

SWRK 738: Anxiety and Depression
Fall 2018

Course Purpose

This course is designed to teach theory, diagnosis, and treatment of anxiety and mood disorders as they pertain to clinical social work. Students will explore the individual and environmental factors that influence the prevalence of anxiety and depression in our society. Readings and assignments will provide the students with an understanding of the diverse family, group, and community factors that influence the prevalence of these disorders. We will examine healthy affect development and the implications for prevention and early intervention. Students will become familiar with diagnostic and assessment procedures for the spectrum of the anxiety and mood disorders. We will study intervention strategies for these disorders. The class will provide an opportunity for students to learn and develop skills that impact the development of the therapeutic clinical social work relationship.

This clinical practice elective builds on the content on social work practice with individuals, families, and groups learned in SW604 and SW614; theoretical knowledge about human behavior learned in SW602 and SW612; awareness of racism and other forms of discrimination learned in SW603; and social work policy learned in 601 and 611. It complements the advanced year clinical practice course, SW704 by enhancing students' knowledge and skill development in working with people with anxiety and depression. Its attention to evidence-based intervention complements the research course SW715.

Educational Course Objectives

- To guide the student's development of epidemiological knowledge of which to pursue a differential diagnosis and comprehensive assessment of anxious and depressed client populations. (EPAS 4.2; 4.5: Populations at risk and promoting social justice; Social Work Practice)
- To introduce the student to contributions of other disciplines to the theoretical foundations of anxiety and depression. (EPAS: 4.1, 4.5: Diversity; Social Work Practice.)
- To introduce the student to contributions of other disciplines to the assessment and treatment of anxiety and depression in diverse populations. (EPAS: 4.1, 4.5: Diversity; Social Work Practice.)
- To explore values dilemmas that effect practice with depressed and anxious clients. (EPAS 4.0: Values and Ethics)
- To increase the student's understanding of skills and effectiveness with and on behalf of anxious and depressed clients. (EPAS 4.5: Social Work Practice)

- To help the student gain knowledge in diverse models of practice for working with anxious and depressed diverse clients. (EPAS 4.0; 4.5: Values and Ethics; Social Work Practice)
- To increase the student's understanding of assessment methods for anxious and depressed clients through well-established, evidence-based practice methods. (EPAS 4.5; 4.6: Social Work Practice; Social Work Research).
- To increase student's understanding of psychosocial and pharmacological interventions for anxious and depressed clients through well-established, evidence-based practice methods. (EPAS 4.5; 4.6: Social Work Practice; Social Work Research).

Required Reading

The following books have been ordered at the Penn Bookstore and are also available online via online realtors:

Gotlib, I. H. & Hammen, C. L. (Eds.). (2014). Handbook of depression. (3rd ed.). New York: The Guilford Press.

Miller, A. (2007). The drama of the gifted child: The search for the true self. New York: Basic Books.

*All other readings will be available on Canvas.

Course Requirements and Expectations

Expectations

- Come to class prepared, having read and thought about the assigned readings prior to each class
- Participate actively and relevantly in class discussions and experiential exercises.
- Submit to Canvas all written assignments on the date and time each assignment is due.
- Communicate with me in advance if you need to arrange for an extension for any assignments.

- If you need to miss class for any reason, please contact me prior to the start of class time.

Missing more than two classes for any reasons will jeopardize your grade in this course. Please inform me at the beginning of the semester if you will need to miss a class session for a religious holiday.

Grading Policies

The final course grade is based on:

- Class Participation and Preparedness: 20%
- Case Formulation Assignment: 20%
- Case Study Parts One and Two: 20%
- Case Study Final Paper (Parts One through Five): 40%

Assignments

1. Case Formulation Assignment Due September 6th

Read the brief case vignette available on Canvas under the Assignments tab. Based on the information available in the case, provide a written explanation (no less than two pages) of why you think this client developed this particular problem at this particular time. Show how you arrived at your conclusion of what this client's symptoms are "all about" by indicating how you used the facts of the case and your own thoughts about her situation to understand what was going on with her. No references are needed for this assignment. I am looking to see that you can pay close attention to the data and creatively think through how to understand the client. I am looking for your use of psychological symbolism and meaning making, especially as it pertains to the intersection of identity, culture, and the client's interior world. I am looking to see that you can use an anti-oppressive framework when understanding a client's "symptoms".

This assignment must be 2 pages typed, double-spaced, using 12 point font.

2. Case Study Parts 1 & 2 Due October 25th

Part 1: (2 pages) Provide a brief biopsychosocial portrait of a client with whom you have worked in a clinical setting. If you have not worked with a client, please select a TV or movie character to use as the basis of your formulation. I will need to approve the character prior to the due date of this assignment. Describe the client's presenting concerns and clinical symptoms. Comment on the context in which you know this client. (What kind of agency you are/were working at, what your role is with this client. If you are describing a movie character, comment on the extent to which you have contact with the client's internal life, insights into his/her/their therapy, or just witnessing his/her/their behavior etc.) Finally, comment on how you might understand the client diagnostically, including which diagnoses you would consider.

Part 2: (3 pages) Choose a theoretical lens through which to make sense of this case. Summarize the main tenets of the theory you choose, including how a clinician practicing from this theoretical orientation looks to understand a client's problems. Use several references, including several of the required and recommended readings for this course. Feel free to read beyond the reading list provided as well. If you need direction, talk to me! Possible theoretical models include: Cognitive Behavioral Therapy, Mindfulness, Trauma Theory, Object Relations, Relational Theory. If you are interested in a theory or model that is not included in this course, please discuss it with me prior to use.

3. Final Case Study (Parts 1-5) Due November 29th

Please revise Parts One and Two of the case study based on my feedback and additional knowledge learned in the course. Please also include the following:

Part 3: (3 pages) Create a case formulation. The case formulation should put forth a hypothesis, on the basis of the theory you choose, about why this particular client developed these particular symptoms at this particular time. A good formulation will be concise and specific, focusing on the specific details of a client's particular symptoms, history, and life experiences. It should account for why the problems emerged when they did and why the problems persist into the present. It should also make sense of the person's problems in relationship to his/her/their significant relationships, life events, and multiple intersecting identities. In terms of the format of your case formulation, you may choose to use a psychodynamic case formulation format (see Perry article), a cognitive behavioral case formulation format (see Persons article), or using a different theoretical grounding with instructor permission.

Part 4: (2 pages) Comment on the way that the client's concerns and difficulties have (or might in the future) become manifest in the therapeutic relationship. Describe the transference and countertransference responses that have already occurred, or that you imagine could occur in the future given your understanding of the client, and discuss the ways they impact (hinder and benefit) treatment. Include attention to differences in the therapeutic relationship (e.g. racial, socioeconomic, gender, religious differences that have come up between you and your client) and how you and your client feel (or might feel) about these differences.

Part 5: (2 pages) Based your case formulation AND the reality of the restraints of your agency, describe at least two interventions that you have used (or would use in the future) to lessen the impact of your client's symptoms.

All papers should use 12 pt font with one inch margins on each side. Use APA style references, with a minimum of five references from the syllabus and three references from outside course material (recommended readings count). Please see me if you would like direction to outside material. This paper should be a total of 12-15 pages.

Grading Criteria for Papers:

- Quality of writing
- Adherence to APA format
- Adherence to the assignment
- Quantity of references and engagement with references used
- Comprehension of theory

- Critical application of theory to case
- Quality and thoroughness of case analysis
- Self-reflection about clinical work

Grading Criteria for Class Participation:

- Attendance
- Quality of comments, questions and feedback in class
- Evidence of preparation for class
- Ability to engage constructively with peers
- Participation in class experiential exercises
- Willingness to reflect on clinical work and demonstrate self-awareness

Late Paper Policy

Extensions are granted at the discretion of the instructor. If you have not negotiated an extension due date two days or more before the due date of the paper, your grade will be reduced a half grade point (e.g., from A to A-) for each day that the paper is late. Papers are due at the beginning of class on their due date. If you have negotiated an extension and do not turn in the assignment on the agreed upon date, additional penalties will be applied.

Academic Integrity

Students are expected to adhere to the University's Code of Academic Integrity. Care should be taken to avoid academic integrity violations, including: plagiarism, fabrication of information, and multiple submissions (see descriptions below). Students who engage in any of these actions will be referred to the Office of Academic Integrity, which investigates and decides on sanctions in cases of academic dishonesty.

Plagiarism: using the ideas, data, or language of another without specific or proper acknowledgment. Example: copying, in part or in its entirety, another person's paper, article, or web-based material and submitting it for an assignment; using someone else's ideas without attribution; failing to use quotation marks where appropriate, etc. 2. Fabrication: submitting contrived or altered information in any academic exercise. Example: making up data or statistics, citing nonexistent articles, contriving sources, etc. 3. Multiple submissions: submitting, without prior permission, any work submitted to fulfill another academic requirement.

It is the student's responsibility to consult with the instructor if the student is unsure about whether something constitutes a violation of the Code of Academic Integrity

COURSE OUTLINE

Class 1: August 30 -- Introduction to Course; Introduction to Case Formulation

Understanding Clients with Depression and Anxiety; Making Meaning of Symptoms; The Importance of Biopsychosocial Assessment and Case Formulation

Required Readings:

Williams, A. (2017, June 10). Prozac nation is now the united states of xanax. The New York Times. Retrieved from <https://mobile.nytimes.com/2017/06/10/style/anxiety-is-the-new-depression-xanax.html?referer=https://cupofjo.com/page/2/>

Cozolino, L. (2004). Now what do I do? In L. Cozolino, *The making of a therapist* (pp. 29 – 40). New York: W. W. Norton & Company.

McWilliams, M. (1999). The relationship between case formulation and psychotherapy. In N. McWilliams, *Psychoanalytic case formulation* (pp. 9 – 28). New York: The Guildford Press.

Sim, K., Gwee, K. P., & Bateman, A. (2005). Case formulation in psychotherapy: Revitalizing its usefulness as a clinical tool. *Academic Psychiatry*, 29, 289 – 292.

Recommended Readings:

Perry, S., Cooper, A.M., & Michels, R. (1987). The psychodynamic formulation: Its purpose, structure and clinical application. *The American Journal of Psychiatry*, 144(5), 543 – 550.

Persons, J.B., Tompkins, M.A. (1997). Cognitive-behavioral case formulation. In J.B. Persons & M.A. Tompkins, *Handbook of psychotherapy case formulation* (pp. 314 – 339). New York: Guildford Press.

Persons, J.B., Cuttis, J.T., & Silberschatz, G. (1991). Psychodynamic and cognitive-behavioral formulations of a single case. *Psychotherapy*, 28 (4), 608 – 617.

Class 2: September 6 -- Introduction to Depression – Assignment One Due

Manifestations of Depression – What does it look like?; Prevalence and Course of Depression; Genetic and Neurobiological Components of Depression; Assessment of Depression

Required Readings:

Brosh, A. (2013, May 9). Depression Part Two [Blog post]. Retrieved from <http://hyperboleandahalf.blogspot.com/search?updated-max=2013-10-02T14:53:00-06:00&max-results=10>

Kessler, R., De Jonge, P., Shahly, V., Van Loo, H., Wang, P. & Wilcox, M. (2014). Epidemiology of depression. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 7 – 25), New York: The Guilford Press.

Klein, D. & Allman, A. (2014). Course of depression: Persistence and recurrence. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 64- 83), New York: The Guilford Press.

Lau, J., Lester, K., Hodgson, K. & Eley, T. (2014). The genetics of mood disorders. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 165 - 181), New York: The Guilford Press.

Thase, M., Hahn, C. & Berton, O. (2014). Neurobiological aspects of depression. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 182 - 201), New York: The Guilford Press.

Recommended Readings:

Hagen, B., Wong-Wylie, G. & Pijl-Zieber, E. (2010). Tablets or talk? A critical review of the literature comparing antidepressants and counseling for the treatment of depression. *Journal of Mental Health Counseling*, 32(2), 102 – 124.

Cuijpers, P., van Straten, A., Schuurmans, J., van Oppen, P., Hollon, S.D. & Andersson, G. (2010). Psychotherapy for chronic major depression and dysthymia: A meta-analysis. *Clinical Psychology Review*, 30, 51 – 62.

Solomon, A. (1998, January 12). Anatomy of melancholy. *New Yorker*. Retrieved from <http://www.noondaydemon.com/newyorker.html> (Links to an external site.)Links to an external site.

Class 3: September 13 -- Theories of Depression

Vulnerability and Risk for Depression; Social Environment and Life Stress; Theories of Depression – How we can understand/conceptualize it; Thinking about Treatment

Required Readings:

Goodman, S. & Treadway, M. (2014). Early adverse experiences and depression. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 220 - 239), New York: The Guilford Press.

Joormann, J. & Arditte, N. (2014). Cognitive aspects of depression. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 259 - 276), New York: The Guilford Press.

Monroe, S. Slavich, G. & Georgiades, K. (2014). The social environment and depression: The roles of life stress. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 296 - 314), New York: The Guilford Press.

Recommended Readings:

Carey, B. (2013, November 18). Sleep therapy seen as an aid for depression. *The New York Times*. Retrieved from http://www.nytimes.com/2013/11/19/health/treating-insomnia-to-heal-depression.html?_r=0

Hammen, C. & Shih, J. (2014). Depression and interpersonal processes. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 277 - 295), New York: The Guilford Press.

Class 4: September 20 -- Psychodynamic Therapies for Depression

Introduction to major tenets of psychodynamic theory; Psychodynamic theory applied to diverse populations and practice settings; Psychodynamic theory of depression; Introduction to Relational Social Work

Required readings:

Berzoff, J. (2011). Why we need a biopsychosocial perspective with vulnerable, oppressed and at-risk clients. *Smith College Studies in Social Work*, 81, 132 – 166.

Kanter, J. (2012). Social care with the severely mentally ill: Psychodynamic perspectives. In J. Berzoff, *Falling through the cracks: Psychodynamic practice and vulnerable and oppressed populations* (pp. 319 – 346). New York: Columbia University Press.

Goldstein, E. (2009). The relationship between social work and psychoanalysis: The future impact of social workers. *Clinical Social Work Journal*, 37, 7-13.

Valerio, H. (2015). Permission to take a breath: A case of depression. In R. F. Summers & J. P. Barber, *Practicing Psychodynamic Therapy: A casebook* (pp. 52 – 67). New York: Guilford Press.

Recommended Readings:

McWilliams, N. (2011). Depressive and manic personalities. In *Psychoanalytic diagnosis* (pp. 235 – 266). New York: The Guildford Press.

Borden, W. (2000). The relational paradigm in contemporary psychoanalysis: Toward a psychodynamically informed social work perspective. *Social Service Review*, 74(3), 352 – 379.

Tosone, C. (2004). Relational social work: Honoring the tradition. *Smith College Studies in Social Work*, 74(3), 475 – 487.

Teyber, E. (2007). *Interpersonal process in therapy: An integrative model*. Belmont, CA: Brooks/Cole.

Goldstein, E.G., Miehl, D. & Ringel, S. (2009). *Advanced clinical social work practice: Relational principles and techniques*. New York: Columbia University Press.

Class 5: September 27 -- Depression, Self and Identity; Introduction to Self Psychology

Grandiosity and Depression; Bipolar Depression; False Self; ACOA Issues; Depression in the LGBT community

Required Readings:

Miller, A. (2007). *The drama of the gifted child: The search for the true self*. New York: Basic Books.

Brandell, J.R. (2009). Using self-psychology in clinical social work. In A.R. Roberts (Ed.), *Social workers' desk reference* (2nd ed.) (pp. 311 – 316). New York: Oxford University Press.

Bennett, S. & Rizzuto, C. (2012). Finding common ground: The perils of sameness and difference in the treatment of lesbian, gay, and bisexual clients. In J. Berzoff (Ed.), *Falling*

through the cracks: Psychodynamic practice with vulnerable and oppressed populations (pp. 206 – 240). New York: Columbia University Press.

Recommended Reading:

Goldstein, E. (2001). Object relations theory and self psychology in social work practice. New York: The Free Press.

Cochran, S.D., Sullivan, J.G., & Mays, V.M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53 – 61.

No class on October 4th! Enjoy.

Class 6: October 11 -- Object Relations Theory in the Treatment of Depression

Depression and Internalized Anger; Internalized Object Relations; Winnicott: Transitional Objects and the Holding Environment

Required Readings:

Stadter, M. (1996). Object relations concepts and brief therapy. In *Object relations brief therapy: The therapeutic relationship in short-term work* (pp. 29 – 66). Northvale, NJ: Jason Aronson, Inc.

Segal, C. (2012). “We’re cool, you and me”: A relational approach to clinical social work in the city: Psychodynamic psychotherapy within a homeless shelter for formerly incarcerated women and their children. In J. Berzoff (Ed.), *Falling through the cracks: Psychodynamic practice and vulnerable and oppressed populations* (pp. 75 - 106). New York: Columbia University Press.

Davies, L. & Collings, S. (2008). Emotional knowledge for child welfare practice: Rediscovering our roots. *Smith College Studies in Social Work*, 78 (1), 7 – 26.

Class 7: October 18 -- Suicide and Suicide Assessment

Suicide and Mood Disorders; Assessing for Suicidality; Suicidality in the Course of Psychotherapy

Required Readings:

Nock, M., Millner., Deming., & Glenn, C. (2014). Depression and suicide. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 448 - 468), New York: The Guilford Press.

Gonda, X., Fountoulakis, K.N., Kaprinis, G. & Rihmer, Z. (2007). Prediction and prevention of suicide in patients with unipolar depression and anxiety. *Annals of General Psychiatry*, 6, 23 – 30.

Alexander, J.L. (2007). Client suicide: This is not happening to me: A clinical report and personal memoir. *Smith College Studies in Social Work*, 77(2/3), 67 – 78.

Shea, S.C. (2004). The delicate art of eliciting suicidal ideation. *Psychiatric Annals*, 34(4), 385 – 400.

Friend, T. (2003, October 13). Jumpers: The fatal grandeur of the Golden Gate Bridge. *The New Yorker*. Retrieved from http://www.newyorker.com/archive/2003/10/13/031013fa_fact

Mishna, F., Antle, B.J., & Regehr, C. (2002). Social work with clients contemplating suicide: Complexity and ambiguity in the clinical, ethical, and legal considerations. *Clinical Social Work Journal*, 30(3), 265 – 280.

Recommended Reading:

Parker, I. (2012, February 6). The story of a suicide: Two college roommates, a webcam and a tragedy. *The New Yorker*. Retrieved from http://www.newyorker.com/reporting/2012/02/06/120206fa_fact_parker.

Class 8: October 25 -- Trauma: PTSD, Complex Trauma – Assignment Two Due

Introduction to PTSD; Introduction to Complex PTSD; Stages of Trauma Treatment; Trauma Focused CBT

Required Readings:

Vonk, M.E., Bordnick, P. & Graap, K. (2006). Cognitive-behavioral therapy with posttraumatic stress disorder. In A.R. Roberts. & K.R. Yeager, (Eds.), *Foundations of evidence-based social work practice* (pp. 323 – 335). New York: Oxford University Press.

Lebowitz, L., Harvey, M. R. & Herman, J. L. (1993). A stage-by-dimension model of recovery from sexual trauma. *Journal of Interpersonal Violence*, 8 (3), 378 – 391.

Courtois, C.A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychological Trauma: Theory, Research, Practice and Policy*, 8(1), 86 – 100.

Cohen, J. A., Mannarino, A. P., Kliethermes, M. & Murray, L. A. (2012). Trauma-focused CBT for youth with complex trauma. *Child abuse and neglect*, 36, 528 – 541.

Recommended Reading:

Trappers, B., Cohen, C.I. & Tulloo, R. (2007). Impact of early lifetime trauma in later life: Depression among holocaust survivors 60 years after the liberation of Auschwitz. *American Journal of Geriatric Psychiatry*, 15 (1), 79 – 83.

Briere, J.B. & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks: Sage Publications.

Herman, J. (1997). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. New York: Basic Books.

Perry, B.D. & Szalavitz, M. (2006). *The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing*. New York: Basic Books.

Class 9: November 1 -- Anxiety and its Manifestations

Manifestations of Anxiety – What does it look like?; Prevalence and Course of Anxiety Disorders; Theories of Anxiety – How do we understand it?

Required Readings:

Heller, N.R. & Rozas, L.W. (2011). Anxiety conditions. In N.R. Heller & A. Gitterman (Eds.), *Mental health and social problems: A social work perspective* (pp. 356 – 380). New York: Routledge.

Simmons, B.M. (2011). The complexity of evidence-based practice: A case study. *Smith College Studies in Social Work*, 81, 252 – 267.

Berzoff, J. (2008). Anxiety and its manifestations. In J. Berzoff, L.M. Flanagan & P. Hertz (Eds.), *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts* (pp. 387 - 410). New York: Jason Aronson.

Mineka, S. & Vrshek-Schallhorn, S. (2014). Comorbidity of unipolar depressive and anxiety disorders. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 84 – 102), New York: The Guilford Press.

Class 10: November 8 -- Introduction to Cognitive Behavioral Therapy

CBT in treatment of depression and anxiety; Cognitive Restructuring; Special Emphasis on the Phobias (Specific Phobia and Social Anxiety Disorder)

Required Readings:

Vonk, M.E. & Early, T.J. (2009). Cognitive-behavioral therapy. In A.R. Roberts (Ed.), *Social workers' desk reference* (pp. 242 – 247). New York: Oxford University Press.

Granvold, D.K. (2009). Cognitive restructuring techniques. In A.R. Roberts (Ed.), *Social workers' desk reference* (pp. 588 – 593). New York: Oxford University Press.

Walsh, J. (2002). Shyness and social phobia: A social work perspective on a problem in living. *Health and Social Work*, 27 (2), 137 – 144.

Bloom, B.L., Yeager, K.R., & Roberts, A.R. (2006) Evidence-based practice with anxiety disorders: Guidelines based on 59 outcomes studies. In A.R. Roberts A.R. & K.R. Yeager (Eds.), *Foundations of evidence-based social work practice* (pp. 275 – 290). New York: Oxford University Press:

Stampfl, T.G. & Shapiro, F. (2003). Exposure and flooding therapies. In J.O. Prochaska & J.C. Norcross. *Systems of psychotherapy: A transtheoretical analysis* (pp. 252 – 277). Pacific Grove, CA: Brooks/Cole.

Hollon, S. D. & Dimidjian, S. (2014). Cognitive and behavioral treatment of depression. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 513- 531), New York: The Guilford Press.

Recommended Readings:

Nezu, A., D'Zurilla, T., Zeick, M., Nezu, C. (2004). Problem solving therapy for adults. In E. Chang, T.D'Zurilla, & L. Sanna (eds.), *Social problem solving: Theory, research, and training*. (pp. 171-191). Washington, DC: American Psychological Association.

Class 11: November 15 -- Obsessive Compulsive Disorder

OCD, Hoarding Disorder, Body Dysmorphic Disorder, Trichotillomania and Excoriation Disorder; Obsessive Compulsive Disorder versus Obsessive Compulsive Personality Style; Conceptualization and Treatments; Prolonged Exposure and Response Prevention; Systematic Desensitization, In Vivo Exposure, Flooding

Required Readings:

Foa, E. B. & McLean, C. P. (2016). The efficacy of exposure therapy for anxiety-related disorders and its underlying mechanisms: The case of OCD and PTSD. *Annual review of clinical psychology*, 12, 1 – 28.

Kempke, S. & Luyten, P. (2007). Psychodynamic and cognitive-behavioral approaches of obsessive-compulsive disorder: Is it time to work through our ambivalence? *Bulletin of the Menninger Clinic*, 71(4), 291-311.

Nordsletten, A. E., Fernandez de la Cruz, L., Bilotti, D., & Mataix-Cox, D. (2013). Finders keepers: The features differentiating hoarding disorder from normative collecting. *Comprehensive Psychiatry*, 54, 229 – 237.

Pertusa, A., Frost, R. O., & Mataix-Cols, D. (2010). When hoarding is a symptom of OCD: A case series and implications for DSM-V. *Behaviour Research and Therapy*, 48, 1012- 1020.

Class 12: November 20 -- Panic Disorder – CLASS MEETS ON TUESDAY

Understanding and Treating Panic Disorder; Agoraphobia; Working with the Body; Progressive Muscle Relaxation

Required Readings:

MacNeil, G. (2009). Panic disorders and agoraphobia. In A.R. Roberts (Ed.), *Social workers' desk reference* (pp. 538 – 544). New York: Oxford University Press.

Collison, J. R. & Correll, T. (2011). Treating panic disorder: A psychotherapeutic case. *Innovations in Clinical Neuroscience*, 8 (2), 33 – 40.

Deacon, B. (2007). Two-Day intensive cognitive behavioral therapy for panic disorder: A case study. *Behavior Modification*, 31 (5), 595 – 615.

Class 13: November 29 -- Mindfulness and Body Based Therapies – Final Paper Due

Special Emphasis on Generalized Anxiety Disorder; Introduction to Mindfulness and Body-Based Therapies; Mindfulness Practice

Required Readings:

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78* (2), 169 – 183.

Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy, 48* (2), 198- 208.

Forsyth, J. P. & Eifert, G. H. (2007). *The mindfulness and acceptance workbook for anxiety* (pp. 147 – 176). Oakland, CA: New Harbinger.

Class 14: December 6 -- Use of Self; Self Care; Ending

Discussion of Social Worker's Use of Self in Psychotherapy; Integration of the personal and the professional self; The Cost of Caring and the Gifts of Caring; Course Feedback

Required Readings:

Dewane, C. (2006). Use of self: A primer revisited. *Clinical Social Work Journal, 34*(4), 543 – 558. Jackson, T. (2012, May 26). Let's be less productive. *New York Times Sunday Review*. Retrieved from <http://www.nytimes.com/2012/05/27/opinion/sunday/lets-be-less-productive.html>.

Bodenheimer, D. (2011). An examination of the historical and current perceptions of love in the psychotherapeutic dyad. *Clinical Social Work Journal, 39*(1), 39-49.