(3), 621–672.

Pike, K. M., & Rodin, J. (1991). Mothers, daughters, and disordered eating. *Journal of Abnormal Psychology, 100,* 198–204.

Pine, F. (1990). *Drive, ego, self and object.* New York: Basic Books.

Pinel, P. (1802/1803). *Nosographie philosophique, ou La méthode de l'analyse appliquée à la médecine.* [Philosophical classification or the analytic method applied to medicine.] Paris: J. A. Brosson.

Pinikahana, J., Happell, B., & Keks, N. A. (2003). Suicide and schizophrenia: A review of literature for the decade (1990–1999) and implications for mental health nursing. *Issues in Mental Health Nursing, 24:* 27–43.

Piper, A., & Merskey, H. (2004). The persistence of folly: A critical examination of dissociative identity disorder. Part I. The excesses of an improbable concept. *Canadian Journal of Psychiatry, 49*(9), 592–600.

Pipher, M. B. (1994). *Reviving Ophelia: Saving the selves of adolescent girls.* New York: Putnam.

Pirke, K. M. (1995). Physiology of bulimia nervosa. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity.* New York: Guilford Press.

Pithers, W., Gray, A., Busconi, A., & Houchens, P. (1998). Five empirically-derived subtypes of children with sexual behaviour problems: Characteristics potentially related to juvenile delinquency and adult criminality. *Irish Journal of Psychology (Special Issue: Understanding, Assessing and Treating Juvenile and Adult Sex Offenders), 19*(1), 49–67.

Pjerk, E., Winkler, D., Heiden, A., Praschak-Rieder, N., Willeit, M., et al. (2004). Seasonality of birth in seasonal affective disorder. *Journal of Clinical Psychiatry, 65:* 1389–1393.

Plante, T. (1999). *Contemporary clinical psychology.* Hoboken, NJ: John Wiley & Sons.

Plath, S. (1966). *The bell jar.* London: Faber.

Pleak, R. (1999). Ethical issues in diagnosing and treating gender-dysphoric children and adolescents. In *Sissies and tomboys: Gender nonconformity and homosexual childhood* (pp. 34–51). New York: New York University Press.

Plomin, R., & Kovas, Y. (2005). Generalist genes and learning disabilities. *Psychological Bulletin, 131*(4), 592–617.

Poewe, W. (2003). Psychosis in Parkinson's disease. *Movement Disorders, 18:* 80–87.

Polaschek, D. (2003). Empathy and victim training. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Pollack, M., Zaninelli, R., Goddard, A., McCafferty, J., et al. (2001). Paro xetine in the treatment of generalized anxiety disorder: Results of a placebo–controlled, flexible–dosage trial. *Journal of Clinical Psychiatry, 62*(5), 350–357.

Pollard, C. M., & Henderson, J. G. (1988). Four types of social phobia in a community sample. *Journal of Nervous and Mental Disorders, 176,* 440–449.

Pollmaecher, T., Haack, M., Schuld, A., Kraus, T., et al. (2000). Effects of antipsychotic drugs on cytokine networks. *Journal of Psychiatric Research: (Special Issue), 34*(6), 369–382.

Pope, H. G., Jr., Phillips, K. A., & Olivardia, R. (2000). *The Adonis Complex: The Secret Crisis of Male Body Obsession.* New York: Free Press.

Poole, R., & Brabbins, C. (1996). Drug induced psychosis. *British Journal of Psychiatry, 168*(2), 135–138.

Pope, H. G., & Katz, D. L. (1988). Affective and psychotic symptoms associated with anabolic steroid use. *American Journal of Psychiatry, 145,* 487–490.

Pope, H. G., Katz, D. L., & Hudson, J. I. (1993). Anorexia nervosa and "reverse anorexia" among 108 male bodybuilders. *Comprehensive Psychiatry, 34,* 406–409.

Pope, H. G., Olivardia, R., Gruber, A., & Borowiecki, J. (1999). Evolving ideals of male body image as seen through action toys. *International Journal of Eating Disorders, 26,* 65–72.

Popper, K. (1959). *The logic of scientific discovery.* London: Hutchinson & Co.

Popper, K. (1986). Predicting overt behavior versus predicting hidden states. *Behavioral & Brain Sciences, 9*(2), 254.

Porter, V., Buxton, W., Fairbanks, L., Strickland, T., O'Connor, S., et al. (2003). Frequency and characteristics of anxiety among patients with Alzheimer's disease and related dementias. *Journal of Neuropsychiatry and Clinical Neurosciences, 15*(2), 180–186.

Porter, V. R., Buxton, W. G., Fairbanks, L. A., Strickland, T., et al. (2003). Frequency and characteristics of anxiety among patients with Alzheimer's disease and related dementias. *Journal of Neuropsychiatry & Clinical Neurosciences, 15*(2), 180–186.

Posavac, H. D., Posavac, S. S., & Posavac, E. J. (1998). Exposure to media images of female attractiveness and concern with body weight among young women. *Sex Roles, 38,* 187–201.

Posavac, H. D., Posavac, S. S., & Weigel, R. G. (2001). Reducing the impact of media images on women at risk for body image disturbance: Three targeted interventions. *Journal of Social & Clinical Psychology, 20*(3), 324–340.

Powell, R. A., & Gee, L. (1999). The effects of hypnosis on dissociative identity disorder: A reexamination of the evidence. *Canadian Journal of Psychiatry, 44*(9), 914–916.

Power, K. G., Simpson, R. J., Swanson, V., & Wallace, L. A. (1990). A controlled comparison of cognitive-behavior therapy, diazepam, and placebo, alone and in combination, for the treatment of generalized anxiety disorder. *Journal of Anxiety Disorders, 4,* 267–292.

Prentky, R. (1997). Arousal reduction in sexual offenders: A review of antiandrogen interventions. *Sexual Abuse: A Journal of Research and Treatment, 9*, 335–347.

Pretzer, J. L., & Beck, A. T. (1996). A cognitive theory of personality disorders. In J. F. Clarkin & M. F. Lenzenweger (Eds.), *Major theories of personality disorder* (pp. 36–105). New York: Guilford Press.

Pretzer, J. L., & Beck, A. T (2005). A cognitive theory of personality disorders. In M. F. Lenzenweger & J. F. Clarkin (Eds.), *Major Theories of Personality Disorder* (2nd ed., pp. 43–113). New York: Guilford Press.

Prince-Embury, S., & Rooney, J. F. (1988). Psychological symptoms of residents in the aftermath of the Three Mile Island nuclear accident and restart. *Journal of Social Psychology, 128*(6), 779–790.

Procopio, M., & Marriott, P. K. (1998). Is the decline in diagnoses of schizophrenia caused by the disappearance of a seasonal aetiological agent? An epidemiological study in England and Wales. *Psychological Medicine, 28*(2), 367–373.

Protter, B. (2001). Knowing the self in psychotherapy: Toward a postmodern integrative approach. In J. C. Muran (Ed.), *Self-relations in the psychotherapy process* (pp. xv, 391, 313–345). Washington, DC: American Psychological Association.

Putnam, F. (1985). Dissociation as a response to extreme trauma. In R. P. Kluft (Ed.), *Childhood antecedents of multiple personality* (pp. 66–97). Washington, DC: American Psychiatric Press.

Putnam, F. (1989). *Diagnosis and treatment of multiple personality disorder.* New York: Guilford Press.

Putnam, F. W. (1992). Are alter personalities fragments or figments? *Psychoanalytic Inquiry, 12,* 95–111.

Putnam, F. W., Guroff, J. J., Silberman, E. K., Barban, L., et al. (1986). The clinical phenomenology of multiple personality disorder: Review of 100 recent cases. *Journal of Clinical Psychiatry, 47,* 285–293.

Putnam, F. W., Helmers, K., & Trickett, P. K. (1993). Development, reliability and validity of a child dissociation scale. *Child Abuse and Neglect, 17,* 731–741.

Putnam, F. W., Zahn, T. P., & Post, R. M. (1990). Differential autonomic nervous system activity in multiple personality disorder. *Psychiatry Research, 31,* 251–260.

R

Rabinowitz, T., Hirdes, J. P., & Desjardins, I. (2006). Somatoform disorders in late life. In M. E. Agronin & G. J. Maletta (Eds.), *Principles and practice of geriatric psychiatry* (pp. 489–503). Philadelphia: Lippincott, Williams, & Wilkins.

Rachlin, S. (1978). When schizophrenia comes marching home. *Psychiatric Quarterly, 50*(3), 202–210.

Rack, J. P., & Olson, R. K. (1993). Phonological deficits, IQ, and individual differences in reading disability: Genetic and environmental influences. *Developmental Review, 13,* 269–278.

Raesaenen, S., Nieminen, P., & Isohanni, M. (1999). Gender differences in treatment and outcome in a therapeutic community ward, with special reference to schizophrenic patients. *Psychiatry: Interpersonal & Biological Processes, 62*(3), 235–249.

Raesaenen, S., Veijola, J., Hakko, H., Joukamaa, M., et al. (1999). Gender differences in incidence and age of onset of DSM-III-R schizophrenia: Preliminary results of the Northern Finland 1966 birth cohort study. *Schizophrenia Research, 37*(2), 197–198.

Raine, A., Lencz, T., Bihrle, S., LaCasse, L., et al. (2000). Reduced prefrontal gray matter volume and reduced autonomic activity in antisocial personality disorder. *Archives of General Psychiatry, 57*(2), 119–127.

Ramage, M. (1998). ABC of sexual problems: Management of sexual problems. *British Medical Journal, 317*(7171), 1470.

Rao, S. M. (2000). Neuropsychological evaluation. In B. S. Fogel, R. B. Schiffer, & S. M. Rao (Eds.), *Synopsis of neuropsychiatry.* Philadelphia: Lippincott-Raven.

Rapee, R. M. (1994). Failure to replicate a memory bias in panic disorder. *Journal of Anxiety Disorders, 8,* 291–300.

Rapee, R. M., Barrett, P. M., Dadds, M. R., & Evans, L. (1994). Reliability of the DSM-III-R childhood anxiety disorders using structured interviews: Interrater and parent-child agreement. *Journal of the American Academy of Child and Adolescent Psychiatry, 33,* 984–992.

Rapoport, J. L. (1991). Recent advances in obsessive-compulsive disorder. *Neuropsychopharmacology, 5*(1), 1–10.

Raschka, L. B. (2000). Paternal age and schizophrenia in dizygotic twins. *British Journal of Psychiatry, 176,* 400–401.

Raskin, N., & Rogers, C. (2000). Person centered therapy. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies* (6th ed.). Itasca, IL: Peacock Publishers.

Raskind, M. A., & Peskind, E. P. (1992). Alzheimer's disease and other dementing disorders. In J. E. Birren, R. B. Sloane, & G. D. Cohen

(Eds.), *Handbook of mental health and aging* (2nd ed.). San Diego, CA: Academic Press.

Rasmussen, S. A., & Eisen, J. L. (1990). Epidemiology of obsessive compuslive disorder. *Journal of Clinical Psychiatry, 45,* 450–457.

Rassool, G. H. (Ed.). (1998). *Substance use and misuse: Nature, context and clinical interventions.* London: Blackwell Science.

Rastam, M., & Gilberg, C. (1991). The family background in anorexia nervosa: A population-based study. *Journal of the American Academy of Child & Adolescent Psychiatry, 30,* 283–289.

Ratey, J. J., & Johnson, C. (1997). *Shadow syndromes.* New York: Pantheon Books.

Raut, C., Stephen, A., & Kosofsky, B. (in press). In L. Friedman, N. Fleming, D. Roberts, & S. Hyman (Eds.), *Sourcebook of substance abuse and addiction.* Baltimore: Williams & Wilkins.

Ray, O., & Ksir, C. (2002). *Drugs, society and human behavior* (9th ed.). Boston: McGraw-Hill.

Raymond, N. C., Mussell, M. P., Mitchell, J. E., deZwann, M., et al. (1995). An age-matched comparison of subjects with binge eating disorder and bulimia nervosa. *International Journal of Eating Disorders, 18,* 135–143.

Raymont, V. (2001). Suicide in schizophrenia—how can research influence training and clinical practice? *Psychiatric Bulletin 25*(2), 46–50.

Rector, N., & Beck, A. (2001). Cognitive-behavioral therapy for schizophrenia: An empirical review. *Journal of Nervous and Mental Disease, 189*(5): 278–287.

Reder, P., McClure, M., & Jolley, A. (Eds.). (2000). *Family matters: Interfaces between child and adult mental health.* London: Routledge.

Regan, C. (2001). *Intoxicating minds: How drugs work.* New York: Columbia University Press.

Regier, D. A., Narrow, W. E., Rae, D. S., Manderscheid, R. W., et al. (1993). The de facto U. S. mental health and addictive disorders service system: Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services. *Archives of General Psychiatry, 50,* 85–94.

Reich, J. (1996). The morbidity of DSM-III-R dependent personality disorder. *Journal of Nervous and Mental Disease, 184,* 22–26.

Reichenberg, A., Gross, R., Weiser, M., Bresnahan, M., et al. (2006). Advancing paternal age and autism. *Archives of General Psychiatry, 63*(9), 1026–1032.

Reichlin, S. (1998). Treatment of men with paraphilia with a long-acting analogue of gonadotropin-relaeasing hormone [Comment]. *New England Journal of Medicine, 338*(26), 1923.

Reiger, D. A., Boyd, J. H., Burke, J. D., Rae, D. S., et al. (1988). One month prevalence of mental disorders in the United States. *Archives of General Psychiatry, 45,* 977–986.

Reilly, J., Baker, G. A., Rhodes, J., & Salmon, P. (1999). The association of sexual and physical abuse with somatization: Characteristics of patients presenting with irritable bowel syndrome and non-epileptic attack disorder. *Psychological Medicine, 29,* 399–406.

Reissing, E., Yitzchak, M., & Khalife, S. (1999). Does vaginismus exist? A critical review of the literature. *Journal of Nervous & Mental Disease, 187*(5), 261–274.

Reitan, R. M., & Wolfson, D. (1986). The Halstead-Reitan Neuropsychological Test Battery. In D. Wedding, A. M. Horton, & J. Webster (Eds.), *The neuropsychology handbook: Behavioral and clinical perspectives.* New York: Springer Publishing.

Rellini, A. H., McCall, K. M., Randall, P. K., & Meston, C. M. (2005). The relationship between women's subjective and physiological sexual arousal. *Psychophysiology, 42*(1), 116.

Remington, G. (2006). Schizophrenia, antipsychotics, and the metabolic syndrome: Is there a silver lining? *American Journal of Psychiatry, 163*(7): 1132–1134.

Reinders, A. A. T. S., Nijenhuis, E. R. S., Quak, J., Korf, J., et al. (2006). Psychobiological characteristics of dissociative identity disorder: A symptom provocation study. *Biological Psychiatry, 60*(7), 730–740.

Rekers, G., Bentler, P., Rosen, A., & Lovaas, O. (1977). Child gender disturbances: A clinical rationale for intervention. *Psychotherapy: Theory, Research & Practice, 14*(1), 2–11.

Rekers, G., & Kilgus, M. (1998). Diagnosis and treatment of gender identity disorders in children and adolescents. In *Innovations in clinical practice: A source book* (Vol. 16, pp. 127–141). Sarasota, FL: Professional Resource Press/Professional Resource Exchange, Inc.

Rekers, G., & Lovaas, O. (1974). Behavioral treatment of deviant sex-role behaviors in a male child. *Journal of Applied Behavior Analysis,* 173–190.

Rekers, G., & Varni, W. (1977). Self-monitoring and self-reinforcement in a pre-transsexual boy. *Behavioral Research and Therapy, 15*(2), 177–180.

Renfro, W. I. (1998). Wrestling rules changes address dehydration. *NCAA News Release.*

Renshaw, D. (1996). Sexuality and aging. In J. Sadavoy (Ed.), *Comprehensive review of geriatric psychiatry—II* (2nd ed., pp. 713–729). Washington, DC: American Psychiatric Press.

Repetti, R. L., & Crosby, F. (1984). Women and depression: Exploring the adult role explanation. *Journal of Social and Clinical Psychology, 2,* 5–70.

Resnick, P. A. (1993). The psychological impact of rape. *Journal of Interpersonal Violence, 8,* 223–255.

Rey, J. M. (1993). Oppositional defiant disorder. *American Journal of Psychiatry, 150,* 1769–1777.

Rey, J. M., & Sawyer, G. (2003). Are psychostimulant drugs being used appropriately to treat child and adolescent disorders? *The British Journal of Psychiatry: The Journal of Mental Science, 182,* 284–286.

Rey, J. M., & Walter, G. (1997). Half a century of ECT use in young people. *American Journal of Psychiatry, 154,* 595–602.

Reynolds, W. M. (1981). Measurement of personal competence of mentally retarded individuals. *American Journal of Mental Deficiency, 85,* 368–376.

Richards, R., Kinney, D. K., Lunde, I., & Benet, M. (1988). Creativity in manicdepressives, cyclothymes, their normal relatives, and control subjects. *Journal of Abnormal Psychology, 97,* 281–288.

Richardson, W. (2000). Criminal behavior fueled by attention deficit hyperactivity disorder and addiction. In D. Fishbein (Ed.), *The science, treatment, and prevention of antisocial behaviors: Application to the criminal justice system.* Kingston, NJ: Civic Reseach Institute.

Richters, J. E., & Cicchetti, D. (1993). Mark Twain meets DSM-III-R: Conduct disorder, development, and the concept of harmful dysfunction. *Development and Psychopathology, 5,* 5–29.

Riem, K. E., & Hursey, K. G. (1995). Using anabolic-androgenic steroids to enhance physique and performance: Effects on moods and behavior. *Clinical Psychology Review, 15*(3), 235–256.

Riese, W. (1969). *The legacy of Phillippe Pinel: An inquiry into thought on mental alienation.* New York: Springer Publishing.

Rietveld, S., Beest, I. V., & Everaerd, W. (1999). Stress-induced breathlessness in asthma. *Psychological Medicine, 29,* 1359–1366.

Riley, B., & Kendler, K. (2004). Molecular genetics of schizophrenia. In D. Charney & E. Nestler (Eds.), *Neurobiology of Mental Illness*. New York: Oxford University Press.

Rilling, M. (2000). John Watson's paradoxical struggle to explain Freud. *American Psychologist, 55*(3), 301–312.

Rinsley, D. B. (1989). Notes on the developmental pathogenesis of narcissistic personality disorder. *Psychiatric Clinics of North America, 12*(3), 695–707.

Riolo, S. A., Nguyen, T. A., Greden, J. F., & King, C. A. (2005). Prevalence of depression by race/ethnicity: Findings from the National Health and Nutrition Examination Survey III. *American Journal of Public Health, 95,* 998–1000.

Ritchie, W. F. (2000). An exploration of college student explanatory style and its relationship to academic performance. *Dissertation Abstracts International Section A: Humanities & Social Sciences, 60*(7-A). University Microfilms International. 2375. AEH9939922. Ann Arbor, MI.

Ritz, T., Steptoe, A., DeWilde, S., & Costa, M. (2000). Emotions and stress increase respiratory resistance in asthma. *Psychosomatic Medicine, 62,* 401–412.

Robbins, A. (1988). The interface of the real and transference relationships in the treatment of schizoid phenomena. *Psychoanalytic Review, 75,* 393–417.

Robbins, E. S., Robbins, L., Katz, S. E., & Stern, M. (1979). Psychiatry in New York City: Five systems, all overwhelmed. *Psychiatric Annals, 9*(5), 14–27.

Robbins, M. (1993). *Experiences of schizophrenia.* Boston: Guilford Press.

Robin, A. L. (1998). *ADHD in adolescents.* New York: Guilford Press.

Robinson, T., & Berridge, K. (2001). Incentive-sensitization and addiction. *Addiction, 96*(1), 103–114.

Robson, P. (1999). *Forbidden drugs* (2nd ed.). New York: Oxford University Press.

Rocha, E., Prkachin, K., Beaumont, S., Hardy, C., et al. (2003). Pain reactivity and somatization in kindergarten-age children. *Journal of Pediatric Psychology, 28*(1), 47–57.

Rodriguez-Oroz, M., Obeso, J., Lang, A., Houeto, J., Pollak, P., et al. (2005). Bilateral deep brain stimulation in Parkinson's disease: A multicenter study with 4 years follow-up. *Brain, 128*(Pt 10), 2240–2249.

Rogers, C. (1987). Rogers, Kohut, and Erikson: A personal perspective on some similarities and differences. In J. K. Zeig (Ed.), *The evolution of psychotherapy.* New York: Brunner/Mazel.

Rogers, C. R. (1961). *On becoming a person.* Boston: Houghton Mifflin.

Rogers, L., Resnick, M. D., Mitchell, J. E., & Blum, R. W. (1997). The relationship between socioeconomic status and eating-disordered behavior in a sample of adolescent girls. *International Journal of Eating Disorders, 22,* 15–23.

Rogler, R. H. (1993). Culture in psychiatric diagnosis: An issue of scientific accuracy. *Psychiatry: Interpersonal & Biological Processes, 56*(4), 324–327.

Rohan, M., et al. (2004). Low-field magnetic stimulation in bipolar depression using an MRU-based stimulator. *American Journal of Psychiatry, 161*(1), 93–989.

Rokeach, M. (1964). *The three Christs of Ypsilanti.* New York: Knopf.

Roland, A. (1988). *In search of self in India and Japan.* Princeton, NJ: Princeton University Press.

Rolfson, D. (2002). The causes of delirium. In J. Lindsay, K. Rockwood, and A. Macdonald (Eds.), *Delirium in old age* (pp. 101–122). Oxford: Oxford University Press.

Rolls, E. T. (2000). The orbifrontal cortex and reward. *Cerebral cortex* (New York: 1991), *10*(3), 284–294.

Román, G. C. (2003). Neurologic aspects of vascular dementia: Basic concepts, diagnosis, and management. In P. A. Lichtenberg, D. L. Murman, & A. M. Mellow (Eds.), *The Handbook of Dementia* (pp. 149–171). Hoboken, NJ: Wiley.

Romano, E., & De Luca, R. (2001). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. *Aggression & Violent Behavior, 6*(1), 55–78.

Root, M. P. (1990). Disordered eating in women of color. *Sex Roles, 22,* 525–536

Rorabaugh, W. (1979). *The alcoholic republic, An American Tradition.* New York: Oxford University Press.

Rosch, E., & Mervis, C. B. (1975). Family resemblances: Studies in the internal structure of categories. *Cognitive Psychology, 7*(4), 573–605.

Rose, R. J., Dick, D. M., Viken, R. J., & Kaprio, J. (2001). Gene-environment interaction in patterns of adolescent drinking: Regional residency moderates longitudinal influences on alcohol use. *Alcoholism: Clinical & Experimental Research (Special Issue), 25*(5), 637–643.

Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews (online),* no. 2, CD000560.

Roseborough, D. J. (2006). Psychodynamic psychotherapy: An effectiveness study. *Research on Social Work Practice, 16,* 166–175.

Rosen, J. C. (1998). Cognitive behavior therapy for body dysmorphic disorder. In V. E. Caballo (Ed.), *International handbook of cognitive and behavioural treatments for psychological disorders* (pp. 363–391). Oxford, England: Elsevier Science.

Rosen, R., Lane, R., & Menza, M. (1999). Effects of SSRIs on sexual function: A critical review. *Journal of Clinical Psychopharmacology, 19*(1), 67–85.

Rosen, R., & Leiblum, S. (1995). Treatment of sexual disorders in the 1990's: An integrated approach. *Journal of Consulting and Clinical Psychology, 63*(6), 877–890.

Rosen, W. G. (1990). Neuropsychological evaluation of children. In A. Weizman & R. Weizman (Eds.), *Application of basic neuroscience to child psychiatry.* New York: Plenum Medical Books/Plenum Press.

Rosenberg, C. E. (2002, June). The Tyranny of Diagnosis: Specific Entities and Individual Experience. *The Milbank Quarterly, 80*, 237–260.

Rosenberg, H., & Mazzola, J. (2007). Relationships among self-report assessments of craving in binge-drinking university students. *Addictive Behaviors* (in press).

Rosenblitt, D. L. (1996). States of overstimulation in early childhood. *Psychoanalytic Study of the Child, 51,* 542–561.

Rosenhan, D. (1973). On being sane in insane places. *Science, 179,* 250–258.

Rosenstein, M. J., Milazzo-Sayre, L. J., & Manderscheid, R. W. (1990). Characteristics of persons using specialty inpatient, outpatient, and partial care programs in 1986. In R. W. Manderscheid & M. A. Sonnenschein (Eds.), *Mental health in the United States* (pp. 139–172). Washington, DC: U.S. Government Printing Office.

Rosler, A., & Witztum, E. (1998). Treatment of men with paraphilia with a long-acting analogue of gonadotropin-releasing hormone. *New England Journal of Medicine, 338*(7), 416–422.

Rosler, A., & Witztum, E. (2000). Pharmacotherapy of paraphilias in the next millennium. *Behavioral Sciences & the Law, 18*(1), 43–56.

Ross, C. A. (1996). History, phenomenology, and epidemiology of dissociation. In L. K. Michelson & W. J. Ray (Eds.), *Handbook of dissociation: Theoretical, empirical, and clinical perspectives* (pp. 3–24). New York: Plenum Press.

Ross, C. A. (1997). *Dissociative identity disorder: Diagnosis, clinical features, and treatment of multiple personality*. New York: Wiley.

Ross, C. A. (1997). *Dissociative identity disorder: Diagnosis, clinical features, and treatment of multiple personality* (2nd ed.). New York: John Wiley & Sons.

Ross, C. A., Joshi, S., & Currie, R. (1990). Dissociative experiences in the general population. *American Journal of Psychiatry, 147,* 1547–1552.

Ross, C. A., Miller, S. D., Reagor, P., Bjornson, L., et al. (1990). Structured interview data on 102 cases of multiple personality disorder from four centers. *American Journal of Psychiatry, 147,* 596–601.

Ross, C. A., Norton, G. R., & Wozney, K. (1989). Multiple personality disorder: An analysis of 236 cases. *Canadian Journal of Psychiatry, 34,* 413–418.

Ross, C. E. (2000). Neighborhood disadvantage and adult depression. *Journla of Health and Social Behavior, 41,* 177–187.

Ross, C. E., Mirowsky, J., & Huber, J. (1983). Dividing work, sharing work, and in-between: Marriage patterns and depression. *American Sociological Review, 48,* 809–823.

Rotgers, F. (1996). Behavioral theory of substance abuse treatment: Bringing science to bear on practice. In F. Rotgers, D. Keller, and J. Morgenstern (Eds.), *Treating substance abuse: Theory and technique.* New York: Guilford Press.

Roth, A., & Fonagy, P. (2005). *What Works for Whom?* (2nd ed.). New York: Guilford Press.

Rothbaum, B. O., Foa, E. D., Riggs, D. S., & Murdock, T. (1992). A prospective examination of post-traumatic stress disorder in rape victims. *Journal of Traumatic Stress, 5,* 455-475.

Rothbaum, B. O., Foa, E. B., Riggs, D. S., Murdock, T., & et al., (1992). A prospective examination of post-traumatic stress disorder in rape victims. *Journal of Traumatic Stress, 5*(3), 455–475.

Rothblum, E. D., Solomon, L. J., & Albee, G. W. (1986). A sociopolitical perspective on DSM-III. In T. Millon & G. L. Klerman (Eds.), *Contemporary directions in psychopathology: Toward the DSM-IV.* New York: Guilford Press.

Rothstein, A., & Glenn, J. (1999). *Learning disabilities and psychic conflict: A psychoanalytic casebook* (pp. viii, 504, 37–85). Madison, CT: International Universities Press, Inc.

Rottnek, M. (Ed.) (1999). *Sissies and tomboys: Gender nonconformity and homosexual childhood.* New York: New York University Press.

Rourke, B. P. (1989). *Nonverbal learning disabilities: The syndrome and the model.* New York: Guilford Press.

Rouse, B. A. (1995). *Substance abuse and mental health statistic sourcebook.* Washington, DC: U.S. Department of Health and Human Services.

Rowland, A., Lesesne, C., & Abramowitz, A. J. (2002). The epidemiology of attention-deficit/hyperactivity disorder (ADHD): A public health view. *Mental Retardation and Developmental Disabilities Research Reviews, 8*(3), 162–170.

Rowland, D., Cooper, S., & Schneider, M. (2001). Defining premature ejaculation for experimental and clinical investigations. *Archives of Sexual Behavior, 30*(3), 235–253.

Roy, M. A., Merette, C., & Maziade, M. (2001). Subtyping schizophrenia according to outcome or severity: A search for homogeneous subgroups. *Schizophrenia Bulletin, 27*(1), 115–138.

Rozin, P., & Fallon, A. (1988). Body image, attitudes to weight, and misperceptions of figure preferences of the opposite sex: A comparison of men and women in two generations. *Journal of Abnormal Psychology, 97,* 342–345.

Rubia, K., Taylor, E., Smith, A., Oksanen, H., et al. (2001). Neuropsychological analyses of impulsiveness in childhood hyperactivity. *The British Journal of Psychiatry: The Journal of Mental Science, 179*, 138–143.

Ruchkin, V. (2000) The forensic psychiatric system of Russia. *International Journal of Law & Psychiatry, Special Issue, 23*(5–6), 555–565.

Rumpf, H., Bischof, G., Hopke, V., Meyer, C., & Ulrich, J. (2006). Stability of remission from alcohol dependence without formal help. *Alcohol and Alcoholism, 41*(3), 311–314.

Russell, G. F. M. (2001). Involuntary treatment in anorexia nervosa. *Psychiatric Clinics of North America, 24,* 337–349.

Rutter, M. (2005). Genetic influences and autism. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders, Volume 1* (3rd ed., pp. 425–452). Hoboken, NJ: John Wiley & Sons.

Rutter, M., Bailey, A., Simonoff, E., & Pickles, A. (1997). Genetic influences in autism. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of Autism and Pervasive Developmental Disorders.* New York: John Wiley & Sons.

Ryan, C. (1995). Mental health law and dangerousness. *Australian & New Zealand Journal of Psychiatry 29*(1), 154–155.

S

Saarinen, P., et al. (2005). An Outcome of Psychodynamic Psychotherapy: A Case Study of the Change in Serotinin Transporter Binding and the Activation of the Dream Screen. *American Journal of Psychotherapy, 59,* 61–73.

Sabb, F. W., and Bilder, R.M. (2006). From bench to bedside: The future of neuroimaging tools in diagnosis and treatment. *Psychiatric Times 25*(2).

Sacco, W. P., & Beck, A. T. (1995). Cognitive theory and therapy. In E. E. Beckham & W. R. Leber (Eds.), *Handbook of depression* (2nd ed., pp. 329–351). New York: Guilford Press.

Sacks, M. (1999). Mothers' and fathers' responses to SIDS. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 59*(7-A), 2366, Ann Arbor, MI: Univ. Microfilms International.

Sacks, O. W. (1985). *The man who mistook his wife for a hat and other clinical tales.* New York: Summit Books.

Sacks, O. W. (1995). *An anthropologist on Mars: Seven paradoxical tales.* New York: Vintage Books.

Sadock, B. J., & Sadock, V. A. (2001). *Kaplan & Sadock's pocket handbook of psychiatric drug treatment* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

Sadock, B., & Sadock, V. (2000). *Kaplan & Sadock's comprehensive textbook of psychiatry* (7th ed., Vols. 1 & 2). Philadelphia: Lippincott, Williams & Wilkins.

Safer, D. J. & Zito, J. M. (1999). Psychotropic medication for ADHD. *Mental Retardation & Developmental Disabilities Research Reviews, 53,* 237–242.

Sagawa, K., Kawakatsy, S., Shibuya, I., Oija, A., et al. (1990). Correlation of regional cerebral blood flow with performance on neuropsychological tests in schizophrenic patients. *Schizophrenia Research, 3*(4), 241–246.

Sagvolden, T., Aase, H., Johansen, E. B., & Russell, V. A. (2005). A dynamic developmental theory of attention-deficit/hyperactivity disorder (ADHD) predominantly hyperactive/impulsive and combined subtypes. *Behavioral and Brain Sciences, 28*(3), 397–468.

Sakel, M. (1994). The methodical use of hypoglycemia in the treatment of psychoses. *American Journal of Psychiatry 151*(6), S241–S247.

Salaspuro, M. (1995). Biological markers of alcohol consumption. In B. Tabakoff (Ed.), *Biological aspects of alcoholism* (pp. 123–162). Kirkland, WA: Hogrefe & Huber Publishers.

Salloway, S., & Cummings, J. (1996). Subcortical structures and neuropsychiatric illnesses. *Neuroscientist, 2,* 66–75.

Salmon, P. (2001). Effects of physical exercise on anxiety, depression, and sensitivity to stress: A unifying theory. *Clinical Psychology Review, 21*(1), 33–61.

Saloviita, T., Ruusila, L., & Ruusila, U. (2000). Incidence of savant syndrome in Finland. *Perceptual & Motor Skills, 91,* 120–122.

Salzman, C. (2001). *Psychiatric medications for older adults: The concise guide.* New York: Guilford Press.

SAMHSA. (2003). Strategies for developing treatment programs for people with co-occurring substance abuse and mental disorders. *SAMHSA Publication* No. 3702.

Sanderson, W. C., & McGinn, L. K. (2001). Cognitive-behavioral therapy of depression. In M. M. Weissman (Ed.), *Treatment of depression: Bridging the 21st century* (pp. 249–279). Washington, DC: American Psychiatric Press.

Sandler, R. (1999). The pharmacological basis for schizophrenia. In E. Johnstone, M. Humphreys, F. Lang, S. Lawrie, et al. (Eds.), *Schizophrenia: Concepts and clinical management.* New York: Cambridge University Press.

Sansone, R. A., Gaither, G. A., & Sansone, L. A. (2001). Childhood trauma and adult somatic preoccupation by body area among women in an internal medicine setting: A pilot study. *International Journal of Psychiatry in Medicine, 31,* 147–154.

Sansone, R. A., Gaither, G. A., & Barclay, J. (2002). Childhood trauma and somatic preoccupation in adulthood among a sample of psychiatric inpatients. *Psychosomatics: Journal of Consultation Liaison Psychiatry, 43*(1), 86.

Sargent, W., & Slater, E. (1941). Amnesic syndromes in war. *Proceedings of the Royal Society of Medicine, 34,* 757–764.

Sarte, J. P. (1953). *Existential psychoanalysis.* New York: Philosophical Library.

Sartre, J. P. (1956). *Being and nothingness.* New York: Philosophical Library.

Sass, L. (1992). *Madness and modernism.* New York: Basic Books.

Satel, S. L. (1998, April 4) Don't forget the addict's role in addiction. *The New York Times.*

Satlin, A., Volicer, L., Ross, V., Herz, L. R., et al. (1992). Bright light treatment of behavioral and sleep disturbances in patients with Alzheimer's disease. *American Journal of Psychiatry, 149,* 1028–1032.

Sattler, J. M. (1988). *Assessment of children* (3rd ed.). San Diego, CA: Author.

Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence & Victims, 9* (1), 31–44.

Savin-WIlliams, R. (2006). Who's gay? Does it matter? *Current Directions in Psychological Science, 15*(1), 40–44.

Sawle, G., & Kear-Colwell, J. (2001). Adult attachment style and pedophilia: A developmental perspective. *International Journal of Offender Therapy & Comparative Criminology (Special Issue: Sex Offenders), 45*(1), 32–50.

Sax, L., & Kautz, J. (2003). Who first suggests the diagnosis of attention-deficit/hyperactivity disorder? *Annals of Family Medicine, 1*(3), 171–174.

Saxe, L., & Ben-Shakhar, G. (1999). Admissibility of polygraph tests: The application of scientific standards post-Daubert. *Psychology, Public Policy, & Law, 5*(1), 203–223.

Scahill, L., & Martin, A. (2005). Psychopharmacology. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders, Volume 2* (3rd ed., pp. 1102–1117). Hoboken, NJ: John Wiley & Sons.

Scahill, L., Schwab-Stone, M., Merikangas, K. R., Leckman, J. F., Zhang, H., & Kasl, S. (1999). Psychosocial and clinical correlates of ADHD in a community sample of school-age children. *Journal of the American Academy of Child & Adolescent Psychiatry, 38,* 976–984.

Schafer, R. (1997). *The contemporary Kleinians of London.* Madison, CT: International University Press.

Schaler, J. A. (2000). *Addiction is a choice.* Chicago: Open Court Publishing.

Schatzberg, A. F., & Nemeroff, C. B. (Eds.). (2001). *Essentials of clinical psychopharmacology.* Washington, DC: American Psychiatric Association.

Schermer, V. L., & Pines, M. (1999). Group psychotherapy of the psychoses: Concepts, interventions and contexts. Bristol, PA: Jessica Kingsley Publishers, Ltd.

Schlemmer, R. F., Jr., Young, J. E., & Davis, J. M. (1996). Stimulant-induced disruption of non-human primate social behavior and the psychopharmacology of schizophrenia. *Journal of Psychopharmacology, 10*(1), 64–76.

Schmidt, G. L., & Keyes, B. (1985). Group psychotherapy with family caregivers of demented patients. *Gerontologist, 25,* 347–350.

Schmidt, K., Nolte-Zenker, R., Patzer, J., Bouer, M., et al. (2001). Psychopathological correlates of reduced dopamine receptor sensitivity in depression, schizophrenia, and alcohol dependence. *Pharmacopsychiatry Special Issue, 34*(2), 66–72.

Schopler, E. (1997). Implementation of TEACCH philosophy. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of autism and pervasive developmental disorders.* New York: John Wiley & Sons.

Schopp, L. H., & Trull, J. (1993). Validity of the DSM-III—R personality disorder clusters. *Journal of Psychopathology and Behavioral Assessment, 15*(3), 219–237.

Schottenfeld, R., Choworski, M., & Pakes, J. (2005). Methadone versus Buprenorphine with contingency management or performance feedback for cocaine and opioid dependence. *American Journal of Psychiatry, 162*(2), 340–349.

Schreiber, F. R. (1973). *Sybil.* Chicago: Regnery.

Schreibman, L., & Ingersoll, B. (2005). Behavioral interventions to promote learning in individuals with autism. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders, Volume 2* (3rd ed., pp. 882–896). Hoboken, NJ: John Wiley & Sons.

Schroevers, M. J., Ranchor, A. V., & Sanderman, R. (2003). The role of social support and self-esteem in the presence and course of depressive symptoms: A comparison of cancer patients and individuals from the general population. *Social Science & Medicine, 57,* 375–385.

Schuckit, M. (2000). *Drug and alcohol abuse: A clinical guide to diagnosis and treatment* (5th ed). New York: Kluwer Academic/Plenum Publishers.

Schuldberg, D. (2001). Six subclinical spectrum traits in normal creativity. *Creativity Research Journal (Special Issue: Creativity and the Schizophrenia Spectrum), 13*(1), 5–16.

Schulenberg, J., Maggs, J. L., Long, S. W., Sher, K. J., et al. (2001). The problem of college drinking: Insights from a developmental perspective. *Alcoholism: Clinical & Experimental Research (Special Issue), 25*(3), 473–477.

Schulz, P. M., Soloff, P. H., Kelly, T. Morgenstern, M., et al. (1989). A family history study of borderline subtypes. *Journal of Personality Disorders, 3,* 217–229.

Schultz, R., Braun, B. G., & Kluft, R. P. (1989). Multiple personality disorder: Phenomenology of selected variables in comparison to major depression. *Dissociation, 2,* 45–51.

Schultz, S., & Andreason, N. (2000). Functional imaging and neural circuitry in schizophrenia. In P. Harrison & G. Roberts (Eds.), *The neuropathology of schizophrenia: Progress and Interpretation.* New York: Oxford University Press.

Schulze-Rauschenbach, S. (2005). Distinctive neurocognitive effects of repetitive transcranial magnetic stimulation and electroconvulsive therapy in major depression. *British Journal of Psychiatry, 186,* 410–416.

Schulze-Rauschenbach, S., et al. (2005). Distinctive neurocognitive effects of repetitive transcranial magnetic stimulation and electroconvulsive therapy in major depression. *British Journal of Psychiatry, 186,* 410–416.

Schwartz, A. C., Bradley, R. L., Sexton, M., Sherry, A., et al. (2005). Posttraumatic stress disorder among African Americans in an inner city mental health clinic. *Psychiatric Services, 56*(2), 212–215.

Schwartz, J. (2001, May 16, 2001). Yahoo goes beyond initial plan against adult sites. *The New York Times,* p. C6.

Schwartz, R. C. (1998). The relationship among insight, illness, and psychosocial impairments in psychotic clients. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 59*(2-B). Ann Arbor, MI: University Microfilms International.

Scott, J. (1988). Chronic depression. *British Journal of Psychiatry, 153,* 287–297.

Scott, J. (1992). Social and community approaches. In E. S. Paykel (Ed.), *Handbook of affective disorders* (2nd ed., pp. 525–535). New York: Guilford Press.

Scott, J. E., & Dixon, L. B. (1995). Psychological interventions for schizophrenia. Assertive community treatment and case management for schizophrenia. *Schizophrenia Bulletin, 21*(4), 621–630 & 657–668, respectively.

Scott, J., Garland, A., & Moorhead, S. (2001). A pilot study of cognitive therapy in bipolar disorders. *Psychological Medicine, 31,* 459–467.

Scott, S. (1994). Mental retardation. In M. Rutter, E. Taylor, & L. Hersov (Eds.), *Child and adolescent psychiatry: Modern approaches.* Cambridge, MA: Blackwell.

Scotti, J. R., Morris, T. L., McNeil, C. B., & Hawkins, R. P. (1996). DSM-IV and disorders of childhood and adolescence: Can structural criteria be functional? *Journal of Consulting and Clinical Psychology, 64*(6), 1177–1191.

Scotti, J. R., Morris, T. L., McNeil, C. B., & Hawkins, R. P. (1996). DSM-IV and disorders of childhood and adolescence: Can structural criteria be functional? *Journal of Consulting and Clinical Psychology, 64,* 1177–1191.

Searight, H. R., & McLaren, A. L. (1998). Attention-deficit hyperactivity disorder: The medicalization of misbehavior. *Journal of Clinical Psychology in Medical Settings, 5*(4), 467–495.

Searles, H. F. (1959). The effort to drive the other person crazy. An element in the aetiology and psychotherapy of schizophrenia. *British Journal of Medical Psychology, 32,* 1–18.

Seferian, E. G. (1997). Polymicrobial bacteremia: A presentation of Munchausen syndrome by proxy. *Clinical Pediatrics, 36,* 419–422.

Seidman S., et al. (2001). Treatment of erectile dysfunction in men with depressive symptoms: Results of a placebo-controlled trial with Sildenafil Citrate. *American Journal of Psychiatry, 158*(10), 1623–1630.

Segal, D. L., & Falk, S. B. (1998). Structured interviews and rating scales. In A. S. Bellack & M. Hersen (Eds.), *Behavioral assessment: A practical handbook* (4th ed., pp. 158–178). Boston: Allyn & Bacon.

Segraves, R., & Althof, S. (1998). Paraphilias: Research and treatment. In P. Nathan & J. Gorman (Eds.), *A guide to treatments that work* (pp. 594). New York: Oxford University Press.

Seidman, S., Roose, S., and Rosen, R. (2004). Sexual dysfunction and pharmacological treatments: Biological interactions. In D. Charney & E. Nestler (Eds.), *Neuorbiology of Mental Illness*, New York: Oxford University Press.

Seligman, M. E., & Maier, S. F. (1967). Failure to escape traumatic shock. *Journal of Experimental Psychology, 74,* 1–9.

Seligman, M. E. P. (1971). Phobias and preparedness. *Behavior Therapy, 2,* 307–320.

Seligman, M. E. P. (1995). The effectiveness of psychotherapy: The *Consumer Reports* Study. *American Psychologist, 51,* 1072–1079.

Seligman, M. E. P., Abramson, L. Y., Semmel, A., & Von Baeyer, C. (1979). Depressive attributional style. *Journal of Abnormal Psychology, 88,* 242–247.

Seligman, M. E. P., Walker, E. F., & Rosenhan, D. L. (2001). *Abnormal psychology* (4th ed.). New York: W. W. Norton.

Selling, L. S. (1940). *Men against madness.* New York: Greenberg.

Selten, J.-P., Veen, N., Feller, W., Blom, J. D., et al. (2001). Incidence of psychotic disorders in immigrant groups to The Netherlands. *British Journal of Psychiatry (Special Issue) 178,* 367–372.

Selye, H. (1956). *The stress of life.* New York: McGraw-Hill.

Selye, H. (1976). *The stress of life* (rev. ed.). New York: McGraw-Hill.

Selye, H. (1993). History of the stress concept. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (2nd ed.). New York: Free Press.

Semple, S., Patterson, T., & Grant, I. (2000). The sexual negotiation behavior of HIV-positive gay and bisexual men. *Journal of Consulting and Clinical Psychology, 68*(5), 934–937.

Senay, E. C. (1998). *Substance abuse disorders in clinical practice* (2nd ed.). New York: W. W. Norton.

Senf, M. L. (1995). The revaluation of the feminine in psychoanalytic theory and practice. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 56*(3-B). University Microfilms International. 1686. AAM9522463. Ann Arbor, MI.

Serido, J., Almeida, D. M., & Wethington, E. (2004). Chronic stressors and daily hassles: Unique and interactive relationships with psychological distress. *Journal of Health and Social Behavior, 45*(1), 17–33.

Sex-change coverage to San Francisco workers. (2001, Feb. 28). *The New York Times*

Shaffer, H. J., & Simoneau, G. (2001). Reducing resistance and denial by exercising ambivalence during the treatment of addiction. *Journal of Substance Abuse Treatment (Special Issue), 20*(1), 99–105.

Shakespeare, W. *Macbeth.* (Act II, Scene iii). *The complete Pelican Shakespeare.* London: Penguin.

Shalev, A. Y., Peri, T., Canetti, L., & Schreiber, S. (1996). Predictors of PTSD in injured trauma survivors: A prospective study. *American Journal of Psychiatry, 153,* 219–225.

Shapiro, A. P. (2001). Nonpharmacological treatment of hypertension. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 697–708). Mahwah, NJ: Lawrence Erlbaum.

Shapiro, D. (1965). *Neurotic styles.* New York: Basic Books.

Shapiro, H. (1989). Crack: A briefing from the Institute for the Study of Drug Dependence, *Drug Link,* (Sept./Oct.), 8–11.

Shapiro, S., Newcomb, M., & Loeb, T. B. (1997). Fear of fat, disregulated-restrained eating, and body-esteem: Prevalence and gender differences among eight- to ten-year-old children. *Journal of Clinical Child Psychology, 26*(4), 358–365.

Shedler, J., & Block, J. (1990). Adolescent drug use and psychological health: A longitudinal inquiry. *American Psychologist, 45*(5), 612–630.

Sheehan, B., Bass, C., Briggs, R., & Jacoby, R. (2003). Somatization among older primary care attenders. *Psychological Medicine, 33*(5), 867–877.

Sheehan, D. V. (2001). Attaining remission in generalized anxiety disorder: Venlafaxine extended release comparative data. *Journal of Clinical Psychiatry, 62 Suppl 19*, 26–31.

Sheehan, S. (1982). *Is there no place on earth for me?* New York: Vintage.

Sheikh, J., Swales, P., Carlson, E., & Lindley, S. E. (2004). Aging and panic disorder: Phenomenology, comorbidity, and risk factors. *American Journal of Geriatric Psychiatry: Official Journal of the American Association for Geriatric Psychiatry, 12*(1), 102–109.

Shekhar, A., Katner, J. S., Sajdyk, T. J., & Kohl, R. R. (2002). Role of norepinephrine in the dorsomedial hypothalamic panic response: An in vivo microdialysis study. *Pharmacology, Biochemistry & Behavior, 71,* 493–500.

Shen, W. W. (1999). A history of antipsychotic drug development. *Comprehensive Psychiatry, 40*(6), 407–414.

Shengold, L. (1989). *Soul murder: The effects of childhood abuse and deprivation.* New Haven, CT: Yale University Press.

Shenton, M., Dickey, C., Frumin, M., & McCarley, R. (2001). A review of MRI findings in schizophrenia. *Schizophrenia Research, 49,* 1–52.

Sherman, D. K., McGue, M. K., & Iacono, W. G. (1997). Twin concordance for attention deficit hyperactivity disorder: A comparison of teachers' and mothers' reports. *American Journal of Psychiatry, 154,* 532–535.

Shevrin, Bond, J. A., Brakel, L. A. W., Hertel, R. K., et al. (1996). Conscious and unconscious processes: Psychodynamic, cognitive, and neurophysiological convergences. New York: Guilford Press.

Shevrin, H., Ghannam, J., & Liber, B. (2002). A neural correlate of consciousness related to repression. *Consciousness and Cognition, 11,* 334–341.

Shewan, D., Hammersley, R., Oliver, J., & MacPherson, S. (2000). Fatal drug overdose after liberation from prison: A retrospective study of female ex-prisoners from Strathclyde region (Scotland). *Addiction Research, 8*(3), 267–278.

Shisslak, C. M., Crago, M., & Estes, L. S. (1995). The spectrum of eating disorders. *International Journal of Eating Disorders, 18,* 209–219.

Showalter, E. (1997). *Hystories.* New York: Columbia University Press.

Sibille, E., Pavlides, C., Benke, D., & Toth, M. (2000). Genetic inactivation of the serotonin$_{1A}$ receptor in mice results in downregulation of major GABA$_A$ receptor alphasubunits, reduction of GABA$_A$ receptor binding, and benzodiazepine-resistant anxiety. *Journal of Neuroscience, 20,* 2758–2765.

Sieg, K. G., Gaffney, G. R., Preston, D. F., & Hellings, J. A. (1995). SPECT brain inaging abnormalities in attention deficit hyperactivity disorder. *Clinical Nuclear Medicine, 20,* 55–60.

Siegman, A. W., Townsend, S. T., Civelek, A. C., & Blumenthal, R. S. (2000). Antagonistic behavior, dominance, hostility, and coronary heart disease. *Psychosomatic Medicine, 62,* 248–257.

Sierra, M., Baker, D., Medford, N., Lawrence, E., et al. (2006). Lamotrigine as an add-on treatment for depersonalization disorder: A retrospective study of 32 cases. *Clinical Neuropharmacology, 29*(5), 253–258.

Sierra, M., Senior, C., Mc Donough, M., Bud, A., et al. (2002). Autonomic response in depersonalization disorder. Archives of General Psychiatry *59*(9), 833–838.

Siever, M. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology, 62*(2), 252–260.

Siever, L. J., & Davis, K. L. (2004). The pathophysiology of schizophrenia disorders: Perspectives from the spectrum. *American Journal of Psychiatry, 161*(3), 398–413.

Siever, L. J. (1995). Brain structure/function and the dopamine system in schizotypal personality disorder. In A. Raine, T. Lencz, & S. A. Mednick (Eds.), *Schizotypal personality* (pp. 272–286). New York: Cambridge University Press.

Sigmon, S. T., Dorhofer, D. M., Rohan, K. J., Hotovy, L. A., et al. (2000). Psychophysiological, somatic, and affective changes across the menstrual cycle in women with panic disorder. *Journal of Consulting and Clinical Psychology, 68*(3), 425–431.

Silberg, J., Rutter, M., Meyer, J., Maes, H., et al. (1996). Genetic and environmental influences on the covariation between hyperctivity and conduct disturbance in juvenile twins. *Journal of Child Psychology and Psychiatry, 37,* 803–816.

Silk, K. R. (1994). *Biological and neurobehavioral studies of borderline personality disorder.* Washington, DC: American Psychiatric Press.

Silove, D., & Manicavasagar, V. (2001). Early separation anxiety and its relationship to adult anxiety disorders. In M. W. Vasey & M. R. Dadds (Eds.), *The developmental psychopathology of anxiety* (pp. 459–480). New York: Oxford University Press.

Silver, A. A. (1994). Biology of specific (developmental) learning disabilities. In N. J. Ellsworth & C. Hedley, et al., (Eds), Literacy: A redefinition (pp. 187–210). Hillsdale, NJ: Lawrence Erlbaum.

Silver, H., Shlomo, N., Schwartz, M., & Hocherman, S. (2002). Impaired visuomotor function in schizophrenic patients compared with control subjects. *The Journal of Neuropsychiatry and Clinical Neurosciences, 14:* 72–76.

Silverman, I. W., & Ragusa, D. M. (1992). A short-term longitudinal study of the early development of self-regulation. *Journal of Abnormal Child Psychology, 20,* 415–435.

Silverman, K., Svikis, D., Robles, E., Stitzer, M., & Bigelow, G. (2001). A reinforcement based therapeutic workplace for the treatment of drug abuse: Six-month abtinence outcomes. *Experimental & Clinical Psychopharmacology, 9*(1), 14–23.

Silverman, W. K., & Ginsburg, G. S. (1998). Anxiety disorders. In T. H. Ollendick & M. Hersen (Eds.), *Handbook of Child Psychopathology* (pp. 239–268). New York: Plenum Press.

Silverman, W. K., & Nelles, W. B. (1990). Simple phobia in childhood. In M. Hersen & C. G. Last (Eds.), *Handbook of child and adult psychopathology: A longitudinal perspective* pp. 183–195. New York: Pergamon Press.

Silverstein, S. M., Hitzel, H., & Schenkel, L. (1998). Identifying and addressing cognitive barriers to rehabilitation readiness. *Psychiatric Services, 49*(1), 34–36.

Silverstein, S. M., Menditto, A. A., & Stuve, P. (2001). Shaping attention span: An operant conditioning procedure to improve neurocognition and functioning in schizophrenia. *Schizophrenia Bulletin (Special Issue), 27*(2), 247–257.

Simeon, D. (2004). Depersonalisation disorder: A contemporary overview. *CNS Drugs, 18*(6), 343–354.

Simons, J., & Carey, M. (2001). Prevalence of sexual dysfunctions: Results from a decade of research. *Archives of Sexual Behavior, 30*(2), 177–219.

Simpson, D., & Miller, L. (2004). *Unexpected Gains: Psychotherapy with People with Learning Disabilities.* London: Karnac Books.

Singh, N. N., Oswald, D. P., & Ellis, C. R. (1998). Mental retardation. In T. H. Ollendick & M. Hersen (Eds.), *Handbook of child psychopathology* (pp. 91–116). New York: Plenum Press.

Sintchak, G., & Geer, J. H. (1975). A vaginal plethysmograph system. *Psychophysiology, 12*(1), 113–115.

Siris, S. G. (2001). Depression in the course of schizophrenia. *Schizophrenia and comorbid conditions: Diagnosis and treatment.* Washington, DC: American Psychiatric Press.

Siris, S. G. (2001). Suicide and schizophrenia. *Journal of Psychopharmacology (Special Issue) 15*(2), 127–135.

Sizemore, G. M., Co, C., & Smith, J. E. (2000). Ventral pallidal extracellular fluid levels of dopamine, serotonin, gamma amino butyric acid, and glutamate during cocaine self-administration in rats. *Psychopharmacology, 150*(4), 391–398.

Skeels, H. M. (1966). Adult status of children with contrasting early life experiences. *Monographs of the Society for Research in Child Development, 31,* Serial No. 105.

Skeem, J. L., Mulvey, E. P., Lidz, C., Gardner, W., & Schubert, C. (2002). Identifying Psychiatric Patients at Risk for Repeated Involvement in Violence: The Next Step toward Intensive Community Treatment Programs. *International Journal of Forensic Mental Health, 1*, 155–170.

Skinner, B. F. (1953). *Science and human behavior.* New York: Free Press.

Skjerve, A., Bjorvatn, B., & Holten, F. (2004). Light therapy for behavioural and psychological symptoms of dementia. *International Journal of Geriatric Psychiatry, 19*(6), 516–522.

Skolnik, M. E. (2000). Postmodernism in practice: Implications of the disease model of alcoholism. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 61*(5-B), 2782. Ann Arbor, MI: University Microfilms International.

Slade, J. (1999). Nicotine. In B. S. McCrady (Ed.). *Addictions: A comprehensive guidebook* (pp. 162–170). New York: Oxford University Press.

Slavney, P. R., & Chase, G. A. (1985) Clinical judgments of self-dramatisation. A test of the sexist hypothesis. *British Journal of Psychiatry, 146,* 129–141.

Sloan, J. W., & Wala, E. P. (1998). Pharmacology of sedatives, hypnotics, and anxiolytics. In R. E. Tarter (Ed.), *Handbook of substance abuse: Neurobehavioral pharmacology* (pp. 395–433). New York: Plenum Press.

Sloman, L. (1998). *Reefer madness: The history of marijuana in America.* New York: St. Martin's Press/Griffin.

Smith, C. (1992). *Lenny, Lefty and the chancellor: The Len Bias tragedy and the search for reform.* Baltimore: Bancroft Press.

Smith, E. (1997, Nov. 24). Bodybuilders face "flip side" of anorexia. *USA Today,* A1–A2.

Smith, L. C., Friedman, S., & C. Paradis (2002). Panic disorder with agoraphobia: Women's issues. In F. Lewis–Hall, T. S. Williams, J. A. Panetta, & J. M. Herrera (Eds.), *Psychiatric illness in women: Emerging treatments and research* (pp. 31–55). Washington, DC: American Psychiatric Publishing.

Smith, M., Glass, G., & Miller, T. (1980). *The benefits of psychotherapy.* Baltimore: Johns Hopkins University Press.

Smith, S. (2004). Drugs that cause sexual dysfunction. *Sexual Disorders and Psychosexual Therapy, 3*, 20–23.

Smith, S. L. (1995). *Peyote and magic mushrooms.* New York: Rosen Publishing Group.

Smith, T. E., Bellack, A. S., & Liberman, R. P. (1996). Social skills training for schizophrenia: Review and future directions. *Clinical Psychology Review, 16*(7), 599–617.

Smock, T. (1999). *Physiological Psychology: A neuroscience approach.* Upper Saddle River, NJ: Prentice Hall.

Smolak, L., & Murnen, K. (2002). A meta-analytic examination of the relationship between child sexual abuse and eating disorders. *International Journal of Eating Disorders, 31*(2), 136–150.

Snyder, L. (1999). *Speaking our minds: Personal reflections from individual's with Alzheimer's.* New York: W. H. Freeman.

Soares, J. C., & Innes, R. B. (2000). Brain imaging findings in bipolar disorder. In J. C. Soares & S. Gershon (Eds.), *Bipolar disorders: Basic mechanisms and therapeutic implications* (pp. 227–252). New York: Marcel Dekker.

Sobell, M. B., & Sobell, L. C. (1984). The aftermath of heresay: A response to Penderay et al.'s (1982) critique of "Individualized Behavior Therapy for Alcoholics." *Behavior Research and Therapy, 22*(4), 413–440.

Sokol, R. J., Delaney-Black, V., & Nordstrom, B., (2003). Fetal alcohol spectrum disorder. *Journal of the American Medical Association, 290*(22), 2996–3000.

Sokolow, J. (1983). *Eros and modernization: Sylvester Graham, health reform, and the origins of Victorian sexuality in America.* Rutherford, NJ: Fairleigh Dickinson University Press.

Solanto, M. V., Arnsten, A. F. T., & Castellanos, F. X. (Eds.). (2001). *Stimulant drugs and ADHD: Basic and clinical neuroscience.* New York: Oxford University Press.

Solberg et. al. (2005). Follow-up and follow-through of depressed patients in primary care: Critical missing components of quality care. *Journal of the American Board of Family Practice, 18*(6), 520–527.

Soloff, P. H., Lynch, K. G., & Kelly, T. M. (2002). Childhood abuse as a risk factor for suicidal behavior in borderline personality disorder. *Journal of Personality Disorders, 16*(3), 201–214.

Soloman, A. (1998, January 12). Anatomy of melancholy. *The New Yorker,* 46–61.

Solomon, R. (1980). The opponent process theory of acquired motivation: The costs of pleasure and the benfits of pain. *American Psychologist, 35*, 691–712.

Somaini, B., Wang, J., Perozo, M., Kuhn, F., et al. (2000). A continuing concern: HIV and hepatitis testing and prevalence among drug users in substitution programmes in Zurich, Switzerland. *AIDS Care, 12*(4), 449–460.

Sondergard, L., Kvist, K., Andersen, P. K., & Kessing, L. V. (2006). Do antidepressants precipitate youth suicide? A nationwide pharmacoepidemiological study. *European Child & Adolescent Psychiatry, 15,* 232–240.

Sorbi, M. J., Maassen, G. H., & Spierings, E. L. H. (1996). A time series analysis of daily hassles and mood changes in the 3 days before the migraine attack. *Behavioral Medicine, 22,* 102–113.

Southwick, S. M., Bremner, J. D., Rasmussen, A., Morgan, C. A., et al. (1999). Role of norepinephrine in the pathophysiology and treatment of posttraumatic stress disorder. *Biological Psychiatry, 46*(9), 1192–1204.

Southwick, S. M., Krystal, J. H., Morgan, C. A., Johnson, D., et al. (1993). Abnormal noradrenergic function in posttraumatic stress disorder. *Archives of General Psychiatry, 50,* 266–274.

Spalding, T. W., Lyon, L. A., Steel, D. H., & Hatfield, B. D. (2004). Aerobic exercise training and cardiovascular reactivity to psychological stress in sedentary young normotensive men and women. *Psychophysiology, 41*(4), 552–562.

Spanos, N. P. (1994). Multiple identity enactments and multiple personality disorder: A sociocognitive perspective. *Psychological Bulletin, 116,* 143–165.

Spanos, N. P., Weekes, J. R., Menary, E., & Bertrand, L. D. (1986). Hypnotic interview and age regression procedures in the elicitation of multiple personality symptoms. *Psychiatry, 49,* 298–311.

Spaulding, W. D., Johnson, D. L., & Coursey, R. D. (2001). Combined treatments and rehabilitation of schizophrenia. In *Combined treatment for mental disorders: A guide to psychological and pharmacological interventions* (pp. 161–190). Washington, DC: American Psychological Association.

Spector, I., Sandra, R., Carey, M., & Rosen, R. (1993). Diabetes and female sexual function: A critical review. *Annals of Behavioral Medicine, 15*(4), 257–264.

Sperry, L. (1999). *Cognitive-behavior therapy of DSM-IV personality disorders.* Philadelphia: Brunner/Mazel.

Sperry, L. (Ed.). (2001). *Integrative and biopsychosocial therapy: Maximizing treatment outcomes with individuals and couples* (pp. xiv, 110). Alexandria, VA: American Counseling Association.

Spiegel, A. (2005). The dictionary of disorder. *The New Yorker Magazine*, January 3, 2005.

Spiegel, D., & Cardena, E. (1991). Disintegrated experience: The dissociative disorders revisited. *Journal of Abnormal Psychology, 100,* 366–378.

Spitz, R. A. (1965). *The first year of life.* New York: International Universities Press.

Spitzberg, B. H. (1999). An analysis of empirical estimates of sexual aggression victimization and perpetration. *Violence & Victims, 14* (3), 241–260.

Spitzer, C., Klauer, T., Grabe, H., Lucht, M., et al. (2003). Gender differences in dissociation: A dimensional approach. *Psychopathology, 36*(2), 65–70.

Spitzer, R. (2001). Values and assumptions in the development of DSM-III and DSM-III-R: An insider's perspective and a belated response to Sadler, Hulgus, and Agich's "On Values in Recent American Psychiatric Classification." *Journal of Nervous and Mental Disease*, *189*(6), 351–359.

Spitzer, R. L. (1975). On pseudoscience in science, logic in remission and psychiatric diagnosis. *Journal of Abnormal Psychology, 8*(5), 442–452.

Spitzer, R. L. (1999). Harmful dysfunction and the DSM definition of mental disorder. *Journal of Abnormal Psychology, 108*(3), 430–432.

Spitzer, R. L., Forman, J. B., & Nee, J. (1979). DSM-III field trials. I: Initial interrater reliability. *American Journal of Psychiatry, 136*(6), 815–817.

Spitzer, R. L., Williams, J. B., & Skodol, A. E. (1980). DSM-III: The major achievements and an overview. *American Journal of Psychiatry, 137*(2), 151–164.

Sprich, S., Biederman, J., Crawford, M. H., Mundy, E., et al. (2000). Adoptive and biological families of children and adolescents with ADHD. *Journal of the American Academy of Child & Adolescent Psychiatry, 39*(11), 1432–1437.

Srisurapanont, M. (2005). Opioid antagonists for alcohol dependence (Review). *Cochrane Database of Systematic Reviews*, Issue 1.

Stafford, J., & Lynn, J. (2002). Cultural scripts, memories of childhood abuse, and multiple identities: A study of role-played enactments. *International Journal of Clinical and Experimental Hypnosis, 50*(1), 67–85.

Stahl, S. (2001). Sex and psychopharmacology: Is natural estrogen a psychotropic drug in women? *Archives of General Psychiatry, 58*(6), 537–538.

Stahl, S. M. (1997). Serotonin: It's possible to have too much of a good thing. *Journal of Clinical Psychiatry, 58*(12), 520–521.

Stain-Malmgren, R., El Khoury, A., Aberg-Wistedt, A., & Tham, A. (2001). Serotonergic function in major depression and effect of sertraline and paroxetine treatment. *International Clinical Psychopharmacology (Special Issue), 16*(2), 93–101.

Stanley, J., Pettegrew, J., & Keshavan, M. (2000). Magnetic resonance spectroscopy in schizophrenia: Methodological issues and findings—Part I. *Biological Psychiatry, 48,* 357–368.

Starcevic, V. (2005). *Anxiety disorders in adults: A clinical guide.* New York: Oxford University Press.

State, M. W., King, B. H., & Dykens, E. (1997). Mental retardation: A review of the past 10 years. Part II. *Journal of the American Academy of Child and Adolescent Psychology, 15,* 91–113.

Stathopoulou, G., Powers, M. B., Berry, A. C., Smits, J. A. J., et al. (2006). Exercise interventions for mental health: A quantitative and qualitative review. *Clinical Psychology: Science and Practice, 13*(2), 179–193.

Steele, C. T. (2000). Providing clinical treatment to substance abusing trauma survivors. *Alcoholism Treatment Quarterly, 18*(3), 71–81.

Steele, K. (2001). *The day the voices stopped: A schizophrenic's journey from madness to hope.* New York: Basic Books.

Stefanis, C. N., & Stefanis, N. C. (1999). Diagnosis of depressive disorders: A review. In M. Maj & N. Sartoris (Eds.), *Depressive disorders* (pp. 1–51). New York: John Wiley & Sons.

Stefano, G. B., & Esch, T. (2005). Integrative medical therapy: Examination of meditation's therapeutic and global medicinal outcomes via nitric oxide (review). *International Journal of Molecular Medicine, 16*(4), 621–630.

Stein, M., Lang, A., Laffaye, C., Satz, L., et al. (2004). Relationship of sexual assault history to somatic symptoms and health anxiety in women. *General Hospital Psychiatry, 26*(3), 178–183.

Steinglass, P. (1987). A systems view of family interaction and psychopathology. In T. Jacob (Ed.), *Family interaction and psychopathology.* New York: Plenum Press.

Stephens, R. S. (1999). Cannabis and hallucinogens. *Addictions: A comprehensive guidebook* (pp. 121–140). New York: Oxford University Press.

Steptoe, A., & Feldman, P. J. (2001). Neighborhood problems as sources of chronic stress: Development of a measure of neighborhood problems, and associations with socioeconomic status and health. *Annals of Behavioral Medicine, 23,* 177–185.

Steptoe, A., Wardle, J., Lipsey, Z., Mills, R., et al. (1998). A longitudinal study of work load and variations in psychological well-being, cortisol, smoking, and alcohol consumption. *Annals of Behavioral Medicine, 20,* 84–91.

Steriade, M., & McCarley, R. W. (1990). *Brainstem control of wakefulness and sleep.* New York: Plenum Press.

Stern, S. L., Dixon, K. N., Jones, D., Lake, M., et al. (1989). Family environment in anorexia nervosa and bulimia. *International Journal of Eating Disorders, 8,* 25–31.

Sternberg, R. (2006). Evidence-based practice: Gold Standard, gold plated, or fool's gold. In C. Goodheart, A. Kazdin, & R. Sternberg (Eds.), *Evidence-based Psychotherapy: Where practice and research meet.* Washington, D. C.: American Psychological Association, 261–272.

Stevenson, J., & Meares, R., (1999). Psychotherapy with borderline patients: 2. A preliminary cost benefit study. *Australian and New Zealand Journal of Psychiatry, 33,* 473–477.

Stiles, W. (2003, Spring). When is a case study scientific research? *The Psychotherapy Bulletin,* 6–11.

Stiles, W., Shapiro, D., & Elliott, R. (1986). Are all psychotherapies equivalent? *American Psychologist, 41,* 165–180.

Stokes, P. E., & Sikes, C. R. (1988). The hypothalamic-pituitary-adrenocortical axis in major depression. *Endorcrinology and Metabolism Clinics of North America, 17,* 1–19.

Stoller, R. (1971). The term "transvestism." *Archives of General Psychiatry, 24*(3), 230–237.

Stoller, R. (1975). *Perversion: The erotic form of hatred*. New York: Pantheon Books.

Stoller, R. (1979). A contribution to the study of gender identity: Follow-up. *International Journal of Psycho-Analysis, 60*(4), 433–441.

Stoller, R. (1980). Problems with the term "homosexuality." *Hillside Journal of Clinical Psychiatry, 2*(1), 3–25.

Stoller, R. (1985). *Observing the erotic imagination.* New Haven, CT: Yale University Press.

Stoller, R. (1987). Perversion and the desire to harm, *Theories of the unconscious and theories of the self* (pp. 221–234). Hillsdale, NJ: Analytic Press.

Stoller, R. (1989). Consensual sadomasochistic perversions. In *The psychoanalytic core: Essays in honor of Leo Rangell, M. D.* (pp. 265–282). Madison, CT: International Universities Press.

Stone, J., Merriman, B., Cantor, R., Yonan, A., et al. (2004). Evidence for sex-specific risk alleles in autism spectrum disorder. *American Journal of Human Genetics, 75*(6), 1117–1123.

Stone, M. H. (2006). *Personality-Disordered Patients: Treatable and Untreatable.* Washington, DC: American Psychiatric Publishing.

Stoppard, J. M. (2000). *Understanding depression: Feminist social constructionist approaches.* New York: Routledge.

Stoyva, J. M., & Budzynski, T. H. (1993). Biofeedback methods in the treatment of anxiety and stress disorder. In P. M. Lehrer & R. L. Woolfolk (Eds.), *Principles and practices of stress management* (2nd ed.). New York: Guilford Press.

Strassman, R. J. (1988). Living high: Daily marijuana use among adults. *American Journal of Psychiatry, 145,* 1467–1468.

Strassman, R. J. (1995). Hallucinogenic drugs in psychiatric research and treatment. Perspectives and prospects. *Journal of Nervous & Mental Disease, 183*(3), 127–138.

Straus, M., & Donnelly, D. (1994). *Beating the devil out of them: Corporal punishment in American families.* New York: Lexington Books/Macmillan.

Streissguth, A. P., Bookstein, F. L., Sampson, P. D., & Barr, H. M. (1995). Attention: Prenatal alcohol and continuities of vigilance and attentional problems from 4 through 14 years. *Development & Psychopathology, 7,* 419–446.

Stricker, G., & Trierweiler, S. J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist, 50*(12), 995–1002.

Striegel-Moore, R. H., & Franko, L. (2003). Epidemiology of binge eating disorder. *International Journal of Eating Disorders, 34*(Suppl), S19–S29.

Strohle, A., Feller, C., Strasburger, C. J., Heinz, A., & Dimeo, F. (2006). Anxiety modulation by the heart? Aerobic exercise and atrial natriuretic peptide. *Psychoneuroendocrinology, 31*(9), 1127–1130.

Stromme, P., & Magnus, P. (2000). Correlations between socioeconomic status, IQ and aetiology in mental retardation: A population-based study of Norwegian children. *Social Psychiatry & Psychiatric Epidemiology, 35,* 12–18.

Stromwall, L. K. (1997). Gender differences in the social roles of parent and partner: The case of women and men with schizophrenic disorders. *Dissertation Abstracts International Section A: Humanities & Social Sciences, 58*(1-A). Ann Arbor, MI: University Microfilms International.

Stroop, J. R. (1935). Studies of interference in serial verbal reactions. *Journal of Experimental Psychology, 18,* 643–662.

Strupp, H. (1995). The psychotherapist's skill revisited. *Clinical Psychology: Science and Practice, 2,* 70–74.

Stuart, S., Pfohl, B., Battaglia, M., Bellodi, L., et al. (1998). The cooccurrence of DSM-III-R personality disorders. *Journal of Personality Disorders, 12,* 302–315.

Stucke, T. S. (2003). Who's to blame? Narcissism and self-serving attributions following feedback. *European Journal of Personality, 17,* 465–478.

Sturup, G. K. (1972). Castration: The total treatment. In H. L. P. Resnik, & M. E. Wofgang (Eds.), *Sexual behavior: Social, clinical, and legal aspects* (pp. 361–382). Boston: Little, Brown.

Suar, D., Mandal, M. K., & Khuntia, R. (2002). Supercyclone in Orissa: An assessment of psychological status of survivors. *Journal of Traumatic Stress, 15*(4), 313–319.

Sudngot-Borgen, J., Skarderud, F., & Rodgers, S. (2003). Athletes and dancers. In J. Treasure, U. Schmidt, & E. Van Furth (Eds.), *Handbook of Eating Disorders, 2e* (pp. 386–400). Hoboken, NJ: John Wiley & Sons.

Sullivan, E. V., Shear, P. K., Lim, K. O., Zipursky, R. B., et al. (1996). Cognitive and motor impairments are relate to gray matter volume deficits in schizophrenia. *Biological Psychiatry, 39,* 234–240.

Sullivan, H. S. (1953). *The interpersonal theory of psychiatry.* New York: W. W. Norton.

Sullivan, H. S. (1962). *Schizophrenia as a human process.* New York: Norton.

Sundgot-Borgen, J. (1994). Risk and trigger factors for the development of eating disorders in female elite athletes. *Medicine and Science in Sports and Exercise, 26,* 414–419.

Sundquist, J., Li, X., Johansson, S., & Sundquist, K. (2005). Depression as a predictor of hospitalization due to coronary heart disease. *American Journal of Preventive Medicine, 29*(5), 428–433.

Suppe, F. (1984). Classifying sexual disorders: The Diagnostic and Statistical Manual of the American Psychiatric Association. *Journal of Homosexuality (Special Issue: Bisexual and Homosexual Identities: Critical Clinical Issues), 9*(4), 9–28.

Suryani, L. K. (1984). Culture and mental disorder: The case of the bebainan in Bali. *Cultural Medical Psychiatry, 8,* 95–113.

Sussman, L., & Smith, M. (1992). Working with adult children of alcoholics. *HR Magazine 37,* 68–70.

Sutker, P., & Adams, H. (Eds.). (2001). *Comprehensive handbook of psychopathology* (3rd ed.). New York: Kluwer Academic/Plenum Publishers.

Suzuki, L. A., & Valencia, R. R. (1997). Race-ethnicity and measured intelligence: Educational implications. *American Psychologist, 52*(10), 1103–1114.

Svartberg, M., Stiles, T. C., & Seltzer, M. H. (2004). Randomized, controlled trial of the effectiveness of short-term dynamic psychotherapy and cognitive therapy for cluster C personality disorders. *American Journal of Psychiatry, 161*(5), 810–817.

Svedberg, B., Mesterton, A., & Cullberg, J. (2001). First-episode nonaffective psychosis in a total urban population: A 5-year follow-up. *Social Psychiatry & Psychiatric Epidemiology, 36*(7), 332–337.

Svensson, T. J. (2000). Dysfunctional brain dopamine systems induced by psychotomimetic NMDA-receptor antagonists and the effects of antipsychotic drugs. *Brain Research Reviews (Special Issue Nobel Symposium 111: Schizophrenia: Pathophysiological Mechanisms), 31*(2–3), 320–329.

Swan, D. C., & Perez, B. (2000). Peyote religious art [Book review]. Symbols of faith and belief. *American Indian Culture and Research Journal, 24*(1), 248–250.

Swanson, H. L. (2000). Searching for the best cognitive model for instructing students with learning disabilities: A component and composite analysis. *Educational and Child Psychology, 17,* 101–121.

Swanson, H. L., & Hoskyn, M. (1998). Experimental intervention research on students with learning disabilities: A meta-analysis of treatment outcomes. *Review of Educational Research, 68,* 277–321.

Swartz, M., Blazer, D., George, L., & Winfield, I. (1990). Estimating the prevalence of borderline personality disorder in the community. *Journal of Personality Disorders, 4,* 257–272.

Swedo, S. E., & Grant, J. (2005). Annotation: PANDAS: A model for human autoimmune disease. *Journal of Child Psychology and Psychiatry, 46*(3), 227–234.

Swedo, S., Leonard, H., Garvey, M., Mittleman, B., et al. (1998). Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections: Clinical description of the first 50 cases. *American Journal of Psychiatry, 155*(2), 264–271.

Swedo, S. E. & Snider, L. A. (2004). The neurobiology and treatment of obsessive-compulsive disorder. In D. S. Charney & E. J. Nestler (Eds.), *Neurobiology of Mental Illness* (pp. 628–638). New York: Oxford University Press.

Sweeney, J. A., Luna, B., Srinivasagam, N. M., Keshavan, M. S., et al. (1998). Eye tracking abnormalities in schizophrenia: Evidence for dysfunction in the frontal eye fields. *Biological Psychiatry, 44*(8), 698–708.

Swerdlow, N. R., Braff, D. L., Taaid, N., & Geyer, M. A. (1994). Assessing the validity of an animal model of deficient sensorimotor gating in schizophrenic patients. *Archives of General Psychiatry, 51*(2), 139–154.

Swift, W. J., & Stern, S. (1982). The psychodynamic diversity of anorexia nervosa. *International Journal of Eating Disorders, 2,* 17–35.

Switzer, C. (1967). *The political, philosophical, and religious thought of Dr. Benjamin Rush.* [Unpublished dissertation]. East Lansing, MI: Michigan State University.

Szasz, T. S. (1960). The myth of mental illness. *American Psychologist, 15,* 113–118.

Szasz, T. S. (1973). *The age of madness: The history of involuntary mental hospitalization presented in selected texts.* Garden City, NY: Anchor.

Szasz, T. S. (1975). Medical metaphorology. *American Psychologist, 30*(8), 859–861.

Szasz, T. S. (1975). Medicine and madness. *Journal of Psychiatry and the Law, 3*(2), 215–222.

Szasz, T. S. (1994). *Cruel compassion: Psychiatric control of society's unwanted.* New York: John Wiley & Sons.

Szasz, T. S., Reiman, J., & Chambliss, W. J. (1995). Constructing difference: Social deviance. In J. S. Fleisher (Ed.), *Sociology: Exploring the architecture of everyday life: Readings.* Thousand Oaks, CA: Pine Forge Press/Sage Publications Co.

Szatmari, P., MacLean, J. E., Jones, M. B., Bryson, S. E., et al. (2000). The familial aggregation of the lesser variant in biological and nonbiological relatives of PDD probands: A family history study. *Journal of Child Psychology and Psychiatry, 41*(5), 579–586.

Szmukler, G. I., & Patton, G. (1995). Sociocultural models of eating disorders. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 197–220). New York: John Wiley & Sons.

Szuchman, L., & Muscarella, F. (2000). *Psychological perspectives on human sexuality.* New York: John Wiley & Sons.

T

Taber, K. H., Lewis, D. A., & Hurley, R. A. (2001). Schizophrenia: What's under the microscope? *Journal of Neuropsychiatry & Clinical Neurosciences, 13*(1), 1–4.

Tacon, A. M., McComb, J., Caldera, Y., & Randolph, P. (2003). Mindfulness meditation, anxiety reduction, and heart disease: A pilot study. *Family & Community Health, 26*(1), 25–33.

Tager-Flüsberg, H., Paul, R., & Lord, C. (2005). Language and communication in autism. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of Autism and Pervasive Developmental Disorders, Volume 1* (3rd ed., pp. 335–364). Hoboken, NJ: John Wiley & Sons.

Tanner, C. M., Ottman, R., Goldman, S. M., Ellenberg, J., et al. (1999). Parkinson disease in twins: an etiologic study. *Journal of the American Medical Association, 281*(4), 341–346.

Tarter, R. E., Ammerman, R. T., & Ott, P. J. (Eds.). (1998). *Handbook of substance abuse: Neurobehavioral pharmacology.* New York: Plenum Press.

Tarter, R. E., Jones, B. M., Simpson, C. D., & Vega, A. (1971). Effects of task complexity and practice on performance during acute alcohol intoxication. *Perceptual & Motor Skills, 33*(1), 307–318.

Tarter, R. E., Templer, D. I., & Hardy, C. (1975). *Reliability of the psychiatric diagnosis. Diseases of the Nervous System, 36*(1), 30–31.

Tattan, T. M. G., & Creed, F. H. (2001). Negative symptoms of schizophrenia and compliance with medication. *Schizophrenia Bulletin, 27*(1), 149–155.

Taylor, D., & Warner, R. (1994). Does substance use precipitate the onset of functional psychosis? *Social Work & Social Sciences Review, 5*(1), 64–75.

Taylor, E. (1996). Psychedelics: the second coming. *Psychology Today, 29,* 56–59.

Taylor, J. R., & Jentsch, J. D. (2001). Repeated intermittent administration of psychomotor stimulant drugs alters the acquisition of Pavlovian approach behavior in rats: Differential effects of cocaine, d-amphetamine and 3, 4-methylenedioxymethamphetamine ("ecstasy"). *Biological Psychiatry (Special Issue), 50*(2), 137–143.

Taylor, S. (1995). *Health psychology* (3rd ed.). New York: McGraw-Hill.

Tcheremissine, O. V., & Lieving, M. (2006). Pharmacological aspects of the treatment of conduct disorder in children and adolescents. *CNS Drugs, 20*(7), 549–565.

Teasdale, J. (2006). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology, 68* (4)*,* 615–623.

Teesson, M., Hodder, T., & Buhrich, N. (2000). Substance use disorders among homeless people in inner Sydney. *Social Psychiatry & Psychiatric Epidemiology, 35*(10), 451–456.

Teixeria, M. A. (1992). Psychoanalytic theory and therapy in the treatment of manic-depressive disorders. *Psychoanalysis & Psychotherapy, 10,* 162–177.

Tekell, J. L. (2001). Management of pregnancy in the schizophrenic woman. In *Management of psychiatric disorders in pregnancy* (pp. 188–212). New York: Oxford University Press.

Teresi, J. A., Holmes, D., Ramirez, M., Gurland, B. J., et al. (2001). Performance of cognitive tests among different racial/ethnic and education groups: Findings of differential item functioning and possible item bias. *Journal of Mental Health & Aging, 7,* 79–89.

Terman, L. M. (1916). *The measurement of intelligence.* Boston: Houghton-Mifflin.

Terr, L. C. (1983). Chowchilla revisited: The effects of psychic trauma four years after a school-bus kidnapping. *American Journal of Psychiatry, 140*(12), 1543–1550.

Terr, L. C. (1990). *Too scared to cry: Psychic trauma in childhood.* Grand Rapids, MI: Harper & Row Publishers, Inc.

Terr, L. C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry, 148*(1), 10–20.

Terr, L. C., Bloch, D. A., Michel, B. A., Shi, H., et al. (1999). Children's symptoms in the wake of *Challenger:* A field study of distant-traumatic effects and an outline of related conditions. *American Journal of Psychiatry, 156*(10), 1536–1544.

Terracciano, A., Costa, P. T., & McCrae, R. R. (2006). Personality plasticity after age 30. *Personality and Social Psychology Bulletin, 32*(8), 999–1009.

Thame, M. (2005). Bipolar depression: Issues in diagnosis and treatment. *Harvard Review of Psychiatry, 13*(5), 257–271.

Thase, M. E., & Howland, R. H. (1995). Biochemical processes in depression: An updated review and integration. In E. E. Beckham & W. R. Leber (Eds.), *Handbook of depression* (2nd ed., pp. 213–279). New York: Guilford Press.

Thiblin, I., Kristiansson, M., & Rajs, J. (1997). Anabolic androgenic steroids and behavioural patterns among violent offenders. *Journal of Forensic Psychiatry, 8*(2), 299–310.

Thomas, A., Chess, S., & Birch, H. (1970). *Temperament and behavior disorders in children.* New York: New York University Press.

Thomas, P. (1997). *The dialectics of schizophrenia.* London: Free Association Books.

Thombs, D. L. (1999). *Introduction to addictive behaviors* (2nd ed.). New York: Guilford Press.

Thompson, D., Hylan, T., McMullen, W., Romeis, M., et al. (1998). Predictors and effects of a medical offset effect among patients receiving antidepressant therapy. *American Journal of Psychiatry, 155,* 824–827.

Thompson, J. K., Heinberg, L. J., Altable, M., & Tantleff-Dunn, S. (1999). Feminist perspectives. In *Exacting beauty: Theory, assessment, and treatment of body image disturbances.* Washington, DC: American Psychological Association.

Thompson, W., Gottesman, I., & Zalewski, C. (2006). Reconciling disparate prevalence rates of PTSD in large samples of US male Vietnam veterans and their controls. *BMC Psychiatry* [electronic resource], *6,* 19.

Thorndike, R. L., Hagen, E. P., & Sattler, J. M. (1986). *Guide for administering and scoring the fourth edition Stanford-Binet Intelligence Scale.* Chicago: Riverside.

Tienari, P., Wynne, L. C., Moring, J., Lahti, I., et al. (1994). The Finnish adoptive family study of schizophrenia: Implications for family research. *British Journal of Psychiatry, 164* (23), S20–S26.

Tienari, P., Wynne, L. C., Sorri, A., Lahti, I., Laksy, K., et al. (2004). Genotype–environment interaction in schizophrenia-spectrum disorder. *British Journal of Psychiatry, 184:* 216–222.

Tierney, M. C., Yao, C., Kiss, A., & McDowell, I. (2005). Neuropsychological tests accurate predict incident Alzheimer disease after 5 and 10 years. *Neurology, 64*(11), 1853–1859.

Tiihonen, J., Kuikka, J., Vinamaki, H., Lehtonen, J., et al. (1995). Altered cerebral blood flow during hysterical paraesthesia. *Biological Psychiatry, 37,* 134–135.

Tissot, S. (1817). *L'onanisme. Dissertation sur les maladies produites par la masturbation.* Paris: Avignon.

Tobin, D. L. (2000). *Coping strategies therapy for bulimia nervosa.* Washington, DC: American Psychological Press.

Tolan, P. H., Gorman-Smith, D., & Henry, D. B. (2003). The developmental ecology of urban males' youth violence. *Developmental Psychology, 39*(2), 274–291.

Tomaka, J., Thompson, S., & Palacios, R. (2006). The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of Aging and Health, 18*(3), 359–384.

Torgersen, S., Kringlen, E., & Cramer, V. (2001). The prevalence of personality disorders in a community sample. *Archives of General Psychiatry, 58,* 590–596.

Torrey, E. (1999). Epidemiological comparison of schizophrenia and bipolar disorder. *Scizophrenia Research, 39,* 101–106.

Torrey, E. F. (2001). *Surviving schizophrenia*. New York: Harper Collins.

Torrey, E. F., Miller, J., Rawlings, R., & Yolken, R. H. (1997). Seasonality of births in schizophrenia and bipolar disorder: A review of the literature. *Schizophrenia Research, 28*(1), 1–38.

Treasure, J., & Szmukler, G. (1995). Medical complications of anorexia nervosa. In G. Szmukler, C. Dare, & J. Treasure (Eds.), *Handbook of eating disorders: Theory, treatment and research* (pp. 197–220). New York: John Wiley & Sons.

Treiber, F., Kamarck, T., Schneiderman, N., Sheffield, D., et al. (2003). Cardiovascular reactivity and development of preclinical and clinical disease states. *Psychosomatic Medicine, 65*(1), 46–62.

Trevisan, M. S. (1996). Review of the Draw a Person: Screening procedure for emotional disturbance. *Measurement & Evaluation in Counseling & Development, 28*(4), 225–228.

Trierweiler, S. (2006). Training the next generation of psychologist-clinicians: Good judgment and methodological realism at the interface between science and practice. In C. Goodheart, A. Kazdin, & R. Sternberg (Eds.), *Evidence-based Psychotherapy: Where practice and research meet.* Washington, DC: American Psychological Association, 211–238.

Trierweiler, S. J., Neighbors, H. W., Munday, C., Thompson, E. E., et al. (2000). Clinician attributions associated with the diagnosis of schizophrenia in African American and non-African American patients. *Journal of Consulting & Clinical Psychology, 68*(1), 171–175.

Trumbetta, S. L., & Mueser, K. T. (2001). Social functioning and its relationship to cognitive deficits over the course of schizophrenia. In

Negative symptom and cognitive deficit treatment response in schizophrenia (pp. 33–67). Washington, DC: American Psychiatric Press.

Trzepacz, P. T., & Baker, R. W. (1993). *The psychiatric mental status examination.* New York: Oxford University Press.

Tseng, W. (2001). *Handbook of Cultural Psychiatry*. San Diego: Academic Press.

Tseng, W., Di, X., Ebata, K., Hsu, J., et al. (1986). Diagnostic pattern for neuroses in China, Japan and the United States. *American Journal of Psychiatry, 143*(8), 1010–1014.

Tseng, W. -S. (2001). *Handbook of cultural psychiatry.* San Diego, CA: Academic Press.

Tsuang, M. T., & Faraone, S. S. V. (1990). *The genetics of mood disorders.* Baltimore: Johns Hopkins University Press.

Tsuang, M. T., & Faraone, S. V. (2002). Diagnostic concepts and the prevention of schizophrenia. *The Canadian Journal of Psychiatry, 47:* 515–517.

Tsuang, M. T., Stone, W. S., & Faraone, S. V. (2000). Toward reformulating the diagnosis of schizophrenia. *American Journal of Psychiatry, 157*(7), 1041–1050.

Tsuang, M. T., Stone, W. S., & Faraone, S. V. (2001). Genes, environment, and schizophrenia. *British Journal of Psychiatry, 178*(40), S18–S24.

Tuiten, A., Van Honk, J., Koppeschaar, H., Bernaards, C., et al. (2000). Time course of effects of testosterone administration on sexual arousal in women. *Archives of General Psychiatry, 57*(2), 149–153.

Turnquist, K. (1993). Second-trimester markers of fetal size in schizophrenia. *American Journal of Psychiatry, 150*(10), 1571–1572.

Tylor, E. B. (1958). *Primitive culture.* New York: Harper.

U

Udechuku, A., Olven, J., Hollam, K., Bryth, F., & Leslie, M. (2005). Assertive community treatment of the mentally ill: Service model and effectiveness. *Psychiatric Services, 13*(2): 129–434.

Ullman, S. E., & Filipas, H. H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress, 14,* 369–389.

Ullrich, P. M., & Lutgendorf, S. K. (2002). Journaling about stressful events: Effects of cognitive processing and emotional expression. *Annals of Behavioral Medicine, 24*(3), 244–250.

Ulrich, R. F., & Patten, B. M. (1991). The rise, decline, and fall of LSD. *Perspectives in Biology & Medicine, 34*(4), 561–578.

Unis, A. S., & Rose, J. C. (1996). Psychotropic toxicity. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*(10), 1261–1262.

Upton, M. W. M., & Hoogkamer, R. A. (1994). The strength of the genetic effect: Is there room for an environmental influence in the aetiology of schizophrenia? [Comment]. *British Journal of Psychiatry, 165*(3), 409.

Urakubo, A., Jarskog, L. F., Lieberman, J. A., & Gilmore, J. H. (2001). Prenatal exposure to maternal infection alters cytokine expression in the placenta, amniotic fluid and fetal brain. *Schizophrenia Research, 47*(1), 27–36.

V

Vaillant, G. V. (1988). What can long-term follow up teach us about relapse and prevention of relapse in addiction? *British Journal of Addiction, 83*(10), 1147–1157.

Valenstein, E. (1980). Causes and treatments of mental disorders. In E. Valenstein (Ed.), *The psychsurgery debate: Scientific, legal & ethical perspectives.* San Francisco: W. H. Freeman & Co.

Valenstein, E. (1986). *Great and desperate cures: The rise and decline of psychosurgery and other radical treatments for mental illness.* New York: Basic Books.

Valenstein, E. S. (1998). *Blaming the brain: The truth about drugs and mental health.* New York: Free Press.

van den Brink, W., Coppell, M., & Van Ree, J. (2003). Management of opioid dependence. *Current Opinion in Psychiatry, 16*, 297–304.

Van Den Eeden, S., Tanner, C., Bernstein, A., Fross, R., Leimpeter, A., et al. (2003). Incidence of Parkinson's disease: Variation by age, gender, and race/ethnicity. *American Journal of Epidemiology, 157*(11), 1015–1022.

Van der Kolk, B. (2006). Clinical implications of neuroscience research in PTSD. *Annals of the New York Academy of Science: Psychobiology of Posttraumatic Stress Disorder—A Decade of Progress, 1071*, 277–293.

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

van Dixhoorn, J. (1998). Cardiorespiratory effects of breathing and relaxation instruction in myocardial infarction patients. *Biological Psychology, 49,* 123–135.

van Hanswijck de Jonge, P., van Furth, E. F., Lacey, J. H., & Waller, G. (2003). The prevalence of DSM-IV personality pathology among individuals with bulimia nervosa, binge eating disorder and obesity. *Psychological Medicine, 33*(7), 1311–1317.

Van Hoeken, D., Seidell, J., & Hoek, H. W. (2003). Epidemiology. In J. Treasure, U. Schmidt, & E. Van Furth (Eds.), *Handbook of Eating Disorders, 2e* (pp. 11–34). Hoboken, NJ: John Wiley & Sons.

van Manen, T. G., Prins, P. J. M., & Emmelkamp, P. M. G. (2004). Reducing aggressive behavior in boys with a social cognitive group treatment: Results of a randomized, controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*(12), 1478–1487.

Van Os, J., & McGuffin, P. (2003). Can the social environment cause schizophrenia? *British Journal of Psychiatry, 182:* 291–292.

Vance, A., Velakuolis, D., Maruff, P., Wood, S., et al. (2000). Magnetic resonance spectroscopy and schizophrenia: What have we learnt? *Australian and New Zealand Journal of Psychiatry, 34,* 14–25.

VandenBos, G. R., & Leon, P. H. (1988). The use of psychotherapy to improve physical health. *Psychotherapy, 25,* 335–343.

Veen, G., & Arntz, A. (2000). Multidimensional dichotomous thinking characterizes borderline personality disorder. *Cognitive Therapy and Research, 24*(1), 23–45.

Verhofstadt-Deneve, L. (2000). *Theory and practice of action and drama techniques: Developmental psychotherapy from an existential-dialectical viewpoint* (p. 352). Bristol, PA: Jessica Kingsley Publishers, Ltd.

Vermetten, E., & Bremner, D. (2002). Circuits and systems in stress I preclinical studies. *Depression and Anxiety, 15,* 126–147.

Vermetten, E., Schmahl, C., Lindner, S., Loewenstein, R. J., et al. (2006). Hippocampal and amygdalar volumes in dissociative identity disorder. *American Journal of Psychiatry, 163*(4), 630–636.

Vermetten, Y. J., Lodewijks, H. G., & Vermunt, J. D. (2001). The role of personality traits and goal orientations in strategy use. *Contemporary Educational Psychology: Special Issue, 26*(2), 149–170.

Vernon, L. T., Fuller, M. A., Hattab, H., & Varnes, K. M. (2000). Olanzapine-induced urinary incontenance: Treatment with ephedrine. *Journal of Clinical Psychiatry, 61*(8), 601–602.

Villarreal, K. D. (2003). "The relationship between marijuana usage and amotivational syndrome." Thesis (M.S.), Texas A & M University-Kingsville.

Viinamaeki, H., Koskela, K., & Niskanen, L. (1996). Rapidly declining mental well-being during unemployment. *European Journal of Psychiatry, 10,* 215–221.

Vinluan, F. (1996). The trouble with hemp. *Governing, 10,* 43–44.

Virués-Ortega, J., & Haynes, S. N. (2005). Functional analysis in behavior therapy: Behavioral foundations and clinical application. *International Journal of Clinical and Health Psychology, 5*, 567–587.

Vocisano, C., Klein, D. N., Keefe, R. S. E., Dienst, E. R., et al. (1996). Demographics, family history, premorbid functioning, developmental characteristics, and course of patients with deteriorated affective disorder. *American Journal of Psychiatry, 153*(2), 248–255.

Volkmar, F., Klin, A., Marans, W., & Cohen, D. (1997). Childhood disintegrative disorder. In D. J. Cohen & F. R. Volkmar (Eds.), *Handbook of Autism and Pervasive Developmental Disorders.* New York: John Wiley & Sons.

Volkmar, F. R., Koenig, K., & State, M. (2005). Childhood disintegrative disorder. In F. R. Volkmar, R. Paul, A. Klin, & D. Cohen (Eds.), *Handbook of autism and pervasive developmental disorders, Volume 1* (3rd ed., pp. 70–87). Hoboken, NJ: John Wiley & Sons.

Vollenweier, F. X. (1998). Advances and pathophysiological models of hallucinogenic rug actions in humans: A preamble to schizophrenia research. *Pharmacopsychiatry, 31*(2), S92–S103.

von Klitzing, K. (2003). From interactions to mental representations: Psychodynamic parent-infant therapy in a case of severe eating and sleep disorders. *Journal of Child Psychotherapy, 29*(3), 317–333.

Von Os, J., & Marcelis, M. (1998). The ecogenetics of schizophrenia: A review. *Schizophrenia Research, 32,* 127–135.

Vonnegut, M. (1975). *The Eden express.* New York: Praeger.

Vythilingam, M., Heim, C., Newport, J., Miller, A., et al. (2002). Childhood trauma associated with smaller hippocampal volume in women with major depression. *American Journal of Psychiatry, 159*(12), 2072–2080.

W

Wacogne, C., Lacoste, J., Guillibert, E., Hugues, F., et al. (2003). Stress, anxiety, depression and migraine. *Cephalalgia: An International Journal of Headache, 23*(6), 451–455.

Wade, N. (2002, July 4). Schizophrenia may be tied to 2 genes, research finds. *The New York Times.*

Wade, T. J., Cairney, J., & Pevalin, D. J. (2002). Emergence of gender differences in depression during adolescence: National panel results from three countries. *Journal of the American Academy of Child & Adolescent Psychiatry, 41,* 190–198.

Wagner, A. R., & Brandon, S. E. (2001). A componential theory of Pavlovian conditioning. In R. R. Mowrer (Ed.). *Handbook of contemporary learning theories* (pp. x, 622, 23–64). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Wahlberg, K-E., Wynne, L. C., Oja, H., Keskitalo, P., et al. (1997). Gene-environment interaction in vulnerability to schizophrenia: Findings from the Finnish Family Study of Schizophrenia. *American Journal of Psychiatry, 154*(3), 355–362.

Wakefield, J. C. (1992). Disorder as harmful dysfunction: A conceptual critique of DSM-III-R's definition of mental disorder. *Psychological Review, 99*(2), 232–247.

Wakefield, J. C. (1997). When is development disordered? Developmental psychopathology and the harmful dysfunction analysis of mental disorder. *Development & Psychopathology, 9*(2), 269–290.

Wakefield, J. C. (1999). Evolutionary versus prototype analyses of the concept of disorder. *Journal of Abnormal Psychology, 108*(3), 374–399.

Wakschlag, L. S., Pickett, K. E., Cook, E., Jr., Benowitz, N. L., et al. (2002). Maternal smoking during pregnancy and severe antisocial behavior in offspring: A review. *American Journal of Public Health, 92*(6), 966–974.

Walker, E. F., Logan, C. B., & Walder, D. (1999). Indicators of neurodevelopmental abnormality in schizotypal personality disorder. *Psychiatric Annals, 29,* 132–136.

Walker, L. E. A. (1987). Inadequacies of the masochistic personality disorder diagnosis for women. *Journal of Personality Disorders, 1,* 183–189.

Walker, L. E. A. (1994). Are personality disorders gender biased? In S. A. Kirk & S. D. Einbinder (Eds.), *Controversial Issues in mental Health* (pp. 22–29). New York: Allyn & Bacon.

Wallace, J. M. (1999). The social ecology of addiction: Race, risk, and resilience. *Pediatrics, 103,* 1122–1127.

Wallace, J. M., Jr. (1999). The epidemiology of alcohol, tobacco and other drug use among Black youth. *Journal of Studies on Alcohol, 60*(6), 800–809.

Walsh, B. T., Agras, W. S., Devlin, M. J., Fairburn, C. G., et al. (2000). Fluoxetine for bulimia nervosa following poor response to psychotherapy. *American Journal of Psychiatry, 157,* 1332–1334.

Walsh, B. T., Wilson, G. T., Loeb, K. L., Devlin, M. J., et al. (1997). Medication and psychotherapy in the treatment of bulimia nervosa. *American Journal of Psychiatry, 154,* 523–531.

Walsh, K. H., & McDougle, J. (2004). Pharmacological augmentation strategies for treatment-resistant obsessive-compulsive disorder. *Expert Opinion on Pharmacotherapy, 5*(10), 2059–2067.

Walsh, R. A., & McElwain, B. (2002). Existential psychotherapies. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 253–278). Washington, DC: American Psychological Association.

Walsh, T. (1999). Psychopathic and nonpsychopathic violence among alcoholic offenders. *International Journal of Offender Therapy & Comparative Criminology, 43*(1), 34–48.

Walshe, D. G., Lewis, E. J., Kim, S. I., O'Sullivan, K., et al. (2003). Exploring the use of computer games and virtual reality in exposure

therapy for fear of driving following a motor vehicle accident. *CyberPsychology & Behavior, 6*(3), 329–334.

Wang, P. S., et al. (2005). Twelve-Month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 629–640.

Ward, A., Brown, N., Lightman, S., Campbell, I., & Treasure, J. (1998). Neuroendocrine, appetitive and behavioural responses to d-fenfluramine in women recovered from anorexia nervosa. *The British Journal of Psychiatry; The Journal of Mental Science, 172*, 351–358.

Ward, T., Laws, D. R., & Hudson, S. (2003). Introduction: Theoretical issues in sexual deviance. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Ward, T., & Stewart, C. (2003). Good lives and the rehabilitation of sexual offenders. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and Controversies*. Thousand Oaks, CA: Sage Publications.

Wardle, J., Steptoe, A., Oliver, G., & Lipsey, Z. (2000). Stress, dietary restraint and food intake. *Journal of Psychosomatic Research, 48,* 195–202.

Warner, B. S., & Weist, M. D. (1996). Urban youth as witnesses to violence: Beginning assessment and treatment efforts. *Journal of Youth and Adolescence, 25,* 361–377.

Warner, L. A., Kessler, R. C., Hughes, M., Anthony, J. C., & Nelson, C. B. (1995). Prevalence and correlates of drug use and dependence in the United States. Results from the National Comorbidity Survey. *Archives of General Psychiatry, 52,* 219–229.

Warnock, J., Bundren, J., & Morris, D. (1997). Female hypoactive sexual Disorder: Case studies of physiologic androgen replacement. *Journal of Sex and Marriage Therapy, 25,* 175–182.

Warwick, H. M. C., & Salkovskis, P. M. (1990). Hypochondriasis. *Behavior Research and Therapy, 28,* 105–117.

Watson, C. G., Felling, J., & Maceachern, D. G. (1967). Objective Draw-A-Person scales: An attempted cross-validation. *Journal of Clinical Psychology, 23*(3), 382–386.

Watson, H. E. (1999). Problem drinkers in acute care settings: Validation of an assessment instrument. *International Journal of Nursing Studies, 36*(5), 415–423.

Watson, J. (1914). *Behavior: An introduction to comparative psychology.* New York: H. Holt & Co.

Watson, J., & Rayner, R. (1920). Conditioned emotional reactions. *Journal of Experimental Psychology, 3,* 1–14.

Watson, J. B. (1970). *Behaviorism.* New York: W. W. Norton. (Original work published 1925)

Watson, J. B., & Rayner, R. (1920). Conditioned emotional reactions. *Journal of Experimental Psychology, 3,* 1–14.

Waxler-Morrison, N., Hislop, T. G., Mears, B., & Kan, L. (1991). Effects of social relationships on survival for women with breast cancer: A prospective study. *Social Science and Medicine, 33,* 177–183.

Weaver, H. N. (2001). Native Americans and substance abuse. In S. L. A. Straussner (Ed.), *Ethnocultural factors in substance abuse treatment* (pp. 77–96). New York: Guilford Press.

Wechsler, D. (1989). *Wechsler Preschool and Primary Scale of Intelligence—Revised.* San Antonio, TX: Psychological Corporation.

Wechsler, D. (1991). *Wechsler Intelligence Scale for Children—Third Edition.* San Antonio, TX: Psychological Corporation.

Wechsler, D. (1992). *Wechsler Individual Achievement Test.* San Antonio, TX: Psychological Corporation.

Wechsler, D. (1997). *Wechsler Adult Intelligence Scale—Third Edition.* San Antonio, TX: Psychological Corporation.

Weinberger, D. (2004). Psychoses. In D. Charney & E. Nestler (Eds.), *Neurobiology of Mental Illness*. New York: Oxford University Press.

Weinberger, D. R. (1997). The biological basis of schizophrenia: New directions. *Journal of Clinical Psychiatry, 58*(10), S22–S27.

Weinberger, D. R. (2004). Genetics, neuroanatomy, and neurobiology. In Nemeroff, C. B. (Ed.), New findings in schizophrenia: An update on causes and treatment. *Clinical Psychiatry News, 32* (Suppl.): 4–6.

Weiner, D., & Rosen, R. (1999). Sexual dysfunctions and disorders, *Oxford textbook of psychopathology* (Vol. 414, pp. 410–443). New York: Oxford University Press.

Weiner, I. B. (1998). *Principles of Rorschach interpretation.* Mahwah, NJ: Lawrence Erlbaum.

Weiner, M. F. (1991). *The dementias: Diagnosis and management.* Washington, DC: American Psychiatric Press.

Weinstock, L. S. (1999). Gender differences in the presentation and management of social anxiety disorder. *Journal of Clinical Psychiatry: Special Issue: New frontiers in the management of social anxiety disorder: Diagnosis, treatment, and clinical course, 60*(Suppl. 9), 9–13.

Weintraub, E., Weintraub, D., Dixon, L., Delahanty, J., Gandhi, D., Cohen, A., & Hirsch, M. (2002). Geriatric patients on a substance abuse consultation service. *American Journal of Psychiatry, 10,* 337–342.

Weisberg, R., Brown, T., Wincze, J., & Barlow, D. (2001). Causal attributions and male sexual arousal: The impact of attributions for a bogus erectile difficulty on sexual arousal, cognition and affect. *Journal of Abnormal Psychology, 110*(2), 324–334.

Weiss, D. S., Marmar, C. R., Schlenger, W. E., Fairback, J. A., et al. (1992). The prevalence of lifetime and partial posttraumatic stress disorder in Vietnam theater veterans. *Journal of Traumatic Stress, 5*(3), 365–376.

Weiss, H. (2001). Melanie Klein and Wilfred Bion. On the relationship between some theoretical concepts in the work of Melanie Klein and Wilfred Bion. *Psyche: Zeitschrift fuer Psychoanalyse and ihre Anwendungen, 55*(2), 159–180.

Weissman, M. (2000). Comprehensive guide to interpersonal psychotherapy. New York: Basic Books.

Weissman, M. M., Bruce, M., Leaf, P., Florio, L., et al. (1991). Affective disorders. In L. Robins & E. Reigier (Eds.), *Psychiatric disorders in America* (pp. 53–80). New York: Free Press.

Weneke, U., et al. (2004). How effective is St. John's wort? The evidence revisited. *Journal of Clinical Psychiatry, 65*(5), 611–617.

Weitzman, E. A., & Wechsler, H. (2000). Alcohol use, abuse and related problems among children of problem drinkers: Findings from a national survey of college alcohol use. *Journal of Nervous & Mental Disease, 188*(3), 148–154.

Welin, L., Larsson, B., Svardsudd, K., Tibblin, B., et al. (1992). Social network and activities in relation to mortality from cardiovascular disease, cancer and other causes: A 12-year follow-up study of

men born in 1913 and 1923. *Journal of Epidemiology and Community Health, 46,* 217–232.

Wells, A. (1997). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide.* New York: John Wiley & Sons.

Wenar, C., & Kerig, P. (2000). *Developmental psychopathology: From infancy through adolescence.* Boston: McGraw-Hill.

Wender, H., Kety, S. S., Rosenthal, D., Schulsinger, F., et al. (1986). Psychiatric disorders in the biological and adoptive families of individuals with affective disorders. *Archives of General Psychiatry, 43,* 923–929.

West, C. (1999). *First person plural: My life as a multiple.* New York: Hyperion.

West, R. (2001). Theories of addiction. *Addiction, 96*(1), 3–13.

West, S., & O'Neal, K. (2004). Project D.A.R.E. outcome effectiveness revisited. *American Journal of Public Health, 94*(6), 1027–1029.

Westen, D. (1998). The scientific legacy of Sigmund Freud: Toward a psychodynamically informed psychological Science. *Psychological Bulletin, 124,* 333–371.

Westen, D. (2006). Implications for Research in Cognitive Neuroscience for Psychodynamic Psychotherapy. *Focus, 4,* 215.

Westen, D., Shedler, J., & Bradley, R. (2006). A prototype approach to personality diagnosis. *American Journal of Psychiatry*, 163, 846–856.

Westen, D., Thompson-Brenner, H., & Peart, J. (2006). Personality and eating disorders. In S. Wonderlich, J. E. Mitchell, M. deZwaan, & H. Steiger (Eds.), *Annual Review of Eating Disorders, Part 2* (pp. 97–112). Oxford: Radcliffe Publishing.

Westen, D., Lohr, N., Silk, K., & Kerber, K. (1994). Measuring object relations and social cognition using the TAT. *Journal of Personality Assessment, 56,* 56–74.

Westen, D., Ludolph, P., Misle, B., Ruffins, S., et al. (1990). Physical and sexual abuse in adolescent girls with borderline personality disorder. *American Journal of Orthopsychiatry, 61,* 55–66.

Westen, D., & Morrison, K. (2001). A multidimensional meta-analysis of treatments for depression, panic, and generalized anxiety disorder: An empirical examination of the status of empirically supported therapies. *Journal of Consulting and Clinical Psychology, 69*(6), 875–899.

White, P. F., Amos, Q., Zhang, Y., Stool, L., et al. (2006). Anesthetic considerations for magnetic seizure therapy: A novel therapy for severe depression. *Anesthesia & Analgesia, 103,* 76–80.

Whittington, P., et al. (2004). Selective serotonin reuptake inhibitors in childhood depression: Systematic review of published versus unpublished data. *Lancet, 363*(9148), 1341–1345.

Wichstrom, L., & Pedersen, W. (2001). Use of anabolic-androgenic steroids in adolescence: Winning, looking good or being bad? *Journal of Studies on Alcohol, 62*(1), 5–13.

Wicks-Nelson, R., & Israel, A. C. (2000). *Behavior disorders of childhood.* Englewood Cliffs, NJ: Prentice Hall.

Widiger, T. A. (1993). The DSM-III-R categorical personality disorder diagnoses: A critique and an alternative. *Psychological Inquiry, 4*(2), 75–90.

Widiger, T. A., & Trull, J. (2007). Plate tectonics in the classification of personality disorder: Shifting to a dimensional model. *American Psychologist, 62*(2), 71–83.

Widiger, T. A., & Costa, P. T. (1994). Personality and the personality disorders. *Journal of Abnormal Psychology, 103,* 78–91.

Widiger, T. A., Frances, A. J., Pincus, H. A., First, M. B., et al. (Eds.). (1994). *DSM-IV sourcebook* (Vol. 1). Washington, DC: American Psychiatric Association.

Widiger, T. A., Frances, A. J., Pincus, H. A., Ross, R., et al. (Eds.). (1998). *DSM-IV sourcebook* (Vol. 4). Washington, DC: American Psychiatric Association.

Widiger, T. A., & Trull, T. J. (1991). Diagnosis and clinical assessment. *Annual Review of Psychology, 42,* 109–133.

Wiederman, M. W., & Pryor, T. (1996). Substance use among women with eating disorders. *International Journal of Eating Disorders, 20,* 163–168.

Wiens, A. N. (1976). The assessment interview. In I. B. Weiner (Ed.), *Clinical methods in psychology.* New York: John Wiley & Sons.

Wilcox, K., Rowlett, J., Paul, I., Ordway, G., & Woolverton, W. (2000). On the relationship between the dopamine transporter and the reinforcing effects of local anesthetics in rhesus monkeys: Practical and theoretical concerns. *Psychopharmacology (Special Issue: Drug Reinforcement), 153*(1), 139–147.

Wilens, T. E., & Spencer, J. (2000). The stimulants revisited. *Child and Adolescent Psychiatric Clinics of North America, 9*(3), 573–603, viii.

Wilensky, A. S. (1999). *Passing for normal: A memoir of compulsion.* New York: Broadway Books.

Wilkins, P. (2000). Unconditional positive regard reconsidered. *British Journal of Guidance & Counselling, 28*(1), 23–36.

Wilkinson, D. (1993). ECT in the elderly. In R. Levy (Ed.). *Treatment and care in old age psychiatry*. Petersfield, England: Wrights on Biomedical Publishing, 169–181.

Willerman, L., & Cohen, D. (1990). *Psychopathology.* New York: McGraw-Hill.

Williams, B., & Knight, S. (1995). *Healthy for life: Brief version.* Pacific Grove, CA: Brooks/Cole.

Williams, C. L., Haines, J., & Sale, I. M. (2003). Psychophysiological and psychological correlates of dissociation in a case of dissociative identity disorder. *Journal of Trauma & Dissociation, 4*(1), 101–118.

Williams, J. M. G., & Brewin, C. R. (1984). Cognitive mediators of reactions to a minor life-event: The British driving test. *British Journal of Social Psychology, 23,* 41–49.

Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting & Clinical Psychology, 62,* 1167–1176.

Willis, D. J., & Walker, C. E. (1989). *Etiology. Handbook of child psychopathology* (2nd ed., pp. 29–51). New York: Plenum Press.

Willner, P. (2005). The effectiveness of psychotherapeutic interventions for people with learning disabilities: A critical overview. *Journal of Intellectual Disability Research, 49*(1), 73–85.

Wills, T. A., & Filer Fegan, M. (2001). Social networks and social support. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 209–234). Mahwah, NJ: Lawrence Erlbaum.

Wilson, G. T. (1989). The treatment of bulimia nervosa: A cognitive-social learning analysis. In A. J. Stunkard & A. Baum (Eds.). *Perspectives in behavioral medicine: Eating, sleeping and sex* (pp. 73–98). Hillsdale, NJ: Lawrence Erlbaum.

Wilson, G. T. (2000). Behavior therapy. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies* (6th ed.). Itasca, IL: Peacock Publishers.

Wilson, G. T., & Fairburn, C. G. (2002). Treatments for eating disorders. In P. E. Nathan & J. M. Gorman (Eds.), *A guide to treatments that work* (2nd ed., pp. 559–592). London: Oxford University Press.

Wilson, H. T. (Ed.). (2000). *Annual editions: Drugs, society, and behavior 2000/2001* (15th ed). Guilford, CT: Dushkin/McGraw-Hill.

Wincze, J. P., & Lange, J. D. (1981). Assessment of sexual behavior. In D. H. Barlow (Ed.), *Behavioral assessment of adult disorders.* New York: Guilford Press.

Windle, M., & Welch, K. (1995). The prevalence and prospective predictors of cocaine use among a national U.S. sample of young adults. *Addiction Research, 3*(1), 39–47.

Wing, C., & Sartorius, N. (1974). *The description and classification of psychiatric symptoms* (pp. 174). Cambridge, England: Cambridge University Press.

Wing, J., Cooper, J., & Sartorius, N. (1974). *Measurement and classification of psychiatric symptoms: An instruction manual for the PSE and Catego Program.* London: Cambridge University Press.

Wing, J. K., & Brown, G. (1970). *Institutionalism and schizophrenia: A comparative study of three mental hospitals.* Cambridge, England: Cambridge University Press.

Wing, J. K., & Brown, G. W. (1961). Social treatment of chronic schizophrenia: A comparative survey of three mental hospitals. *Journal of Mental Science, 107,* 847–861.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development.* New York: International Universities Press.

Winokur, G., Coryell, W., Keller, M., Endicott, J., et al. (1995). A family study of manic-depressive (bipolar I) disease: Is it a distinct illness separable from primary unipolar depression? *Archives of General Psychiatry, 52*(5), 367–373.

Winthrop, H. (1964). Word-magic: The dehumanization of clinical diagnosis. *Journal of Humanistic Psychology, 4*(2), 165–175.

Wise, R. A. (1988). The neurobiology of craving: Implications for the understanding and treatment of addiction. *Journal of Abnormal Psychology, 97,* 118–132.

Wise, T. (1999). Psychosocial side effects of sildenafil therapy for erectile dysfunction. *Journal of Sex & Marital Therapy, 25*(2), 145–150.

Wise, T., & Kalyanam, R. (2000). Amputee fetishism and genital mutilation: Case report and literature review. *Journal of Sex & Marital Therapy, 26*(4), 339–344.

Wittchen, H. U., Zhao, S., Kessler, R. C., & Eaton, W. W. (1994). DSM III-R generalized anxiety disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 51,* 355–364.

Wolf, N. (1990). *The beauty myth: How images of beauty are used against women.* New York: W. Morrow.

Wolfe, J. L., & Russianoff, P. (1997). Overcoming self-negation in women. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 15*(1), 81–92.

Wolfradt, U., & Neumann, K. (2001). Depersonalization, self-esteem and body image in male-to-female transsexuals compared to male and female controls. *Archives of Sexual Behavior (Special Issue), 30*(3), 301–310.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition.* Stanford, CA: Stanford University Press.

Wolpe, J. (1969). *The practice of behavior therapy.* Oxford, England: Pergamon Press.

Wolpe, J. (1990). *The practice of behavior therapy* (4th ed.). New York: Pergamon Press.

Wolpe, J., & Reyna, L. J. (1976). *Behavior therapy in psychiatric patients: The use of behavioral procedures by psychiatrists.* New York: Pergamon Press.

Wolraich, M. L., Lambert, E. W., Bickman, L., Simmons, T., et al. (2004). Assessing the impact of parent and teacher agreement on diagnosing attention-deficit hyperactivity disorder. *Journal of Developmental & Behavioral Pediatrics, 25*(1), 41–47.

Wonderlich, S., & Mitchell, J. E. (2001). The role of personality in the onset of eating disorders and treatment implications. *Psychiatric Clinics of North America, 24,* 249–258.

Wong, C. J., Pillon, E., Sylvest, C., & Silvermon, K. Evaluation of a modified contingency management intervention for consistent attendance in therapeutic workplace participants. *Drug and Alcohol Dependence, 74*(3), 319–323.

Wong, C. M., & Yehuda, R. (2002). Sex differences in posttraumatic stress disorder. In F. Lewis-Hall, T. S. Williams, J. A. Panetta, & J. M. Herrera (Eds.), *Psychiatric illness in women: Emerging treatments and research* (pp. 57–96). Washington, DC: American Psychiatric Publishing.

Wood, J., Nezworski, T., Lilienfeld, S., & Garb, H. (2003). *What's wrong with the Rorschach? Science confronts the controversial inkblot test.* Hoboken, NJ: Jossey-Bass.

Wood, R., Grossman, L., & Fichtner, C. (2000). Psychological assessment, treatment, and outcome with sex offenders. *Behavioral Sciences & the Law, 18*(1), 23–41.

Woodcock, R. W. (1977). *Woodcock-Johnson Psycho-Educational Battery: Technical report.* Allen, TX: DLM Teaching Resources.

Woodside, D. B., Bulik, C. M., Halmi, K. A., Fichter, M. M., et al. (2002). Personality, perfectionism, and attitudes towards eating in parents of individuals with eating disorders. *International Journal of Eating Disorders, 31,* 290–299.

Wool, C. A., & Barsky, A. J. (1994). Do women somatize more than men? Gender differences in somatization. *Psychosomatics, 35,* 445–452.

Worden, J. W. (1991). *Grief counseling and grief therapy: A handbook for the mental health practitioner.* New York: Springer Publishing Co.

Wright, L. B., Treiber, F. A., Davis, H., & Strong, W. B. (1996). Relationship of John Henryism to cardiovascular functioning at rest and during stress in youth. *Annals of Behavioral Medicine, 18,* 146–150.

Wyatt, R. (2001). Diagnosing schizophrenia. In J. Lieberman & R. Murray (Eds.), *Comprehensive care of schizophrenia.* London: Martin Dunitz.

Wylie, K. (1997). Treatment outcome of brief couple therapy in psychogenic male erectile disorder. *Archives of Sexual Behavior, 26*(5), 527–545.

X

Xiao, Z., Yan, H., Wang, Z., Zou, Z., et al. (2006). Trauma and dissociation in China. *American Journal of Psychiatry, 163*(8), 1388–1391.

Xu, X., Yang, D., Wyss-Coray, T., Yan, J., Gan, L., et al. (1999). Wild-type but not Alzheimer-mutant amyloid precursor protein confers resistance against p53-mediated apoptosis. *Proceedings of the National Academy of Sciences, 96,* 537–552.

Y

Yalom, V. E. (1967). *Psychotherapy and existentialism; selected papers on logotherapy.* New York: Simon & Schuster.

Yamada, K., Watanebe, K., Nemoto, N., & Fujita, H. (2006). Prediction of medication noncompliance in outpatients with schizophrenia 2-year follow-up study. *Psychiatry Research, 141*(1): 61–69.

Yamamoto, J., Silva, J. A., Ferrari, M., & Nukariya, K. (1997). *Culture and psychopathology.* In G. Johnson-Powell, J. Yamamoto, G. E. Wyatt, & W. Arroyo (Eds.), *Transcultural child development.* New York: John Wiley & Sons.

Yaroshevsky, F., & Bakiaris, V. (2003). Deficit of attention disorder. In P. S. Prosky & D. V. Keith (Eds.), *Family Therapy as an Alternative to Medication: An Appraisal of Pharmland* (pp. 295–300). New York: Brunner-Routledge.

Yehuda, R., Marshall, R., Penkower, A., & Wong, C. M. (2002). Pharmocological treatments for posttraumatic stress disorder. In P. E. Nathan & J. M. Gorman (Eds.), *A guide to treatments that work* (2nd Ed., pp. 411–445). New York: Oxford University Press.

Yeschin, N. (2000). A new understanding of attention deficit hyperactivity disorder: Alternate concepts and interventions. *Journal of Child and Adolescent Social Work, 17,* 227–245.

Yonkers, K. A., & Gurguis, G. (1995). Gender differences in the prevalence and expression of anxiety disorders. In I. Al-Issa (Ed.), *Gender and psychopathology.* Washington, DC: American Psychiatric Press, Inc.

Yonkers, K. A., & Kidner, C. L. (2002). Sex differences in anxiety disorders. In F. Lewis–Hall, T. S. Williams, J. A. Panetta, & J. M. Herrera (Eds.), *Psychiatric illness in women: Emerging treatments and research* (pp. 5–30). Washington, DC: American Psychiatric Publishing.

York, J., Nicholson, T., Minors, P., & Duncan, D. F. (1998). Stressful life events and loss of hair among adult women: A case-control study. *Psychological Reports, 82,* 1044–1046.

Young, A. H., & Newham, J. I. (2006). Lithium in maintenance therapy for bipolar disorder. *Journal of Psychopharmacology, 20,* 17–22.

Young, D. A., Zakzanis, K, K., Bailey, C., Davila, R., et al. (1998). Further parameters of insight and neuropsychological deficit in schizophrenia and other chronic mental disease. *Journal of Nervous & Mental Disease, 186*(1), 44–50.

Young, E. A., Lopez, J. F., Murphy-Weinberg, V., Watson, S. J., et al. (2003). Mineralocorticoid receptor function in major depression. *Archives of General Psychiatry, 60,* 24–28.

Young, J., & Flanagan, C. (1998). Schema-focused therapy for narcissistic patients. In E. G. Ronningstam (Ed.), *Disorders of Narcissism: Diagnostic, Clinical, and Empirical Implications* (pp. 239–262). Washington, DC: American Psychiatric Press.

Young, J. E. (1990). *Cognitive therapy for personality disorders: A schema-focused approach.* Sarasota, FL: Practitioner's Resource Series, Professional Resource Exchange.

Young, R. M. (2001). Locating and relocating psychoanalytic ideas of sexuality. In C. Harding (Ed.), *Sexuality: Psychoanalytic perspectives* (p. ix, 201, 18–34). Philadelphia: Brunner-Routledge.

Young-Bruehl, E. (1996). *The anatomy of prejudice.* Cambridge: Harvard University Press.

Yuker, H., & Allison, D. (1994). Obesity: Sociocultural perspectives. In L. Alexander & D. Mott (Eds.), *Understanding eating disorders* (pp. 243–270). Washington, DC: Taylor & Francis.

Z

Zahn, T. P., Moraga, R., & Ray, W. J. (1996). Psychophysiological assessment of dissociative disorders. In L. K. Michelson & W. J. Ray (Eds.), *Handbook of dissociation: Theoretical, empirical, and clinical perspectives* (pp. 269–287). New York: Plenum Press.

Zahn-Waxler, C., Crick, N. R., Shirtcliff, E. A., & Woods, K. E. (2006). The origins and development of psychopathology in females and males. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology, Volume 1: Theory and Method* (pp. 76–138). Hoboken, NJ: John Wiley & Sons.

Zahniser, J. H., Coursey, R. D., & Hershberger, K. (1991). Individual psychotherapy with schizophrenic outpatients in the public mental health system. *Hospital & Community Psychiatry, 42*(9), 906–913.

Zakzanis, K. K., & Hansen, K. T. (1998). Dopamine D_2 densities and the schizophrenic brain. *Schizophrenia Research, 32*(3), 201–206.

Zakzanis, K. K., Poulin, P., Hansen, K. T., & Jolic, D. (2000). Searching the schizophrenic brain for temporal lobe deficits: A systemtic review and meta-analysis. *Psychological Medicine, 30*(3), 491–504.

Zakzanis, K. K., Troyer, A. K., Rich, J. B., & Heinrichs, W. (2000). Component analysis of verbal fluency in patients with schizophrenia. *Neuropsychiatry, Neuropsychology, & Behavioral Neurology: (Special Issue), 13*(4), 239–245.

Zaleman, S. (Ed.). (1995). Neural basis of psychopathology. In S. H. Koslow, D. L. Meinecke, I. I. Lederhendler, H. Khachaturian, et al. (Eds.), *The neuroscience of mental health: II—A report on neuroscience research—Status and potential for mental health and mental illness.* Rockville, MD: National Institute of Health, National Institute of Mental Health.

Zanarini, M. C. (2000). Childhood experiences associated with the development of borderline personality disorder. *The Psychiatric Clinics of North America, 23*(1), 89–101.

Zanarini, M. C., Yong, L., Frankenburg, F. R., Hennen, J., Reich, D. B., Marino, M. F., et al. (2002). Severity of reported childhood sexual abuse and its relationship to severity of borderline psychopathology and psychosocial impairment among borderline inpatients. *Journal of Nervous and Mental Disease, 190*(6), 381–387.

Zarate, R. (1999). Comorbidity between schizophrenia and anxiety disorders. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 60*(6-B). Ann Arbor, MI: University Microfilms International.

Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamentals of assessment and treatment*, 2nd ed. New York: Guilford Press.

Zaubler, T. S., & Katon, W. (1996). Panic disorder and medical co-morbidity: A review of the medical and psychiatric literature. *Bulletin of the Menninger Clinic, 60*(2, suppl A), A12–A38.

Zerbe, K. J. (2001). The crucial role of psychodynamic understanding in the treatment of eating disorders. *Psychiatric Clinics of North America, 24,* 305–313.

Zerbe, K. J. (2003). Eating disorders in middle and late life: A neglected problem. *Primary Psychiatry, 10*(6), 80–82.

Zernig, G., Saria, A., Kurz, M., & O'Malley, S. S. (Eds.). (2000). *Handbook of alcoholism.* Boca Raton, FL: CRC Press.

Zhimin, L., Weihua, Z., Zhi, L., Yue, M., et al. (2001). The use of psychoactive substances among adolescent students in an area in the south-west of China. *Addiction, 96*(2), 247–250.

Zhou, J. N., Hofman, M. A., Gooren, L. J. G., & Swaab, D. F. (1997). A sex difference in the human brain and its relation to transsexuality. *International Journal of Transgenderism (Special Issue) 1*(1).

Zigler, E., Styfco, J. C., & Gilman, E. (1993). The national Head Start program for disadvantaged preschoolers. In E. Zigler & S. J. Styfco (Eds.), *Head Start and beyond: A national plan for extended childhood intervention* (pp. 1–41). New Haven, CT: Yale University Press.

Zigler, R., & Holden, L. (1988). Family therapy for learning disabled and attention-deficit disordered children. *American Journal of Orthopsychiatry, 58,* 196–210.

Zigmond, A. (1999). Mental health legislation. *Psychiatric Bulletin, 23*(12), 750.

Zimmerman, M., & Coryell, W. (1989). The reliability of personality disorder diagnosis in a nonpatient sample. *Archives of General Psychiatry, 46,* 682–689.

Zucker, K. (1990). Gender identity disorders in children: Clinical descriptions and natural history. In *Clinical management of gender identity disorders in children and adults* The clinical practice series (pp. 3–23) Vol. 14. Washington, DC: American Psychiatric Press.

Zucker, K. (2005). Gender identity disorder in children and adolescents. *Annual Review of Clinical Psychology*, Vol. 1(1), 467–492.

Zucker, K., & Blanchard, R. (1997). Transvestic fetishism: Psychopathology and theory. In D. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 253–279). New York: Guilford Press.

Zucker, K., & Bradley, S. (1995). *Gender identity disorder and psychosexual problems in children and adolescents.* New York: Guilford Press.

Zucker, K., & Bradley, S. (2000). Gender identity disorder. In *Handbook of infant mental health* (2nd ed., pp. 412–424). New York: Guilford Press.

Zucker, K., Bradley, S., & Sanikhani, M. (1997). Sex differences in referral rates of children with gender identity disorder: Some hypotheses. *Journal of Abnormal Child Psychology, 25*(3), 217–227.

Zucker, R. A., Chermack, S. T., & Curran, G. M. (2000). Alcoholism: A life span perspective on etiology and course. *Handbook of developmental psychopathology* (2nd ed., pp. 569–587). New York: Kluwer Academic/Plenum Publishers.

Zucker, R. A., Kincaid, S. B., Fitzgerald, H. E., & Bingham, C. R. (1995). Alcohol schema acquisition in preschoolers: Differences between children of alcoholics and children of non-alcoholics. *Alcoholism: Clinical and Experimental Research, 19,* 1011–1017.

Zuckerman, M. (1991). One person's stress is another person's pleasure. In C. D. Spielberger, I. G. Sarason, Z. Kulczar, & G. L. Vantteck (Eds.). *Stress and emotion: Anxiety, anger and curiosity* (Vol. 14). New York: Hemisphere Publishing.

Zuckerman, M. (2000). Personality and risk-taking: Common biosocial factors. *Journal of Personality, 68*(6), 999–1029.

Zwaigenbaum, L., Szatmari, P., Jones, M. B., Bryson, S. E., et al. (2002). Pregnancy and birth complications in autism and liability to the broader autism phenotype. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*(5), 572–579.

Zweig, R. A., & Agronin, M. E. (2006). Personality disorders in late life. In M. E. Agronin & G. J. Maletta (Eds.), *Principles and Practice of Geriatric Psychiatry* (pp. 449–469). Philadelphia: Lippincott, Williams, & Wilkins.

Zygmunt, A., Olfson, M., Boyer, C., & Mechanic, D. (2002). Interventions to improve medication adherence in schizophrenia. *American Journal of Psychiatry, 159*(10): 1653–1664.

Zywiak, W., Longabaugh, R., & Wirtz, P. (2002). Decomposing the relationships between pretreatment social network characteristics and alcohol treatment outcome. *Journal of Studies on Alcohol, 63*(1), 114–121.

NAME INDEX

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SUBJECT INDEX

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from the preface....

THE CORE CONCEPTS APPROACH

The field of abnormal psychology focuses on three related questions:

- How do we distinguish normal behavior from abnormal behavior? (*defining* abnormality)
- How are abnormal behaviors categorized and diagnosed? (*classifying* abnormality)
- How can abnormal behaviors be understood and changed? (*explaining and treating* abnormality)

To address these questions, we have organized our book around six core concepts in abnormal psychology. These concepts are introduced in Chapter 1, and the core concepts are emphasized in every chapter. They are highlighted visually with icons and boldface italic blue type.
The six core concepts are:

The importance of context in defining and understanding abnormality: We can only identify a behavior as abnormal if we consider the situational context in which it occurs; behaviors that are normal in one context may be abnormal in another. Furthermore, abnormal behavior is usually most understandable when viewed in the context of life history and life events. Finally, demographic context variables such as age, gender, culture, and class influence the definition, classification, explanation, and treatment of abnormal behaviors.

The continuum between normal and abnormal behavior: Emotional and behavioral symptoms occur along a continuum that ranges from mild to severe, and many forms of abnormality are exaggerated versions of normal feelings and behaviors. The dividing line between normal and abnormal behavior is never entirely clear, but the field of abnormal psychology has developed criteria that help us make this distinction.

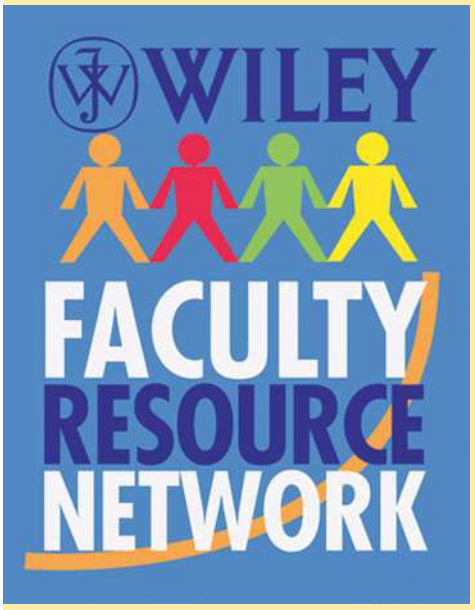
Cultural and historical relativism in defining and classifying abnormality: Definitions and classifications of abnormal behavior vary considerably across different cultures and across different historical periods. As a result, we cannot make absolute, universal statements about what constitutes abnormal behavior, and we always need to be mindful of the cultural and historical lenses through which we view the concept of abnormality.

The advantages and limitations of diagnosis: Like other scientific fields, abnormal psychology relies on a system of categories for classifying its subject matter. These diagnostic systems have the advantages of facilitating treatment, research, and teaching in abnormal psychology. But diagnostic systems in abnormal psychology also have important limitations; they can oversimplify complex problems, and a diagnosis of mental illness can be stigmatizing and demoralizing to the person being diagnosed.

The principle of multiple causality: Mental disorders can result from a wide variety of causes: some predisposing, some precipitating; some psychological, some biological; some internal to the person in distress, and some external or environmental. Most disorders involve multiple, interacting causes. In addition, several different theoretical perspectives co-exist within the field of abnormal psychology. Each theoretical perspective has something important to contribute, and the field of abnormal psychology is increasingly moving towards explanations and treatments that combine *components* from various theories.

The connection between mind and body: A thorough understanding of psychopathology requires an appreciation of the connection between mind and body. We know that brain abnormalities can cause emotional symptoms, and, conversely, that emotional distress can cause physical symptoms. As a result, it is important to attend to the interrelationships between a person's psychological and physical functioning in order to explain and treat abnormal behavior.

from the faculty resource network....



Are you interested in incorporating the latest technology in your classroom, but are unsure of your skills or how to get started? The Faculty Resource Network is composed of a group of specially trained college professors who are currently teaching and successfully using technology in their psychology classes. These professors offer one-on-one assistance to adopters interested in incorporating online course management tools and specific software packages. They also provide innovative classroom techniques and methods for tailoring the technology experience to the specific needs of your course. For more information, go to www.FacultyResourceNetwork.com.

DSM-IV-TR CATEGORIES

from the American Psychiatric Association, 2000*

DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE

Mental Retardation

Note: these are coded on Axis II.

- Mild
- Moderate
- Severe
- Profound

Learning Disorders

- Reading Disorder
- Mathematics Disorder
- Disorder of Written Expression

Motor Skills Disorder

- Developmental Coordination Disorder

Communication Disorders

- Expressive Language Disorder
- Mixed Receptive-Expressive Language Disorder
- Phonological Disorder
- Stuttering

Pervasive Developmental Disorders

- Autistic Disorder
- Rett's Disorder
- Childhood Disintegrative Disorders
- Asperger's Disorder
- Attention Deficit and Disruptive Behavior Disorders
- Attention-Deficit/Hyperactivity Disorder
  - Combined Type
  - Predominantly Inattentive Type
  - Predominantly Hyperactive-Impulsive Type
- Conduct Disorder
- Oppositional Defiant Disorder

Feeding and Eating Disorders of Infancy or Early Childhood

- Pica
- Rumination Disorder
- Feeding Disorder of Infancy or Early Childhood

Tic Disorders

- Tourette's Disorder
- Chronic Motor or Vocal Tic Disorder
- Transient Tic Disorder

Elimination Disorders

- Encopresis
- Enuresis *(Not due to a General Medical Condition)*

Other Disorders of Infancy, Childhood, or Adolescence

- Separation Anxiety Disorder
- Selective Mutism
- Reactive Attachment Disorder of Infancy or Early Childhood
- Stereotypic Movement Disorder

DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS

Delirium

Dementia

- Dementia of Alzheimer's Type, with Early Onset
- Dementia of Alzheimer's Type, with Late Onset
- Vascular Dimentia
- Dementia Due to HIV Disease
- Dementia Due to Head Trauma
- Dementia Due to Parkinson's Disease
- Dementia Due to Huntington's Disease
- Dementia Due to Pick's Disease
- Dementia Due to Creutzfeldt-Jakob Disease

Amnestic Disorders

SUBSTANCE-RELATED DISORDERS

Alcohol-Related Disorders

- Alcohol Dependence
- Alcohol Abuse

Amphetamine- (or Amphetamine-like) Related Disorders

Caffeine-Related Disorders

Cannabis-Related Disorders

Cocaine-Related Disorders

Hallucinogen-Related Disorders

Inhalent-Related Disorders

Nicotine-Related Disorders

Opioid-Related Disorders

Phencyclidine-(or Phencyclidine-like) Related Disorders

Sedative- , Hypnotic- , or Anxiolytic-Related Disorders

Polysubstance-Related Disorder

SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

Schizophrenia

- Paranoid Type
- Disorganized Type
- Catatonic Type
- Undifferentiated Type
- Residual Type

Schizophreniform Disorder

Schizoaffective Disorder

Delusional Disorder

Brief Psychotic Disorder

Shared Psychotic Disorder

MOOD DISORDERS

Depressive Disorders

- Major Depressive Disorder
  - Single Episode
  - Recurrent
- Dystymic Disorder

Bipolar Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

ANXIETY DISORDERS

Panic Disorder without Agoraphobia

Panic Disorder with Agoraphobia

Agoraphobia without History of Panic Disorder

Specific Phobia

Social Phobia

Obsessive-Compulsive Disorder

Posttraumatic Stress Disorder

**Note:* In some major categories, additional diagnoses include: (Disorder) Not Otherwise Specified, (Disorder) Due to General Medical Condition, (Disorder) Substance Induced

Acute Stress Disorder

Generalized Anxiety Disorder

SOMATOFORM DISORDERS

Somatization Disorder

Undifferentiated Somatoform Disorder

Conversion Disorder

Pain Disorder

Hypochondriasis

Body Dysmorphic Disorder

FACITIOUS DISORDERS

DISSOCIATIVE DISORDERS

Dissociative Amnesia

Dissociative Fugue

Dissociative Identity Disorder

Depersonalization Disorder

SEXUAL AND GENDER IDENTITY DISORDERS

Sexual Dysfunctions

Sexual Desire Disorders
- Hypoactive Sexual Desire Disorder
- Sexual Aversion Disorder

Sexual Arousal Disorders
- Female Sexual Arousal Disorder
- Male Erectile Disorder

Orgasmic Disorders
- Female Orgasmic Disorder
- Male Orgasmic Disorder
- Premature Ejaculation

Sexual Pain Disorders
- Dyspareunia
- Vaginismus

Paraphilias
- Exhibitionism
- Fetishism
- Frotteurism
- Pedophilia
- Sexual Masochism
- Sexual Sadism
- Transvestic Fetishism
- Voyeurism

Gender Identity Disorders
- Gender Identity Disorder in Children
- Gender Identity Disorder in Adolescents or Adults

EATING DISORDERS

Anorexia Nervosa

Bulimia Nervosa

SLEEP DISORDERS

Primary Sleep Disorders: Dyssomnias
- Primary Insomnia
- Primary Hypersomnia
- Narcolepsy
- Breathing-Related Sleep Disorder
- Circadian Rhythm Sleep Disorder

Primary Sleep Disorders: Parasomnias
- Nightmare Disorder
- Sleep Terror Disorder
- Sleepwalking Disorder

IMPULSIVE-CONTROL DISORDERS NOT ELSEWHERE CLASSIFIED

Intermittent Explosive Disorder

Kleptomania

Pyromania

Pathological Gambling

Trichotillomania

ADJUSTMENT DISORDERS

Adjustment Disorder
- With Depressed Mood
- With Anxiety
- With Mixed Anxiety and Depressed Mood
- With Disturbance of Conduct
- With Mixed Disturbance of Emotions and Conduct

PERSONALITY DISORDERS

Note: These are coded on Axis II.

Paranoid Personality Disorder

Schizoid Personality Disorder

Schizotypical Personality Disorder

Antisocial Personality Disorder

Borderline Personality Disorder

Histrionic Personality Disorder

Narcissistic Personality Disorder

Avoidant Personality Disorder

Dependent Personality Disorder

Obsessive-Compulsive Personality Disorder

MULTIAXIAL SYSTEM

Axis I
- Clinical Disorders
- Other Conditions That May Be a Focus of Clinical Attention

Axis II
- Personality Disorders
- Mental Retardation

Axis III
- General Medical Conditions

Axis IV
- Psychosocial and Environmental Problems

Axis V
- Global Assessment of Functioning