

**Psychopathology Class Resource List**  
**William F. Doverspike, PhD**  
**Bibliography**  
Updated September 11, 2020

These reference entries include sources that may be cited in class. The purpose of this bibliography is to assist students in finding a source of information if the citation is not contained in the lecture notes or presentation decks. These sources vary widely in terms of their degree of scholarly value, ranging from publications in peer-reviewed scientific and professional journals to internet blog posts describing the personal experiences of individual authors. As a general rule when writing papers, students should cite only scholarly sources and peer-reviewed research. These reference entries include sources that may be cited in class. The purpose of this bibliography is to assist students in finding a source of information if the citation is not contained in the lecture notes or presentation decks. These sources vary widely in terms of their degree of scholarly value, ranging from publications in peer-reviewed scientific and professional journals to internet blog posts describing the personal experiences of individual authors. As a general rule when writing papers, students should cite only scholarly sources and peer-reviewed research. Some reference list entries are written in APA (2010) *Publication Manual* (6th ed.) style, which provides more detail for print publications (e.g., such as location of publisher), whereas other reference list entries are written in APA (2020) *Publication Manual* (7th ed.) style, which provides more detail for digital sources (e.g., such as name of website).

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49-74.

Adams, D. R., Kern, D. W., Wroblewski, K. E., McClintock, M. K., Dale, W., & Pinto, J. M. (2018, January). Olfactory dysfunction predicts subsequent dementia in older U.S. adults. *Journal of the American Geriatrics Society*, 66(1), 140-144. [First published online September 25, 2017] <https://doi.org/10.1111/jgs.15048>.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.15048>

Based on a longitudinal study and home interview of a population representative of U.S. older adults (i.e., a total of 2,906 men and women aged 57 to 85), the authors investigated the relationship between olfactory dysfunction and subsequent diagnosis of dementia. Objective odor identification ability was measured at baseline using a validated five-item test using “odor pens” (Sniffing Sticks) with the scents of peppermint, orange, rose, fish, leather. Five years later, the respondent, or a proxy if the respondent was too sick to interview or had died, reported physician diagnosis of dementia. The association between baseline olfactory dysfunction and an interval dementia diagnosis was tested using multivariate logistic regression, controlling for age, sex, race and ethnicity, education, comorbidities, and cognition at baseline. Older adults with olfactory dysfunction had more than twice the odds of having developed dementia 5 years later (odds ratio = 2.13,

95% confidence interval = 1.32-3.43), controlling for the above covariates. The authors conclude that the validated five-item odor identification test is an efficient, low-cost component of the physical examination that can provide useful information while assessing individuals' risk of dementia.

Adi, A., & Mathbut, M. (2018, April 1). The duty to protect: Four decades after *Tarasoff*. *The American Journal of Psychiatry Residents' Journal*, 13(4), 6-8.  
<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2018.130402>

Adler, F. (2013, February 1). *Catching the cold*. *TheScientist*. <https://www.the-scientist.com/features/catching-the-cold-39858>

Science writer Fred Adler notes that the simplicity that stems from the small physical size of viruses has changed how scientists think about the process of evolution. As in all organisms, a mutation in a virus changes one molecule. Evolution in an RNA virus is distinct from that of more traditionally studied organisms because of its tiny genome of single-stranded RNA. Rhinoviruses, for example, carry just 10 genes. A swarm of viruses probably explores more evolutionary space than any other evolving entity, as seen in the rapid evolution of resistance to antiviral therapies in patients with HIV. In fact, there may well be more viruses in a single common cold infection than there have been primates in the entire history of life on Earth. Mutation rates of rhinoviruses, which are small RNA viruses, are roughly 100,000 times higher than in humans. With a global population exceeding one billion trillion people, rhinoviruses are arguably the most successful rapidly infecting viruses on Earth today.

Addiction Counselor Exam Secrets Prep Team. (2014). *Addiction counselor exam study guide*. Beaumont, TX: Mometrix Test Preparation.

Addiction Counselor Exam Secrets Prep Team. (2014). *Addiction counselor practice questions & Review for the Addictions Counselor Exam*. Beaumont, TX: Mometrix Test Preparation.

Addiction Counseling Professional Organizations. (2018). What do you need to do to become a Substance Abuse Counselor? <http://www.addiction-counselors.com/articles/becoming-a-substance-abuse-counselor.html>

Adler, G., & Hull, R. F. C. Hull (Trans. & Eds.). G. (1976). *The collected works of C. G. Jung* (Vol. 18). Princeton, NJ: Princeton University Press.

Aiken, C. (2017, July 20). 6 ways to reduce no-shows (and save lives). *Psychiatric Times*.  
[http://www.psychiatristimes.com/news/six-ways-reduce-no-shows-save-lives?rememberme=1&elq\\_mid=1831&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](http://www.psychiatristimes.com/news/six-ways-reduce-no-shows-save-lives?rememberme=1&elq_mid=1831&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)

Aiken, C. (2018, September). How to diagnose mixed features without over-diagnosing bipolar. *Psychiatric Times*, 35(9), 1, 6-7.

Aiken, C. (2019, April 16). Antidepressants in bipolar II disorder. *Psychiatric Times*. <https://www.psychiatristimes.com/bipolar-disorder/antidepressants-bipolar-ii-disorder>  
Although antidepressants are increasingly discouraged in the treatment of bipolar I disorder, psychiatrists have different opinions regarding their use in the treatment of bipolar II disorder. In reviewing a study by psychiatrist Gordon Parker (2019), in which 18 international experts were surveyed regarding their treatment of bipolar II disorder, psychiatrist Chris Aiken summarizes the survey results by concluding that antidepressants were preferred by physicians if the patient responded to them in the past or got worse after stopping them. Antidepressants were also seen as a viable option when depression was long-standing and hypomanias were mild and restricted to the distant past. Psychiatrists avoided prescribing antidepressants when there was (1) a history of manic symptoms, mixed states, or rapid cycling within a few months of starting an antidepressant, (2) rapid cycling, or (3) recent hypomanic or mixed symptoms within the past 6 months.

Aiken, C. (2019, May 16). Separated at birth: Bipolar and borderline personality disorders. *Psychiatric Times*. [https://www.psychiatristimes.com/bipolar-disorder/separated-birth-bipolar-and-borderline-personality-disorders?rememberme=1&elq\\_mid=6887&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](https://www.psychiatristimes.com/bipolar-disorder/separated-birth-bipolar-and-borderline-personality-disorders?rememberme=1&elq_mid=6887&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)

Chris Aiken, M.D., Bipolar Disorder Section C-Editor for *Psychiatric Times*, discusses similarities between borderline personality disorder and cyclothymic disorder, a misunderstood variant of bipolar disorder. This disorder was known as *cycloid personality disorder* in early drafts of the DSM-III. Cyclothymic personality may be a risk factor that may contribute to the development of borderline personality disorder.

Aiken, C. 2019, September 5). Dark chocolate for depression. *Psychiatric Times*. [https://www.psychiatristimes.com/depression/dark-chocolate-depression?rememberme=1&elq\\_mid=8519&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](https://www.psychiatristimes.com/depression/dark-chocolate-depression?rememberme=1&elq_mid=8519&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)

Psychiatrist Chris Aiken, M.D. provides a brief discussion of a cross-sectional survey (see Jackson et al., 2019) of over 13,000 adults in which self-reported chocolate consumption was compared with self-reported depressive symptoms as measured by the Patient Health Questionnaire—9 (PHQ-9). People who ate dark chocolate in the past 24 hours were 70% less likely to report depression. The same effects were not seen with milk chocolate, suggesting that the benefits were not simply due to the pleasures of the food. In consideration of possible confounding variables, the researchers controlled for other lifestyle factors such as total sugar and caloric intake, physical activity, smoking, alcohol, as well as age, sex, marital status, education, income, weight, and presence of

chronic medical problems. In the end, the association remained. Those who consumed dark chocolate reported lower levels of depression, and those who ate the largest quantities of chocolate had the lowest rates of depression. On average, the consumers of dark chocolate ate only 12 grams a day—a little less than half an ounce. The cut-off for “dark” chocolate was  $\geq 45\%$  cocoa. In contrast, the optimal dose for physical health is 1 to 2 ounces a day of  $\geq 70\%$  cocoa. According to Aiken, keeping the percentage high and the ounces low maximizes the healthy ingredients while minimizing the calories and sugar.

- Aiken, C. (2020, April 15). Can good sleep prevent a virus? *Psychiatric Times*.  
<https://www.psychiatristimes.com/slideshows/can-good-sleep-prevent-virus>  
Psychiatrist Chris Aiken, M.D. provides a concise summary of a review in *Nature Immunology* that concludes that it’s “chronic sleep loss that is detrimental rather than acute sleep loss, which instead might enhance the immune system.” Cognitive Behavioral Therapy for Insomnia (CBT-i) is an approved method for treating insomnia without the use of sleeping pills. CBT-i improves immune function: CBT-i raised levels of interferons, neutrophils; lymphocytes, and interleukins in a randomized controlled trial of women with compromised immune function due to breast cancer. CBT-i is antiinflammatory and antidepressive: CBT-i treated depression in over a dozen randomized controlled trials, and reduced inflammatory markers like CRP and inflammatory cytokines in two randomized trials.
- Aitken, M., Steensma, T. D., Blanchard, R., VanderLaan, D. P., Wood, H., Fuentes, A., Spegg, C., Wasserman, L., Ames, M., Fitzsimmons, C. L., Leef, J. H., Lishak, V., Reim, E., Takagi, A., Vinik, J., Wreford, J., Cohen-Kettenis, P. T., de Vries, A. L. C., Kreukels, B. P. C., & Zucker, K. J. (2015). Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. *Journal of Sexual Medicine*, 12(3), 756-763.
- Allen, R. C. (1973). The Brawner Rule: New lyrics for an old tune. *Washington University Law Review*, 1973(1), 1-21. [https://openscholarship.wustl.edu/law\\_lawreview/vol1973/iss1/6](https://openscholarship.wustl.edu/law_lawreview/vol1973/iss1/6)  
Richard Allen is Professor of Law and Director, Institute of Law, Psychiatry and Criminology, The George Washington University School of Law, Washington, D.C. In this article, he compares the Brawner Rule with the Durham Rule.
- Allport, G.W. & Odbert, H.S. (1936). Trait names: A psycho-lexical study. *Psychological Monographs*, 47, No.211.
- American Association of Sexuality Educators, Counselors and Therapists. (2016). AASECT position on sex addiction. <https://www.aasect.org/>
- American Foundation for Suicide Prevention. (AFSP). (2019). *Suicide statistics*.  
<https://afsp.org/about-suicide/suicide-statistics/>  
In 2017, the highest U.S. age-adjusted suicide rate was among Whites (15.85) and the second highest rate was among American Indians and Alaska Natives (13.42). Much

lower and roughly similar rates were found among Black or African Americans (6.61) and Asians and Pacific Islanders (6.59). The age-adjusted suicide rate in 2017 was 14.0 per 100,000 individuals. The rate of suicide is highest in middle-age white men in particular. In 2017, men died by suicide 3.54 times more often than women. On average, there are 129 suicides per day. White males accounted for 69.67% of suicide deaths in 2017. In 2017, firearms were the most common method of death by suicide, accounting for a little more than half (50.57%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 27.72% and poisoning at 13.89%. In 2017, firearms accounted for 50.57% of all suicide deaths: Firearm (50.6%), Suffocation (27.7%), Poisoning (13.9), and Other (7.8%). The data are based on age-adjusted rates. According to AFSP, the data were derived from Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2017.

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* (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

American Psychiatric Association. (2004). Practice guidelines for the treatment of patients with schizophrenia, second edition. *American Journal of Psychiatry*, 161 (suppl 2), 1-56.

American Psychiatric Association (2013). *The principles of medical ethics with annotations especially applicable to psychiatry*. Arlington, VA: Author.

The so-called Goldwater Rule refers to Section 7 of Paragraph 3: “On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement” (APA, 2013, p. 9).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

American Psychiatric Association. (2013, May 17). Highlights of changes from DSM-IV-TR to DSM-5. Arlington, VA: Author.

American Psychiatric Association (2013). Attention deficit/hyperactivity disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Autism spectrum disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Conduct disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Disruptive mood dysregulation disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Eating disorders [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Gender dysphoria [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Intellectual disability [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Internet gaming disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Major depressive disorder and the bereavement exclusion [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Mild neurocognitive disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Obsessive-compulsive and related disorders [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Paraphilic disorders [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Personality disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Posttraumatic stress disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Schizophrenia [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Sleep wake disorders [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Specific learning disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Social communication disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Somatic symptom disorder [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association (2013). Substance-related and addictive disorders [Fact sheet]. Arlington, VA: Author. <http://dsm5.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>

American Psychiatric Association. (2016, September). *Supplement to diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association Publishing. This supplement is located at this link: <http://dsm.psychiatryonline.org> Available at <http://dsm.psychiatryonline.org/pb-assets/dsm/update/DSM5Update2016.pdf> This supplement reflects updates to diagnostic criteria and related text; coding updates, changes, or corrections; and any other information necessary for compensation in mental health practice. This supplement contains ICD-10-CM updates that became effective October 1, 2016. It also includes content from prior updates that remain relevant to compensation and current clinical practice.

American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57(12), 1060–1073.

American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271–285. <https://doi.org/10.1037/0003-066X.61.4.271>

American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist*, 67, 10-42.  
<http://dx.doi.org/10.1037/a0024659>

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864.  
doi: 10.1037/a0039906

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington, DC: Author.

American Psychological Association Practice and Science Directorates (2000, August). Report of the Task Force on test user qualifications.  
<https://www.apa.org/science/programs/testing/qualifications.pdf>

American Psychological Association Practice Organization, Legal and Regulatory Affairs. (2018, April 5). Airlines update their policies on emotional support animals, *Practice Update*. <http://www.apapracticecentral.org/update/2018/04-05/airlines-support-animals.aspx>

American Psychological Association Services. (2020, April 24). *Telehealth guidance by state during COVID-19: State emergency orders relevant to licensed psychologists during the COVID-19 public health crisis*. <https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary>

Key words: COVID-19, Coronavirus

This article provides state-specific information related to emergency orders relevant to licensed psychologists during the COVID-19 public health crisis. This resource is updated regularly for the duration of the COVID-19 public health emergency.

Government and payer policies in response to the coronavirus crisis are changing rapidly, so it is recommended that psychologists check the APA Practice Information Hub frequently. It is important to note that the state-specific information below does not apply to Medicare, including information about trainees' services. The Centers for Medicare and Medicaid Services does not cover services provided by supervised trainees to Medicare beneficiaries. With regard to Medicaid, Georgia Medicaid is temporarily waiving any restrictions on originating sites (where the patient is located) and distant sites (where the provider is located) during the public health emergency. Qualified



providers should continue to follow all applicable licensure rules specific to their profession. Services delivered from distant sites will be billed using the provider billing address associated with the enrolled Medicaid practice or facility. Claims must be billed using the associated procedure code, GT modifier and place of service code 02 to indicate telehealth delivery. With regard to Supervised Trainee Telehealth Services – Telesupervision and Medicaid Reimbursement, Georgia Emergency Rule amending Board Rule 510-2-.05 allows for supervision of practicum students, interns or post-doctorate fellows to be conducted by telephone and/or videoconferencing for the duration of the COVID-19 state of emergency, and for a period of not more than 120 days thereafter.

Ancis, J. R., & Jongsma, A. E. (2007). *The complete women's psychotherapy treatment planner*. New York, NY: John Wiley & Sons.

Andrade, C. (2016). Cannabis and neuropsychiatry: The longitudinal risk of psychosis as an adverse outcome. *Journal of Clinical Psychiatry*, 77, e739-e742.

THC appears to accelerate the onset of a first psychotic episode by 2 to 3 years in individuals who are at risk. An exposure-dependent effect has also been demonstrated. Frequent cannabis use and more potent THC levels increase the risk of psychosis. Ongoing cannabis use after a first psychotic episode is correlated with an increased risk of relapse, as well as a higher severity of positive symptoms and a greater decline in overall functioning. Abstinence reduces the relapse risk.

APA Office of Health Care Financing Staff. (2018, May 3). Up-to-code: Testing code changes on the horizon: Preparing psychologists for upcoming billing code changes taking effect Jan 1, 2019. *PracticeUpdate*. <https://www.apapracticecentral.org/update/2018/05-03/testing-code-changes.aspx>

Arenson, M., & Cohen, B. (2017, March). Posttraumatic stress disorder and cardiovascular disease. *PTSD Research Quarterly*, 28(1), 1.  
<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V28N1.pdf>

Aron, A., Melinat, E., Aron, E. N., Vallone, R. D., & Bator, R. J. (1997). The experimental generation of interpersonal closeness: A procedure and some preliminary findings. *Personality and Social Psychology Bulletin*, 23(4), 363-377.

Arthur Aron and colleagues describe the original research that 20 years later led to the popularized social media list of 36 questions that may help people fall in love with their partners again.

Ash, P. (Ed.) (2019). *From courtroom to clinic: Legal cases that changed mental health treatment*. New York, NY: Cambridge University Press.

Association of American Physicians and Surgeons (AAPS). (2018, October 1). *Opting out of Medicare: A guide for physicians*. Association of American Physicians and Surgeons.  
<https://aapsonline.org/opting-out-of-medicare-a-guide-for-physicians/>

In the Medicare Access and CHIP Reauthorization Act of 2015, there is a provision that repeals the requirement of having to renew an opt-out status every two years. Physicians opting out of Medicare after June 16, 2015 need to file an affidavit to opt out of Medicare only once, and it will have permanent effect. The physician will no longer need to renew his opt-out every two years thereafter. However patients will still need to sign a private contract every two-years.

A list of Medicare carriers by state is listed at this link:

[https://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](https://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf)

A sample contract recommended by a Medicare Administrative Contractor, Noridian, is available at this link: <https://med.noridianmedicare.com/documents/10525/2052366/Opt-Out+Private+Contract>

Association for Addiction Professionals. National Certified Addictions Counselor, Level I (NCAC I). (2018). <https://www.naadac.org/ncac-i>

Association for Addiction Professionals. National Certified Addictions Counselor, Level II (NCAC II). (2018). <https://www.naadac.org/ncac-ii>

Axelson, D., Findling, R. L., Fristad, M. A., Kowatch, R. A., Youngstrom, E. A., McCue Horwitz, S., Arnold, L. E., Frazier, T. W., Ryan, N., Demeter, C., Gill, M. K., Hauser-Harrington, J. C., Depew, J., Kennedy, S. M., Gron, B.A., Rowles, B. M., & Birmaher, B. (2012). Examining the proposed disruptive mood dysregulation disorder diagnosis in children in the Longitudinal Assessment of Manic Symptoms study. *Journal of Clinical Psychiatry*, 73, 1342-1350.

Axelson, D., Goldstein, B., Goldstein, T., Monk, K., Yu, H., Hickey, M. B., Sakolsky, D., Diler, R., Hafeman, D., Merranko, J., Iyengar, S., Brent, D., Kupfer, D., & Birmaher, B. (2015). Diagnostic precursors to bipolar disorder in offspring of parents with bipolar disorder: A longitudinal study. *American Journal of Psychiatry*, 172, 638-646.

Axelson et al. sought to identify diagnostic risk factors of manic, mixed, or hypomanic episodes in the offspring of parents with bipolar disorder (“high-risk offspring”). The authors concluded that subthreshold manic or hypomanic episodes were a diagnostic risk factor for the development of manic, mixed, or hypomanic episodes in the offspring of parents with bipolar disorder and should be a target for clinical assessment and treatment research. Major depressive episodes and disruptive behavior disorders are also indications for close clinical monitoring of emergent bipolarity in high-risk offspring.

Baker, D. B., & Benjamin, L. T., Jr. (2000). The affirmation of the scientist-practitioner: A look back at Boulder. *American Psychologist*, 55(2), 241–247. <https://doi.org/10.1037/0003-066X.55.2.241>

David Baker, Ph.D. and Ludy Benjamin, Ph.D. discuss the professionalization of psychology after World War II with the synthesis of the Boulder Conference on Graduate Education in Clinical Psychology in 1949. The major outcome of the Boulder conference was the endorsement of the scientist-practitioner model of training in professional psychology. According to Baker and Benjamin’s (2000) review, David Shakow, Ph.D. (1901–1981) was largely responsible for the ideas and developments of the Boulder

Model. On May 3, 1941, while he was chief psychologist at Worcester State Hospital in Massachusetts, Shakow drafted his first training plan to educate clinical psychology graduate students during a Conference at The New York Psychiatric Institute, now referred to as Shakow's 1941 American Association for Applied Psychology Report. As an aside, it is interesting to note that Worcester State Hospital was originally known as the Worcester Lunatic Asylum, which dated back to the 1830s. Shakow's 1941 report outlined a 4-year education track that became the first model for training clinical psychologists: Year 1 (establish a strong foundation in psychology and other applied sciences), Year 2 (learn therapeutic principles and practices needed to treat patients), Year 3 (internship, gain supervised field experience), and Year 4 (complete research dissertation). For a review of the contemporary scientist-practitioner model (i.e., the current Boulder model), see Shapiro (2002).

- Baglio, M. (2009). *The Rite: The making of a modern exorcist*. New York, NY: Doubleday.
- Bain, J. A. (1928). *Thought control in everyday life*. New York, NY: Funk & Wagnalls.  
According to Joseph Wolpe (1969), a South African psychiatrist who was one of the most influential figures in the development and clinical application of behavior therapy, thought stopping was introduced by Bain.
- Baldwin, D. S., Anderson, I. M., Nutt, D. J., Bandelow, B., Bond, A., Davidson, J. R., de Boer, J. A., Fineberg, N. A., Knapp, M., Scott, J., Wittchen, H. U., & British Association for Psychopharmacology. (2005, November). Evidence-based guidelines for the pharmacological treatment of anxiety disorders: recommendations from the British Association for Psychopharmacology. *Journal of Psychopharmacology*, *19*(6), 567-596.
- Balkin, R. S., Cavazos, J. J., Hernandez, A. E., Garcia, R., Dominguez, D. L., & Valarezo, A. (2013). Assessing at-risk youth using the Reynolds Adolescent Adjustment Screening Inventory with a Latino population. *Journal of Addictions and Offender Counseling*, *34*(1), 30-39.
- Bandura, A. (1973). *Aggression: A social learning analysis*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1977). *Social learning theory*. New York, NY: General Learning Press.
- Barlow, D. H. (2000). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist*, *55*, 1247-1263.
- Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic*. New York, NY: Guilford Press.
- Barlow, D. H., Allen, M. L., & Choate, M. L. (2004, Spring). Toward a unified treatment for emotional disorders. *Behavior Therapy*, *35*(2), 205-230.

- Barlow, D. H., & Durand, V. M. (2015). *Abnormal psychology: An integrative approach* (7th ed.). Stamford, CT: Cengage Learning.
- Barlow, D. H., Durand, V. M., & Hofmann, S. G. (2018). *Abnormal psychology: An integrative approach* (8th ed.). Stamford, CT: Cengage Learning.
- Barlow, D. H., Farchione, T.J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., Allen, L. B., & Ehrenreich-May, J. (2011). *The unified protocol for transdiagnostic treatment of emotional disorders: Client workbook*. New York, NY: Oxford University Press.
- Barlow, D. H., Rapee, R. M., & Reisner, L. C. (2001). *Mastering stress 2001: A lifestyle approach*. Dallas, TX: American Health Publishing.
- Barnhill, J. W. (Ed.) (2014). *DSM-5<sup>TM</sup> clinical cases*. Arlington, VA: American Psychiatric Association.
- Bailey, J. M. (2003). *The man who would be queen: The science of gender-bending and transsexualism*. Washington, D.C: Joseph Henry Press.
- Bailey, J. M., Miller, J. S., & Willerman, L. (1993). Maternally rated childhood gender nonconformity in homosexuals and heterosexuals. *Archives of Sexual Behavior*, 22(5), 461–469.
- Bailey, R. J., & Ogles, B. M. (2020). Common factors as a therapeutic approach: What is required? *Practice Innovations*, 4(4), 241-254.
- Bailey, J. M., & Zucker, K. J. (1995). Childhood sex-typed behavior and sexual orientation: A conceptual analysis and quantitative review. *Developmental Psychology*, 31, 43–55.
- Baron-Cohen, S. (2000). Is Asperger syndrome/high-functioning autism necessarily a disability? *Development and Psychopathology*, 12(200), 489-500.
- Barton, M. B. (1982, October). Saint Teresa of Avila: Did she have epilepsy? *The Catholic Historical Review*, 68(4), 581-598.  
Marcella Biro Barton, Assistant Professor of History in Rio Grande College, Ohio, addresses the possibility that Saint Teresa of Ávila may have had a form of epilepsy known as temporal lobe seizures that were integrated by a holistic view of the world into a description of her understanding of mystical life.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York, NY: Ballantine Books.
- Bean, A. M., Nielsen, R. K. L., van Rooij, A. J., & Ferguson, C. J. (2017, October ). Video game addiction: The push to pathologize video games. *Professional Psychology: Research and Practice*, 48(5), 378-389.  
Key words: Gaming disorder

- Beck, A. T., & Steer, R. A. (1990). *Beck Anxiety Inventory Manual*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., & Steer, R. A. (1991). *Manual for the Beck Scale for Suicide Ideation Manual*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., & Steer, R. A. (1988). *Manual for the Beck Hopelessness Scale*. San Antonio, TX: Psychological Corporation.
- Beck, J. (2019, January 8). The personality trait that makes people feel comfortable around you: People with positive “affective presence” are easy to be around and oil the gears of social interactions. <https://www.theatlantic.com/family/archive/2019/01/affective-presence-how-you-make-other-people-feel/579643/>  
Key words: Affective presence  
Although it is not a scholarly article, Julie Beck provides a basic summary of the importance of positive affective presence, based on research by Noah Eisenkraft and Hillary Anger Elfenbein (2010).
- Becker, J. T., Mestre, L. T., Ziolkowski, S., & Lopez, O. L. (2007). Gene–environment interactions with cognition in late life and compression of morbidity. *American Journal of Psychiatry*, *164*, 849-852.
- Begley, S. (2020, March 16). *The new coronavirus can likely remain airborne for some time. That doesn't mean we're doomed.* Statnews. <https://www.statnews.com/2020/03/16/coronavirus-can-become-aerosol-doesnt-mean-doomed/>  
Key words: COVID-19, Coronavirus  
Sharon Begley discusses *aerosolization*, which is the process in which some physical substance can be converted into the form of particles small and light enough to be carried on the air (i.e., into an aerosol) in the absence of an air filtration system.
- Beins, B. C. (1987). Psychological testing and interpretation. In V. P. Makosky, L. G. Whittemore, & A. M. Rogers (Eds.), *Activities handbook for the teaching of psychology* (Vol. 2.), pp. 266-274). Washington, DC: American Psychological Association.
- Beins, B. C. (1991). Using the Barnum effect to teach ethics in research [Unpublished manuscript]. Ithaca, NY: Ithaca College.  
The Barnum Effect was generated to teach students about the ethics of deception in research and the feelings of subjects who are deceived. The Barnum Effect occurs when individuals are duped into believing invalid results of psychological tests. People are most accepting when given favorable feedback about themselves. They interpret evaluations as being uniquely descriptive even when the feedback is so general that it

applies to virtually everybody. Twenty-eight female and 11 male students in research methods classes received feedback based on a bogus personality inventory. Subjects then rated the perceived validity of the interpretations. Students accepted the feedback, although seniors were more skeptical than were juniors or sophomores. A discussion was conducted of the ethics of deception based on students' own reactions to the knowledge that they were deceived. Students agreed that the approach was effective in helping them learn firsthand about the costs and benefits of deception in research. Men and women reacted in the same ways. The demonstration seems useful for a wide range of students. Appendices contain the test items from the inventory and the evaluation questions. A seven-item list of references is included.

Beins, B. C. (1993, February 1). Using the Barnum effect to teach ethics and deception in research. *Teaching of Psychology*, 20(1), 33-35.

[https://doi.org/10.1207%2Fs15328023top2001\\_6](https://doi.org/10.1207%2Fs15328023top2001_6)

The Barnum effect was generated to teach students about the ethics of deception in research and the feelings of subjects who are lied to. Students in research methods classes received feedback based on a bogus personality inventory and rated the perceived validity of the interpretations. Students accepted the feedback, although seniors were more skeptical than juniors or sophomores. The class discussed the ethics of deception based on their own reactions to the knowledge that they were deceived. Students agreed that the approach was effective in helping them learn firsthand about the costs and benefits of deception in research.

Benton, S. A., Robertson, J. M., Tseng, W. C., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice*, 34(1), 66-72.

Berg, K. C., Peterson, C. B., & Frazier, P. (2012). Assessment and diagnosis of eating disorders: A Guide for professional counselors. *Journal of Counseling and Development*, 90(3), 262-269.

Berkowitz, L. (1968, September). Impulse, aggression, and the gun. *Psychology Today*, 2, 19-22.

Key words: Trigger effect, Weapons effect

Leonard Berkowitz, Ph.D. is often attributed to have coined the term "weapons effect" to refer to the phenomena, observed in several experimental studies conducted in the laboratory and in the field, in which the presence of a weapon may instigate the expression of aggression even if the weapon is not actually used to express aggression. In the words of Professor Berkowitz, "Guns not only permit violence, they can stimulate it as well. The finger pulls the trigger, but the trigger may also be pulling the finger" (p. 22).

Berkowitz, L. (1974). Some determinants of impulsive aggression: Role of mediated associations with reinforcements for aggression. *Psychological Review*, 81, 165-176.

Berkowitz, L., & LePage, A. (1967). Weapons as aggression-eliciting stimuli. *Journal of Personality and Social Psychology*, 7, 202-207.

Key words: Trigger effect, Weapons effect

Leonard Berkowitz and Anthony Page conducted an experiment designed to investigate whether external stimuli could affect aggression. The study consisted of 100 Midwestern male undergraduates who participated in a task in which they were given the opportunity to aggress against a confederate by administering an electric shock. Half of the participants were angered beforehand (shocked repeatedly by the confederate) and half were not. In the experimental group, angry participants were seated at a table that had a shotgun and a revolver on it. In the control group, participants were seated at a table that had badminton racquets and shuttlecocks. In both conditions, the items able were described as part of another experiment that the researchers had supposedly forgotten to put away. The research participants were to decide what level of electric shock to deliver to a confederate, and the electric shocks were used to measure aggression. The participants were told to ignore the items on the table, but the results suggested that did not. Instead, the participants who saw the guns were more aggressive than were the participants who saw the sports items. Berkowitz and LePage concluded that “many hostile acts which supposedly stem from unconscious motivation really arise because of the operation of aggressive cues” (p. 206).

Blanchard, M., & Farber, B. A. (2016) Lying in psychotherapy: Why and what clients don't tell their therapist about therapy and their relationship, *Counselling Psychology Quarterly*, 29(1), 90-112.

Using the results of a study involving 547 psychotherapy clients, Matt Blanchard, Ph.D. and Barry A. Farber, Ph.D. found that 93% of clients said they had consciously lied at least once to their therapist. In a second survey, 84% of clients said this dishonesty continued on a regular basis. In addition, 73% of clients reported that “the truth about their lies had never been acknowledged in therapy. Only 3.5% of clients owned up to the lies voluntarily. In only 9%” of cases had therapists uncovered the truth, which seems to suggest that therapists aren't particularly good at detecting lies.

Blom, J. D. (2013). Klinische zoantropie [Clinical zoanthropy]. *Tijdschr Psychiatr*, 55(5), 359-368. [Article in Dutch]

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

Jan Dirk Blom, M.D., Ph.D. is Clinical Professor of Psychopathology, Leiden University, Parnassia Psychiatric Hospital, University of Groningen, Netherlands. The focus of his research is on hallucinations and other perceptual disorders. According to Blom's review, only 56 cases of clinical zoanthropy could be found in the international scientific literature. Since specific studies have yielded a relatively large numbers of cases in the past, it can be concluded that the disorder is probably more prevalent than is suggested in the literature. These cases may well be not only primary types, based on mental or unclear causes, but also secondary types, mediated by aberrant somatosensory sensations.

Treatment of the underlying condition (in most cases a psychotic or mood disorder) has proved to be increasingly successful over time.

Blom, J. D. (2014, March 4). When doctors cry wolf: A systematic review of the literature on clinical lycanthropy. *History of Psychiatry*, 25(1), 87-102. <https://doi.org/10.1177/0957154X13512192>

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

According to Blom, his interest in these disorders stems from his dissatisfaction with the term schizophrenia, which in his opinion is little more than an umbrella term for numerous neurobiological and neuropsychological conditions that are currently hardly on the radar of healthcare professionals, but which, when diagnosed correctly, allow for more specific treatments than does a diagnosis of “schizophrenia.” An example of such disorders is Alice in Wonderland syndrome, which may be mistaken for schizophrenia, but warrants a proper psychiatric as well as neurological work-up in search of underlying causes and treatment possibilities. Examples of other unusual conditions are catatonia, musical hallucinosis, sexual hallucinations, and—in this article—clinical lycanthropy.

In his 2014 article, Blom provides an overview and critical reassessment of the cases of clinical *lycanthropy* reported in the medical literature from 1850 onwards. Lycanthropy is the delusion of being an animal, usually a wolf, with correspondingly altered behavior. According to Blom, out of 56 original case descriptions of metamorphosis into an animal, only 13 fulfilled the criteria of clinical lycanthropy proper. Of the 56 cases of delusional metamorphosis into animal, Blom found that 25% of the patients were diagnosed with schizophrenia, 23% with psychotic depression, and about 20% with bipolar disorder. The remaining cases constituted variants of the overarching class of clinical *zoanthropy* (a monomania in which a person believes himself changed into an animal and acts like one), including cases of patients having delusional convictions about being a dog, a boa snake, a bee, or a frog. Among the patients, 34 were men and 22 were women, and their symptoms lasted anywhere from a single hour to decades. Forty-seven cases involved primary delusions, and nine secondary delusions on the basis of somatic and/or visual hallucinations which may well have affected the patients’ sense of physical existence, also known as *coenaesthesia*. Coenaesthesia (aka, coenesthesia, cenesthesia, or cenesthesia) is the body awareness of one’s own body as a sum of all sensations, as opposed to individual sensations. It is the feeling or sense of being alive and feeling vital. In contrast, cases of clinical lycanthropy involve secondary delusions in particular warrant proper somatic and auxiliary investigations to rule out any underlying organic pathology, notably in somatosensory areas and those representing the body scheme. A similar condition is *boanthropy*, which is a psychological disorder in which a human believes himself or herself to be a bovine. The most famous sufferer of boanthropy may have been Nebuchadnezzar II, who in the Book of Daniel “was driven from men, and did eat grass as oxen.” An even more rare condition is *ophidianthropy*, which refers to the delusion that one has been transformed into a snake.



Benjamin, A. J., Jr., & Bushman, B. J. (2016). The weapons priming effect. *Current Opinion in Psychology*, 12, 45–48.

The authors describe how the primary theoretical explanation for the weapons is that weapons activate or “prime” aggressive thoughts in memory.

Benjamin, A. J., Jr., Kepes, S., & Bushman, B. J. (2018). Effects of weapons on aggressive thoughts, angry feelings, hostile appraisals, and aggressive behavior: A meta-analytic review of the weapons effect literature. *Personality and Social Psychology Review*, 22(4), 347-377. 0.1177/1088868317725419. Epub 2017 Sep 17 Weapons Effect Associate Professor of Psychology (University of Arkansas—Fort Smith) Arlin James Benjamin, Jr., Ph.D. and colleagues performed a meta-analysis that integrates the findings of weapons effect studies conducted from 1967 to 2017 and uses the General Aggression Model (GAM) to explain the weapons effect. The study includes 151 effect-size estimates from 78 independent studies involving 7,668 participants. As predicted by the GAM, our naïve meta-analytic results indicate that the mere presence of weapons increased aggressive thoughts, hostile appraisals, and aggression, suggesting a cognitive route from weapons to aggression. Weapons did not significantly increase angry feelings. Nevertheless, a comprehensive sensitivity analysis indicated that not all naïve mean estimates were robust to the presence of publication bias. In general, these results suggest that the published literature tends to overestimate the weapons effect for some outcomes and moderators.

Bernardy, N., & Montaña, M. (2019). Opioid use among individuals with posttraumatic stress disorder. *PTSD Research Quarterly*, 30(1), 1-2. <https://links.govdelivery.com/>

Bertolote, J. M., & Fleischmann, A. (2002, October). Suicide and psychiatric diagnosis: A worldwide perspective. *World Psychiatry*, 1(3), 181-185.

Bisaga, A., & Chernyaev, K. (2019). *Overcoming opioid addiction: The authoritative medical guide for patients, families, doctors, and therapists*. New York, NY: Experiment Publishing.

Blum, D. (1986). *Bad Karma: A true story of obsession and murder*. New York, NY: Jove Books.

The author, Deborah Blum, was a sophomore at the University of California at Berkeley in 1969 when Tanya Tarasoff was murdered. Seven years later, an article on the front page of the Los Angeles Times reported that the California Supreme Court had made a landmark ruling that doctors or psychotherapists have a legal duty to warn intended victims of patients believed to be dangerous to them. This legal precedent had its origins from the death of Tanya Tarasoff.

Bogenschutz, M. P. (2018, December 13). 5 classic hallucinogens studied in the treatment of addictions. *Psychiatric Times*. [http://www.psychiatrictimes.com/addiction/5-classic-hallucinogens-studied-treatment-addictions?rememberme=1&elq\\_mid=4735&elq\\_cid=860775](http://www.psychiatrictimes.com/addiction/5-classic-hallucinogens-studied-treatment-addictions?rememberme=1&elq_mid=4735&elq_cid=860775)

Bonasio, A. (2019, May 21). Immersive training for retention. <https://medium.com/edtech-trends/immersive-training-for-retention-78955dbac0c1>

Technical writer Alice Bonasio provides a brief discussion of how virtual reality training can help healthcare professionals retain crucial information. She not only cites the well-known “forgetting curve” that originated with the German psychologist Hermann Ebbinghaus in 1885, but she also explains some of the neuroscience behind Albert Einstein’s famous quote: “Learning is an experience. Everything else is just information.” Bonasia provides an insightful answer to her own question: “What is it about *experience* that is so rich that it is fundamental to learning, and why is *information* so much less effective?”

Bourouiba, L. (2020, March 26). Turbulent gas clouds and respiratory pathogen emissions: Potential implications for reducing transmission of COVID-19. *JAMA*. [doi:10.1001/jama.2020.4756](https://doi.org/10.1001/jama.2020.4756)

Key words: COVID-19, Coronavirus

Lydia Bourouiba, PhD is a researcher at the Institute for Medical Engineering and Science at the Massachusetts Institute of Technology. She is a physical applied mathematician concentrating on geophysical problems of hydrodynamic turbulence and on the mathematical modeling of population dynamics and disease transmission. She explains her research that demonstrates how peak exhalation speeds can reach up to 33 to 100 feet per second can create a cloud that can span approximately 23 to 27 feet. Protective and source control masks, as well as other protective equipment, should have the ability to repeatedly withstand the kind of high-momentum multiphase turbulent gas cloud that may be ejected during a sneeze or a cough and the exposure from them. Dr. Bourouiba points out that currently used surgical and N95 masks are not tested for these potential characteristics of respiratory emissions.

Bradberry, T. (2018, April 7). 10 habits of mentally strong people. *The Ladders*. <https://www.theladders.com/career-advice/10-habits-of-mentally-strong-people>

Bradberry, T., & Greaves, J. (2009). *Emotional Intelligence 2.0*. San Diego, CA: TalentSmart.

Brady, J. V. (1958). Ulcers in executive monkeys. *Scientific American*, 199(4), 95-100.

Braun, S. A., & Cox, J. A. (2005, Fall). Managed mental health care: Intentional misdiagnosis of mental disorders. *Journal of Counseling and Development*, 83(4), 425-433.

<https://doi.org/10.1002/j.1556-6678.2005.tb00364.x>

Sharon Braun and Jane Cox examine violations of codes of ethics and legal statutes and the consequences related to intentional misdiagnosis of mental disorders for reimbursement. Intentional misdiagnosis, otherwise known as a form of insurance fraud, can occur in two types: *Upcoding* (overpathologizing) a diagnosis ensures that the

services will be covered by insurance. *Downcoding* (normalizing or minimizing) a diagnosis keeps a pejorative diagnosis out of client's record.

Bremner, J. D. (2002, February). Structural changes in the brain in depression and relationship to symptom recurrence. *CNS Spectrums*, 7(2), 129-130, 135-139.

Brennan, J., & Nguyen, V. (2014). Service animals and emotional support animals: Where are they allowed and under what conditions? *ADA National Network*.  
<https://adata.org/publication/service-animals-booklet>  
The ADA National Network consists of 10 regional ADA Centers and an ADA Knowledge Translation Center. The regional ADA Centers are distributed throughout the United States to provide local assistance and foster implementation of the ADA (<https://adata.org/find-your-region>). Region 4 includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Breuer, J., & Freud, S. (1895). *Studien über Hysterie (Studies on Hysteria)*.  
This original book contains Joseph Breuer's treatment of Anna O., who was later posthumously identified as Bertha Pappenheim (1859–1936), who was the founder of many institutions, including kindergartens, community homes, educational institutions, and the Jewish Women's Association.

Bribiescas, R. G. (2017, March). *Why men don't live as long as women*. *Nautilus*.  
<http://aging.nautil.us/feature/189/why-men-dont-live-as-long-as-women>  
Richard Bribiescas, Ph.D., Yale University Professor of Anthropology, Ecology & Evolutionary Biology, discusses the double-edged sword of testosterone. Although conferring many positive effects (e.g., increased metabolism, increased muscle-building, increased libido, improved mood), the anabolic hormone testosterone is also associated with higher risk of mortality.

Briere, J. N. (1992). *Child abuse trauma theory and treatment of the lasting effects*. Thousand Oaks, CA: Sage Publications.

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, T. Reid, & C. Jenny (Eds.). *The APSAC handbook on child maltreatment, 2nd Edition*. (pp. 175-202). Newbury Park, CA: Sage Publications.

Briere, John (2005, January 22). *Treating complex psychological trauma*. Continuing education workshop at the GPA Midwinter Conference, Asheville Renaissance, Asheville, NC.

Briere, J., Hodges, M., & Godbout, N. (2010). Traumatic stress, affect dysregulation, and dysfunctional avoidance: A structural equation model. *Journal of Traumatic Stress*, 23, 767-774.

- Briere, J. N., & Scott, C. (2006, May). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage Publications.
- Bright, M. (2006). *Beasts of the field: The revealing natural history of animals in the Bible*. London, UK: Robson Books.  
Key words: Boanthropy, cow, lycanthropy, wolf, zoanthropy  
Michael Bright points out that the Bible contains 13 references to wolves, usually as metaphors for greed and destructiveness. The wolf is seen as an enemy of flocks and a metaphor for evil men with a lust for power and dishonest gain. In the New Testament, Jesus is quoted to have used wolves as illustrations to the dangers His followers would have faced should they follow him (Matthew 10:16; Acts 20:29; Matthew 7:15).
- Broderick, R. C. (Editor). (1986). *The Catholic encyclopedia: Revised and updated edition*. New York, NY: Thomas Nelson Publishers.
- Broadway, J. M., & Sandoval, B. (2016, July 1). Why does time seem to speed up with age? *Scientific American Mind*, 27(4), 73. doi:10.1038/scientificamericanmind0716-73  
An answer to this question is provided by James M. Broadway, a postdoctoral researcher in the Department of Psychological and Brain Sciences at the University of California, Santa Barbara, and Brittiney Sandoval, a graduate of the same institution.
- Brotman, M. A., Kassem, K., Reising, M. M., Guyer, A. E., Dickstein, D. P., Rich, B. A., Towbin, K. E., Pine, D. S., McMahon, F. J., & Leibenluft, E. (2007). Parental diagnoses in youth with narrow phenotype bipolar disorder or severe mood dysregulation. *American Journal of Psychiatry*, 164, 1238-1241.
- Brotman, M. A., Rich, B. A., Guyer, A. E., Lunsford, J. R., Horsey, S. E., Reising, M. M., Thomas, L. A., Fromm, S. J., Towbin, K., Pine, D. S., & Leibenluft, E. (2010). Amygdala activation during emotion processing of neutral faces in children with severe mood dysregulation versus ADHD or bipolar disorder. *American Journal of Psychiatry*, 167, 61-69.
- Brown, T. E. (2006). Executive functions and attention deficit hyperactivity disorder: Implications of two conflicting views. *International Journal of Disability, Development, and Education*, 53(1), 35-46.
- Brown, A., S., & Derkits, E. J. (2010). Prenatal infection and schizophrenia: A review of epidemiologic and translational studies. *American Journal of Psychiatry*, 167, 261-280.  
The authors review evidence that maternal viral infection during pregnancy is a risk factor for schizophrenia.
- Brown, D., Schefflin, A. W., & Hammond, D. C. (1998). *Memory, trauma treatment, and the law*. New York, NY: Oxford University Press.

- Brugha, T. S., McManus, S., Bankart, J. et al. (2011). Epidemiology of autism spectrum disorders in adults in the community in England. *Archives of General Psychiatry*, 68, 459-465.
- Brugha, T. S., Cooper, S. A., Gullon-Scott, F. et al. (2014). Autism spectrum disorder. In T. S. Brugha, F. Tyrer, F. M. Scott, J. Bankart, S. A. Cooper, & S. McManus. (2014). *Adult Psychiatric Morbidity Survey 2014*, Chapter 6. Leeds, UK: Health and Social Care Information Centre.  
<https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>
- Brugha, T. S., Spiers, N., Bankart, J. et al. (2016). Epidemiology of autism in adults across age groups and ability levels. *British Journal of Psychiatry*, 209, 496-503.
- Brugha, T. S. (2018). *The psychiatry of adult autism and Asperger syndrome*. New York, NY: Oxford University Press; 2018.  
Professor Traolach Brugha is Professor of Psychiatry, University of Leicester, and Consultant, Leicestershire Partnership NHS Trust, Leicester, UK.
- Brugha, T. L. (2019, February 19). Autism in adulthood: Widespread, invisible, neglected, misunderstood—not our problem? *Psychiatric Times*, 36(2).  
<https://www.psychiatrictimes.com/cme/autism-adulthood-widespread-invisible-neglected-misunderstood-not-our-problem/page/0/1>
- Brugha, T. S., Cooper, S. A., Gullon-Scott, F. et al. (2014). Autism spectrum disorder. In T. S. Brugha, F. Tyrer, F. M. Scott, J. Bankart, S. A. Cooper, & S. McManus. (2014). *Adult Psychiatric Morbidity Survey 2014*, Chapter 6. Health and Social Care Information Centre, Leeds. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>
- Buchanan, L. P. (2019, January 25). *A clinician's guide to pathological ambivalence: How to be on your client's side without taking a side*. Camp Hill, PA: The Practice Institute.  
Psychologist Linda Paulk Buchanan, Ph.D. provides an alternative interpretation of clients' apparent resistance, termed pathological ambivalence, which is rooted in early experience, biological functioning, and psychological narrative. The concept of pathological ambivalence draws from several established theoretical perspectives in explaining why some people seem to sabotage their progress in psychotherapy and how some therapists become unintentional enablers.
- Bugelski, B. R., & Alampay, D. A. (1961). The role of frequency in developing perceptual sets. *Canadian Journal of Psychology*, 15, 205-211.
- Bushman, B. J. (2013). The weapons effect. *JAMA Pediatrics*, 167(12), 1094-1095. *JAMA*. 10.1001/jamapediatrics.2013.3824  
Weapons Effect  
This article is briefly summarized in a popular form in Bushman, B. J. (2013, January 18). The “weapons effect.”

Bushman, B. J. (2013, January 18). The “weapons effect.” *Psychology Today*.

<https://www.psychologytoday.com/us/blog/get-psyched/201301/the-weapons-effect?amp>

Brad Bushman, Ph.D. is a Professor of Communication and Psychology at Ohio State University and a Professor of Communication Science at the VU University Amsterdam. This blog is based on the following article: Bushman, B. J. (2013). The weapons effect. *JAMA Pediatrics*, 167(12), 1094-1095.

Bushman, B. J., Jamieson, P. E., Weitz, I., & Romer, D. (2013, December). Gun violence trends in movies. *Pediatrics*, 132(6), 1014-1018. doi: 10.1542/peds.2013-1600. Epub 2013 Nov 11.

Weapons Effect  
Brad Bushman, Ph.D. and colleagues used trained coders to identify the presence of violence in each 5-minute film segment for one-half of the top 30 films since 1950 and the presence of guns in violent segments since 1985, the first full year the PG-13 rating (age 13+) was used. The researchers found that violence in films has more than doubled since 1950, and gun violence in PG-13-rated films has more than tripled since 1985. When the PG-13 rating was introduced, these films contained about as much gun violence as G (general audiences) and PG (parental guidance suggested for young children) films. Since 2009, PG-13-rated films have contained as much or more violence as R-rated films (age 17+) films. The authors conclude that, even if youth do not use guns, they may be exposed to increasing gun violence in top-selling films. The authors speculate that, by including guns in violent scenes, film producers may be strengthening the weapons effect and providing youth with scripts for using guns. These findings are concerning because many scientific studies have shown that violent films can increase aggression. The authors point out that violent films are easily accessible to youth (e.g., on the Internet and cable).

Bushman, B. J., Kerwin, T., Whitlock, T., & Weisenberger, J. M. (2017). The weapons effect on wheels: Motorists drive more aggressively when there is a gun in the vehicle. *Journal of Experimental Social Psychology*, 73, 82-85. DOI: 10.1016/j.jesp.2017.06.007

Brad Bushman, Ph.D. and colleagues studied a nationally representative sample of over 2,000 U.S. drivers and found that those who had a gun in the car were significantly more likely to make obscene gestures at other motorists (23% vs. 16%), aggressively follow another vehicle too closely (14% vs. 8%), or both (6.3% vs. 2.8%), even after controlling for many other factors related to aggressive driving (e.g., age, gender, urbanization, census region, driving frequency).

Cabane, O. F. (2012). *The charisma myth: How anyone can master the art and science of personal magnetism*. New York, NY: Portfolio/Penguin.

Key words: Charm, charisma, body language, affective presence

Olivia Fox Cabane defines charm as likability and “how delightful it is to interact with someone.” She argues against the charisma myth (i.e., the idea that charisma is a fundamental, inborn quality that a person either has or does not have). Cabane emphasizes that charismatic behaviors can be learned and perfected by anyone. Drawing on techniques she originally developed for Harvard and MIT, Cabane deconstructs charisma into its components. Becoming more charismatic doesn’t mean transforming

one's basic personality. Instead, it's about adopting a series of specific practices that fit in with the personality one already has.

Cannon, T. D., Cadenhead, K., Cornblatt, B., Woods, S. W., Addington, J., Walker, E., Seidman, L. J., Seidman, L. J., Perkins, D., Tsuang, M., McGlashan, T., & Heinseen, R. (2008). Prediction of psychosis in youth at high clinical risk: A multisite longitudinal study in North America. *Archives of General Psychiatry*, 65(1), 28-37.

Caprara, G. V. & Cervone, D. (2000). *Personality: Determinants, dynamics, and potentials*. New York, NY: Cambridge University Press.

Carlozzi, A. (2017, August). Counseling transgender persons and their families. *Counseling Today*, 60(2), 44-49.

Carreon, D. & Gold, J. A. (2018, February 21). *The mind-gut connection: What is it and how did it evolve? Interview with David Carreon, M.D., and Jessica A. Gold, M.D., M.S., by Emeran Mayer, M.D.* [Audio Podcast]  
<http://www.psychiatrictimes.com/neuropsychiatry/mind-gut-connection-what-it-and-how-did-it-evolve>

Carlson, M., Marcus-Newhall, A., & Miller, N. (1990). Effects of situational aggression cues: A quantitative review. *Journal of Personality and Social Psychology*, 58, 622–633.  
A review of 56 published studies confirmed that the mere sight of weapons increases aggression in both angry and non-angry individuals.

Carter, G. L., Clover, K., Whyte, I. M., Dawson, A. H., & D'Este, C. (2005). Postcards from the Edge project: Randomized controlled trial of an intervention using postcards to reduce repetition of hospital treated deliberate self-poisoning. *British Medical Journal*, 331(7520), 805-809.

Cashdan, S. (1973). *Interactional psychotherapy: Stages and strategies in behavioral change*. New York, NY: Grune and Stratton.

Caspi, A., Sugden, K., Moffitt, T. E., Taylor, A., Craig, I. W., Harrington, H., et al. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science*, 301, 386-389.

Castelbaum, L., Sylvester, C. M., Zhang, Y., Yu, Q., & Constantino, J. N. (2019). On the nature of monozygotic twin concordance and discordance for autistic trait severity: A quantitative analysis. *Behavior Genetics*. <https://doi.org/10.1007/s10519-019-09987-2>  
The authors conducted a quantitative analysis of twin-twin similarity for autistic trait severity in three existing data sets involving 366 pairs of uniformly-phenotyped monozygotic (MZ) twins with and without ASD. Probandwise concordance for ASD was 96%; however, MZ trait correlations differed markedly for pairs with ASD trait burden below versus above the threshold for clinical diagnosis. The authors provide new evidence that although ASD itself is highly heritable, variation-in-severity of

symptomatology above the diagnostic threshold is substantially influenced, in contrast, by non-shared environmental factors which may identify novel targets of early ASD amelioration.

Castonguay, L. G., & Hill, C. E. (2017). *How and why are some therapists better than others? Understanding therapist effects*. Washington, DC: American Psychological Association.

Cattell, R. B. (1943). The description of personality: Basic traits resolved into clusters. *Journal of Abnormal and Social Psychology*, 38, 476-506.

Cattell, R. B., Marshall, M. B., & Georgiades, S. (1957). Personality and motivation: Structure and measurement. *Journal of Personality Disorders*, 19 (1): 53–67.

Cattell, R. B. et al. (1970). *Handbook for the 16 Personality Factor Questionnaire (16PF) in clinical, educational, industrial, and research psychology*. Champaign, IL: IPAT.

Cattell, R. B. (1995). The fallacy of five factors in the personality sphere. *The Psychologist*, May, 207-208.

Centers for Disease Control. (2015). National Health and Nutrition Examination Survey (NHANES). <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>

Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). (2016). *ICD-10-CM Official Guidelines for Coding and Reporting FY 2017*. Pages 37-38. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2017-ICD-10-CM-Guidelines.pdf>

Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). National Center for Health Statistics, Centers for Disease Control and Prevention. (2018). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Atlanta, GA: Author. <http://www.cdc.gov/nchs/icd/icd10cm.htm>

Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics, Centers for Disease Control and Prevention. (2019). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Atlanta, GA: Author. <https://www.cdc.gov/nchs/icd/icd10cm.htm#icd2019>  
Coding Note: The 2019 ICD-10-CM codes are to be used from October 1, 2018 through September 30, 2019.

Centers for Medicare and Medicaid Services. (2017). 2017 ICD-10-CM and GEMs: 2017 ICD-10-CM Conversion Table [Zip, 53 KB]. <https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html>



- Chartrand, T. L., & Bargh, J. A. (1999, June). The chameleon effect: the perception-behavior link and social interaction. *Journal of Personality and Social Psychology*, 76(6), 893-910.  
Key words: Charm, charisma, body language  
The author's describe the *chameleon effect*, which refers to nonconscious mimicry of the postures, mannerisms, facial expressions, and other behaviors of one's interaction partners, such that one's behavior passively and unintentionally changes to match that of others in one's current social environment. In Experiment 1, the authors showed that the motor behavior of participants unintentionally matched that of strangers with whom they worked on a task. In Experiment 2, the authors had confederates mimic the posture and movements of participants and showed that mimicry facilitates the smoothness of interactions and increases liking between interaction partners. Experiment 3 showed that dispositionally empathic individuals exhibit the chameleon effect to a greater extent than do other people.
- Chiang, C.-C., Shivacharan, R.S., Wei, X., Gonzalez, R., & Durand, D. M. (2019, January 1). Slow periodic activity in the longitudinal hippocampal slice can self-propagate non-synaptically by a mechanism consistent with ephaptic coupling. *The Journal of Physiology*, 597(1), 249-269. First published online: October 2018.  
Chiang et al. found that that slow periodic activity in the longitudinal hippocampal slice can propagate without chemical synaptic transmission or gap junctions, but can generate electric fields which in turn activate neighboring cells. These results support the hypothesis that endogenous electric fields, previously thought to be too small to trigger neural activity, play a significant role in the self-propagation of slow periodic activity in the hippocampus.
- Chinese Center for Disease Control and Prevention. (2020, February 17). *The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19)*. Beijing, China: Author. <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>  
Key words: COVID-19, Coronavirus  
See also report of the World Health Organization (2020).
- Clance, P. R. (1985). *The Impostor phenomenon: When success makes you feel like a fake*. Toronto: Bantam Books.
- Cleckley, Hervey. M. (1941). *The mask of sanity: An attempt to reinterpret the so-called psychopathic personality*. St. Louis, MO: C.V. Mosby.  
Augusta, Georgia Psychiatrist Hervey Cleckley, M.D. (1903-1984) published the landmark classic book, which was revised in new editions until the 1980s, provided the most influential clinical description of psychopathy in the twentieth century. Dr. Cleckley and his associate, psychiatrist Corbett H. Thigpen, M.D. (1919-1999), were co-authors of the classic *The Three Faces of Eve* (1975).
- Climo, L. H. (2019, October). What do mass murderers have in common? It's not mental illness. *Psychiatric Times*, 36(10), 12. <https://www.psychiatrytimes.com/trauma-and-violence/what-do-mass-murderers-have-common>

Psychiatrist Lawrence H. Climo, M.D. describes pre-violence frustrations and credible tipping points for the perpetrators in five mass shootings including the 1995 Oklahoma City bomber, the 2012 Sandy Hook shooter, the 2016 Orlando shooter, the 2017 Las Vegas shooter, and the 2018 Marjory Stoneman Douglas shooter.

Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P., Briere, J., Herman, J. L., Lanius, R., Stolbach, B. C., Spinazzola, J., Van der Kolk, B. A., Van der Hart, O. (2012, November). *The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults*. Deerfield, IL: International Society for Traumatic Stress Studies.

<http://www.istss.org/AM/>

The International Society for Traumatic Stress Studies (ITSTCC) guides are available from the organization's website: <http://www.istss.org/AM/>.

Cobb, K. F. (2014). *Understanding scrupulosity: Psychopathological and Catholic perspectives* [Master's thesis, University of Iowa]. <https://doi.org/10.17077/etd.8xo08099>

Corcoran, C., Cadenhead, K., & Vinogradov, S. (Contributors). (n.d.). Preventing schizophrenia: Risk reduction approaches. (n.d.). <http://www.schizophrenia.com/prevention.htm>

Cheryl Corcoran, M.D. (New York Schizophrenia Evaluation & Prevention Center, New York), Kristin Cadenhead, M.D. (UCSD schizophrenia CARE Center, San Diego, and Sophia Vinogradov, M.D. (UCSF Schizophrenia PART Program, San Francisco) are acknowledged contributors to a resource that discusses biological and environmental risk factors and strategies to reduce risk.

Cohen J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, 20, 37–46.

Jacob Cohen critiqued use of percent agreement due to its inability to account for chance agreement. He introduced what became known as Cohen's kappa, developed to account for the possibility that raters actually guess on at least some variables due to uncertainty. Like most correlation statistics, the kappa can range from  $-1.0$  to  $+1.0$ . Although Cohen's kappa is one of the most commonly used statistics to test interrater reliability, it has limitations such as the level that should be acceptable in health research. McHugh (2012) has suggested that Cohen's interpretation may be too lenient for health related studies because it implies that a score as low as 0.41 might be acceptable. For this reason, McHugh has recommended that both kappa and percent agreement should be used in studies of healthcare.

Cohen, S. (1996). Psychological stress, immunity, and upper respiratory infections. *Current Directions in Psychological Science*, 5, 86-90.

Cohen, S., Doyle, W. J., Skoner, D. P., Fireman, P., Gwaltney, J. M., Jr., & Newsome, J. T. (1995). State and trait negative affect as predictors of objective and subjective symptoms of respiratory viral infections. *Journal of Personality and Social Psychology*, 68, 159-169.

- 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., Doyle, W. J., Turner, R., Alper, C. M., & Skoner, D. P. (2003). Sociability and susceptibility to the common cold. *Journal of the American Medical Association*, *277*, 1940-1944.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J. Knudson, G., Meyer, W. J., Monstrey, S., Adler, R. K., Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D. H., Lev, A. I., Mayer, G., Meyer-Bahlburg, H., Hall, B. P., Pfäfflin, F., Rachlin, K., Robinson, B., Schechter, L. S., Tangpricha, V., van Trotsenburg, M., Vitale, A., Winter, S., Whittle, S., Wylier, K. R., Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7. *International Journal of Transgenderism*, *13*(4), 165–232. doi: 10.1080/155327
- College students' mental health is a growing concern, survey finds. (2013, June). *Monitor on Psychology*, *44*(6), 13. <http://www.apamonitor-digital.org/apamonitor/201306?pg=15#pg15>  
Ninety-five percent of college counseling center directors surveyed said the number of students with significant psychological problems is a growing concern in their center or on campus, according to the latest Association for University and College Counseling Center Directors (AUCCCD; 2013) survey of counseling center directors. Seventy percent of directors believe that the number of students with severe psychological problems on their campus has increased in the past year. Anxiety continues to be the most predominant presenting concern among college students (41.6%), followed by depression (36.4%), and relationship problems (35.8%). Other common concerns are suicidal ideation (16.1%), alcohol abuse (9.9%), sexual assault (9.2), ADHD (8.9%), and self-injury (8.7%). On average, 24.5 percent of clients were taking psychotropic medications. However, 19 percent of directors report the availability of psychiatric services on their campus is inadequate. Directors report that 21 percent of counseling center students present with severe mental health concerns, while another 40 percent present with mild mental health concerns. Less than one percent (.3%) of directors reported that their center offered online counseling. (See Mistler, Reetz, Krylowicz, & Barr, 2013).
- Collin, L., Reisner, S. L., Tangpricha, V., & Goodman, M. (2016, April), Prevalence of transgender depends on the “case” definition: A systematic review. *The Journal of Sexual Medicine*, *13*(4), 613-626.
- Committee on Statistics of the American Medico-Psychological Association in Collaboration with the Bureau on Statistics of the National Committee of Mental Hygiene. (1918). *Statistical manual for the use of institutions for the insane*. New York, NY: Author.
- Conrad, R., Rayala, H., Diamond, R., Busch, B., & Kramer, N. (2020, April 7). *Expanding telemental health in response to the COVID-19 pandemic*. *Psychiatric Times*.

<https://www.psychiatrictimes.com/coronavirus/expanding-telemental-health-response-covid-19-pandemic>

Key words: COVID-19, Coronavirus

Rachel Conrad, MD, Harika Rayala, Rebekah Diamond, JD, Bianca Busch, MD, and Nicole Kramer, MA discuss how the use of social distancing to “flatten the curve” and prevent the spread of COVID-19 has catapulted the use of telehealth.

- Cooper, J., Heron, T., & Heward, W. (2007). *Applied behavior analysis* (2nd ed.). Upper Saddle River, NJ: Pearson Education.
- Copeland, W. E., Angold, A., Costello, E. J., & Egger, H. (2013). Prevalence, comorbidity, and correlates of DSM-5 proposed disruptive mood dysregulation disorder. *American Journal of Psychiatry*, 170, 173-179.
- Cosgrave, G. (2018). Schedules of reinforcement. <http://www.educateautism.com/applied-behaviour-analysis/schedules-of-reinforcement.html>
- Costa, P. T., Jr., & Widiger, T. A. (Eds) (2002). *Personality disorders and the five-factor model of personality* (2nd ed). Washington, D.C.: American Psychological Association.
- Coste, J. K. (2004). *Learning to speak Alzheimer's: A groundbreaking approach for everyone dealing with the disease*. New York, NY: First Mariner Books.
- Costandi, M. (2016, August 19). Neuroplasticity. Cambridge, MA: The MIT Press Essential Knowledge Series.
- Costandi, M., & Warburton, N. (Ed.). (2019, September 12). Against neurodiversity. <https://aeon.co/essays/why-the-neurodiversity-movement-has-become-harmful>  
Moheb Costandi is a molecular and developmental neurobiologist and freelance science writer. Among his many opinions in this essay, he makes the point that the neurodiversity movement has good intentions but that it has been biased in favoring high-functioning people while overlooking those who struggle with severe autism. He points out that it is ironic how neurodiversity advocates cannot grasp the fact that many autistic people think differently about autism. He also emphasizes the point that many people with autism are profoundly disabled by their condition.
- Crabb, A. C., & Linton, J. M. (2007). A qualitative study of recovering and nonrecovering substance abuse counselors' belief systems. *Journal of Addictions and Offender Counseling*, 28(1), 4-20.
- Cranford, P. G. (1981). *But for the grace of God: The inside story of the world's largest insane asylum*. Augusta, GA: Great Pyramid Press.
- Dailey, S. F., Gill, C. S., Karl, S. L., & Barrio Minton, C. A. (2014). *DSM-5 learning companion for counselors*. Alexandria, VA: American Counseling Association.

Dalenberg, C. J. (2000). *Countertransference and the treatment of trauma*. Washington, DC: American Psychological Association.

Key words: Dissociative

Constance Dalenberg, Ph.D., a clinical psychologist and Distinguished Professor of Psychology in the California School of Professional Psychology, provides evidence-based guidance for clinicians who manage countertransference reactions to trauma and for researchers who wish to conduct more sophisticated and clinically valid investigations of countertransference. Dr. Dalenberg integrates several sources of information (i.e., clinical data from anecdotal reports of her own work, transcript studies analyzing countertransference responses of therapists in actual clinical settings, and experimental studies conducted at the Trauma Research Institute) to establish a set of countertransference responses common across clinicians responding to various types of trauma. Chapters focus on various types of traumatic experiences including child physical, sexual, and emotional abuse; violent assault, such as rape, mugging, torture, and the Holocaust; chronic disillusionment, such as community violence and racism; and traumatic loss, such as career loss or physical injury, and debilitation. The author's findings are useful for therapists working with people with histories of abuse, severe trauma, and dissociative disorders.

Darwin, C. (1872). *The expression of the emotions in man and animals*. England.

Das, P (2012). The story of GBD 2010: A “super human” effort. *Lancet*, 380(9859), 2067–2070. doi:10.1016/s0140-6736(12)62174-6

Key words: Global Burden of Disease Study

Dawson, G. (2017, June 30). Understanding benzodiazepines and their role in substance use disorders. *Psychiatric Times*, 34(6). <http://www.psychiatrictimes.com/special-reports/understanding-benzodiazepines-and-their-role-substance-use-disorders>

Deangelis, T. (2019, December). Informing the courts with the best research. *Monitor on Psychology*, 50(11), 49-54. <http://www.apamonitor-digital.org/apamonitor/201912/MobilePagedReplica.action?pm=1&folio=49#pg52>

APA staff writer Tori Deangelis provides a summary of 10 precedent-setting court cases in which APA filed amicus curiae (“friend of the court”) briefs that had a significant impact on societal trends. The summary begins with *Jenkins v. United States* (1962), when the U.S. Court of Appeals for the D.C. Circuit decided that psychologists were allowed by U.S. courts to serve as expert witnesses on mental illness.

De Cuypere, G., Van Hemelrijck, M., Michel, A., Crael, B., Heylens, G., Rubens, R., Hoebeke, P., & Monstrey, S. (2007). Prevalence and demography of transsexualism in Belgium. *European Psychiatry*, 22(3), 137-141.

- Decker, Hannah S. (2013). *The making of DSM-III®: A diagnostic manual's conquest of American psychiatry*. New York, NY: Oxford University Press. p. xvii.
- DiClemente, C. C. (1991). Motivational interviewing and the stages of change. In W. R. Miller & S. Rollnick (Eds.), *Motivational interviewing: Preparing people to change addictive behavior* (pp. 191-202). New York, NY: Guilford Press.
- DiClemente, C. C. (2003). *Addiction and change: How addictions develop and addicted people recover*. New York, NY: Guilford Press.
- Diamond, M. (2013). Transsexuality among twins: Identity concordance, transition, rearing, and orientation. *International Journal of Transgenderism*, 14(1), 24-38.
- Digman, J. M. (1990). Personality structure: Emergence of the five-factor model. *Annual Review of Psychology*, 41, 417-440.
- Dilts, R. B., Epstein, T., & Dilts, R. W. (1991). *Tools for dreamers: Strategies for creativity and the structure of innovation*. Cupertino, CA: Meta Publications.
- Dobzhansky, T. G. (1937). *Genetics and the evolutionary process*. New York, NY: Columbia University Press.
- Dockrill, P. (2019, February 18). Neuroscientists say they've found an entirely new form of neural communication. *Science Alert*. <https://www.sciencealert.com/neuroscientists-say-they-ve-found-an-entirely-new-form-of-neural-communication>  
A previously unknown form of neural communication that self-propagates across brain tissue, and can leap wirelessly from neurons in one section of brain tissue to another even after the tissue has been surgically severed. This neural process seems to be unrelated to conventionally understood neural mechanisms, such as axonal transport, synaptic transmission, and gap junction connections. For additional information, see Chiang et al. (2019) article titled “Slow periodic activity in the longitudinal hippocampal slice can self-propagate non-synaptically by a mechanism consistent with ephaptic coupling.
- Dollard, J., & Miller, N. E. (1950). *Personality and psychotherapy: An analysis in terms of learning, thinking, and culture*. New York, NY: McGraw-Hill.
- Donaldson, K. (1976). *Insanity inside out*. New York, NY: Crown.
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20V3: Assessing risk of violence – User guide*. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.  
Key words: HCR-20, dangerousness, duty to protect  
This user guide contains the correct citation for the HCR-20V3.
- Douglas, K. S., Shaffer, C., Blanchard, A. J. E., Guy, L. S., Reeves, K., & Weir, J. (2014). *HCR-20 violence risk assessment scheme: Overview and annotated bibliography*. HCR-20

Violence Risk Assessment White Paper Series, #1. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.

Key words: HCR-20, dangerousness, duty to protect

This paper contains an HCR-20 annotated bibliography.

Doverspike, W. F., & Humphries, L. (1980). Differential diagnosis in a psychiatric emergency receiving facility: An actuarial approach. Paper presented at the annual meeting of the Georgia Psychological Association, Macon, GA.

Doverspike, W. F. (1983). *Clinical assessment: A handbook for mental health professionals*. Atlanta, GA: Division of Mental Health and Mental Retardation, Georgia Department of Human Resources.

Doverspike, W. F. (1995). Suicide Risk Factors Rating Scale. In W. Doverspike *Clinical risk management: Assessment and intervention guidelines for suicidal and violent behavior*. Atlanta, GA: Author.

Doverspike, W. F. (1995). Violence Risk Factors Rating Scale. In W. Doverspike *Clinical Risk Management: Assessment and Intervention Guidelines for Suicidal and Violent Behavior*. Atlanta, GA: Author.

Doverspike, W. F. (1999). *Multiaxial Diagnostic Inventory - Revised (MDI-R)*. Sarasota, FL: Professional Resource Press, Inc. ISBN # 1-56887-051-5. Professional Resource Exchange, 1891 Apex Road, Sarasota, FL.

Doverspike, W. F. (2008, December). *How to stop obsessive worry: A key to peace of mind*. [http://drwilliamdoverspike.com/files/how\\_to\\_stop\\_obsessive\\_worry.pdf](http://drwilliamdoverspike.com/files/how_to_stop_obsessive_worry.pdf)

Doverspike, W. F. (2012, May 10). *History of the Georgia Psychological Association*. <https://gapsychology.site-ym.com/page/History>

Doverspike, W. F. (2013). DSM-5 in development: Substance use disorders. *Georgia Psychologist*, 67(1), 8-9.

Doverspike, W. F. (2013). Citing DSM-5 in APA style. [http://drwilliamdoverspike.com/files/apa\\_style\\_-\\_citing\\_DSM-5\\_-\\_2010.pdf](http://drwilliamdoverspike.com/files/apa_style_-_citing_DSM-5_-_2010.pdf)

Doverspike, W. F. (2013). Citing *DSM-5* in APA style. <http://drwilliamdoverspike.com/>  
Note: The website hyperlink is embedded in Doverspike (2020) document titled Citing DSM-5 and ICD in APA Style, which is listed under Student Resources.

Doverspike, W. F. (2015). DSM-5 substance use disorders. [http://drwilliamdoverspike.com/files/dsm-5\\_substance\\_use\\_disorders.pdf](http://drwilliamdoverspike.com/files/dsm-5_substance_use_disorders.pdf)

Doverspike, W. F. (2016). How to understand addictions: Addiction fact sheet. [http://drwilliamdoverspike.com/files/how\\_to\\_understand\\_addictions.pdf](http://drwilliamdoverspike.com/files/how_to_understand_addictions.pdf)

- Doverspike, W. F. (2016). How to understand the opioid epidemic: Addiction fact sheet. [http://drwilliamdoverspike.com/files/how\\_to\\_understand\\_the\\_opioid\\_epidemic.pdf](http://drwilliamdoverspike.com/files/how_to_understand_the_opioid_epidemic.pdf)
- Doverspike, W. F. (2018). Motivational interviewing made simple. <https://ecams.richmont.edu/>
- Doverspike, W. F. (2018). The transtheoretical model of behavioral change: Processes and stages of change. <https://ecams.richmont.edu/>
- Doverspike, W. F. (2019). How to understand the violence epidemic. [http://drwilliamdoverspike.com/files/how\\_to\\_understand\\_the\\_violence\\_epidemic.pdf](http://drwilliamdoverspike.com/files/how_to_understand_the_violence_epidemic.pdf)
- Doverspike, W. F. (2013). APA style checklist. <http://drwilliamdoverspike.com/>  
Note: The website hyperlink is embedded in the Doverspike (2020) document titled APA Style Checklist, which is listed under Student Resources.
- Doverspike, W. F. (2013). Citing ethical and legal standards. <http://drwilliamdoverspike.com/>  
Note: The website hyperlink is titled APA Style – Legal Sources II, listed under Student Resources.
- Doverspike, W. F. (2013). Citing DSM-5 in APA style. [http://drwilliamdoverspike.com/files/apa\\_style\\_-\\_citing\\_DSM-5\\_-\\_2010.pdf](http://drwilliamdoverspike.com/files/apa_style_-_citing_DSM-5_-_2010.pdf)  
Note: The website hyperlink is embedded in Doverspike (2020) document titled Citing DSM-5 and ICD in APA Style, which is listed under Student Resources.
- Doverspike, W. F. (2020). Psychopathology: Key concepts and glossary terms. <https://ecams.richmont.edu/>
- Doverspike, W. F. (2020). *CED 6143: Psychopathology* [Syllabus]. Atlanta, GA: Richmond Graduate University. <https://ecams.richmont.edu/>
- Doverspike, W. F. (2020). APA style checklist. Retrieved from <http://drwilliamdoverspike.com/>  
The document is an updated version, based on the APA (2020) *Publication Manual* style, of the 2013 document.
- Doverspike, W. F. (2020). APA style template. <http://drwilliamdoverspike.com/>  
The document is an updated version, based on the APA (2020) *Publication Manual* style, of the 2013 document.
- Doverspike, W. F. (2020). Citing *DSM-5* and *ICD* in APA style. <http://drwilliamdoverspike.com/>  
The document is an updated version, based on the APA (2020) *Publication Manual* style, of the 2013 document.
- Doverspike, W. F. (2020). Citing ethical and legal standards. Retrieved from [http://drwilliamdoverspike.com/files/apa\\_style\\_citing\\_legal\\_sources\\_doverspike.pdf](http://drwilliamdoverspike.com/files/apa_style_citing_legal_sources_doverspike.pdf)



The document is an updated version, based on the APA (2020) *Publication Manual* style, of the 2013 document.

- Dragowski, E. A., Scharron del Rio, M. R., & Sandigorsky, A. L. (2011). Childhood gender identity...disorder? Developmental, cultural and diagnostic concerns. *Journal of Counseling and Development*, 89(3), 360-366.
- Drake, J. W., & Holland, J. J. (1999). Mutation rates among RNA viruses. *Proceedings of the National Academy of Sciences*, 96, 13910-19013.  
Mutation rates of rhinoviruses, which are small RNA viruses, are roughly 100,000 times higher than in humans. With a global population exceeding one billion trillion (10<sup>21</sup>), rhinoviruses are arguably the most successful rapidly infecting viruses on Earth today.
- Ducharme, E. L. (2017). Best practices in working with complex trauma and dissociative identity disorder. *Practice Innovations*, 2(3), 150-161. <https://dx.doi.org/10.1037/pri0000050>
- Duckworth, A. (2016). *Grit: The power of passion and perseverance*. New York, NY: Simon and Schuster.
- Duckworth, A. L., & Yeager, D. S. (2015). Measurement matters: Assessing personal qualities other than cognitive ability for educational purposes. *Educational Researcher*, 44(4), 237-251.
- Duncan, S. R., Scott S., & Duncan, C. J. (2005, March 10). Reappraisal of the historical selective pressures for the CCR5- Δ32 mutation. *Journal of Medical Genetics*, 42(3), 205-208.  
Biologists at the University of Liverpool have discovered how the plagues of the Middle Ages have made around 10% of Europeans resistant to HIV.
- Dusky v. United States*, 362 U.S. 402 (1960)  
This U.S. Supreme Court case established the following precedent: “The evaluation must be more than a brief mental status exam, and must determine whether the accused “has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding—and whether he has a rational as well as factual understanding of the proceedings against him.”
- Dziegielewska, S. F. (2014). *DSM-5 in action* (3rd ed.). New York, NY: John Wiley & Sons.
- Eberle, H., & Neumann, H. (2012). *Was Hitler ill?: A final diagnosis*. Malden, MA: Polity Press. First published in German as *War Hitler frank?* (c) Bastei Lübbe GmbH & Com. KG, Köln, 2009.
- Ecker, B., Ticic, R., Kushner, E., Lasser, K., Greenwald, R., Feinstein, D., Dahilitz, M. (Ed.), & Hall, G. (Ed.). (2015). *Memory reconsolidation in psychotherapy: The neuropsychotherapist special issue, Volume 1*. Parkridge, Queensland, AU: Dahilitz Media.

Eckerd, Marcia. (2018, Fall). Identifying autism spectrum disorder (level 1) in adults. *Journal of Health Service Psychology, 44*(4), 93-100.

<https://ce.nationalregister.org/publication/identifying-autism-spectrum-disorder-level-1-in-adults/>

Author discusses diagnosis, treatment, and counseling with autism spectrum disorder.

Eckerd, Marcia. (2019, Winter). Disclosure of ASD diagnosis to children and adolescents. *Journal of Health Service Psychology, 45*(1), 17-22.

<https://ce.nationalregister.org/publication/disclosure-of-asd-diagnosis-to-children-and-adolescents/>

Author discusses biomedical and psychosocial models with respect to disclosing diagnosis to parents of child autism spectrum disorder.

Edwards, G., & Gross, M. (1976). Alcohol dependence: Provisional description of a clinical syndrome. *British Medical Journal, 1*, 1058-1061.

Erford, B. T., Hayes, D. G., & Crockett, S. (2020). *Mastering the National Counselor Examination and the Counselor Preparation Comprehensive Examination* (3rd. ed). Hoboken, NJ: Pearson.

Efrati, Y., (2019, December). Normal versus abnormal sexual behavior in adolescents. *Psychiatric Times, 36*(12), 9, 14.

Eisenkraft, N., & Elfenbein, H. A. (2010, March 16). The way you make me feel: Evidence for individual differences in affective presence. *Psychological Science, 21*(4), 505-510.

Key words: Affective presence

Noah Eisenkraft and Hillary Anger Elfenbein describe their research on the importance of affective presence, particularly positive affective presence, as one of the primary determinants of what makes people feel comfortable around another person.

Ekirch, A. R. (2006, October 17). *At day's close: Night in times past*. New York, NY: W. W. Norton & Company.

Robert Ekirch describes nocturnal phenomena such as *segmented sleep*—particularly as it related to sociability, sex, and solitude before artificial light was invented. In perhaps his most fascinating revelation, Ekirch speculates that pre-industrial people slept a segmented sleep. Ekirch has found in more than 500 references, from Homer into contemporary researchers, to a “first sleep” that lasted until maybe midnight, and was followed by “second sleep.” In between the two periods of segmented sleep, people routinely got up, urinated, smoked tobacco, read things, chatted with each other, had friends around, or simply reflected on the events of the previous day – and on their dreams. As a parenthetical note, Ekirch speculates that plenty of them also had sex, which by all accounts was far more satisfactory than at the end of a hard day of laboring. Couples who copulated “after the first sleep,” wrote a 16th-century French doctor, “have more enjoyment, and do it better.”

- Ellison, R. L., & Stika, M. (2018). Feedback on invalid neuropsychological testing: Mild traumatic brain injury (MTBI). *Journal of Health Service Psychology, 44*, 19-23.
- Emory University School of Medicine. (2020, April 20). Wellness guides [Website]. [https://med.emory.edu/departments/psychiatry/covid/wellness\\_guides.html](https://med.emory.edu/departments/psychiatry/covid/wellness_guides.html)  
Key words: COVID-19, Coronavirus  
These wellness guides are offered with the aim of helping people cope with the COVID-19 pandemic. Their contents reflect the consensus ideas and recommendations of Emory's interprofessional group of mental health professionals.
- Eriksen, K., & Kress, V. E. (2008). Gender and diagnosis: Struggles and suggestions for counselors. *Journal of Counseling & Development, 86*(2), 152-162.
- EurekaAlert! (2005, March 10). Biologists discover why 10% of Europeans are safe from HIV infection. *EurkAlert!* [https://www.eurekaalert.org/pub\\_releases/2005-03/uol-bdw031005.php](https://www.eurekaalert.org/pub_releases/2005-03/uol-bdw031005.php)  
Biologists at the University of Liverpool have discovered how the plagues of the Middle Ages have made around 10% of Europeans resistant to HIV.
- Evans, S. C., Reed, G. M., Roberts, M. C., Esparza, P., Watts, A. D., Correia, J. M., Ritchie, P., Maj, M., & Saxena, S. (2013). Psychologists' perspectives on the diagnostic classification of mental disorders: Results from the WHO-IUPsyS Global Survey. *International Journal of Psychology, 48*(3), 177-193. 10.1080/00207594.2013.804189. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725658/>
- Eysenck, H. J. (1991). Dimensions of personality: 16, 5, or 3?—Criteria for a taxonomic paradigm. *Personality and Individual Differences, 12*, 773-790.
- Eysenck, H. J. (1992). Four ways five factors are *not* basic. *Personality and Individual Differences, 13*, 667-673.
- Faraone, S. V., Perlis, R. H., Doyle, A. E., et al. (2005). Molecular genetics of attention-deficit/hyperactivity disorder. *Biological Psychiatry, 57*, 1313-1323.
- Fausto-Sterling, A. (2000). The five sexes, revisited. *The Sciences, 40*(4), 19-23.
- Feighner, J. P., Robins, E., Guze, S. B., Woodruff, R. A., Winokur, G., & Munoz, R. (1972) Diagnostic criteria for use in psychiatric research. *Archives of General Psychiatry, 26*, 57-63.
- Ferré, S. (2019, August 19). Caffeine: Neurobiological and psychiatric implicaitons. [https://www.psychiatrictimes.com/cme/caffeine-neurobiological-and-psychiatric-implications?rememberme=1&elq\\_mid=8312&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](https://www.psychiatrictimes.com/cme/caffeine-neurobiological-and-psychiatric-implications?rememberme=1&elq_mid=8312&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)  
Sergi Ferré, M.D., Ph.D. discusses psychostimulant properties of caffeine, the most commonly consumed psychotropic drug in the world.

- Ferster, C. B. (1953). The use of the free operant in the analysis of behavior. *Psychological Bulletin*, 50, 263-274.
- Fink, J. L. W. (2020, August 4). 9 types of masks and how effective they are. *HealthGrades*.  
<https://www.healthgrades.com/>  
Key words: COVID-19, Coronavirus  
Jennifer L. W. Fink, R.N., B.S.N. is a Registered Nurse who provides a discussion of the relative effectiveness of various forms of masks being used to help prevent the spread of COVID-19.
- First, M. B. (2013). *DSM-5<sup>TM</sup> handbook of differential diagnosis*. Arlington, VA: American Psychiatric Association.
- First, M. B. (2017, October), New diagnostic codes for substance use disorders and avoidant/restrictive food intake disorder. *Psychiatric Times*, 34(10), 1, 4.
- Fleischmann, A., Bertolote, J. M., Wasserman, D., De Leo, D., Bolhari, J., Botega, N. J., De Silva, D., Phillips, M., Vijayakumar, L., Värnik, A., Schlebusch, L., & Thanh, H. T., (2008). Effectiveness of brief intervention and contact for suicide attempters: A randomized control trial in five countries. *Bulletin of the World Health Organization*, 86(9), 703-709.
- Fleming, A. (2019, January 27). ‘Hangxiety’: Why alcohol gives you a hangover and anxiety. <https://www.theguardian.com/lifeandstyle/2019/jan/27/hangxiety-why-alcohol-gives-you-a-hangover-and-anxiety>
- Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99(1), 20–35. <https://doi.org/10.1037/0033-2909.99.1.20>  
Psychologists Edna Foa and Michael Kozak argue that some form of exposure to feared situations is common to many forms of psychotherapy for the treatment of anxiety. They discuss how confrontation with feared objects or situations is an effective treatment for some forms of anxiety.
- Fox, J., & Dayle, K. (2013). DSM-5 and bereavement: The loss of normal grief? *Journal of Counseling & Development*, 91(1), 113-119.
- Fowler, J. W. (1981). *Stages of Faith*. New York, NY: Harper & Row.
- Fragedakis, T. M., & Toriello, P. (2014). The development and experience of combat-related PTSD: A demand for neurofeedback as an effective form of treatment. *Journal of Counseling and Development*, 92(4), 481-488.
- Francis, D., Diorio, J., Lin, D., & Meaney, M. J. (1999). Nongenomic transmission across generations of maternal behavior and stress responses in the rat. *Science*, 286, 1155-1158.

Frankenfield, J. (2018, October 19). Which industry spends the most on lobbying?  
<https://www.investopedia.com/investing/which-industry-spends-most-lobbying-antm-so/>  
Based on data from opensecrets.org, Jake Franekfield provides an industry by industry breakdown of lobbying efforts, combining all political contributions and lobbying spending from 1998-2018, to show how much each industry and its related corporations spend in lobbying: (1) Pharmaceuticals/Health Products (\$3,937,356,877), (2) Insurance (\$2,704,636,807), (3) Electric Utilities (\$2,353,570,360) (4) Electronics Manufacturing and Equipment (\$2,230,043,875), (5) Business Associations (\$2,217,425,929), (6) Oil and Gas (\$2,096,923, 653), (7) Miscellaneous Manufacturing and Distributing (\$1,687,618, 725), (8) Education (\$1,633,122,450), and (9) Hospitals/Nursing Homes (\$1,604,969,566).

Franklin, M. E., Freeman, J. B., & March, J. S. (2019). *Treating OCD in children and adolescents: A cognitive-behavioral approach* (2nd ed.). New York, NY: The Guilford Press.

Freedman, R., Lewis, D. A., Michels, R., Pine, D. S., Schultz, S. K., Tamminga, C. A., Gabbard, G. O., Shur-Fen Gau, S., Javitt, D. C., Oquendo, M. A., Shrout, P. E., Vieta, E., & Yager, J. (2013, January 1). The initial field trials of DSM-5: New blooms and old thorns. *American Journal of Psychiatry*, *170*, 1-5.

Freud, Ernest L. (Ed.). (1987). *Sigmund Freud: Brautbriefe: Briefe an Martha Bernays aus den Jahren 1882–1886*. Frankfurt: Germany: Fischer.  
This original book contains Joseph Breuer's treatment of Anna O., who was later posthumously identified as Bertha Pappenheim (1859–1936), who was the founder of many institutions, including kindergartens, community homes, educational institutions, and the Jewish Women's Association.

Freud, Sigmund. (1917). Trauer und melancholie [Mourning and melancholia]. *Internationale Zeitschrift für Psychoanalyse [International Journal for Medical Psychoanalysis]* (in German). Leipzig and Vienna. Hugo Heller, *4*(6), 288–301.

Freud, Sigmund. (2013). *Introductory lectures on psychoanalysis* (J. Strachey, Ed. & Trans.). New York, NY: W. W. Norton & Company. (Original work published September 17, 1989).

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

Freud observed “cases in which a mental disease has started with a dream and in which a delusion originating in the dream has persisted (p. 113).”

Freud, Sophie. (2007). *Living in the shadow of the Freud family*. Westport, CT: Praeger Publishers.

Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues*, *30*, 159–165.  
doi:10.1111/j.1540-4560.1974.tb00706.x

Freudenberger, H. & Richelson G. (1980). *Burn out: The high cost of high achievement. What it is and how to survive it*. New York, NY: Bantam Books.

Freund, K. (1976). Diagnosis and treatment of forensically significant anomalous erotic preferences. *Canadian Journal of Criminology and Corrections*, 18, 181-189.

Fuerst, M. L. (2018, August 10). *3 new studies on dementia*. *Psychiatric Times*.  
[http://www.psychiatrictimes.com/geriatric-psychiatry/3-new-studies-dementia?rememberme=1&elq\\_mid=3147&elq\\_cid=860775](http://www.psychiatrictimes.com/geriatric-psychiatry/3-new-studies-dementia?rememberme=1&elq_mid=3147&elq_cid=860775)

Galietti, C., Wright, C. V., Higuchi, S. A., & Bufka, L. (2020, May 1). *COVID-19: When is it OK to resume in-person services?* APA Services.  
<https://www.apaservices.org/practice/news/in-person-services-covid-19>

Key words: COVID-19, Coronavirus

Connie Galietti, J.D, C. Vaile Wright, Ph.D., Shirley Ann Higuchi, J.D., and Lynn Bufka, Ph.D. discuss several factors for psychologists to consider before opening their offices: Determine whether an in-person visit is necessary, review the physical and mental health risks, establish new rules for patients attending in-person sessions, take steps to reduce the spread of COVID-19 in your office, implement policies that protect employees.

Gable, S. L., Reis, H. T., Impett, E. A., & Asher, E. R. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and Social Psychology*, 87, 228-245. 10.1037/0022-3514.87.2.228

Francis Galton (1884). *Measurement of character*.

Sir Frances Galton was the first scientist to discover the “lexical hypothesis,” which is the idea that the most salient and socially relevant personality differences in people’s lives will eventually become encoded into language. The hypothesis further suggests that by sampling language, it is possible to derive a comprehensive taxonomy of human personality traits (Caprara & Cervone, 2000).

Ganser, M. E. (2019, September). Gaming addiction in ICD-11: Issues and implications. *Psychiatric Times*, 36(9), 1, 5-6. <https://www.psychiatrictimes.com/addiction/gaming-addiction-icd-11-issues-and-implications?/>

Psychiatrist Meredith Ganser, M.D. discusses the implications of the World Health Organization’s (WHO) decision in May 2019 to classify gaming disorder as a medical illness in ICD-11.

Garber, S. W., Garber, M. D., & Spitzman, R. F. (1987, June). *Good behavior*. New York, NY: Villard Books.

This excellent book, which was the first book that I had ever seen that focused on scientifically-based operant behavioral principles written in a highly readable manner for parents, was also published in paperback edition by St. Martin’s Paperbacks in February 1991. Its subtitle, which is the longest I have ever seen, is a very honest description of the breadth of behavioral problems addressed in the book: “Over 1,200 sensible solutions to

your child’s problems from birth to age twelve, including tantrums, bed-wetting, stuttering, nail-biting, peer pressure, lying, and other common problems.”

Garcia-Falgueras, A., & Swaab, D. F. (2008). A sex difference in the hypothalamic uncinate nucleus: Relationship to gender identity. *Brain*, *131*, Part 12, 3132–3146.

Garlipp, P., Gödecke-Koch, T., Dietrich, D.E., & Haltenhof, H. (2004, January). Lycanthropy: Psychopathological and psychodynamical aspects. *Acta Psychiatr Scand*, *109*(1), 19–22. doi:10.1046/j.1600-0447.2003.00243.x. PMID 14674954

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

This review of the medical literature lists over 30 published cases of lycanthropy, only the minority of which have wolf or dog themes. Canines are not uncommon, although the delusional experience of being transformed into a hyena, cat, horse, bird, or tiger has been reported on more than one occasion. There have also been reported cases of delusional transformation into frogs and even bees.

Garretson, D. J. (1993). Psychological misdiagnosis of African Americans. *Journal of Multicultural Counseling & Development*, *21*(2), 119-127.

GBD 2013 Mortality and Causes of Death Collaborators (2014). Global, regional, and national age–sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, *385*(9963), 117–171. doi:10.1016/S0140-6736(14)61682-2 [212 collaborators]

Abstract available at <https://www.ncbi.nlm.nih.gov/pubmed/25530442>

Key words: Global Burden of Disease Study

Georgia Department of Behavioral Health & Developmental Disabilities. (2012, March 20). Form 1013 – Certificate Authorizing Transport to Emergency Receiving Facility & Report of Transportation (Mental Health). Atlanta, GA: Author. Fillable form available at <https://www.pdfFiller.com/jsfiller-desk14/?projectId=285380516&expId=4765&expBranch=2#b3ba622455d14948b3db988165a584db>

This form is a fillable and downloadable Form 1013.

Georgia Department of Public Health. (2019, February 4). *Updated guidance for clinicians to report possible cases of 2019 Novel Coronavirus (2019-nCoV): Guidance subject to change as outbreak unfolds*. Georgia Department of Public Health. Retrieved 03-03-2020 from

[file:///C:/Users/RICHMONT1/Downloads/ncov\\_guidance\\_for\\_healthcare\\_providers\\_02\\_04\\_2020.pdf](file:///C:/Users/RICHMONT1/Downloads/ncov_guidance_for_healthcare_providers_02_04_2020.pdf)

COV-19 Health Advisories and updates are available at <https://dph.georgia.gov/novelcoronavirus>

Key words: COVID-10, Coronavirus

Georgia Department of Public Health (DPH) Commissioner Kathleen Toomey, MD., M.P.H. and state officials have confirmed Georgia’s first cases of Coronavirus Disease 2019 (COVID-19) involving two residents of Fulton County who live in the same

household. The following statement was listed in the fifth bullet point of the summary and highlighted in boldface at the bottom of the COVID Health Advisory website (but not boldfaced in the summary itself): “Healthcare providers who suspect COVID-19 infection in a patient should report them immediately to DPH by calling 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist” (2020, p. 1).

Ghaemi, N. (2011). *A first rate madness: Uncovering the links between leadership and mental illness*. New York, NY: Penguin Press.

Nassir Ghaemi, M.D. is a Professor of Psychiatry at Tufts University and a faculty member of the Harvard Medical School and holds degrees in history, philosophy and public health. In his book, Ghaemi uses a case-study approach in his analysis of outstanding figures from history to illustrate how bipolar mentality can disable or enhance the ability of leaders to cope with crisis. His subjects are William T. Sherman, Ted Turner, Winston Churchill, Abraham Lincoln, Mahatma Gandhi, Martin Luther King Jr., Franklin D. Roosevelt, John F. Kennedy, and Adolf Hitler. In each of these cases, there was early history of mood swings, some dominated by depression, others by ebullient, thymic personality (FDR in particular).

Gholipour, B. (2014, April 16). Real-life werewolves: Psychiatry reexamines rare delusion.

*LiveScience*. <https://www.livescience.com/44875-werewolves-in-psychiatry.html>

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

Giakoumatos, C. I., Nanda, P., Mathew, I. T., Tandon, N., Shah, J., Bishop, J. R., Clementz, B. A., Pearlson, G. D., Sweeney, J. A., Tamminga, C. A., & Keshavana, M.S. (2015).

Effects of lithium on cortical thickness and hippocampal subfield volumes in psychotic bipolar disorder. *Journal of Psychiatric Research*, *61*, 180-187. Published online 2014 Dec 23. 10.1016/j.jpsychires.2014.12.008

Key words: neuroprotective effects of lithium in bipolar disorder

Patients treated with lithium exhibited significantly larger hippocampal subfield volumes than no lithium, and those treated with lithium were no different from healthy controls cortical thickness or hippocampal volumes. This evidence directly supports the hypothesis that lithium may counteract the locally thinner and smaller gray matter structure found in psychotic bipolar disorder. (See also Osser, 2020).

Gilbert, R. (1992). *Extraordinary relationships: A new way of thinking about human interactions*. New York, NY: John Wiley & Sons.

Psychiatrist Roberta M. Gilbert, M.D. provides a useful observation of Bowen system theory. Although Dr. Gilbert does not specifically address Al-Anon Family Groups in this book, her observation may help explain one of the reasons why may help improve the family situation: “If any family member can change his or her emotional functioning, provided he or she is present and accounted for within the family, the whole family will improve its functioning in response to that change. In the process, the clinical symptom or relationship problem present in the family will generally lessen. Such a viewpoint



provides both solid rationale for *not trying to change others* and guidelines for *being part of the family without being part of the family problem*” (Gilbert, 1992, viii-ix).

Gilbert, R. (2004). *The eight concepts of Bowen therapy: A new way of thinking about the individual and the group*. Basye, VA: Leading Systems Press.

Goldberg, L. R. (1993). The structure of phenotypic personality traits. *American Psychologist*, 48, 26-34.

Goldenson, R. M. (Ed.). (1984). *Longman dictionary of psychology and psychiatry*. New York, NY: Longman.

Goldfried, M. R. (2019). Obtaining consensus in psychotherapy: What holds us back? *American Psychologist*, 74(4) 484-496. <https://doi.org/10.1037/amp0000365>  
Marvin Goldfried, Ph.D., Department of Psychology, Stony Brook University, describes each of these impediments to obtaining consensus and offers some suggestions for what might be done to address them. A brief summary of some practical clinical tips derived from this article is contained Levine’s (2020) article *8 Core Components of Psychotherapy*.

Goldstein, B. J., Birmaher, B., & Youngstrom, E. A. (2020, January 30). Diagnostic and treatment challenges in bipolar disorder in children and adolescents. *Psychiatric Times*, 37(1). <https://www.psychiatristimes.com/special-reports/diagnostic-and-treatment-challenges-bipolar-disorder-children-and-adolescents>  
Benjamin I. Goldstein, M.D., Ph.D., Boris Birmaher, M.D., and Eric A. Youngstrom, Ph.D. discuss differential diagnosis and treatment of differential clinical presentations of bipolar disorder. Goldstein et al. discuss diagnostic precursors to bipolar disorder, such as higher rates of childhood subthreshold mania or hypomania; manic, mixed, or hypomanic episodes; major depressive episodes; attention deficit hyperactivity disorder; disruptive behavior disorders; anxiety disorders; and substance use disorders. The authors also discuss risk factors for poor prognosis (i.e., comorbid disorders, environmental stressors, poor psychosocial functioning, low socioeconomic status, and family history of psychopathology such as mood disorders).

Gordis, E. (2000). Alcohol, the brain, and behavior: Mechanisms of addiction. *Alcohol Research & Health*, 24(1), 12-15.

Graham, B. M. (2018, November 30). Sex hormones and gender vulnerabilities to anxiety disorders. *Psychiatric Times*, 35(11), 12-13. <http://www.psychiatristimes.com/special-reports/sex-hormones-and-gender-vulnerabilities-anxiety-disorders>

Grandin, T. (1995). *Thinking in pictures: My life with autism*. New York, NY: Vintage Books, Random House.

- Granello, D. H., & Granello, P. F. (2007). *Suicide: An essential guide for helping professionals and educators*. Boston, MA: Allyn & Bacon.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)
- Gray, J. A. (1987). *The psychology of fear and stress* (2nd ed.). New York, NY: Cambridge University Press.  
This author discusses the behavioral inhibition system (BIS) and the reward system (RS).
- Greenberg, A. S., Bailey, J. M. (1993). Do biological explanations of homosexuality have moral, legal, or policy implications? *Journal of Sex Research*, 30(3), 245–251.
- Grewal, R. S., & George, T. P. (2017, July). Cannabis-induced psychosis: A review. *Psychiatric Times*, 34(7), 7-9. <http://www.psychiatristimes.com/schizophrenia/8-distinguishing-features-primary-psychosis-versus-cannabis-induced-psychosis>
- Grinker, Roy R. (1945). War Neuroses or Battle Fatigue? *The Journal of Nervous and Mental Disease*, 101(5) 442-444.
- Grohol, J. M. (2018, October 8). Top 25 psychiatric medication prescriptions for 2013. *Psych Central*. <https://psychcentral.com/lib/top-25-psychiatric-medication-prescriptions-for-2013/>  
Shown by brand and generic name in millions of prescriptions written, the most frequently prescribed U.S. psychiatric medications (2013) are reported by IMS as follows: Xanax (alprazolam) 45.5, Zoloft (sertraline) 41.4, Celexa (citalopram) 39., Prozac (fluoxetine) 28.3, Atavan (lorazepam) 27.9, Desyrel (trazadone HCL) 26.2, Lexapro (escitalopram) 24.9, Cymbalta (duloxetine) 18.6, Wellbutrin XL (bupropion HCL XL) 16.1, and Effexor XR (venlafaxine HCL ER) 15.8. IMS Health, the largest vendor of U.S. physician prescribing data, is an American company that provides information, services and technology for the healthcare industry.
- Gross, T., & Harrington, A. (2019, May 2). *How drug companies helped shape a shifting, biological view of mental illness Interview with Anne Harrington by Terry Gross* [Audio Podcast]. <https://www.npr.org/>
- Group for the Advancement of Psychiatry, Long, B., Brown, A. O., Sassano-Higgins, S., Morrison, D. E., & Flinton, C. (2020). Functional assessment for disability applications: Tools for the psychiatrist. *Psychiatric Times*, 36(6). <https://www.psychiatristimes.com/risk-assessment/functional-assessment-disability-applications-tools-psychiatrist>
- Group for the Advancement of Psychiatry, Long, B., Brown, A. O., Sassano-Higgins, S., Morrison, D. E., & Flinton, C. (2020, January 6). 5 domains of functional assessment for

disability evaluation. *Psychiatric Times*. <https://www.psychiatrictimes.com/risk-assessment/5-domains-functional-assessment-disability-evaluation>

Gunderson, G., & Pray, L. M. (2009). *Leading causes of life: Five fundamentals to change the way you live your life*. Nashville, TN: Abingdon Press.

The authors discuss agency, blessing, connection, coherence, and hope as five factors that improve quality of life.

Guy, L. S., & Wilson, C. M. (2007). *Empirical support for the HCR-20: A critical analysis of the violence literature*. HCR-20 Violence Risk Assessment White Paper Series, #2. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.

Key words: HCR-20, dangerousness, duty to protect

This paper contains an HCR-20 V2 risk factor literature review.

Guy, L. S., Wilson, C. M., Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20 Version 3: Item-by-item summary of violence literature*. HCR-20 Violence Risk Assessment White Paper Series, #3. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.

Key words: HCR-20, dangerousness, duty to protect

This paper contains an HCR-20 V3 risk factor literature review and rationale.

Guyer, A. E., McClure, E. B., Adler, A. D., Brotman, M. A., Rich, B. A., Kimes, A. S., Pine, D. S., Ernst, M., & Leibenluft, E. (2007). Specificity of facial expression labeling deficits in childhood psychopathology. *Journal of Child Psychology and Psychiatry*, 48, 863–871.

Hacking, I. (1995). The looping effect of human kinds. In D. Sperber, D. Premack, & A. J. Premack (Eds.). *Causal cognition: A multidisciplinary debate*. Oxford: Clarendon Press, 351–383.

Hacking, I. (1999). *The social construction of what?* Cambridge, MA: Harvard University Press.

Hacking, I. (2006, August 17). Making up people. *London Review of Books*, 28(16), 23-26.

Hacking, I. (2007). Kinds of people: Moving targets. In *Proceedings of the British Academy*, 151, 285-318.

Haddon, M. (2003). *The curious incident of the dog in the night-time*. New York, NY: Vintage Contemporaries, A Division of Random House.

Hagen, E. (2004). *The Evolutionary Psychology FAQ*. Berlin, Germany: Institute for Theoretical Biology.

Hall, D. D. (1994). Witch hunting in Salem. *Christian History*, 13(1), 38-40. Carol Stream, IL: Christianity Today.

Hall, S. D. (2016, May 18). Jesus: The first transgender man [Updated December 6, 2017].

[https://www.huffingtonpost.com/suzanne-dewitt-hall/jesus-the-first-transgend\\_b\\_10006134.html](https://www.huffingtonpost.com/suzanne-dewitt-hall/jesus-the-first-transgend_b_10006134.html)

Hallinan, J. T. (2014, June 13). School shootings, suicide, and contagion: Suicidal school attacks may not be isolated events. *Psychology Today*.  
<https://www.psychologytoday.com/us/blog/kidding-ourselves/201406/school-shootings-suicide-and-contagion>

According to the American journalist Joseph Hallinan, Ph.D., the Sunday, August 5, 1962 “probable suicide” of 36-year-old Marilyn Monroe in Los Angeles was followed by a record wave of suicides that swept New York City. In all, 12 people killed themselves in New York on that next Sunday day. This was six times the city’s daily average, and set a new single-day record, breaking the previous record of eight. The wave of suicides rolled across the rest of the nation, as people elsewhere killed themselves in unusually large numbers. In the month after Marilyn Monroe’s death, suicides throughout the U.S. increased by 12%. The wave swelled across the Atlantic, with a 10% increase in suicides in England and Wales, where Monroe was popular. In the two-month period following Monroe’s death, there were 303 “excess” suicides in the U.S. and 60 in England and Wales. Overall, Marilyn Monroe’s death likely spawned deadly acts of imitation by 363 complete strangers.

Halpern, A. L. (2011, June). The proposed diagnosis of hypersexual disorder for inclusion in DSM-5: Unnecessary and harmful. *Archives of Sexual Behavior*, 40(3), 487-488. doi: 10.1007/s10508-011-9727-3

Hanna, F. J. (2002). *Therapy with difficult clients: Using the precursors model to awaken change*. Washington, DC.: American Psychological Association.

Hansen, J. H. (2014). Take a chill pill: A cultural history of Attention Deficit/Hyperactivity Disorder. Doctoral dissertation, University of Iowa.  
<https://doi.org/10.17077/etd.9r6c0v6z>

Hare, L., Bernard, P., Sanchez, F. J., Baird, P. N., Vilain, E., Kennedy, T., & Harley, V. R. (2009, January 1). Androgen receptor (AR) repeat length polymorphism associated with male-to-female transsexualism. *Biological Psychiatry*, 65(1), 93-96. Advance online publication date 27 Oct 2008. doi: 10.1016/j.biopsych.2008.08.003

Harrington, A. (2019). *Mind fixers: Psychiatry’s troubled search for the biology of mental illness*. New York, NY: W. W. Norton and Company.

Harvey, P. D. (2019). Smoking cannabis and acquired impairments in cognition: Starting early seems like a really bad idea. *American Journal of Psychiatry*, 176, 90-91.

In his editorial, Harvey summarizes current literature on the effect of cannabis on cognition. There is a solid body of studies that report a significant irreversible decline in cognitive functioning in adolescents who regularly use cannabis.

Hemenway, D., Vrinotis, M., & Miller, M. (2006). Is an armed society a polite society? Guns and road rage. *Accident Analysis and Prevention*, 38(4), 687–695.

Key words: Road rage, Trigger effect, Weapons effect

Professor of Health Psychology at Harvard Injury Control Research Center (Harvard School of Public Health) David Hemenway, Ph.D. and colleagues were interested in studying whether motorists with guns in the car more or less likely to engage in hostile and aggressive behavior while in their vehicles. The researchers analyzed data from a 2004 national random digit dial survey of over 2,400 licensed drivers. Respondents were asked whether, in the past year, they (1) made obscene or rude gestures at another motorist, (2) aggressively followed another vehicle too closely, and (3) were victims of such hostile behaviors. Seventeen percent of the respondents admitted making obscene or rude gestures, and 9% reported that they had aggressively followed too closely. Forty-six percent reported victimization by each of these behaviors in the past year. Males, young adults, binge drinkers, those who do not believe most people can be trusted, those ever arrested for a non-traffic violation, and motorists who had been in a vehicle in which there was a gun were more likely to engage in such forms of road rage. The researchers concluded that, at least in their survey, riding with a firearm in the vehicle was a marker for aggressive and dangerous driver behavior. The authors compare their results to a similar survey in Arizona (see Miller, Azrael, Hemenway, & Solop, 2002).

Henley, J. (2009, October 31). Life before artificial light.

<https://www.theguardian.com/lifeandstyle/2009/oct/31/life-before-artificial-light>

*The Guardian* writer Jon Henley provides a short summary of Robert Ekirch's book that describes segmented sleep in preindustrial times before artificial light such as the incandescent bulb.

Hersen, M., & Barlow, D. H. (1976). *Single-case experimental designs strategies for studying behavior change*. Elmsford, NY: Pergamon Press Ltd.

Heylens, G., De Cuypere, G., Zucker, K. J., Schelfaut, C., Elaut, E., Vanden Bossche,... T'Sjoen, G. (2012). Gender identity disorder in twins: A review of the case report literature. *Journal of Sexual Medicine*, 9, 751-775.

Hill, K. P. (2019, August 9). Medical use of cannabis in 2019. *JAMA*, 322, 974-975.  
10.1001/jama.2019.11868

Kevin P. Hill, addiction psychiatrist at the Division of Addiction Psychiatry, Beth Israel Deaconess Medical Center in Boston and faculty member of the Department of Psychiatry at Harvard Medical School states that the non-psychiatric medical benefits of cannabis are very thinly evidenced despite outsized claims to the contrary.

- Hollocks, M. J., Lerh, J. W., Magiati, I, Meiser-Stedman, R., & Brugha, T. S. (2019, March). Anxiety and depression in adults with autism spectrum disorder: a systematic review and meta-analysis. *Psychological Medicine*, 49(4), 559-572. doi: 10.1017/S0033291718002283. Epub 2018 Sep 4.
- Holmes, T. H., & Rahe, R. H. (1967). Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11(2), 213-218.
- Holoyda, B. (2019, December). Paraphilias: From diagnosis to treatment. *Psychiatric Times*, 36(12), 19-21.
- Holshue, M. L., DeBolt, C., Lindquist, S., Lofy, K. H., Wiesman, J., Bruce, H., Spitters, C, Ericson, K., Wilkerson, S., Tural, A., Diaz, G., Cohn, A. et al., for the Washington State 2019-nCoV Case Investigation Team. (2020, March 5). First case of 2019 Novel Coronavirus in the United States. *New England Journal of Medicine*, 382, 929-936. 10.1056/NEJMoa2001191  
Key words: COVID-19, Coronavirus  
This report describes the epidemiologic and clinical features of the first case of 2019-nCoV infection confirmed in the U.S. On December 31, 2019, China reported a cluster of cases of pneumonia in people associated with the Huanan Seafood Wholesale Market in Wuhan, Hubei Province. On January 7, 2020, Chinese health authorities confirmed that this cluster was associated with a novel coronavirus, 2019-nCoV.2 Although cases were originally reported to be associated with exposure to the seafood market in Wuhan, subsequent epidemiologic data indicated that person-to-person transmission of 2019-nCoV was occurring. As of January 30, 2020, a total of 9976 cases had been reported in at least 21 countries, including the first confirmed case of 2019-nCoV infection in the U.S, reported on January 20, 2020.
- Holtzheimer, P. (2018, May). Focal brain stimulation for posttraumatic stress disorder. *PTSD Research Quarterly*, 29(2), 1-3.
- Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. <http://www.samhsa.gov/data/>
- Humphreys, K., & Saitz, R. (2019). Should physicians recommend replacing opioids with cannabis? *JAMA*, 321(17), 639-640.  
It is said to be “irresponsible” to encourage patients addicted to opiates to switch to cannabis for their problems with pain.
- Hutton, J. S., Dudley, J., Horowitz-Kraus, T., DeWitt, T., & Holland, S K. (2019, November 4). Associations between screen-based media use and brain white matter integrity in preschool-aged children. *JAMA Pediatrics*. Published online November 4, 2019. doi:https://doi.org/10.1001/jamapediatrics.2019.3869

In a cross-sectional study of 47 healthy prekindergarten children, screen use greater than that recommended by the American Academy of Pediatrics guidelines was associated with (1) lower measures of microstructural organization and myelination of brain white matter tracts that support language and emergent literacy skills and (2) corresponding cognitive assessments. To explore the associations between screen-based media use and integrity of brain white matter tracts supporting language and literacy skills in preschool-aged children. The study involved healthy children aged 3 to 5 years ( $n = 47$ ) who were recruited at a US children's hospital and community primary care clinics. Children completed cognitive testing followed by diffusion tensor imaging (DTI), and their parent completed a ScreenQ survey. These findings suggest a need for further study into the association between screen-based media use and the developing brain, particularly during early childhood.

Incarceration nation: The United States leads the world in incarceration. A new report explores why—and offers recommendations for fixing the system. (2014, October). *Monitor on Psychology*, 45(9), 56. <http://www.apa.org/monitor/2014/10/incarceration.aspx>

Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: National Academies Press.

Ivey, A. E., & Ivey, M. B. (1998). Reframing DSM-IV: Positive strategies from developmental counseling and therapy. *Journal of Counseling & Development*, 76(3), 334-350.

Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2014). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (8th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2018). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

Note: The print year is listed as 2016.

Jabr, F. (2012, January 30). By the numbers: Autism is not a math problem. *Scientific American*. <https://www.scientificamerican.com/article/autism-math-problem/>  
Ferris Jabr, a contributing writer for *Scientific American*, provides a brief review of the mathematical reason that there are 2,027 ways to be diagnosed with autism in *DSM-IV* and only 11 ways in *DSM-5*. However, the numbers alone are misleading. The staff of *Scientific American* asked astronomer and Hubble Fellow Joshua Peek, Ph.D. (Doctoral degree in Astronomy, University of California, Berkeley) of Columbia University to code a computer program that would calculate the total possible ways to get a diagnosis of autistic disorder in *DSM-IV* and the total possible ways to get a diagnosis of autism spectrum disorder in *DSM-5*. It all comes down to factorials. The *DSM-IV* criteria are a set of 12 items in three groups from which a clinician must choose 6 criteria, with at least

two items from group one and at least one item each from groups two and three. In contrast, the DSM-5 criteria are a set of seven items in two groups from which one must choose five, including all three items in group one and at least two of the four items in group two. Peek's program reveals that there are 2027 different ways to be diagnosed with autism in *DSM-IV* and 11 ways to be diagnosed with autism in *DSM-5*. As Ferris Jabr points out, the numbers alone don't explain anything unless it is understood how common each symptom of autism is in the general population. Symptoms of autism are not randomly distributed throughout the population and the symptoms do not cluster together in random combinations. Some symptoms appear together much more often than others, which is one of the main reasons that the American Psychiatric Association consolidated the *DSM-IV* criteria for autism into fewer, denser and more accurate criteria in the *DSM-5*. The idea is that the *DSM-IV* criteria allowed for too many possible combinations, many of which rarely occur; the *DSM-5* criteria, in contrast, better reflect the most common combinations of symptoms.

Jackson, S. E., Smith, L., Firth, J., Grabovac, I., Soysal, P., Koyanagi, A., Hu, L., Stubbs, B., Demurtas, J., Veronese, N., Zhu, X., & Yang, L. Is there a relationship between chocolate consumption and symptoms of depression? A cross-sectional survey of 13,626 US adults. *Depression and Anxiety*. 2019 Jul 29 [Epub ahead of print].10.1002/da.22950  
Jackson et al. analyzed data obtained from 13,626 adults ( $\geq 20$  years) who had participated in the National Health and Nutrition Examination Survey between 2007-08 and 2013-14. Daily chocolate consumption was derived from two 24-hour dietary recalls. Depressive symptoms were assessed using the Patient Health Questionnaire (PHQ-9), with scores above 10 indicating the presence of clinically relevant symptoms. Adults with diabetes were excluded and models controlled for relevant sociodemographic, lifestyle, health-related, and dietary covariates. Three consumer groups were identified (i.e., no chocolate, non-dark chocolate, dark chocolate). Overall, 11.1% of the population reported any chocolate consumption, with 1.4% reporting dark chocolate consumption. Analyses stratified by the amount of chocolate consumption showed participants reporting chocolate consumption in the highest quartile (104 to 454 grams per day) had 57% lower odds of depressive symptoms than those who reported no chocolate consumption (after adjusting for dark chocolate consumption).

Jacobson, E. (1929). *Progressive relaxation*. Chicago, IL: University of Chicago Press  
Progressive relaxation was developed by Edmund Jacobson, M.D. and presented first in 1908 at Harvard University as a detailed procedure for reducing muscular tension.

Jacobson, E. (1938). *Progressive relaxation*. Chicago, IL: University of Chicago Press.

Jaeki, P. (2018, June 6). Sleepwalking is the result of a survival mechanism gone awry. <https://getpocket.com/explore/item/sleepwalking-is-the-result-of-a-survival-mechanism-gone-awry>



- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. Washington, DC: National Center for Transgender Equality. <http://www.transequality.org/>
- Jamieson, J. P., Nock, M. K., & Mendes, W. B. (2012, August). Mind over matter: reappraising arousal improves cardiovascular and cognitive responses to stress. *Journal of Experimental Psychology, General*, 141(3), 417-422. doi: 10.1037/a0025719. Epub 2011 Sep 26.
- Jarrett, C. (2017, December 17). 10 of the most famous animals in psychology. *The British Psychological Society Research Digest*. <https://digest.bps.org.uk/2017/12/21/10-of-the-most-famous-animals-in-psychology/>
- Jarrett, C. (2019, November 22). Trigger warnings don't help people cope with distressing material. *Aeon*. <https://aeon.co/>  
Christian Jarrett cites studies that found that the only meaningful effect of trigger warnings was to increase people's belief in the sensitivity of others to upsetting material and in the need for warnings.
- Jiang, M. (2020, April 22). *The reason Zoom calls drain your energy*. BBC. <https://www.bbc.com/worklife/article/20200421-why-zoom-video-chats-are-so-exhausting?fbclid=IwAR0dgtikzO7wzL8pjCzLLASCTsSkRldKMJd1SYTxQs5oaRyH3T0tsP0NPcI>  
Key words: Zoom fatigue  
Manyu Jiang offers some ideas on why video chat is more difficult and more draining than to face-to-face communication.
- Johnson, J. (Interviewer). (2018, November 22). Finding the lost world: Can scientists bring back dinosaurs? [Podcast]. <https://the1a.org/audio/#/shows/2018-11-22/finding-the-lost-world-can-scientists-bring-back-dinosaurs-rebroadcast/116157/@00:00>  
Interview by Joshua Johnson, NPR journalist and host, with Adam Rutherford, Geneticist (and host on "Inside Science" on BBC Radio and author of *A Brief History of Everyone Who Ever Lived: The Human Story Retold Through Our Genes*, and Steve Brusatte, Paleontologist at University of Edinburgh and author of *The Rise and Fall of the Dinosaurs: The Untold Story of a Lost World*.
- Johnson, J. B., & Joy, A. (2016, August 4). Mass shootings and the media contagion effect. [Symposium, Session 1246, Mile High Ballroom 4F Level 3, Ballroom Level]. Paper presented at 2016 APA Annual Convention, Colorado Convention Center, Denver, CO. Jennifer B. Johnson, Ph.D. and Andrew Joy, B.S., both from Western New Mexico University, discuss how the prevalence of these crimes has risen in relation to the mass media coverage of them and the proliferation of social media sites that tend to glorify the shooters and downplay the victims. According to Dr. Johnson, "We suggest that the media cry to cling to 'the public's right to know' covers up a greedier agenda to keep eyeballs glued to screens, since they know that frightening homicides are their No. 1

ratings and advertising boosters.” The demographic profile of mass shooters is fairly consistent. Most are white, ostensibly heterosexual males, largely between the ages of 20 and 50. They tend to see themselves as “victims of injustice,” and share a belief that they have been cheated out of their rightful dominant place as white, middle class males.

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.

Joiner, T. E. (2010). *Myths about suicide*. Cambridge, MA: Harvard University Press.

Jones, K. D. (2012). Dimensional and cross-cutting assessment in the DSM-5. *Journal of Counseling & Development*, 90(4), 481-487.

Jones, S. L., & Butman, R. E. (2011). *Modern psychotherapies: A comprehensive Christian appraisal* (2nd ed.). Downers Grove, IL: InterVarsity Press.

Jongsma, A. E., Peterson, L. M., & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner* (5th ed.). New York, NY: John Wiley & Sons.

Kafka, M. P. (2010). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, 39, 377-400. doi 10.1007/s10508-009-9574.

Kaminski, J., Waller, B. M., Diogo, R., Hartsone-Rose, A., & Burrows, A. M. (2019, June 17).. Evolution of facial muscle anatomy in dogs. *Proceedings of the National Academy of Science*. NAS first published June 17, 2019 <https://doi.org/10.1073/pnas.1820653116>  
Abstract Summary: Domestication shaped wolves into dogs and transformed both their behavior and their anatomy. Juliane Kaminski et al. show that, in only 33,000 years, domestication transformed the facial muscle anatomy of dogs specifically for facial communication with humans. Based on dissections of dog and wolf heads, the authors show that the levator anguli oculi medialis, a muscle responsible for raising the inner eyebrow intensely, is uniformly present in dogs but not in wolves. Behavioral data, collected from dogs and wolves, show that dogs produce the eyebrow movement significantly more often and with higher intensity than wolves do, with highest-intensity movements produced exclusively by dogs. Interestingly, this movement increases paedomorphism and resembles an expression that humans produce when sad, so its production in dogs may trigger a nurturing response in humans. Kaminski et al. hypothesize that dogs with expressive eyebrows had a selection advantage and that “puppy dog eyes” are the result of selection based on humans’ preferences. This study was conducted at the Centre for Comparative and Evolutionary Psychology, Department of Psychology, University of Portsmouth, Portsmouth, United Kingdom.

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2, 217-250.

Kaplan, Robert M. (2020, June 25). Alois Maria Ott: I was Hitler’s psychologist. *Psychiatric Times*. <https://www.psychiatristimes.com/view/alois-maria-ott-i-was-hitler-s-psychologist?eKey=d2RvdmVyc3Bpa2VAZW1vcnkuZWR1>

Robert Kaplan reviews several sources and provides a fascinating discussion of the 1990 revelation that Adolf Hitler had been treated by a psychologist at Landsberg Prison in 1924, with a positive response to treatment. Alois Maria Ott, the prison “teacher,” was responsible for the rehabilitation at this facility. At the age of 98, Ott first disclosed his involvement with Hitler. There were reports that Ott was going to write a book about his experiences, but he has not published anything on the subject. A devout Catholic, Ott was a firm believer in the power of goodwill and he was reported to have a nonjudgemental approach to his patients in the prison.

In 1924, Hitler was just another Bavarian righ

Kardiner, A. (1941). *The traumatic neuroses of war*. Washington, DC: National Research Council.

Karjala, L. M. (2007). *Understanding trauma and dissociation: A guide for therapists, patients, and loved ones*. Atlanta, GA: ThomasMax Publishing.

Karjala, L. M. (2017). *Healing everyday traumas: Free yourself from the scars of bullying, criticism, and rejection*. Roswell, GA: Psychology Innovations.

Kaste, M. (2015, July 27). The ‘shock of confinement’: The grim reality of suicide in jail. *NPR*. <https://www.npr.org/2015/07/27/426742309/the-shock-of-confinement-the-grim-reality-of-suicide-in-jail>.

NPR journalist Martin Kaste cites Department of Justice data and provides an opinion on why suicide rates in jails are generally higher than those in prisons. In contrast to suicide rates in prisons (16 per 100,000) and in the general population (13 per 100,000), the higher suicide rates in jails (40 per 100,000) is attributed to “the shock of confinement” experienced by those in jail, because many of those incarcerated have never been in serious legal trouble before.

Kaufman, J., Gelernter, J., Hudziak, J., Tyrka, A. R., & Coplan, J. D. (2015, August). The Research Domain Criteria (RDoC) Project and studies of risk and resilience in maltreated children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(8), 617–625. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515569/>  
The Research Domain Criteria (RDoC) project was initiated to develop, for research purposes, new ways of classifying mental disorders based on dimensions of observable behavior and neurobiological measures.

Kay, T. (1990). *To dance with the white dog: A novel of life, loss, mystery, and hope*. Atlanta, GA: Peachtree Publishers.

Keck, P. E., Pope, H. G., Hudson, J. I., McElroy, S. L., & Kulick, A. R. (1988, February). Lycanthropy: Alive and well in the twentieth century. *Psychological Medicine*, 18(1), 113–120. <https://doi:10.1017/S003329170000194X>

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

A study of lycanthropy from the McLean Hospital reported on a series of cases and proposed some diagnostic criteria by which lycanthropy could be recognized: (1) A patient reports in a moment of lucidity or reminiscence that they sometimes feel as an animal or have felt like one. (2) A patient behaves in a manner that resembles animal behavior, for example howling, growling, or crawling. Keck et al. note that, although the condition seems to be an expression of psychosis, there is no specific diagnosis of mental or neurological illness associated with its behavioral consequences.

Keller, A., Litzelman, K., Wisk, L. E., Maddox, T., Cheng, E. R., Creswell, P. D., & Witt, W. P. (2012, September). Does the perception that stress affects health matter? The association with health and morality. *Health Psychology, 31*(5) 677-684. doi: 10.1037/a0026743. Epub 2011 Dec 26.

Keller, M. B., McCullough, J. P., Klein, D. N., Arnow, B. A., Rush, A. J., Nemeroff, C. B., Ninan, P. T., Kocsis, J. H., Schatzberg, A., Thase, M. E., Miller, V., Keitner, G., & Markowitz, J.C. (2000). A comparison of nefazadone, the Cognitive Behavioral Analysis System of Psychotherapy and their combination for the treatment of chronic depression. *New England Journal of Medicine, 322*, 1462-1470.

Kendler, K. S., Muñoz, R. A., & Murphy, G. (2009). The development of the Feighner criteria: A historical perspective. *American Journal of Psychiatry, 167*, 134-142.  
This article provides a history of the Feighner criteria, which were the predecessors of the research diagnostic criteria (RDC) that were used by Robert Spitzer, M.D. in the development of the DSM-III (APA, 1980) diagnostic criteria.

Kendler, K. S., Myers, J., & Zisook, S. (2008). Does bereavement-related major depression differ from major depression associated with other stressful life events? *American Journal of Psychiatry, 165*(11), 1449-1455.  
Based on their study of a range of validators in a large-population-based sample of twins, the authors evaluated whether cases of bereavement-related depression that also met DSM criteria for “normal grief” were qualitatively distinct from other depressive cases. The similarities between bereavement-related depression and depression related to other stressful life events substantially outweigh their differences. The authors question the validity of the bereavement exclusion for the diagnosis of major depression.

Keo-Meier, C., & Ehrensaft, D. (2018). *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children*. Washington, DC: American Psychological Association.

Kershaw I. (2010). *Hitler 1889–1936: Hubris*. New York, NY: Penguin Books.

Kershaw I. (2010). *Hitler 1936-1945: Nemesis*. New York, NY: Penguin Books.

Kessing, L. F., Vradi, E., & Anderson, P. K. (2017). Starting lithium prophylaxis early v. late in bipolar disorder. *British Journal of Psychiatry*, 205, 214-220.

Key words: neuroprotective effects of lithium in bipolar disorder

The long-term neuroprotective effects of lithium seem to be greatest when lithium is started early in the course of the illness.

Kessler, D. (2019, November 5). *Finding meaning: The sixth stage of grief*. New York, NY: Scribner.

In 1969, Elisabeth Kübler Ross first identified the stages of dying in her transformative book *On Death and Dying*. Decades later, she and David Kessler wrote the classic *On Grief and Grieving*, which introduced the stages of grief with the same transformative pragmatism and compassion. In *Finding Meaning*, Kessler describes how many people look for “closure” after a loss. Kessler maintains that finding meaning beyond the stages of grief (i.e., denial, anger, bargaining, depression, and acceptance) can transform grief into a more peaceful and hopeful experience. Kessler provides a roadmap to remembering those who have died with more love than pain.

Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., Wittchen, H., U., & Kendler, K. S. (1994, January). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Archives of General Psychiatry*, 51(1), 8-19.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995, December). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

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. *Achieves of General Psychiatry*, 62(6), 617-627.

King, J. H. (2013, August). Understanding and using the DSM-5. *Counseling Today*, 56(2), 18-20.

King, J. H. (2013, December). Body dysmorphic disorder and teens. *Counseling Today*, 56(6), 12-13.

King, J. H. (2013, May). The DSM does not make diagnoses. *Counseling Today*, 56(2), 18-21.

King, J. H. (2013, November). Assessment and diagnosis of disruptive mood dysregulation disorder. *Counseling Today*, 56(5), 18-20.

King, J. H. (2013, October). Assessment and diagnosis of PTSD and skin-picking disorder. *Counseling Today*, 56(4), 20-22.

- King, J. H. (2013, September). Assessment and diagnosis of autistic spectrum disorder. *Counseling Today*, 56(3), 18-20.
- King, J. H. (2014, April). Assessment and diagnosis of feeding, eating, and elimination disorders. *Counseling Today*, 56(10), 12-15.
- King, J. H. (2014, August). Assessment and diagnosis of depressive disorders and bereavement disorders. *Counseling Today*, 57(2), 12-15.
- King, J. H. (2014, December). Assessment and diagnosis of neurodevelopmental disorders. *Counseling Today*, 57(6), 12-15.
- King, J. H. (2014, February). Assessment and diagnosis of sexual and gender-related disorders. *Counseling Today*, 56(8), 12-13.
- King, J. H. (2014, January). Assessment and diagnosis of schizophrenia spectrum disorders. *Counseling Today*, 56(7), 12-14.
- King, J. H. (2014, July). Assessment and diagnosis of dissociative and trauma- and stressor-related disorders. *Counseling Today*, 57(1), 12-15.
- King, J. H. (2014, June). Assessment and diagnosis of anxiety, somatic symptom, and related disorders. *Counseling Today*, 56(12), 12-15.
- King, J. H. (2014, March). Assessment and diagnosis of sleep-wake cycle disorder. *Counseling Today*, 56(9), 12-15.
- King, J. H. (2014, May). Assessment and diagnosis of psychotic and bipolar-related disorders. *Counseling Today*, 56(11), 12-15.
- King, J. H. (2014, November). Assessment and diagnosis of substance-related and behavioral addictive disorders. *Counseling Today*, 57(5), 12-14.
- King, J. H. (2014, September). Assessment and diagnosis of disruptive, impulse-control and conduct disorders. *Counseling Today*, 57(3), 12-15.
- King, J. H. (2014, October). Assessment and diagnosis of obsessive-compulsive and related disorder. *Counseling Today*, 57(4), 12-15.
- King, J. H. (July 2014). Clinical application of the DSM-5 in private counseling practice. *The Professional Counselor*, 4(3), 202-215. doi:10.15241/jhk.4.3.2.2
- King, M. D., & Bearman, P. S. (2009, October). Diagnostic change and the increased prevalence of autism. *International Journal of Epidemiology*, 38(5), 1224-1234. doi: 10.1093/ije/dyp261

- King, M. D., & Bearman, P. S. (2011, April 1). Socioeconomic status and the increased prevalence of autism in California. *American Sociological Review*, 76(2), 320-346.
- King, M. D., Fountain, C., Dakhllallah, D., Bearman, P. S. (2009, September). Estimated autism risk and older reproductive age. *American Journal of Public Health*, 99(9), 1673-1679. doi: 10.2105/AJPH.2008.149021
- Kingsbury, S. J. (1987). Cognitive differences between clinical psychologists and psychiatrists. *American Psychologist*, 42, 152-156.
- Klin, A., Jones, W., Schultz, R., Volkmar, F., & Cohen, D. (2002). Defining and quantifying the social phenotype in autism. *American Journal of Psychiatry*, 159, 895–908.
- Knoll, J. L., IV. (2019, March). Duty of care and informed consent. *Psychiatric Times*, 36(3), 4-5.  
Dr. James Knoll, a psychiatrist, discusses liability implications of neuroleptic malignant syndrome (NMS), as well as other clinical and legal aspects of informed consent with psychiatric patients. There is also an analysis and commentary related to the U.S. Supreme Court's decision in *Zinermon v. Burch* (1990). Dr. Knoll is Director of Forensic Psychiatry and Professor of Psychiatry, SUNY Upstate Medical University, Syracuse, NY.
- Koek, R. J. (2017, November). Treatment-resistant PTSD. *Psychiatric Times*, 34(11), 18-19. <http://www.psychiatrictimes.com/>
- Kohn, D. (2015, June 24). When gut bacteria change brain function. *The Atlantic*. <https://www.theatlantic.com/health/archive/2015/06/gut-bacteria-on-the-brain/395918/>  
The author reviews evidence of the gut-brain axis and how gut bacteria can influence or contribute to anxiety, depression, and even neurodevelopmental disorders such as autism. Two bacteria, *lactobacillus* and *bifidobacterium*, reduce anxiety-like behavior in mice. Humans also carry strains of these bacteria in their guts.
- Konorski, J., & Miller, M. (1937). On two types of conditioned reflex. *Journal of General Psychology*, 16, 264-272.  
The authors discuss Type 1 and Type 2 conditioning and address Skinner's (1935) article.
- Korb, D. (2015). *The upward spiral: Using neuroscience to reverse the course of depression, one small change at a time*. Oakland, CA: New Harbinger Publications.
- Kopelow, L. E. (1976, April). A review of major implications of the O'Connor v. Donaldson decision. *American Journal of Psychiatry*, 133(4), 379-383.
- Krebs, C. C. (2020, March 19). Memorandum on identification of essential critical infrastructure workers during COVID-19 response.

[https://www.cisa.gov/sites/default/files/publications/CISA\\_Guidance\\_on\\_the\\_Essential\\_Critical\\_Infrastructure\\_Workforce\\_508C\\_0.pdf](https://www.cisa.gov/sites/default/files/publications/CISA_Guidance_on_the_Essential_Critical_Infrastructure_Workforce_508C_0.pdf)

Key words: COVID-10, Coronavirus

Christopher C. Krebs, Director, Cybersecurity and Infrastructure Security Agency (CISA), issued this statement in response to U.S. President Donald Trump's March 16<sup>th</sup> updated Coronavirus Guidance for America. This guidance states that: "*If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule.*" See also United States Department of Homeland Security (2020).

Krishna, S. (2019, December). Sexting: The technological evolution of the sexual revolution. *Psychiatric Times*, 36(12), 24-25.

Kroeger, C. C. & Evans, M. J. (2009). *The women's study Bible: New Living Translation* (2nd ed.). New York, NY: Oxford University Press. ISBN 978-0-19-529125-4

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

Catherine Clark Kroeger has written that several parts of the Bible refer to King Nebuchadnezzar's behavior in the book of Daniel 4 as a being manifestation of clinical lycanthropy.

Kruijver, F. P. M., Zhou, J. N., Pool, C. W., Hofman, M. A., Gooren, L. J. G., & Swaab, D. F. Male-to-female transsexuals have female neuron numbers in a limbic nucleus (2000). *Journal of Clinical Endocrinology and Metabolism*, 85(5), 2034–2041.

Kuchera, B. (2017, December 14). Loot boxes are the video game issue of the year.

<https://www.polygon.com/2017-best-games/2017/12/14/16772900/loot-boxes-loot-crates-2017>

Key words: Gaming disorder

Kupfer, D. J., First, M. B., & Reiger, D. A. (2002). *A research agenda for DSM-V*. Arlington, VA: American Psychiatric Association.

LaChance, L. R., & Ramsey, D. (2018). Antidepressant foods: An evidence-based nutrient profiling system for depression. *World Journal of Psychiatry*, 8(3), 97-104.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6147775/>

The authors outline an Antidepressant Food Scale that lists 12 antidepressant nutrients linked to the prevention and treatment of depression: Folate, iron, long-chain omega-3 fatty acids (EPA and DHA), magnesium, potassium, selenium, thiamine, vitamin A, vitamin B6, vitamin B12, vitamin C, and zinc. On the Antidepressant Food Score (AFS), the highest scoring foods were bivalves such as oysters and mussels, various seafoods, and organ meats for animal foods. The highest scoring plant foods were leafy greens, lettuces, peppers, and cruciferous vegetables.



- Lambert, M. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration*. New York, NY: Basic Books.
- Lambert, M. J. (2005). Implications of outcome research for psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (pp. 94–129). New York, NY: Oxford University Press.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavioral change: An empirical analysis* (pp. 143-184). New York, NY: John Wiley.
- Lankford, A., & Madfis, E. (2018, February 1). Don't name them, don't show them, but report everything else: A pragmatic proposal for denying mass killers the attention they seek and deterring future offenders. *American Behavioral Scientist*, 62(2), 260-279. [Article first published online: September 5, 2017; Issue published: February 1, 2018.]  
<https://doi.org/10.1177/0002764217730854> Media contagion effect  
Abstract: Prior research has shown that many mass shooters have explicitly admitted they want fame and have directly reached out to media organizations to get it. These fame-seeking offenders are particularly dangerous because they kill and wound significantly more victims than other active shooters, they often compete for attention by attempting to maximize victim fatalities, and they can inspire contagion and copycat effects. However, if the media changes how they cover mass shooters, they may be able to deny many offenders the attention they seek and deter some future perpetrators from attacking. We propose that media organizations should no longer publish the names or photos of mass shooters (except during ongoing searches for escaped suspects), but report everything else about these crimes in as much detail as desired. In this article, we (1) review the consequences of media coverage of mass shooters, (2) outline our proposal, (3) show that its implementation is realistic and has precedent, (4) discuss anticipated challenges, and (5) recommend future steps for consensus building and implementation. Adam Lankford, Ph.D. is an associate professor of criminology and criminal justice at The University of Alabama. Eric Madfis, Ph.D. is an associate professor of criminal justice at The University of Washington Tacoma.
- Larsen, Randy J., & Buss, David M. (2002). *Personality psychology: Domains of knowledge about human nature*. New York, NY: McGraw-Hill.
- Lazarus, A. A. (1981). *The practice of multimodal therapy*. New York, NY: McGraw-Hill.
- Les, J. (2020, July 27). A psychological exploration of Zoom fatigue. *Psychiatric Times*.  
<https://www.psychiatristimes.com/view/psychological-exploration-zoom-fatigue?eKey=d2RvdmVyc3Bpa2VAZW1vcnkuZWR1>  
Key words: Zoom fatigue

Jena Lee, M.D. provides a discussion of a phenomena that affects more than 300 million daily participants of Zoom. Causal factors include millisecond delays in virtual verbal responses, which negatively affect our interpersonal perceptions. Cognitive factors may include the increased ability to virtually multitask during Zoom meetings, which threatens the user's attentional capacity. Lack of direct mutual gaze may be a factor, given that eye contact improves connection—faster responses, more memorization of faces, and increased likeability and attractiveness. In contrast, gaze during video conferences must be directed at the camera to appear as if one is making eye contact with an observer. As a result, during video conferences with three or more people, it can be impossible to distinguish mutual gaze between any two people. Lack of nonverbal cues may also be a factor contributing to fatigue. Nonverbal cues are not only used to acquire information about others, but are also directly used to prepare an adaptive response and engage in reciprocal communication, all in a matter of milliseconds. By contrast, most cues in video conferences are difficult to visualize, since the same environment is not shared (limiting joint attention) and both subtle facial expressions and full bodily gestures may not be captured. Without the help of these unconscious cues on which we have relied since infancy to socioemotionally assess each other and bond, compensatory cognitive and emotional effort is required. In addition, this increased cost competes for people's attention with acutely elevated distractions such as multitasking, the home environment (e.g., family, lack of privacy), and their mirror image on the screen. Overall, videoconferences can be associated with low reward and high cost.

Lea, T. (1944). Marines call it that 2,000 yard stare. *Life Magazine*.

In 1944, *Life Magazine* published the painting titled "Marines Call It That 2,000 Yard Stare," by World War II artist Tom Lea.

Lee, Y. H., Cherkerzian, S., Seidman, L. J., et al. (2019, October 4). Maternal bacterial infection during pregnancy and offspring risk of psychotic disorders: variation by severity of infection and offspring sex. *American Journal of Psychiatry*. October 4, 2019;Epub ahead of print.

Lee and colleagues investigated the association between maternal bacterial infections during pregnancy and psychosis risk. They considered 16,188 live births enrolled between 1959 and 1966 at the Boston and Providence sites of the Collaborative Perinatal project, currently known as the New England Family Study. Parents and offspring (who are now in their 50s) with psychotic disorders were identified. A total of 15,421 participants were included in the final analytic sample. Lee and colleagues identified 3% multisystemic and 21% localized infections among the mothers during pregnancy. Localized infections included vaginitis, urinary tract infections, pneumonia, syphilis, gonorrhea, and tuberculosis. Psychotic disorders were 3-fold more likely to develop in males after maternal infection, whereas there was no difference in females. The authors concluded that maternal bacterial infection during pregnancy was significantly associated with the development of schizophrenia and related psychoses among offspring, with stronger effects for multisystemic than localized infections, especially in males.

Leibenluft, E. (2011). Severe mood dysregulation, irritability, and the diagnostic boundaries of Bipolar Disorder in youths. *American Journal of Psychiatry*, 168(2), 129-142.

Lester, R., & Petrie, T. A. (1998). Prevalence of disordered eating behaviors and bulimia nervosa in a sample of Mexican American female college students. *Journal of Multicultural Counseling & Development*, 26(3), 157-165.

Levin, J., & Fox, J. A. (1985). *Mass murder: America's growing menace*. New York, NY: Plenum Publishing Corporation.

Jack Levin, Ph.D., a professor of sociology at Northwestern University, and James Alan Fox, Ph.D., a professor of criminal justice at Northwestern University, discuss psychological and sociological factors relevant to the chilling profiles of compulsive murders such as Ted Bundy, Charles Manson, and the Hillside Strangler.

Levine, S. B. (2019). 8 core components of psychotherapy.

[https://www.psychiatrictimes.com/psychotherapy/8-core-components-psychotherapy?rememberme=1&elq\\_mid=7956&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](https://www.psychiatrictimes.com/psychotherapy/8-core-components-psychotherapy?rememberme=1&elq_mid=7956&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)

Stephen Levine, M.D. provides a brief list of eight components of psychotherapy: (1) The patient's trust is required, (2) The therapist must provide a respectful psychological intimacy, (3) It is vital for the psychiatrist to understand the patient's predicament, (4) The patient continually evaluates the therapist, (5) An attachment to the therapist should be perceived, acknowledged, and respected. (6) The therapist should not assume that patients believe that they have revealed the whole story, (7) Symptoms can improve, and (8) The therapist should behave in a warm, friendly manner, unafraid of revealing minor aspects of his personal life. Dr. Levine acknowledges that the article is based on Goldfried (2019) article *Obtaining Consensus in Psychotherapy: What Holds Us Back?*

Levitan, R. (2020, April 20). The infection that's silently killing Coronavirus patients.

<https://www.nytimes.com/>

Key words: COVID-19, Coronavirus

Richard Levitan, MD, an emergency physician in Littleton, NH, is president of Airway Cam Technologies, a company that teaches courses in intubation and airway management. Dr. Levitan explains how a pulse oximeter can provide early warning of the kinds of breathing problems associated with COVID-19 pneumonia. This article was linked to the listserv of one state psychological association and has been of interest to psychotherapists who treatment patients with Illness Anxiety Disorder, Obsessive Compulsive Disorder, Generalized Anxiety Disorder, and Panic Disorder. The article describes many patients presenting to emergency rooms with advanced COVID-19 pneumonia and low oxygen levels but without subjective complaints of breathing problems (termed "silent hypoxia"). Some of the details of the article can trigger some patients with health anxiety (e.g., "By the time patients have noticeable trouble breathing and present to the hospital with dangerously low oxygen levels, many will ultimately require a ventilator"). This phenomenon has some similarities to so-called "dry drowning" that is sometimes a target fear of patients with obsessive compulsive disorder. The article advocates buying pulse oximeters, which at the time of the COVID-19 shelter-in-place restrictions may be difficult to obtain, thus further increasing anxiety among affected anxious patients who don't have them.

- Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*, 83, 261-270.
- Lezak, M. D., Howieson, D. B., Bigler, E. D., & Tranel, D. (2018). Conducting neuropsychological assessment with transgender individuals. *Neuropsychological Assessment*, 32(8), 1393-1410.
- Li, N. P., & Kanazawa, S. (2016). Country roads, take me home... to my friends: How intelligence, population density, and friendship affect modern happiness. *British Journal of Psychology*, 107(4), 675-697. First published:04 February 2016  
<https://doi.org/10.1111/bjop.12181>  
Norman P. Li and Satoshi Kanazawa propose the *savanna theory of happiness*, which suggests that it is not only the current consequences of a given situation but also its ancestral consequences that affect individuals' life satisfaction and explains why such influences of ancestral consequences might interact with intelligence. The authors choose two varied factors that characterize basic differences between ancestral and modern life—population density and frequency of socialization with friends—as empirical test cases. As predicted by the theory, population density is negatively, and frequency of socialization with friends is positively, associated with life satisfaction. More importantly, the main associations of life satisfaction with population density and socialization with friends significantly interact with intelligence, and, in the latter case, the main association is reversed among the extremely intelligent. More intelligent individuals experience lower life satisfaction with more frequent socialization with friends. In one sense, the very intelligent would seem to be happier if they were left alone. This study highlights the utility of incorporating evolutionary perspectives in the study of subjective well-being. See also Sloat (2016).
- Libon, D. J., Lamar, M., Swenson, R. A., & Heilman, K. H. (2020, January 23). *Vascular disease, Alzheimer's disease, and mild cognitive impairment: Advancing an integrated approach*. New York, NY: Oxford University Press.
- LifeWay Research. (2014). Study of acute mental illness and Christian faith: Research report. Nashville, TN: Author. <http://www.lifewayresearch.com/files/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf>
- Lindamer, L. A., Lohr, J. B., Harris, M. J., & Jeste, D. V. (1997). Gender, estrogen, and schizophrenia. *Psychopharmacology Bulletin*, 33(2), 221-228.
- Linder, D. (2002). *Famous American trials: The John Hinckley trial (1982)*. <http://law2.umkc.edu/faculty/projects/ftrials/hinckley/hinckleytrial.html>
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Linehan, M. M., Goodstein, J. L., Nielsen, S. L., & Chiles, J. A. (1983). Reasons for staying alive when you are thinking of killing yourself: the reasons for living inventory. *Journal of Consulting and Clinical Psychology, 51*, 276-286.

The *Reasons for Living Inventory* (RFL-48) is available online:

<http://tools.farmacologiaclinica.info/index.php>

Livermore, J., Malmquist, C., & Meehl, P. (1968). On the justification for civil commitment. *University of Pennsylvania Law Review, 117*, 75-96.

Loeber, R., Pardini, D., Homish, D. L., Wei, E. H., Crawford, A. M., Farrington, D. P., et al. (2005). The prediction of violence and homicide in young men. *Journal of Consulting and Clinical Psychology, 73*(6), 1074-1088.

Loring M., & Powell, B. (1988, March). Gender, race, and DSM-III: A study of the objectivity of psychiatric diagnostic behavior. *Journal of Health and Social Behavior, 29*(1), 1-22.  
[doi:10.2307/2137177](https://doi.org/10.2307/2137177)

Lotter, V. (1967). Epidemiology of autistic conditions in young children. *Social Psychiatry, 1*, 163-173.

In 1966, Victor Lotter (1967) examined 8 to 10 year old schoolchildren in Middlesex, UK, and estimated a prevalence of 4.5 cases per 10,000 children.

Løvaas, O. L. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology, 55*(1), 3-9.  
doi: 10.1027/0022-006X.55.1.3

Loucks, L., Yasinski, C., Norrholm, S. D., Maples-Keller, J., Post, L., Zwiebach, L., Fiorillo, D., Goodlin, M., Jovanovic, T., Rizzo, A. A., & Rothbaum, B. O. (2019, January). You can do that?!: Feasibility of virtual reality exposure therapy in the treatment of PTSD due to military sexual trauma. *Journal of Anxiety Disorders, 61*, 55-63.  
10.1016/j.janxdis.2018.06.004. Epub 2018 Jun 18.

Keywords: Military, Virtual Reality (VR), Posttraumatic Stress Disorder (PTSD), Military Sexual Trauma

Researchers at the Emory University School of Medicine conducted an initial feasibility study that examined the use of virtual reality exposure therapy (VRE) in the treatment of military sexual trauma-related posttraumatic stress disorder (MST-related PTSD), with newly developed content tailored to MST. Participants included 15 veterans (26% male) with MST-related PTSD. Assessment of PTSD, depression, and psychophysiological indicators of distress occurred at pre-treatment, post-treatment, and 3-month follow-up. Treatment included 6-12 VRE sessions. There were significant reductions in pre- to post-treatment PTSD and depressive symptoms, which were maintained at follow-up. There also was a significant pre- to post-treatment reduction in heart rate response to a trauma cue. The percentage of participants meeting PTSD criteria continued to decline from post-treatment (53%) to follow-up (33%). Findings indicate VRE can be safely delivered

and is a promising treatment for MST-related PTSD. As a parenthetical comment, it might be pointed out that the title of the article contains one of the most unusual combinations of punctuation in a scholar journal.

Ludwig, J., Marcotte, D. E., & Norberg, K. (2009). Anti-depressants and suicide. *Journal of Health Economics*, 28(3), 659-676.

Lukiankoff, G., & Hardt, J. (2015, September). *The coddling of the American mind*. <https://www.theatlantic.com/magazine/archive/2015/09/the-coddling-of-the-american-mind/399356/>

Maas, J. B. (1998). *Miracle sleep cure*. London: Thorsons.

Cornell social psychologist James Maas, Ph.D. coined the term “power nap” in this book.

MacKenzie, D. (2019, January 23). We may finally know what causes Alzheimer’s – and how to stop it. <https://www.newscientist.com/article/2191814-we-may-finally-know-what-causes-alzheimers-and-how-to-stop-it/>

Although it is not a scholarly article, Debora MacKenzie provides a brief discussion of evidence that *Porphyromonas gingivalis*, a bacteria that causes chronic gum disease, may contribute to the development of Alzheimer’s disease, in which the build up of amyloid proteins may be as a defense against *P. gingivalis*.

Madigan, L., & Gamble, N. C. (1991). *The second rape: Society’s continued betrayal of the victim*. New York, NY: Macmillan Publishing Company.

Makinson, R. A., & Young, J. S. (2012). Cognitive behavioral therapy and the treatment of Posttraumatic stress disorder: Where counseling and neuroscience meet. *Journal of Counseling and Development*, 90(2), 131-140.

Manangan, L. P., Schulster, L. M., Chiarello, L., Simonds, D. N., & Jarvis, W. R. (1998, October). Risk of infectious disease transmission from a common communion cup. *American Journal of Infection Control*, 26(5), 538-539. [https://doi.org/10.1016/S0196-6553\(98\)70029-X](https://doi.org/10.1016/S0196-6553(98)70029-X)

Key words: COVID-10, Coronavirus

Within the CDC, the consensus of the National Center for Infectious Diseases and the National Center for Human Immunodeficiency Virus, Sexually Transmitted Diseases, and Tuberculosis is that a theoretic risk of transmitting infectious diseases by using a common communion cup exists, but that the risk is so small that it is undetectable. Experimental studies have shown that bacteria and viruses can contaminate a common communion cup and survive despite the alcohol content of the wine. Therefore, an ill person or asymptomatic carrier drinking from the common cup could potentially expose other members of the congregation to pathogens present in saliva. Were any diseases transmitted by this practice, they most likely would be common viral illnesses, such as the common cold. However, a recent study of 681 persons found that people who receive Communion as often as daily are not at higher risk of infection compared with persons who do not receive communion or persons who do not attend Christian church services at

all. In summary, the risk for infectious disease transmission by a common communion cup is very low, and appropriate safeguards—that is, wiping the interior and exterior rim between communicants, use of care to rotate the cloth during use, and use of a clean cloth for each service—would further diminish this risk. In addition, churches may wish to consider advising their congregations that sharing the communion cup is discouraged if a person has an active respiratory infection (i.e., cold or flu) or moist or open sores on their lips (e.g., herpes).

Marangoni, C. (2018, October). ADHD, bipolar disorder, or borderline personality disorder: Getting to the right diagnosis. *Psychiatric Times*, 35(10), 18-20, 30. <http://www.psychiatristimes.com/special-reports/adhd-bipolar-disorder-or-borderline-personality-disorder>

Key words: Differential diagnosis

Manne, K. (2015, September 19). Why I use trigger warnings. <https://www.nytimes.com/2015/09/20/opinion/sunday/why-i-use-trigger-warnings.html>

Meier, M. H., Caspi, A., Ambler, A. et al. (2012). Persistent cannabis users who neuropsychiatric decline from childhood to midlife. *Proceedings of the National Academy of Science USA*, 109, E2857-E2864.

A cohort of 1,027 individuals in Dunedin, New Zealand born in 1972 or 1973 were evaluated every 2 years from birth up to age 38, with 95% retention. Cannabis use was monitored and IQ testing was performed at ages 8, 11, 13, and 38. Individuals with persistent cannabis use that began during the adolescent years lost an average of 8 IQ points. In contrast, individuals who began using as adults had no decline in their IQ score. These data support the likelihood of a neurotoxic effect with the regular use of cannabis in the developing brain, resulting in an enduring decline in cognitive function.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.

Maslow, A. H. (1954). *Motivation and personality*. New York, NY: Harper & Bros.

Maslow, A. H. (1962). *Toward a psychology of being*. Princeton, NJ: D. Van Nostrand Company.

Massie, H. N., Miranda, G., Snowdon, D. A., Greiner, L. H., Wekstein, D. R., Dannner, D., Markesbery, W. R., Kemper, S. J., & Mortimer, J. A. (1996). Linguistic ability in early life and Alzheimer disease in late life. *Journal of the American Medical Association*, 275(24), 1879.

Maté, G. (2010). *In the realm of hungry ghosts: Close encounters with addiction*. Berkeley, CA: North Atlantic Books.

Maurel, L. (2015, September 28). Coming so close...but missing by a mile? <http://onesafetynet.com/news/coming-so-close-but-missing-by-a-mile/>

Lisa Maurel, LMFT provides a critique of Mark Yarhouse's 2015 article "Understanding the transgender phenomenon."

McCarter, S. J., St. Louis, E. K., & Boeve, B. F. (2012). REM sleep behavior disorder and REM sleep without atonia as an early manifestation of degenerative neurological disease. *Current Neurological and Neuroscience Reports*, 12, 182-192.

McCarty, R., & Mathews, C. A. (2017, September). Hoarding throughout the life span. *Psychiatric Times*, 34(9), 35-38.

McClelland, J. E., & Dorn, H. (2006). *Science and technology in world history* (2nd ed.). Baltimore, MD: Johns Hopkins University Press.  
The first edition of this book was published in 1999.

McCullough, Jr., J. P. (2000). *Treatment for chronic depression: Cognitive behavioral analysis system of psychotherapy (CBASP)*. New York, NY: Guilford Press.

McCullough, J. P. (2006). *Treating chronic depression with disciplined personal involvement: Cognitive behavioral analysis system of psychotherapy (CBASP)*. New York, NY: Springer-Verlag.

McCullough, Jr., J. P., Schramm, E., & Penberthy, J. K. (2015). *CBASP as a distinctive treatment for persistent depressive disorder*. New York, NY: Routledge.

McGue, M., & Lykken, D. T. (1992). Genetic influence on risk of divorce. *Psychological Science*, 3(6), 368-373.

McMugh, M. L. (2012, October 22). Interrater reliability: The kappa statistic. *Biochemia Medica (Zagreb)*, 22(3), 276–282. Published online October 15, 2012.  
Mary L. McHugh (2012) has suggested that Cohen's interpretation of kappa may be too lenient for health related studies because it implies that a score as low as 0.41 might be acceptable. For this reason, McHugh has recommended that both kappa and percent agreement should be used in studies of healthcare.

McKenzie, J. F., Pinger, R. R., & Kotecki, J. E. (2008). *An introduction to community health*. Boston: Jones and Bartlett Publishers.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd ed.). New York, NY: Guilford Press.  
Psychologist Nancy McWilliams, Ph.D. teaches in the Graduate School of Applied and Professional Psychology at Rutgers, The State University of New Jersey. She is a former president of the Division of Psychoanalysis (39) of the American Psychological Association and she is on the editorial board of *Psychoanalytic Psychology*. In *Psychoanalytic Diagnosis*, Williams makes psychoanalytic personality theory and its implications for practice accessible to practitioners of all levels of experience. She



explains major character types and demonstrates specific ways that understanding the patient's individual personality structure can influence the therapist's focus and style of intervention.

Mednick, S., with Ehrman, E. (2006). *Take a nap! Change your life*. New York, NY: Workman Publishing.

Sara Mednick, Ph.D., sleep researcher at the University of California, Riverside, focuses on four types of naps:

**20 minutes** (for energy and alertness) includes two minutes of Stage 1 sleep and 18 minutes of Stage 2.

**35 minutes** (energy, alertness and mind-clearing) includes two minutes of Stage 1, 23 minutes of Stage 2, and 10 minutes of Slow-wave sleep.

**60 to 75-minutes** (all the above, plus a creativity boost) includes two minutes of Stage 1, 28 minutes of Stage 2, 25 minutes of Slow-wave and five to 20 minutes of REM.

**90-minutes** (the “perfect nap” because it mimics the balance of stages during nocturnal sleep), includes five minutes of Stage 1, 35 of Stage 2, 25 minutes of slow-wave, and 25 minutes of REM.

Dr. Mednick also provides a Nap Wheel that can be used to calculate the “perfectly balanced state” in which Rapid Eye Movement (REM) and Slow-Wave sleep (SWS) are equally proportioned, and where “The Ultimate Nap” occurs. Naps occurring before this crossing point will have more REM and naps occurring after will have more SWS. The Nap Wheel is available at this link: <https://saramednick.com/htmls/book/napwheel.htm>

Melzack, R., & Wall, P. D. (1965). Pain mechanisms: A new theory. *Science*, 150(3699), 971-979.

Melzack, R. (1996). Gate control theory: On the evolution of pain concepts. *Pain Forum*, 5, 128-138.

Melton, J. Gordon. (2007, January 1). *The encyclopedia of religious phenomena*. Canton, MI: Visible Ink Press. Page 359.

Mielke, M. M. (2018, November 30). Sex and gender differences in Alzheimer disease dementia. *Psychiatric Times*, 35(11), 14-15, 17. <http://www.psychiatrictimes.com/special-reports/sex-and-gender-differences-alzheimer-disease-dementia>

Miller, B. (2018, October 8). Sleep disorders in early psychosis: New research. [http://www.psychiatrictimes.com/schizophrenia/sleep-disorders-early-psychosis-new-research?rememberme=1&elq\\_mid=3687&elq\\_cid=860775](http://www.psychiatrictimes.com/schizophrenia/sleep-disorders-early-psychosis-new-research?rememberme=1&elq_mid=3687&elq_cid=860775)

Miller, N. S., & Mahler, J. C., & Gold, M. S. (1991). Suicide risk associated with drug and alcohol dependence. *Journal of Addictive Diseases*, 10(3), 49-61.

Miller, J. J. (2019, April 15). Is it time to legalize cannabis? [Editorial]. *Psychiatric Times*, 36(4), 8-9.

In his editorial, John Miller, M.D. provides a brief literature review and discusses two potentially serious adverse effects from the regular use of cannabis (THC) on the developing brain: “increased incidence and earlier onset of psychosis in individuals already at risk and cognitive impairments that can be irreversible. Ideally, as with alcohol and cigarettes, cannabis should not be used until the brain is fully developed, somewhere between the ages of 21 and 25” (p. 9).

Miller, M., Azrael, D., Hemenway, D., & Solop, F. (2002, November). ‘Road rage’ in Arizona: Armed and dangerous: *Analysis and Prevention*, 34(6), 807-814.

Key words: Road rage, Trigger effect, Weapons effect

Abstract: Little is known about the relationship between firearm carrying and hostile behavior on the roadway. To explore a possible association between firearm carrying by drivers and hostile driving behavior [the authors] conducted a random-digit-dial survey of 790 licensed drivers in Arizona. In addition to demographic questions, [the authors] asked whether respondents had carried a gun while driving in the 12 months prior to the survey. Respondents were also asked if they, in anger, had personally made obscene gestures, cursed or shouted at other drivers, impeded another drivers progress with their vehicle, aggressively ‘followed another driver too closely’, or brandished a gun at another driver. [The authors] used multivariable logistic regression to explore correlates of hostile driving behavior while taking into account several demographic and behavioral characteristics. Overall 11% of drivers always (4%) or sometimes (7%) carried a gun with them in their vehicle; 34% report having made obscene gestures/cursed/shouted angrily; 28% report aggressively following or blocking other drivers with their vehicle. In both crude and multivariate adjusted analyses, self-report of engaging in hostile behavior while driving was significantly more common among men, young adults, and individuals who carried a firearm in their car. [The authors’] findings suggest that, at least among Arizona motorists, having a gun in the car is a strong marker for aggressive and illegal behavior behind the wheel.

Miller, A. L., Rathus, J. H., & Linehan, M. M. (2006). *Dialectical behavior therapy with suicidal adolescents*. New York, NY: Guilford Publications.

Millon, T. (Ed.). (1967). *Theories of psychopathology and personality: Essays and critiques*. New York, NY: John Wiley and Sons.

Millon, T. (1969). *Modern psychopathology*. Philadelphia, PA: W. B. Saunders Company.

Millon, T. (Ed.). (1973). *Theories of psychopathology and personality: Essays and critiques* [2nd ed.]. New York, NY: John Wiley and Sons.

Millon, T. (1981). *Disorders of personality*. New York, NY: John Wiley and Sons.

Mills, S., & Hedderly, T. (2014, January). A guide to childhood motor stereotypies, tic disorders and the Tourette spectrum for the primary care practitioner. *Ulster Medical Journal*, 83(1), 22-30.

Mistler, B. J., Reetz, D. R., Krylowicz, B., Barr, V. (2013). *The Association for University and College Counseling Center Directors Annual Survey: Reporting period: September 1, 2011 through August 31, 2012*. Indianapolis, IN: Association for University and College Counseling Center Directors.

[http://files.cmcglobal.com/Monograph\\_2012\\_AUCCCD\\_Public.pdf](http://files.cmcglobal.com/Monograph_2012_AUCCCD_Public.pdf)

Ninety-five percent of college counseling center directors surveyed said the number of students with significant psychological problems is a growing concern in their center or on campus, according to the latest Association for University and College Counseling Center Directors (AUCCCD; 2013) survey of counseling center directors. Seventy percent of directors believe that the number of students with severe psychological problems on their campus has increased in the past year. Anxiety continues to be the most predominant presenting concern among college students (41.6%), followed by depression (36.4%), and relationship problems (35.8%). Other common concerns are suicidal ideation (16.1%), alcohol abuse (9.9%), sexual assault (9.2), ADHD (8.9%), and self-injury (8.7%). On average, 24.5 percent of clients were taking psychotropic medications. However, 19 percent of directors report the availability of psychiatric services on their campus is inadequate. Directors report that 21 percent of counseling center students present with severe mental health concerns, while another 40 percent present with mild mental health concerns. Less than one percent (.3%) of directors reported that their center offered online counseling.

Mithoefer, M. C., Mithoefer, A. T., Feduccia, A. A., Jerome, L., Wagner, M., Wymer, J., Holland, J., Hamilton, S., Yazar-Klosinski, B., Emerson, A., & Doblin, R. (2018, May 1). 3, 4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for post-traumatic stress disorder in military veterans, firefighters, and police officers: A randomised, double-blind, dose-response, phase 2 clinical trial. *The Lancet Psychiatry* [Online First]. [https://doi.org/10.1016/S2215-0366\(18\)30135-4](https://doi.org/10.1016/S2215-0366(18)30135-4)

Moffatt, G. (2017, August). The difficulties of duty to warn. *Counseling Today*, 60(2), 8-9.

Moffic, H. S., (2015, March 2). Gender identity, Bruce Jenner, and me. *Psychiatric Times*. [http://www.psychiatristimes.com/couch-crisis/gender-identity-bruce-jenner-and-me?rememberme=1&elq\\_mid=4136&elq\\_cid=860775](http://www.psychiatristimes.com/couch-crisis/gender-identity-bruce-jenner-and-me?rememberme=1&elq_mid=4136&elq_cid=860775)

Mojtabai, R. (2011). Bereavement-related depressive episodes: Characteristics, 3-year course, and implication for the DSM-5. *Achieves of General Psychiatry*, 68(9), 920-928.

Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004, March 10). Actual causes of death in the United States, 2000. *Journal of the American Medical Association*, 291(10), 1238-1245.

Monahan, John. (1981). *Predicting violent behavior: An assessment of clinical techniques*. Beverly Hills, CA: Sage.

Moody, P. A. (1970). *Introduction to evolution* [3rd ed.]. New York, NY: Harper & Row.  
Original book was published in 1953 and second edition was published in 1962.

Morina, N., Wincerts, J. M., Lobbrecht, J., & Priebe, S. (2014). Remission from post-traumatic stress disorder in adults: A systematic review and meta-analysis of long term outcome studies. *Clinical Psychology Review*, 34(3), 249-255. doi: 10.1016/j.cpr.2014.03.002  
Morina and colleagues conducted the first systematic review and meta-analysis on spontaneous long-term remission rates (i.e., without specific treatment) of post-traumatic stress disorder in adults. Across all studies, remission rates varied between 8% and 89%, with an average of 44.0%. Publications on PTSD related to natural disaster reported the highest mean of remission rate (60.0%), whereas those on PTSD related to physical disease reported the lowest mean of remission rate (31.4%). The authors conclude that long-term remission from PTSD without specific treatment varies widely and is higher in studies with the baseline within five months following trauma.

Moffic, H. S. (2019, November 7). The Goldwater Rule: What would Freud and Frankl have done? *Psychiatric Times*. [https://www.psychiatristimes.com/couch-crisis/goldwater-rule-what-would-freud-and-frankl-have-done?rememberme=1&elq\\_mid=9527&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](https://www.psychiatristimes.com/couch-crisis/goldwater-rule-what-would-freud-and-frankl-have-done?rememberme=1&elq_mid=9527&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)

Psychiatrist Steven Moffic, MD writes about the views of two European psychiatrists, Sigmund Freud and Viktor Frankl, in terms the rise to power of Adolf Hitler and the emerging genocidal policies that were being developed by the Nazis at that time. Dr. Moffic frames his article within the context of the Goldwater Rule, which refers to Paragraph 3 of Section 7 in the American Psychiatric Association's (APA) Principles of Medical Ethics: "On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement (APA, 2013, p. 9). This ethical standard originated as a consequence of events that transpired in 1964, when *Fact Magazine* published an article titled "The Unconscious of a Conservative: A Special Issue on the Mind of Barry Goldwater." The magazine polled US psychiatrists about whether or not US Senator Barry Goldwater was fit to be president. At that time, criticism of 1964 Republican Presidential candidate Barry Goldwater ran from his being paranoid and a potential danger by that might lead to a nuclear war to his presumed homosexuality. Unfortunately, the concerns about homosexuality were something of psychiatric concern in that era of time. In response, Senator Goldwater sued *FACT Magazine* editor Ralph Ginzburg and managing editor Warren Boroson (*Goldwater v. Ginzburg*, July, 1969). Goldwater won the lawsuit and received damages totaling \$75,000.00, which would be approximately \$500,000.00 in today's dollars adjusted for inflation. As a consequence, the outspoken psychiatrists were

publicly shamed. To avert future embarrassment and “wild analysis” (Freud's term for unfounded speculation), the so-called Goldwater Rule was adapted several years later as an annotation in the AMA principles of medical ethics for psychiatrists. The rule stated that it was unethical to provide any psychiatric analysis of a public figure without personal evaluation and permission of that person. In 2019, as concerns over the current President's mental health emerged, the rule was tightened and strengthened.

Molloy, H. & Vasil, L. (2002). The social construction of Asperger Syndrome: The pathologizing of difference? *Disability and Society*, 17(6), 659-669.

Moselhy, H. F. (1999). Lycanthropy: New evidence of its origin. *Psychopathology*, 32(4), 173–176. <https://doi:10.1159/000029086>

Key words: Boanthropy, cow, lycanthropy, wolf, zoanthropy

The author describes two cases of clinical lycanthropy. In one case, there is clear evidence of an organic origin of the syndrome. *Lycanthropic intermetamorphosis* refers to rare cases of individuals who believe that other people have transformed into animals.

Motto, J. A. (1976) Suicide prevention for high-risk persons who refuse treatment. *Suicide and Life-Threatening Behavior*, 6, 223 -230.

Motto, J. A., & Bostrom, A. G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services*, 52(6), 828-833.

Mowrer, O. A. (1939). A stimulus-response analysis of anxiety and its role as a reinforcing agent. *Psychological Review*, 46, 553–565.

Mowrer's model provides the basis of the contemporary two-factor theory of how obsessive-compulsive cycle is maintained. Neutral stimuli become distress stimuli through their association with pain or fear. Escape and avoidance behaviors are learned in order to reduce distress (via negative reinforcement). Dollard and Miller (1950) used Mowrer's model to explain how, in obsessive compulsive disorder, the escape and avoidance takes the form of rituals and compulsions.

Mowrer, O. A. (1960). *Learning theory and behavior*. New York, NY: Wiley.

Moynihan, D. P. (1993, Winter). Defining deviancy down. *American Scholar*, 62(1), 17-30.

Murphy, B., Jr. (2017, March 3). Science says parents of the most successful kids do these 10 things. *Inc.* <https://www.inc.com/bill-murphy-jr/science-says-parents-of-the-most-successful-kids-do-these-10-things.html>

Myers, K. J., & Lane, W. D. (2021). *Counseling veterans: A practical guide*. San Diego, CA: Cognella Academic Publishing.

- Nagasawa, M., Mitsui, S., En, S., Ohtani, N., Ohta, M., Sakuma, Y., Onaka, T., Mogi, K., & Kikusui, T. (2015, April 17). Oxytocin-gaze positive loop and the coevolution of human-dog bonds. *Science*, 348(6232), 333-336. 10.1126/science.1261022  
Abstract Summary: Human-like modes of communication, including mutual gaze, in dogs may have been acquired during domestication with humans. Nagasawa et al. show that gazing behavior from dogs, but not wolves, increased urinary oxytocin concentrations in owners, which consequently facilitated owners' affiliation and increased oxytocin concentration in dogs. Further, nasally administered oxytocin increased gazing behavior in dogs, which in turn increased urinary oxytocin concentrations in owners. These findings support the existence of an interspecies oxytocin-mediated positive loop facilitated and modulated by gazing, which may have supported the coevolution of human-dog bonding by engaging common modes of communicating social attachment.
- Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J. L., & Chertkow, H. (2005). The Montreal Cognitive Assessment, MoCA: A brief screening tool for mild cognitive impairment. *Journal of the American Geriatric Society*, 53(4), 695-599. doi:10.1111/j.1532-5415.2005.53221.x. PMID 15817019  
Few people in the general public knew about this brief screening test until 2018. According to an NBC News report on January 17, 2018, President Donald Trump was administered the screening test, reportedly at his request, on or around January 16, 2018. According to the news report, President Trump insisted on taking the test and passed it with flying colors, Dr. Ronny Jackson, presidential physician, told reporters.
- National Center for Health Statistics, Centers for Disease Control and Prevention. (2013). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Atlanta, GA: Author. <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- National Center for Health Statistics, Centers for Disease Control and Prevention. (2018, July 26). Deaths: Leading causes for 2016. *National Vital Statistics Reports*, 67(6), 1-77. Atlanta, GA: Author. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
- National Center for Health Statistics, Centers for Disease Control and Prevention. (2019). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Atlanta, GA: Author. <http://www.cdc.gov/nchs/icd/icd10cm.htm>  
Coding Note: The 2019 ICD-10-CM codes are to be used from October 1, 2018 through September 30, 2019.
- National Center for Posttraumatic Stress Disorder. (2018, April). Understanding posttraumatic stress disorder: A guide for family and friends. Washington, DC: U. S. Department of Veterans Affairs. <https://www.ptsd.va.gov/>
- National Institute on Drug Abuse (2019, April). What is kratom? *National Institute on drug Abuse*. <https://www.drugabuse.gov/publications/drugfacts/kratom>

According to NIDA (2019, p. 1), “Kratom is a tropical tree (*Mitragyna speciosa*) native to Southeast Asia, with leaves that contain compounds that can have psychotropic (mind-altering) effects. Kratom is not currently an illegal substance and has been easy to order on the internet. It is sometimes sold as a green powder in packets labeled “not for human consumption. It is also sometimes sold as an extract or gum (NIDA, 2019). Kratom can cause effects similar to both opioids and stimulants. Two compounds in kratom leaves, *mitragynine* and *7- $\alpha$ -hydroxymitragynine*, interact with opioid receptors in the brain, producing sedation, pleasure, and decreased pain, especially when users consume large amounts of the plant. Mitragynine also interacts with other receptor systems in the brain to produce stimulant effects. When kratom is taken in small amounts, users report increased energy, sociability, and alertness instead of sedation. However, kratom can also cause uncomfortable and sometimes dangerous side effects.

Niese, M. (2018, August 14). Without legal way to buy medical marijuana, Georgians turn to CBD. <https://www.ajc.com/news/state--regional-govt--politics/without-legal-way-buy-medical-marijuana-georgians-turn-cbd/gmEJJwVDVFMfql8h9gSQN/>

Neukrug, E. (2018). *Counseling theory and practice* (2nd ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

Edward Neukrug, Ed.D., Professor of Counseling and Human Services at Old Dominion University, is a licensed professional counselor and licensed psychologist. His book is organized into four primary sections, each of which addresses a theoretical orientation. Section 1 explores psychodynamic approaches, including psychoanalysis, Jungian therapy, and Adlerian therapy. Section 2 is devoted to existential-humanistic approaches such as existential therapy, Gestalt therapy, and person-centered counseling, while Section 3 discusses cognitive-behavioral approaches, including behavior therapy, cognitive behavior therapy, rational-emotive behavior therapy, and reality therapy. Section 4 describes post-modern therapies and examines the relatively new approaches of narrative therapy, solution-focused brief therapy, and relational cultural therapy, a form of feminist therapy. The final chapter explores a number of more recent and emerging theories.

Newberger, D. S. (2000, August 15). Down syndrome: Prenatal risk assessment and diagnosis. *American Family Physician*, 62(4), 825-832, 837-838.

Newschaffer, C. J., Falb, M. D. & Gurney, J. D. (2005). National autism prevalence trends from United States special education data. *Pediatrics*, 115, e277-e282.  
By 1992, 19 in every 10,000 six-year-old Americans were being diagnosed as autistic.

Newton, C. (2020, March 27). How to stop trolls from taking over your Zoom call. <https://www.theverge.com/2020/3/27/21197090/zoombombing-zoom-stop-how-to-porn-trolls-video-chat-screen-sharing>

Noesner, G. (2010). *Stalling for time: my life as an FBI hostage negotiator*. New York, NY: Random House.

Gary Noesner, the FBI's chief hostage negotiator, recounts harrowing standoffs, including the Waco siege with David Koresh and the Branch Davidians, the siege at Waco, the Montana Freeman standoff, and the D.C. sniper attacks. As Noesner observed, "Listening is the cheapest concession we can ever make" (p. x). As an adage that can serve psychotherapists, when people are escalating, it's better to deescalate.

Nolan, J. M., Ford, S., & Kress, V. E. (2005). A comprehensive model for depressive severe and persistent mental illness on campuses: The new diversity initiative. *Journal of College Counseling*, 8(2), 172-179.

Noonan, M., Rohloff, H., & Ginder, S. (2015, August). *Mortality in local jails and state prisons, 2000–2013 - Statistical tables*. Washington, DC: U.S. Department of Justice.  
<https://assets.documentcloud.org/documents/2191181/mortality-in-local-jails-and-state-prisons.pdf>

According to the Bureau of Justice Statistics, suicide has been the leading cause of death in U.S. jails every year since 2000. In 2013, one third (34%) of jail inmate deaths were due to suicide. The suicide rate increased 14%, from 40 suicides per 100,000 jail inmates in 2012 to 46 per 100,000 in 2013.

Norman, W. T. (1963). Toward an adequate taxonomy of personality attributes: Replicated factor structure in peer nomination personality rating. *Journal of Abnormal and Social Psychology*, 66, 574-583.

Nussbaum, A. M. (2013). *The pocket guide to the DSM-5™ diagnostic exam*. Washington, DC: American Psychiatric Publishing.

Nutt, D., King, L.A., Saulsbury, W., Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet*, 369, 1047-1053.

O'Brien, P., & Volkow, N. (2006, May 1). What's in a word? Addiction versus dependence in DSM-V. *American Journal of Psychiatry*, 163, 764-765.

O'Connor, N. (1989). The performance of the "idiot-savant": Implicit and explicit. *International Journal of Language & Communication*, 24(1), 1-20.

O'Leary, K. D., Heyman, R. E., & Jongsma, A. E. (2011). *The couples psychotherapy treatment planner*. New York, NY: John Wiley and Sons.

Okamoto, A., Dattilio, F. M., Dobson, K. S., & Kazantzis, N. (2019). The therapeutic relationship in cognitive-behavioral therapy: Essential features and common challenges. *Practice Innovations*, 4(2), 112-123. <http://dx.doi.org/10.1037/pri0000088>

The authors discuss the therapeutic relationship in cognitive-behavioral therapy (CBT) and ways of using relational tools to overcome common challenges encountered by CBT therapists. Despite an emphasis on techniques and quantifying change mechanisms, the therapeutic relationship is the context within which interventions occur and is itself a



critical aspect of treatment. The authors discuss various aspects of the client–therapist relationship, including the concepts of collaboration, empiricism, and Socratic dialogue.

O’Toole, M. E., & Bowman, A. (2011, October 13). *Dangerous instincts: How gut feelings betray us*. New York, NY: Hudson Street Press.

Written alone with co-author Alisa Bowman, this book is largely based on the work of a former FBI Supervisory Special Agent Mary Ellen O’Toole, Ph.D. (2000), who was one of the most senior profilers until her retirement in 2009.

O’Toole, M. E., & Bowman, A. (2012, October). *Dangerous instincts: How gut feelings betray us*. New York, NY: Plume, a Penguin Group.

This edition was previously published by Hudson Street Press.

Oates, W. E. (1987). *Behind the masks: Personality disorders in religious behavior*. Louisville, KY: The Westminster Press.

Orr-Andrews, A. (1987). The case of Anna O.: A neuropsychiatric perspective. *Journal of the American Psychoanalytic Association*, 35(2), 387-419.

Osman, A., Barrios, F. X., & Osman, J. R. (1994). Behavioral assessment review: The Reason for Living Inventory. *The Behavior Therapist*, 17, 112-113.

The *Reasons for Living Inventory* (RFL-48) is available online:

<http://tools.farmacologiaclinica.info/index.php>

Osser, D. N. (2019, February 2020). The neuroprotective effects of lithium. *Psychiatric Times*, 36(2), 21.

Key words: neuroprotective effects of lithium in bipolar disorder

David N. Osser, M.D. discusses the neuroprotective effects of lithium. Osser (p. 21) states, “Bipolar disorder seems to be characterized by a gradual progressive shrinkage in some areas of cortical gray matter as well as some tracks of white matter. These losses are associated with increased neurocognitive impairment.” Osser cites Giakoumatos et al. (2015), whose research suggests that there may be better preservation of white matter structural integrity in patients who have had with long-term treatment with lithium. Osser notes that reduction of gray matter volume has been shown to be arrested or even reversed to some degree by long-term lithium treatment of bipolar patients. Adding that no other mood stabilizers have been shown to have this neurocognitive protective effect, Osser (2020, p. 21) observes, “Some ambivalent patients have been persuaded to accept lithium after reading the article by Giakoumatos and colleagues. (See also Giakoumatos et al., 2015).

Othmer, E., & Othmer, S. C. (1989). *The clinical interview, using DSM-III-R*. Washington, DC: American Psychiatric Press.

Othmer, E., & Othmer, S. C. (1994). *The clinical interview, using DSM-IV, Volume 1: Fundamentals*. Arlington, VA: American Psychiatric Publishing.

- Othmer, E., & Othmer, S. C. (1994). *The clinical interview using DSM-IV, Volume 2: The difficult patient*. Arlington, VA: American Psychiatric Publishing.
- Othmer, E., & Othmer, S. C. (2002). *The clinical interview, using DSM-IV-TR, Volume 1: Fundamentals* [2nd ed.]. Arlington, VA: American Psychiatric Publishing.
- Othmer, E., & Othmer, S. C. (2002). *The clinical interview using DSM-IV-TR, Volume 2: The difficult patient* [2nd ed.]. Arlington, VA: American Psychiatric Publishing.
- Overwhelmed. (2016, July 18). *The adolescent trans trend: 10 influences*. 4th Wave Now. <https://4thwavenow.com/>
- Owen, D., & Davidson, J. (2009, May 1). Hubris syndrome: An acquired personality disorder? A study of US Presidents and UK Prime Ministers over the last 100 years. *Brain*, 132(5), 1396–1406. <https://doi.org/10.1093/brain/awp008>
- Ozonoff, S., Dawson, G., & McPartland, J. C. (2014, November 14). *A parent's guide to high-functioning autism spectrum disorder: How to meet the challenges and help your child thrive*. New York, NY: Guilford Publications.
- Palmer, C. (2019, December). The top 10 journal articles. *Monitor on Psychology*, 50(11), 44-47. <http://www.apamonitor-digital.org/apamonitor/201912/MobilePagedReplica.action?pm=1&folio=44#pg47>  
APA staff writer Chris Palmer provides a summary of the 10 most downloaded APA articles in 2019, a year in which more than 4,500 articles were published in APA's 89 journals.
- Parker, G. (Ed.). (2019). *Bipolar II disorder: Modelling, measuring, and managing* (3rd ed.). Cambridge, UK: Cambridge University Press.  
Psychiatrist Gordon Parker surveyed 18 international experts regarding their treatment of bipolar II disorder. Based on the opinions of these 18 experts, the results can be summarized as follows: (1) Ten experts agreed that antidepressants are helpful in bipolar II but are best used with a mood stabilizer to avoid hypomania, whereas six experts agreed that antidepressants are best avoided or used with a mood stabilizer as a last resort in bipolar II. Only one expert held the opinion that antidepressants are helpful in bipolar II and do not cause hypomania, and only one expert held that antidepressants should almost always be avoided in bipolar II because of the risk of hypomania and cycling. SSRIs and bupropion were viewed as the preferred antidepressants in bipolar II treatment, because these drugs have the lowest risk of inducing mania. Because the SNRIs carry a higher risk of mania, the respondents were more split in their opinions on SNRIs. Nearly all of the experts agreed that the tricyclic antidepressants and monoamine oxidase inhibitors (MAOs) were associated with the highest risk of mania.

Patel, K. S., & Hughes, A. J. (2019). Assessment and treatment of hoarding behavior. *Journal of Health Service Psychology, 45*(1), 11-16.

Using a cognitive-behavioral model applied to hoarding disorder, the authors address information processing deficits, dysfunctional beliefs about possessions, behavioral avoidance, and emotional attachment to possessions.

Pediaditakis, N. (2019). The dog that did not bark. *Psychiatric Times, 36*(1), 5. Perlin, M. L. (2000). *The hidden prejudice: Mental disability on trial*. Washington, DC: American Psychological Association.

Nicholas Pediaditakis, M.D. shares some thoughts on the pathogenesis and persistence of prevalence of schizophrenia and bipolar affective disorder in view of current genetic discoveries. Dr. Pediaditakis speculates that the “lopsided asocial” traits in a pool of vulnerable individuals in whom schizophrenia and bipolar disorder may develop may be offset by an evolutionary advantage related to some of these same individuals being able to think in alternative ways, discern mathematical and artistic patterns, and so forth. This advantageous evolutionary trade-off may help explain the persistence of the 4% prevalence for both disorders worldwide in spite of the evolutionary disadvantages (i.e., early onset, low fertility, early death).

Pelham, W. E., Page, T. F., Altszuler, A. R., Gnagy, E. M., Molina, B. S. G., & Pelham, W. E. (2020, February). The long-term financial outcome of children diagnosed with ADHD. *Journal of Consulting and Clinical Psychology, 88*(2), 160-171. doi: 10.1037/ccp0000461. Epub 2019 Dec 2.

The authors drew data from a prospective case-control study (PALS) by following participants with a rigorous diagnosis of ADHD during childhood (N = 364) and demographically matched controls (N = 240) for nearly 20 years. Participants and their parents reported on an array of financial outcomes when participants were 25 and 30 years old. At age 30, adults with a history of ADHD exhibited substantially worse outcomes than controls on most financial indicators, even when they and their parents no longer endorsed any DSM symptoms of ADHD. Between ages 25 and 30, probands had exhibited considerably slower growth than controls in positive financial indicators (e.g., monthly income) and substantially less reduction than controls in indicators of financial dependence (e.g., living with parents), indicating worsening or sustained deficits on nearly all measures. When earnings trajectories from age 25 to age 30 were extrapolated using matched census data, male probands were projected to earn \$1.27 million less than controls over their working lifetime, reaching retirement with up to 75% lower net worth. The authors concluded that the financial deficit of adults with history of childhood ADHD grows across early adulthood. Projections based on early financial trajectories suggest very large cumulative differences in earnings and savings.

Phillips, D. P. (1974). The influence of suggestion on suicide: Substantive and theoretical Implications of the Werther Effect. *American Sociological Review, 39*, 340–354.

Professor David P. Phillips, Ph.D. (Department of Sociology at the University of California in San Diego, California) coined the term “media contagion” (Phillips, 1980, 1986), which was an extension of cultural contagion and behavioral contagion theories. Phillips groundbreaking research published in 1974 revealed how highly publicized stories of deviant and dangerous behavior influences so-called copycat incidents. He showed how suicide rates spike in the week following an inappropriately-publicized celebrity suicide, in contrast to the trend of no increase in suicides in the week following a media strike that unintentionally suppresses such coverage. Of historical interest, the Werther Effect was named after the protagonist in Goethe’s novel, *The Sorrows of Young Werther*, in which the hero kills himself. Because of a rash of suicides by young men who had read it, the novel was banned in some European countries after its publication nearly 200 years ago. Some had even dressed like Werther or had left the book open to the passage detailing his death when they killed themselves.

Phillips, D. P. (1980). Airplane accidents, murder, and the mass media: Towards a theory of imitation and suggestion. *Social Forces*, 58(4), 1001-1024.

Phillips, D. P. (1986). Natural experiments on the effects of mass media violence on fatal aggression: Strengths and weaknesses of a new approach. *Advances in Experimental Social Psychology*, 19, 207-250. [https://doi.org/10.1016/S0065-2601\(08\)60215-4](https://doi.org/10.1016/S0065-2601(08)60215-4)

Phillips, R. T. M. (2012, June). Predicting the risk of future dangerousness. *American Medical Association Journal of Ethics*, 14(6), 462-476. 10.1001/virtualmentor.2012.14.6.hlaw1-1206

Robert T. M. Phillips, M.D., Ph.D. is an adjunct professor of law at the University of Maryland School of Law in Baltimore and the 2011 Yochelson Distinguished Professor of Forensic Psychiatry at the Yale University School of Medicine in New Haven, Connecticut. In this article, he argues for “competent and reliable comprehensive clinical psychiatric risk assessment that is rooted in evidence-based practice standards for medical evaluation and that considers all relevant clinical and historical information including data from standardized risk assessment tools” (p. 476).

Pies, (2019, August 16). The misplaced media focus on Jeffrey Epstein’s death. *Psychiatric Times*. <https://www.psychiatrictimes.com/couch-crisis/beyond-jeffrey-epsteins-death>  
This article, formerly titled “Beyond Jeffrey Epstein's Death,” dated August 13, 2019, has since been updated by the author, psychiatrist Ronald W. Pies, M.D., who discusses the scandal of incarcerating those with serious mental illness. Citing Bureau of Justice Statistics, Dr. Pies points out that suicide has been the leading cause of death in U.S. jails every year since 2000.

Pinto-Wagner, A. (2002). *Worried no more: Help and hope for anxious children*. Rochester, New York, NY: Lighthouse Press.

Psychologist Aureen Pinto-Wagner, Ph.D. described the vicious cycle of avoidance (p. 49) in her book that is designed for parents of anxious children.

- Poland, S., & McCormick, J. S. (1999). *Coping with a crisis: A resources for schools, parents, and communities*. Longmont, CO: Sopris West.
- Pope, K. S., & Vasquez, M. J. T. (2016). *Ethics in psychotherapy and counseling: A practical guide* (5th ed.). New York, NY: John Wiley & Sons.  
Among other topics addressed in their book, Pope and Vasquez (2016) provide a list of 26 logical fallacies that can slide into the background of psychotherapy and blend in with a therapist's best reasoning. Of particular interests to diagnosticians is the "Nominal Fallacy" (i.e., the mistake of assuming that because we have given a name to something, therefore we have explained it). For a review of "Common Logical Fallacies in Psychology: 26 Types and Examples," see this link:  
<https://kspope.com/fallacies/fallacies.php>
- Porges, S.W., & Carter, C. S. (2011). Neurobiology and evolution: Mechanisms, mediators, and adaptive consequences of caregiving. In S. L. Brown, R. M. Brown, & L. A. Penner (Eds.). *Self interest and beyond: Toward a new understanding of human caregiving* (pp. 53-71). New York, NY: Oxford University.
- Porges, S. W., & Furman, S. A. (2011). The early development of the autonomic nervous system provides a neural platform for social behavior: A polyvagal perspective. *Infant and Child Development, 20*, 106-118.
- Porges, S.W., & Lewis, G. F. (2009). The polyvagal hypothesis: Common mechanisms mediating autonomic regulation, vocalizations, and listening. In S. M. Brudzynski (Ed.). *Handbook of mammalian vocalizations: An integrative neuroscience approach* (pp. 255-264). Amsterdam: Academic Press.
- Porges, S. W., Macellaio, M., Stanfill, S. D., McCue, K., Lewis, G. F., Harden, E. R., Handelman, M., Denver, J., Bazhenova, O. V., & Heilman, K. J. (2013). Respiratory sinus arrhythmia and auditory processing in autism: Modifiable deficits of an integrated social engagement system? *International Journal of Psychophysiology, 88*, 261-270.
- Porges, S.W. (1992). Vagal tone: A physiological marker of stress vulnerability. *Pediatrics 90*, 498-504.
- Porges, S. W. (1995). Cardiac vagal tone: A physiological index of stress. *Neuroscience and Biobehavioral Reviews, 19*, 225-233.
- Porges, S. W. (1995). Orienting in a defensive world: Mammalian modifications of our evolutionary heritage. A polyvagal theory. *Psychophysiology, 32*, 301-318.
- Porges, S. W. (1996). Physiological regulation in high-risk infants: A model for assessment and potential intervention. *Development and Psychopathology, 8*, 43-58.

- Porges, S. W. (1998). Love: An emergent property of the mammalian autonomic nervous system. *Psychoneuroendocrinology*, *23*, 837-861.
- Porges, S. W. (2001). The polyvagal theory: Phylogenetic substrates of a social nervous system. *International Journal of Psychophysiology*, *42*, 123-146.
- Porges, S. W. (2003). Social engagement and attachment: A phylogenetic perspective. Roots of mental illness in children. *Annals of the New York Academy of Sciences*, *1008*, 31-47.
- Porges, S. W. (2003). The polyvagal theory: Phylogenetic contributions to social behavior. *Physiology and Behavior*, *79*, 503-513.
- Porges, S. W. (2004). Neuroception: A subconscious system for detecting threat and safety. *Zero to Three: Bulletin of the National Center for Clinical Infant Programs*, *24*(5), 19-24.
- Porges, S. W. (2005). The vagus: A mediator of behavioral and visceral features associated with autism. In M. L. Bauman & T. L. Kemper (Eds.). *The neurobiology of autism* (pp. 65-78). Baltimore, MD: Johns Hopkins University Press.
- Porges, S. W. (2006). Asserting the role of biobehavioral sciences in translational research: The behavioral neurobiology revolution. *Developmental Psychopathology*, *18*, 923-933.
- Porges, S. W. (2007). The polyvagal perspective. *Biological Psychology*, *74*, 116-143.
- Porges, S. W. (2009). Reciprocal influences between body and brain in the perception and expression of affect: A polyvagal perspective. In D. Fosha, D. Siegel, & M. Solomon (Eds.). *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. 27-54). New York, NY: Norton.
- Porges, S. W. (2009). The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system. *Cleveland Clinic Journal of Medicine*, *76*, S86-90.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. New York, NY: WW Norton.
- Porges, S. W., & Coles, M. G. H. (Eds.) (1976). *Psychophysiology*. Stroudsburg, PA: Dowden, Hutchinson & Ross.
- Premack, D. (1959). Toward empirical behavior laws: I. Positive reinforcement. *Psychological Review*, *66*(4), 219-233.
- Premack, D. (1963). Rate differential reinforcement in monkey manipulation. *Journal of the Experimental Analysis of Behavior*, *6*, 81-90.  
The Premack principle was originally derived from a study of Cebus monkeys by Professor David Premack, who observed that a monkey would perform a less desirable

activity to have an opportunity to perform a more desirable activity. In other words, activities may themselves be positive reinforcers. This principle has been widely used by therapists practicing Applied Behavior Analysis. In behavioral terms, if high-probability behaviors (more desirable behaviors) are made contingent upon lower-probability behaviors (less desirable behaviors), then the lower-probability behaviors are more likely to occur. Operationally defined, more desirable behaviors are simply those behaviors that individuals spend more time doing if permitted, whereas less desirable behaviors are those that individuals spend less time doing when acting freely. The principle is a restatement of the wisdom of “Grandma’s rule” (i.e., “Work before play”).

Prichard, J. R., Cunningham, B., Broek, L., & Hartman, M. (2016, November). The importance of college sleep: Connections to mental health, retention and academic success. Program presentation at the NASPA – Student Affairs Administrators in Higher Education Region IV-W/E Conference. St. Louis, MO.

Prochaska, J. O. (1979). *Systems of psychotherapy: A transtheoretical analysis*. Oxford, England: Dorsey.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992, September). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114.

Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1994). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward*. New York, NY: Avon Books.

Prochaska, J. O., Redding, C. A., & Evers, K. (2002). The transtheoretical model and stages of change. In K. Glanz, B. K. Rimer, & F. M. Lewis, (Eds.) *Health behavior and health education: Theory, research, and practice* (3rd ed.). San Francisco, CA: Jossey-Bass, Inc.

Pryor, K. (1984). *Don't shoot the dog: The new art of teaching and training*. New York, NY: Simon and Schuster. [A paperback version of this book was also published in by Bantam Books in 2006.]

Karen Pryor, who is one of the early proponents of clicker training and the use of operant principles to train dolphins, provides an insightful and practical discussion of operant techniques and schedules of reinforcement that are used by professional dog trainers as well as by psychologists treating behavioral problems.

Puhan, M. A., Suarez, A., Cascio, C. L., Zahn, A., Heitz, M., & Braendli, O. (2006). Didgeridoo playing as alternative treatment for obstructive sleep apnoea syndrome: Randomised controlled trial. *British Journal of Medicine*, 332, 266-270. doi: 10.1136/bmj.38705.470590.55 (published December 23, 2005). <http://www.bmj.com/cgi/content/full/332/7536/266>

- Putts, M. R. (2014). Recognizing trauma and posttraumatic stress disorder symptoms in individuals with psychotic disorders. *Journal of Counseling and Development, 92*(1), 83-89.
- Quay, H. C. (1993). The psychobiology of undersocialized aggressive conduct disorder: A theoretical perspective. *Development and Psychopathology, 5*, 165-180.  
Herbert Quay discusses how an imbalance between the behavioral inhibition system (BIS) and the reward system (RS) may make negative feelings (i.e., fear and anxiety) produced by the BIS less apparent, while making the positive feelings (i.e., euphoria) produced by the RS more prominent in individuals with antisocial personality disorder.
- Radhakrishnan, R., Ranganathan, M., & D'Souza, D. C. (2019, May 7). Medical marijuana: What physicians need to know. *Journal of Clinical Psychiatry, 80*(5), pii: 18ac12537. doi: 10.4088/JCP.18ac12537.  
Rajiv Radhakrishnan, MBBS, MD, Department of Psychiatry, Yale University School of Medicine, and colleagues found that schizophrenia or bipolar disorder developed in 47% of patients who became psychotic on cannabis over the next four years. This incidence was the highest incidence of conversion after initial psychosis following use of various substances; the second highest was with amphetamine (32%). More patients converted to schizophrenia than bipolar disorder.
- Reardon, S. (29 March 2016). Largest ever study of transgender teenagers set to kick off. *Nature, 531*(7596), 1. <http://www.nature.com/>
- Reilly, P. M., Shopshire, M. S., Durazzo, T. C., & Campbell, T. A. (2002). *Anger management for substance abuse and mental health clients: Participant workbook*. HHS Pub. No. (SMA) 12-4210. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.  
<https://store.samhsa.gov/system/files/sma12-4210.pdf>
- Redlich, F. (1998). *Hitler: Diagnosis of a destructive prophet*. New York, NY: Oxford University Press.
- Reed, G. M., Roberts, M. C., Keeley, J., Hooppell, C., Matsumoto, C., Sharan, P., Robles, R., ...Medina-Mora, M. E. (2013). Natural taxonomies of mental disorders: Implications for the clinical utility of the ICD-11 and the DSM-5. *Journal of Clinical Psychology, 69*(12), 1191-1212.
- Regents of the University of California, Davis campus. (2018). LGBTQIA resource center glossary. <https://lgbtqia.ucdavis.edu/educated/glossary.html>
- Resnick, B. (2018, August 16). 100 million Americans have chronic pain. Very few use one of the best tools to treat it. <https://getpocket.com/explore/item/100-million-americans-have-chronic-pain-very-few-use-one-of-the-best-tools-to-treat-it>



Brian Resnick discusses some of the most common etiological factors involved with pain (e.g., catastrophizing, central sensitization, “kinesthetic hallucination”). He discusses some of the most common cognitive behavioral therapy tools used by psychologists when helping people manage their pain. Some of these tools include reducing catastrophic thinking, using somatic tracking exercises, pain processing therapy, encouraging physical exercise, and so forth.

Richmont Graduate University. (2020). *CEG 6143: Psychopathology* [Syllabus]. Atlanta, GA: William F. Doverspike. <https://ecams.richmont.edu/>

Riecher-Rössler, A. (2017). Comment: Sex and gender differences in mental disorders. *Lancet Psychiatry*, 4, 63-72.

Riecher-Rössler, A., Butler, S., Kulkarni, J. (2018, May 16). Sex and gender differences in schizophrenic psychosis: A critical review. *Archives of Women's Mental Health*. May 16, 2018; E-pub ahead of print.

Riecher-Rössler, A. (2018, November 30). Introduction: Gender-specific issues relative to mental illness. *Psychiatric Times*, 35(11). [http://www.psychiatrictimes.com/special-reports/introduction-gender-specific-issues-relative-mental-illness?rememberme=1&elq\\_mid=4652&elq\\_cid=860775](http://www.psychiatrictimes.com/special-reports/introduction-gender-specific-issues-relative-mental-illness?rememberme=1&elq_mid=4652&elq_cid=860775)

Riehm, K. E., Feder, K. A., Tormohlen, K. N., Crum, R. M., Young, A. S., Green, K. M., Pacek, L. R., La Flair, L. N., & Mojtabai, R. (2019, September 11). Associations between time spent using social media and internalizing and externalizing problems among U.S. youth. *JAMA Psychiatry*, 76(12), 1266-1273. doi:10.1001/jamapsychiatry.2019.2325  
Is time spent using social media associated with mental health problems among adolescents? In this cohort study of 6,595 U.S. adolescents, increased time spent using social media per day was prospectively associated with increased odds of reporting high levels of internalizing and comorbid internalizing and externalizing problems, even after adjusting for history of mental health problems. Adolescents who spend more than 3 hours per day on social media may be at heightened risk for mental health problems, particularly internalizing problems.

Rimland, B. (1978). Savant capabilities of autistic children and their cognitive implications. *Cognitive defects in the development of mental illness*. New York, NY: Brunner/Mazel.

Ritchie, M. H. (1994). Cultural and gender biases in definitions of mental and emotional health and illness. *Counselor education and supervision*, 33(4), 344.

Robinson, F. P. (1978). *Effective study* (6th ed.). New York, NY: Harper & Row  
Francis P. Robinson, an American education philosopher, introduced the SQRRR or SQ3R method. It is a reading comprehension method named for its five steps: survey, question, read, recite, and review. It offers an active and efficient approach to studying

textbook material. Although it was originally created for college students, it is also useful for younger students.

Robison, J. E. (2007). *Look me in the eye: My life with Asperger's*. New York, NY: Crown Publishers, Random House.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-102.

Abstract: For constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time: (1) Two persons are in psychological contact. (2) The first, whom shall be termed the client, is in a state of incongruence, being vulnerable or anxious. (3) The 2nd person, whom shall be termed the therapist, is congruent or integrated in the relationship. (4) The therapist experiences unconditional positive regard for the client. (5) The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client. (6) The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Rogers, C. R. (1992). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 60*(6), 827-832. <https://doi.org/10.1037/0022-006X.60.6.827>

This reprinted article originally appeared in the *Journal of Consulting Psychology*, 1957, Vol 21, 95–203.

Rose, G. (1981). Strategy of prevention: Lessons from cardiovascular disease. *British Medical Journal, 282*, 1847-1851.

British epidemiologist Geoffrey Rose (1981) was the first person to describe a phenomenon that he termed the *prevention paradox*. Rose observed the seemingly contradictory situation in which the majority of cases of a disease occur in people who are at low or moderate risk of a disease, whereas only a minority of cases of the same disease occur in high risk segments of a population. This statistical phenomenon occurs because the number of people at high risk is small, whereas the number of people at lower risk is large. In the field of substance use disorders, the implication is that greater societal benefit will occur by achieving a small reduction in substance abuse within a far larger group of “at-risk” users with less serious problems than by trying to reduce problems among a smaller number of substance dependent drinkers. The reasoning is statistical. For example, most alcohol problems are found among substance abusers rather than substance dependent people.

Rosekind, M. R., Smith, R. M., Miller, D. L., Co, E. L., Gregory, K. B., Webbon, L. L., Gander, P.H., & Lebacqz, J. V. (1995). Alertness management: Strategic naps in operational settings. *Journal of Sleep Research, 4*(S2), 62-66.

<https://www.ncbi.nlm.nih.gov/pubmed/10607214>

Clinical psychologist Mark Rosekind, Ph.D. and colleagues at the NASA Ames Research Center, Moffett Field, California found that “26-minute nap improved performance 34%

and alertness 54%. Pilots in the Rest Group were provided a 40-minute, planned, in-flight nap opportunity during cruise over water. The 40-minute nap duration was designed to minimize the opportunity for the occurrence of slow wave sleep and its duration. In 93% of the nap opportunities, the rest group crewmembers fell asleep in 5.6 minutes and slept for 25.8 minutes. Despite NASA recommendations that astronauts sleep 8 hours a day, they typically sleep 0.5 to 2.5 hours less in space than they do on Earth—making naps more important in terms of maintaining mental efficiency and overall health. The article can also be found at this link: <http://human-factors.arc.nasa.gov/zteam/fcp/pubs/jsr.art.html>

Rosenhan, D. L. (1973, January 19). On being sane in insane places. *Science*, 179(70), 250-258. doi: 10.1126/science.179.4070.250.PMID 4683124

Rosenthal, M. (2015, March 30). Trauma and addiction: 7 reasons your habit makes perfect sense. *Behavioral Health, Living in Recovery, Living with Addiction*.  
<http://www.recovery.org/pro/articles/trauma-and-addiction-7-reasons-your-habit-makes-perfect-sense/>

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412-415.  
Available: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1939-0025.1936.tb05248.x>

Rothbaum, B. O., Hodges, L. F., Kooper, R., Opdyke, D., Williford, J. S., North, M. (1995, April). Effectiveness of computer-generated (virtual reality) graded exposure in the treatment of acrophobia. *American Journal of Psychiatry*, 152(4), 626-628.

Keywords: Military, Virtual Reality (VR), Posttraumatic Stress Disorder (PTSD), Trauma

Barbara Rothbaum, Ph.D., who at the time of her early research was affiliated with the College of Computing, Georgia Institute of Technology, is sometimes cited as the researcher who first demonstrated the use of virtual reality to treat a psychological condition (fear of heights). She and her colleagues studied the efficacy of computer-generated (virtual reality) graded exposure in the treatment of acrophobia (fear of heights). In this landmark study, 20 college students with acrophobia were randomly assigned to virtual reality graded exposure treatment (N = 12) or to a waiting-list comparison group (N = 8). Seventeen students completed the study. Sessions were conducted individually over 8 weeks. Outcome was assessed by using measures of anxiety, avoidance, attitudes, and distress associated with exposure to heights before and after treatment. Significant differences between the students who completed the virtual reality treatment (N = 10) and those on the waiting list (N = 7) were found on all measures. The treatment group was described as significantly improved after 8 weeks, but the comparison group was unchanged.

Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., Ressler, K. J. (2014, June). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure

therapy for posttraumatic stress disorder in Iraq and Afghanistan War veterans. *American Journal of Psychiatry*, 171(6), 640-648. doi: 10.1176/appi.ajp.2014.13121625

Keywords: Virtual Reality (VR), Posttraumatic Stress Disorder (PTSD), Trauma

The authors examined the effectiveness of virtual reality exposure augmented with D-cycloserine or alprazolam, compared with placebo, in reducing posttraumatic stress disorder (PTSD) due to military trauma. After an introductory session, five sessions of virtual reality exposure were augmented with D-cycloserine (50 mg) or alprazolam (0.25 mg) in a double-blind, placebo-controlled randomized clinical trial for 156 Iraq and Afghanistan war veterans with PTSD. The authors found that PTSD symptoms significantly improved from pre- to posttreatment across all conditions and were maintained at 3, 6, and 12 months. There were no overall differences in symptoms between D-cycloserine and placebo at any time. Alprazolam and placebo differed significantly on the Clinician-Administered PTSD Scale score at posttreatment and PTSD diagnosis at 3 months posttreatment; the alprazolam group showed a higher rate of PTSD (82.8%) than the placebo group (47.8%). Between-session extinction learning was a treatment-specific enhancer of outcome for the D-cycloserine group only. At posttreatment, the D-cycloserine group had the lowest cortisol reactivity and smallest startle response during virtual reality scenes.

Rotondaro, V. (2013, October 17). Nick Brown smelled bull. *Narratively*.

<https://narratively.com/nick-brown-smelled-bull/>

Key words: Self-care, self care

The author, Vinnie Rotondaro, was Editor at Large for Narratively. This article was edited by Brendan Spiegel and illustrated by Kevin Huizenga.

Ruscio, J. (2004, Spring-Summer). Diagnosis and the behaviors they denote: A critical evaluation of the labeling theory of mental illness. *The Scientific Review of Mental Health Practice* 3(1).

Saks, E. R., with Stephen H. Behnke. (1997). *Jekyll on trial: Multiple personality disorder and criminal law*. New York, NY: New York University Press.

Saks, E. R. (1999). *Interpreting interpretation: The limits of hermeneutic psychoanalysis*. New Haven, CT:

Saks, E. R. (2002). *Refusing care: Forced treatment and the rights of the mentally ill*. Chicago, IL: University of Chicago Press.

Saks, E. R. (2008). *The center cannot hold: My journey through madness*. New York, NY: Hyperion. Copyright © 2007 Elyn R. Saks.

Elyn Saks is Orrin B. Evans Distinguished Professor of Psychology, and Psychiatry and the Behavioral Sciences at the Gould School of Law; Director of the Saks Institute for Mental Health Law, Policy, and Ethics, Adjunct Professor of Psychiatry at the UC San Diego, School of Medicine; and Faculty at the New Center for Psychoanalysis. She was first in her class at Vanderbilt, won a Marshall Scholarship to Oxford, was editor of the *Yale Law Journal*, and has published several books and many articles. She also suffers from a severe chronic psychiatric illness with recurrent psychotic episodes diagnosed as schizophrenia or

schizoaffective disorder and treated by hospitalization, medication, psychotherapy, and psychoanalysis. In this extraordinary autobiography, this gifted individual describes her struggles and how she has lived with her achievements and her suffering.

Saks, E. R. (author), with Shahrokh Golshan, S. (2013). *Informed consent to psychoanalysis: The law, the theory, and the data*. Bronx, NY: Fordham University Press.

Dr. Elyn Saks (author) and Shahrokh Golshan shed psychoanalytic light on a concept— informed consent—that has transformed the delivery of health care in the United States. The discussion raises many questions: Is informed consent required as a matter of positive law? Apart from statutes and cases, what do the professional organizations say about this? What would be the elements of a robust informed consent in psychoanalysis? Is informed consent even possible here? Can patients really understand, say, transference or regression before they experience them, and is it too late once they have? Is informed consent therapeutic or countertherapeutic? Can a “process view” of informed consent make sense here?

Saulsman, L. M., & Page, A. C. (2004). The five-factor model and personality disorder empirical literature: A meta-analytic review. *Clinical Psychology Review*, 23, 1055-1085.

Sapolsky, R. M. (1990, January). Stress in the wild. *Scientific American*, 262(1), 116-123.

Robert Sapolsky, Ph.D. holds a doctoral degree in neuroendocrinology. He is a professor of biology, neurology, and neurosurgery at Stanford University.

Sapolsky, R. M. (1994). *Why zebras don't get ulcers*. New York, NY: W. H. Freeman.

This book's second edition was published in 1998 and third edition was published in 2004. Dr. Sapolsky proposes that for animals such as zebras, stress is generally episodic (e.g., running away from a lion), whereas for humans, stress is often chronic (e.g., worrying about losing a job). For this reason, proposes Sapolsky, many wild animals are less susceptible than humans to stress-related disorders such as ulcers, hypertension, decreased neurogenesis, and increased hippocampal neuronal atrophy. Based on Sapolsky's research with baboons, chronic stress for some social primates who are in the lower level of the social dominance hierarchy.

Sapolsky, R. M. (2002). *A primate's memoir*. New York, NY: Simon & Schuster.

Sapolsky, R. M. (2016, November 10). To understand Facebook, study Capgras Syndrome.

*Nautilus*. <http://nautil.us/issue/42/fakes/to-understand-facebook-study-capgras-syndrome>

Sarkar, S. (2018, June 19). 'Gaming disorder' Classified as a mental health condition, but is the move premature? <https://www.polygon.com/2018/6/19/17475632/video-game-addiction-gaming-disorder-who-icd-11>

Key words: Gaming disorder

Sauter, M. B., Stebbins, S., & Frohlich, T. C. (2016, September 27). The most dangerous cities in America. *24/7 Wall St*. <http://247wallst.com>

Schreier, H. A., & Libow, J. A. (1993). *Hurting for love: Munchausen by proxy syndrome*. New York, NY: Guilford Press.

Schildkrout, B. (2017, August). Frontotemporal dementia: A brain disease that challenges definitions of mental illness. *Psychiatric Times*, 34(8), 26-28.

Schmidt, J., Lu, T., Boyle, T., & Vedantam, S. (2018). When everything clicks: The power of judgment-free learning [Podcast]. <https://www.npr.org/2018/06/04/616127481/when-everything-clicks-the-power-of-judgment-free-learning>  
Shankar Vedantam, journalist and science correspondent for NPR, narrates a podcast describing the history of operant conditioning, including brief excerpts from interviews with animal behavioral trainer and clicker trainer, Karen Pryor, and voice-recordings from Harvard Psychology Professor and behaviorist, B. F. Skinner. The podcast also includes an interview with Border collie enthusiast and orthopedic surgeon Martin Levy, M.D. on how he uses operant conditioning with the clicker to teach Frisbee throwing and surgical techniques to incoming surgical residents at a teaching hospital in New York.

Schnall, E., Kalkstein, S., Gottesman, A., Feinberg, K., Schaeffer, C. B., Feinberg, S. S. (2014, July). Barriers to mental health care: A 25-year follow-up study of the Orthodox Jewish community. *Journal of Multicultural Counseling & Development*, 42(3), 161-173.

Shneidman, E. S. (1996). *The suicidal mind*. New York, NY: Oxford University Press.  
Edwin Schneidman, Ph.D. is Professor of Thanatology Emeritus at the University of California at Los Angeles School of Medicine. He is the founder of the American Association of Suicidology. In this book, he presents a bold and simple premise: the main cause of suicide is psychological pain or “psychache.” He offers this advice, “Reduce the pain; remove the blinders; lighten the pressure—all three, even just a little bit” (p. 139).

Schofield, William. (1964). *Psychotherapy: The purchase of friendship*. Englewood Cliffs, NJ: Prentice Hall.

YAVIS is an acronym introduced by University of Minnesota professor William Schofield, Ph.D., who claimed to have demonstrated that mental health professionals often have a positive bias towards clients exhibiting these traits. In other words, individuals with these characteristics are assumed to represent a psychotherapist’s “ideal patient.” Schofield explained that such a bias may, in turn, predispose the psychotherapist to work harder to help these clients. Such an inclination, although presumed to be mostly unconscious, was thought to be driven by an expectation that clients with such traits would be motivated to work harder in psychotherapy, thereby increasing the therapist’s hope that the treatment would be effective. Furthermore, this process would work to enhance the therapist’s experience of himself or herself as competent, which may help explain why YAVIS clients are unconsciously seen as more desirable.

Schönenberg, M., Wiedemann, E., Schneidt, A., Scheef, J., Logemann, A., Keune, P. M., & Hautinger, M. (2017, September). Neurofeedback, sham neurofeedback, and cognitive-behavioural group therapy in adults with attention-deficit hyperactivity disorder: A triple-

blind, randomised, controlled trial. *The Lancet Psychiatry*, 4(9), 673-684.

[https://doi.org/10.1016/S2215-0366\(17\)30291-2](https://doi.org/10.1016/S2215-0366(17)30291-2)

The authors examined the efficacy (compared with sham neurofeedback) and efficiency (compared with meta-cognitive therapy) of a standard EEG neurofeedback protocol in adults with ADHD. The findings suggest that neurofeedback training is not superior to a sham condition or group psychotherapy. All three treatments were equivalently effective in reducing ADHD symptoms. This first randomised, sham-controlled trial did not show any specific effects of neurofeedback on ADHD symptoms in adults.

Schafer, J., & Karlins, M. (2015). *The like switch: An ex-FBI agent's guide to influencing, attracting, and winning people over*. New York, NY: Atria Paperback, An imprint of Simon & Schuster.

Key words: Charm, charisma, body language, affective presence

Co-author Jack Schafer, Ph.D. is a psychologist and retired FBI special agent, and self-styled “likeability coach” who maintains that the three major things we do when we approach somebody that signal we are not a threat are: (1) an eyebrow flash—a quick up and down movement of the eyebrow that lasts about a sixth of a second—(2) a slight head tilt, and (3) a smile. Dr. Schafer describes four non-verbal “friend signals” such as (1) increasing eye contact, (2) raising one’s eyebrows, (3) tilting one’s head, and (4) jutting out one’s chin. Schafer provides a friendship formula: friendship = proximity + frequency + duration + intensity. Proximity is defines the distance between you and another person and your exposure to that person over time. Frequency is the number of contacts you have with another person over time. Duration is the length of time you spend with another person over time. Intensity is how strongly you are able to satisfy another person’s psychological and/or physical needs through the use of verbal and nonverbal behaviors.

Schenk, P. W. (2002). *Great ways to sabotage a good conversation*. Tucker, GA: Author.

Schoenenberg, K., Raake, A., & Koeppel, J. (2014, May). Why are you so slow? – Misattribution of transmission delay to attributes of the conversation partner at the far-end. *International Journal of Human-Computer Studies*, 72(5), 477-487.

<https://doi.org/10.1016/j.ijhcs.2014.02.004>

Keywords: Zoom fatigue

This study addresses the question of how transmission delay affects user perception during speech communication over telephone systems. It aims to show that the occurrence of pure delay should not be neglected when planning a telephone or conferencing system even if no impact on the perceived quality of the call can be found. It is, for instance, known that, the communication surface structure changes dramatically when transmission delay is inserted by the communication system. Even delays of 1.2 seconds made people perceive the responder as less friendly or focused. With high delays, interlocutors (i.e., people who take part in a dialogue or conversation) are perceived less attentive, extraverted, and conscientious.

- Schwartz, R. C., & Feisthmet, K. P. (2009). Disproportionate diagnosis of mental disorder among African American versus European American clients: Implications for counseling theory. *Journal of Counseling & Development, 87*(3), 295-301.
- Schwitzer, A. M., & Choate, L. H. (2007). College student needs and counseling responses. *Journal of College Counseling, 10*(1), 3-5.
- Seeman, M. V. (2018, November). Clinical implications of gender differences in schizophrenia. *Psychiatric Times, 35*(11), 9-11. <http://www.psychiatrictimes.com/special-reports/clinical-implications-gender-differences-schizophrenia>
- Seeman, M. V. (2019, October). Celebrity suicide. *Psychiatric Times, 36*(10), 10.
- Seligman, M. E. P. (1998). *Learned optimism* (2nd ed.). New York, NY: Simon & Schuster.
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Free Press.  
Key words: Self-care, self care  
This popular book provides some inspiring stories of Positive Psychology in action, including how the U.S. Army is now trained in emotional resilience; how innovative schools can educate for fulfillment in life and not just for workplace success; and how corporations can improve performance at the same time as they raise employee well-being. With interactive exercises to help readers explore their own attitudes and aims. Here is an example of a typical positive psychology exercise that has been around for many years: "Every night for the next week, set aside ten minutes before you go to sleep. *Write down three things that went well today and why they went well*" (Seligman, 2011, p. 33).
- Selvaggi, G., Dhejne, C., Landen, M., & Elander, A. (2012, May 14). The 2011 WPATH standards of care and penile reconstruction in female-to-male transsexual individuals. *Advances in Urology, 2012* (2012). Article ID 581712. Doi: 10.1155/2012/581712. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3359659/>
- Sersen, J. S. (2014, December 15). *The trouble with teaching rape law*. <https://www.newyorker.com/news/news-desk/trouble-teaching-rape-law>
- Shakow, D (1938). An internship [sic] year for psychologists (with special reference to psychiatric hospitals). *Journal of Consulting Psychology, 2*(3), 73-76. doi:10.1037/h0055488  
David Shakow, Ph.D., who proposed the scientist-practitioner model of training that eventually became known as the Boulder mode, proposed a system clinical training for psychologists similar to the model used for medical students. The model included an internship year, particularly at a psychiatric hospital, that would serve several purposes: (1) competence in the use of acquired techniques, (2) saturation of the student with experience in the practical aspects of psychopathology, (3) the development of the



experimental-objective attitude, and (4) acquaintance with the thinking and attitudes of colleagues, such as psychiatrists and social workers.

Shakow, D (1942). The training of the clinical psychologist. *Journal of Consulting Psychology*, 6(6), 277–288. doi:10.1037/h0059917

Shakow advocates for the emerging profession of clinical psychologists to have a breadth of training in order to be competent to perform diagnosis, research, and therapy. His article presents details of the undergraduate and graduate educational programs, including a didactic analysis and an internship.

Shakow, D (1978). Clinical psychology seen some 50 years later. *American Psychologist*, 33(2), 148–158. doi:10.1037/0003-066x.33.2.148.

Shapiro, D. S. (2002). Renewing the scientist-practitioner model. *The Psychologist*, 15(5), 232-234.

[This periodical is published by with The British Psychological Society, and is not meant to be confused with the *American Psychologist*, which is published by the American Psychological Association].

David S. Shapiro, Ph.D. reviews the core tenets of the contemporary scientist-practitioner model (i.e., the current Boulder model): (1) giving psychological assessment, testing, and intervention in accordance with scientifically based protocols, (2) accessing and integrating scientific findings to make informed healthcare decisions for patients, (3) questioning and testing hypotheses that are relevant to current healthcare, (4), building and maintaining effective cross-disciplinary relationships with professionals in other fields, (5), research-based training and support to other health professions in the process of providing psychological care, and (6) contributing to practice-based research and development to improve the quality of health care. For a review of the origin of the scientist-practitioner model (i.e., the Boulder model), see Baker and Benjamin (2000).

Shneidman, E. S. (1996). *The suicidal mind*. New York, NY: Oxford University Press.

Silver, E., Cirincione, C., & Steadman, H. J. (1994). Demythologizing inaccurate perceptions of the insanity defense, *Law and Human Behavior*, 18, 63-70.

The public's perception that the insanity defense is used in 37% of all felony cases is a gross overestimate, because the actual figure is 1%. Prior to the Hinckley case (1982), the insanity defense had been used in less than 2% of all felony cases in the U.S. and was unsuccessful in almost 75% of those tried.

Skelly, M. K., Wattengel, B. A., Starr, K. E., Sellick, J. A., Jr, & Mergenhagen, K. A. (2019, November 29). Psychiatric adverse effects of antibiotics. *Psychiatric Times*.  
<https://www.psychiatristimes.com/special-reports/psychiatric-adverse-effects-antibiotics>

Skinner, B. F. (1935). Two types of conditioned reflex and a pseudo-type. *Journal of General Psychology*, 12, 66-77.

The author discusses Type 1 and Type 2 conditioning.

Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis*. New York, NY: Appleton-Century-Crofts.

Sklar, J. (2020, April 24). 'Zoom fatigue' is taxing the brain: Here's why that happens. National Geographic. <https://www.nationalgeographic.com/science/2020/04/coronavirus-zoom-fatigue-is-taxing-the-brain-here-is-why-that-happens/>

Sloat, S. (2016, December, 6). Evolution made really smart people long to be loners. *Inverse*. <https://www.inverse.com/article/24819-intelligent-people-friendships-satisfaction-savanna-theory>

Sarah Sloat, a writer based in Brooklyn, provides a summary of Li and Kanazawa's (2016) paper in which the authors provide a theory of why highly intelligent people experience lower life satisfaction when they socialize with friends more frequently.

Smith, S., Robinson, L., & Segal, J. (2018, March). Preventing Alzheimer's disease. *HelpGuide*. <https://www.helpguide.org/articles/alzheimers-dementia-aging/preventing-alzheimers-disease.htm>

The authors discuss six pillars of prevention of dementia: (1) regular exercise, (2) social engagement, (3) healthy diet, (4) mental stimulation, (5) quality sleep, and (6) stress management. The authors also discuss some supplements that may help prevent dementia. Folic acid, vitamin B12, vitamin D, magnesium, and fish oil may help to preserve brain health. Studies of vitamin E, ginkgo biloba, coenzyme Q10, and turmeric have yielded less conclusive results, but may also be beneficial in preventing or delaying Alzheimer's and dementia symptoms.

Smith, Z. (2016, January 29). I was 35 when I discovered I'm on the autism spectrum: Here's how it changed my life. *Get Pocket*. <https://getpocket.com/explore/item/i-was-35-when-i-discovered-i-m-on-the-autism-spectrum-here-s-how-it-changed-my-life-1177955032>

Smith-Christopher, D. L. (1996). Daniel. In *The New Interpreter's Bible* (Vol. VII; pp. 17-156). Nashville, TN: Abingdon Press.

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

In his analysis of history's most famous sufferer of boanthropy (i.e., the delusional belief and corresponding behaviors that one is a bovine animal such as an ox or cow) may have been Nebuchadnezzar II, who in the Book of Daniel "was driven from men, and did eat grass as oxen" (Daniel 4:33), Daniel Smith-Christopher (1996) provides a caution: "Although to see in this some form of recognizable mental illness (e.g., lycanthropy) push the sense of the story beyond the more common motifs of reversal of fortune and the bringing down of the proud" (p. 74).

Snowden, D. A., Kemper, S. J., Mortimer, J. A., Greiner, L. H., Wekstein, D. R., & Markesbery, W. (1996). Linguistic ability in early life and cognitive function and Alzheimer's disease in late life: Findings from the nun study. *Journal of the American Medical Association*, 275(7), 528-532.

Sommers-Flanagan, J. (2018). Conversations about suicide: Strategies for detecting suicide risk. *Journal of Health Service Psychology, 44*, 33-45.

Spitzer, R. L., & Robins, E. (1978). Research diagnostic criteria: Rationale and reliability. *Archives of General Psychiatry, 35*(6), 773-782.

Spitzer, R. L., Forman, J. B. W., & Nee, J. (1979). Initial interrater diagnostic reliability. *American Journal of Psychiatry, 136*, 815-817.

Stanford, M. S. (2008). *Grace for the afflicted*. Downers Grive, IL: InterVarsity Press.

Key words: boanthropy, cow, lycanthropy, wolf, zoanthropy

Matthew S. Stanford describes examples of how boanthropy “still occurs today when a person, in a delusional state, believes themselves to be an ox or cow...and attempts to live and behave accordingly” (pp. 122-123).

St. Clare, T., Menzies, R. G., & Jones, M. K. (2008). *Danger ideation reduction therapy (DIRT) for obsessive compulsive washers: A comprehensive guide to treatment* (General Edition). Samford Valley, Queensland: Australian Academic Press.

DIRT is an evidence-based treatment program designed to specifically reduce expectancies of danger or threat in OCD washers. Unlike many traditional OCD treatments, DIRT is based on the rationale that the therapist should provide as much factual information as possible to decrease the expectancy of illness or disease and thus reduce the high dropout rate seen in conventional OCD exposure and response prevention programs.

Stanciu, C. N. (2020, January 15). An overview of cannabis use in pregnancy. *Psychiatric Times*. [https://www.psychiatristimes.com/substance-use-disorder/overview-cannabis-use-pregnancy?elq\\_mid=10445&elq\\_cid=860775](https://www.psychiatristimes.com/substance-use-disorder/overview-cannabis-use-pregnancy?elq_mid=10445&elq_cid=860775)

Psychiatrist Cornel N. Stanciu, M.D., M.R.O., provides a brief summary, supported by citations from peer-reviewed publications, of some of the effects of cannabis:

Consumption of cannabis during pregnancy results in cannabinoid placental crossing and accumulation in the fetal brain, and other organs, where it interferes with neurodevelopment and the endocannabinoid system. Use during the postnatal period can also lead to secretion in breast milk for extended periods (up to a week) after last use.

From retrospective studies, cannabis ingestion has been associated with anemia in the mothers as well as low birth weights, greater risk of preterm and stillbirths, as well as increased need for neonatal intensive care unit admissions. Although there is no phenotypic syndrome and no overt birth defects, a review of two longitudinal studies indicates the majority of the teratogenicity translates later in life, beyond the infant developmental stage. Children born to mothers who used during pregnancy have higher rates of impulsivity, delinquency, learning and memory impairment, as well as executive function deficits. There is also an increased association with psychosis proneness during

middle childhood. Dr. Stanciu points out that in 2018, the American College of Obstetricians and Gynecologists (ACOG) released guidelines advising physicians to screen for cannabis use in pregnant and breastfeeding women and encourage them to quit.

Stasiewicz, P. R., Nochajski, T. H., & Homish, L. D. (2007). Assessment of alcohol use disorders among court-mandated DWI offenders. *Journal of Addictions and Offender Counseling*, 27(2), 102-112.

Stein, R. (2015, November 5). Powerful ‘gene drive’ can quickly change an entire species.. *NPR*. <https://www.npr.org/sections/health-shots/2015/11/05/451216596/powerful-gene-drive-can-quickly-change-an-entire-species>

Biologist Ethan Bier, Ph.D., University of California, San Diego, had a graduate student, Valentino Gantz, who found a way to get brown fruit flies to produce blond-looking offspring most of the time. Gantz demonstrated a new technique that could create this effect, known as *gene drive*, almost every time. *Gene drive* refers to a sequence of DNA that can cause a mutation to be inherited by the offspring of an organism with nearly 100 percent efficiency, regardless of whether it’s beneficial for that organism’s survival. By combining it with new genetic editing techniques such as CRISPR, scientists are able to drive changes they make quickly through an entire species. In other words, this technology makes the organisms that carry the gene have the specified characteristic, and it also causes them to have all their offspring have the same characteristic.

Stein, R. (2019, February 20). Scientists release controversial genetically modified mosquitoes in high-security lab. *NPR*.

<https://www.npr.org/sections/goatsandsoda/2019/02/20/693735499/scientists-release-controversial-genetically-modified-mosquitoes-in-high-security>

Using CRISPR technology to engineer mosquitoes with a *gene drive*, entomologist Ruth Müeller, Dr. rer. nat., and a team of researchers have launched a major new phase in the testing of a controversial genetically modified organism: a mosquito designed to quickly spread a genetic mutation lethal to its own species. The hope is that the technology will help eliminate or reduce the *Anopheles gambiae*, the main species of mosquito that spreads malaria, an infectious disease that affects probably two-thirds of the world’s population. Critics and environmentalists warn that gene-drive organisms could spread uncontrollably and cause unintended consequences, such as having a negative effect on crops (e.g., by eliminating important pollinators) or causing a species’ population crash, i.e., which could also lead to other mosquitoes coming with other diseases.

Stilo, S. A., Di Forti, M., & Murray, R. M. (2011). Environmental risk factors for schizophrenia: Implications for prevention. *Neuropsychiatry*, 1(5), 457–466.

Stokowski, L. A. (2018, February 3). Bipolar disorder and ADHD in children: Confusion and comorbidity. *Medscape*. [https://www.medscape.com/viewarticle/711223\\_4](https://www.medscape.com/viewarticle/711223_4)

Stromberg, J. (2015, April 23). Scientists agree: Coffee naps are better than coffee or naps alone. *Get Pocket*. <https://getpocket.com/explore/item/scientists-agree-coffee-naps-are-better-than-coffee-or-naps-alone>

This blog provides a short explanation of how a 20-minute coffee nap restores alertness better than a short nap or a cup of coffee alone. A coffee nap helps clear adenosine from the brain, without resulting in sleep inertia that is associated with a longer sleep period.

Stone, A. V. (2000). *Fitness for duty: Principles, methods, and legal issues*. Washington, DC: CRC Press.

Stone, A. V. (2002). Evaluations and assessments for fitness for duty. Continuing education workshop presented attended at the Midwinter Conference of the Georgia Psychological Association, Renaissance Asheville, NC. January 19, 2002.

Swaab, D. F., Chung, W. C. J., Kruijver, F. P. M., Hofman, M. A., & Ishunina, T.A. (2002). Sexual differentiation of the human hypothalamus. *Advances in Experimental Medicine and Biology*, 511, 75–105.

Sanson, M., Strange, D., & Garry, M. (2019, March 4). Trigger warnings are trivially helpful at reducing negative affect, intrusive thoughts, and avoidance. *Clinical Psychological Science*. <https://doi.org/10.1177/2167702619827018>

Students are requesting and professors are issuing *trigger warnings* which are warnings cautioning that some content of college course material may cause distress to students. Trigger warnings are meant to alleviate distress of students who may otherwise experience. However, multiple lines of research suggest trigger warnings could either increase or decrease symptoms of distress. Mevagh Sanson, Deryn Strange, and Garry Maryanne designed a study to assess whether or not trigger warnings are useful in reducing distress. Across six experiments, the authors gave some college students and Internet users a trigger warning but not others, exposed everyone to one of a variety of negative materials, and then measured symptoms of distress. To better estimate trigger warnings' effects, the authors conducted mini meta-analyses on the data, revealing trigger warnings had trivial effects. People reported similar levels of negative affect, intrusions, and avoidance regardless of whether they had received a trigger warning. These patterns were similar among people with a history of trauma. The authors conclude that these results suggest a trigger warning is neither meaningfully helpful nor harmful.

Szasz, T. S. (1971). The sane slave. An historical note on the use of medical diagnosis as justificatory rhetoric. *American Journal of Psychotherapy*, 25(2), 228-239.

Tang, Z., Wu, C., Li, X., Song, Y., Yao, X., Duan, Y., Zhang, H., Wang, Y., Qian, Z., Cui, J., & Lu, J. (2020, March 3). On the origin and continuing education of SARS-CoV-2. *National Science Review*, nwaa036. <https://doi.org/10.1093/nsr/nwaa036>

Key words: COVID-10, Coronavirus

The SARS-CoV-2 epidemic started in late December 2019 in Wuhan, China, and has since impacted a large portion of China and raised major global concern. Xiaolu Tang and colleagues investigated the extent of molecular divergence between SARS-CoV-2 and other related coronaviruses. Although we found only 4% variability in genomic nucleotides between SARS-CoV-2 and a bat SARS-related coronavirus (SARSr-CoV; RaTG13), the difference at neutral sites was 17%, suggesting the divergence between the

two viruses is much larger than previously estimated. The results suggest that the development of new variations in functional sites in the receptor-binding domain (RBD) of the spike seen in SARS-CoV-2 and viruses from pangolin SARSr-CoVs are likely caused by mutations and natural selection besides recombination. Population genetic analyses of 103 SARS-CoV-2 genomes indicated that these viruses evolved into two major types (designated L and S), that are well defined by two different SNPs that show nearly complete linkage across the viral strains sequenced to date. Although the L type (~70%) is more prevalent than the S type (~30%), the S type was found to be the ancestral version. Whereas the L type was more prevalent in the early stages of the outbreak in Wuhan, the frequency of the L type decreased after early January 2020. Human intervention may have placed more severe selective pressure on the L type, which might be more aggressive and spread more quickly. On the other hand, the S type, which is evolutionarily older and less aggressive, might have increased in relative frequency due to relatively weaker selective pressure.

Tamaki, M., Bang, J. W., Watanabe, T., & Sasaki, Y., (2016, May 9). Night watch in one brain hemisphere during sleep associated with the first-night effect in humans. *Current Biology*, 26(9), 1190-1194.

Highlights: Interhemispheric asymmetry in sleep depth occurs for the first night in a new place. This interhemispheric asymmetry occurs in the default-mode network. The less-asleep hemisphere shows increased vigilance in response to deviant stimuli. One brain hemisphere may work as a night watch during sleep in a novel environment.

Taylor, L. B. (2016). *Shattering masks: Affirming my identity. Transitioning my faith.* Charleston, SC: Create Space.

Taylor, L. B. (2015, September 13). Three lenses (overview). *Sophia's Journal*. Retrieved September 13, 2015 from <http://sophiasojourn.com/three-lenses-overview/>

Telephone psychotherapy: Ensuring patients have access to effective care. (2020, April 2). <https://www.apaservices.org/practice/legal/technology/telephone-psychotherapy>

The COVID-19 pandemic has led to a rapid transition where meetings, conferences and psychological appointments are conducted virtually, by telephone, video and over the web. Long before video teleconferencing was an option, psychologists and other health-care providers connected with patients over the telephone and provided support and intervention as needed. Years of research support the efficacy of providing psychological interventions over the telephone. (See Varker, Brand, Ward, Terhaag, & Phelps, 2019).

Thibaut, F. (2018). Gender differences in addiction: Clinical implications. *Psychiatric Times*, 35(11), 17-18, 26.

[http://www.psychiatrictimes.com/sites/default/files/legacy/mm/digital/media/psy1118\\_ezine.pdf](http://www.psychiatrictimes.com/sites/default/files/legacy/mm/digital/media/psy1118_ezine.pdf)

The Thibaut (2018) article is available at <http://www.psychiatrictimes.com/special-reports/gender-differences-addiction-clinical-implications>

Thibault, R. T., & Raz, A. (2017). The psychology of neurofeedback: Clinical intervention even if applied placebo. *American Psychologist*, 72(7), 679-688.

<http://dx.doi.org/10.1037/amp0000118>

Key words: Brain mapping, neurofeedback

Abstract: Advocates of neurofeedback make bold claims concerning brain regulation, treatment of disorders, and mental health. Decades of research and thousands of peer-reviewed publications support neurofeedback using electroencephalography (EEG-nf); yet, few experiments isolate the act of receiving feedback from a specific brain signal as a necessary precursor to obtain the purported benefits. Moreover, while psychosocial parameters including participant motivation and expectation, rather than neurobiological substrates, seem to fuel clinical improvement across a wide range of disorders, for-profit clinics continue to sprout across North America and Europe. Here, we highlight the tenuous evidence supporting EEG-nf and sketch out the weaknesses of this approach. We challenge classic arguments often articulated by proponents of EEG-nf and underscore how psychologists and mental health professionals stand to benefit from studying the ubiquitous placebo influences that likely drive these treatment outcomes.

Thigpen, C. H., & Cleckley, H. M. (1954). A case of multiple personality. *Journal of Abnormal and Social Psychology*, 49, 135-51.

Psychiatrists Corbett Thigpen, M.D. and Hervey Cleckley, M.D. wrote a classic article on multiple personality disorder, which is known by its contemporary name of dissociative identity disorder.

Thigpen, C. H., & Cleckley, H. M. (1957). *The three faces of Eve*. New York, NY: McGraw Hill.

Augusta, Georgia Psychiatrists Corbett H. Thigpen, M.D. (1919-1999) and Hervey Cleckley, M.D. (1903-1984) published this classic book about the multiple personalities of "Eve" who was later identified as Christine "Chris" Costner Sizemore (1927-2016). For much of the 1940s and 1950s, these two psychiatrists comprised the Departments of Psychiatry and Neurology at the Medical College of Georgia while also maintaining their private practice. They were pioneers in treatments that included coma therapy, electroshock therapy (ECT), deep sleep therapy, and lobotomy.

Thigpen, C. H. (1984). On the incidence of multiple personality disorder: A brief communication. *International Journal of Clinical and Experimental Hypnosis*, 32(2), 63-66.

This article cautions against over-use of the diagnosis of multiple personality disorder.

Thomas, A. G., Jonason, J. K., Blackburn, J. D., Kennair, L. E. O., Lowe, R., Malouff, J., Stewart-Williams, S., Sulikowski, D., & Li, N. P. (2019, September 8). Mate preference priorities in the East and West: A cross-cultural test of the mate preference priority model. *Personality*. <https://doi.org/10.1111/jopy.12514>

Thomas et al. (2019) asked 2,477 college students from Australia, Hong Kong, Malaysia, Norway, Singapore, and the United Kingdom to allocate points to eight attributes in a potential partner: chastity, creativity, desire for children, humor, good financial prospects, kindness, physical attractiveness, and religiosity. Eastern and Western participants

differed in their ranking for almost every trait, suggesting that culture influences prioritization. Despite these differences, traits fundamental for the reproductive success of each sex in the ancestral environment were prioritized by both Eastern and Western participants. Overall, the most desired trait was kindness. After this trait, men favored physical attractiveness, whereas women favored good financial prospects. The least important characteristics across all countries were creativity, chastity, and religiosity.

- Thomas, M. E. (2013). *Confessions of a sociopath: A life spent hiding in plain sight*. New York, NY: Crown Publishers.
- Thorn, B. E. (2017). *Cognitive therapy for chronic pain: A step-by-step approach* (2nd ed.). New York, NY: Guilford Publications.
- Thorn, B.E. (2004). *Cognitive therapy for chronic Pain: A step-by-step approach*. New York, NY: Guilford Publications.
- Thorn, B. E. (2018). Cognitive behavioral therapy for chronic pain. *Journal of Health Service Psychology, 44*, 25-32.
- Thorndike, E. L. (1911). *Animal intelligence*. New York, NY: Macmillan.
- Thorndike, E. (1913). *Educational psychology: The psychology of learning*. New York, NY: Teachers College Press.
- Tierney, J., & Baumeister, R. F. (2019, December 31). *The power of bad: How the negativity effect rules us and how we can rule it*. New York, NY: Penguin Press.
- Science writer John Tierney and research psychologist Roy F. Baumeister discuss the *negativity effect*, which they define as the tendency of people to respond more strongly to negative events and emotions than to positive ones. Baumeister unexpectedly stumbled upon this fundamental aspect of human nature. To find out why financial losses mattered more to people than financial gains, Baumeister looked for situations in which good events made a bigger impact than bad ones, yet his research team could not find any such situations. Instead, they found that bad outcomes had a stronger impact than good ones. The authors speculate that the human brain has a “negativity bias” that makes sense from an evolutionary perspective because it kept our ancestors alert to fatal dangers. In contemporary times, however, this bias toward negativity can distort our perspective in a modern media environment. The steady barrage of bad news and crisis mongering makes people feeling needlessly angry, fearful, and helpless. Tierney and Baumeister argue that once this negativity bias is recognized, the rational brain can overcome the power of bad when it’s harmful and employ that power when it’s beneficial. In reality, bad breaks and bad feelings often create the most powerful incentives to become smarter and stronger. Properly understood, it is as if bad outcomes can be put to good use in the future.



Tierney, J., & Baumeister, R. F. (2020, January 9). How negativity can kill a relationship. *The Atlantic*. [https://www.theatlantic.com/family/archive/2020/01/negativity-can-ruin-relationships/604597/?utm\\_source=pocket-newtab](https://www.theatlantic.com/family/archive/2020/01/negativity-can-ruin-relationships/604597/?utm_source=pocket-newtab)

Science writer John Tierney and research psychologist Roy F. Baumeister discuss how successful marriages are often defined not by improvement but by avoiding decline related to the *negativity effect*. This short article is taken from Tierney and Baumeister's (2019) book, *The Power of Bad*.

Tienari, P., Wynne, L. C., Moring, J., Nieminen, P., & Sorri, A., ...Moring, J. (1994). The Finnish adoptive family study of schizophrenia: Implications for family research. *British Journal of Psychiatry*, 23(Suppl. 164), 20-26.

Tippett, P. (2020, April 7). *Saving your health, one mask at a time* [Post]. LinkedIn.

[https://www.linkedin.com/pulse/saving-your-health-one-mask-time-peter-tippett-md-phd/?fbclid=IwAR2LFO8YfoBknffkBC1688pCZsSMK5ScnwXVTmkWb72WfvfX2Rpr\\_5GE4I](https://www.linkedin.com/pulse/saving-your-health-one-mask-time-peter-tippett-md-phd/?fbclid=IwAR2LFO8YfoBknffkBC1688pCZsSMK5ScnwXVTmkWb72WfvfX2Rpr_5GE4I)

Key words: COVID-19, Coronavirus

Peter Tippett, M.D., Ph.D. is an Internal Medicine-certified, Emergency Room physician with a Ph.D. in Biochemistry. Dr. Tippett explains how personal protection from a virus like SARS-CoV-2 (the formal name of the virus that causes CoV-2) works, how any given measure individually lowers risk, how various countermeasures work together, and how some simple guidelines can offer protection.

Todorov, A. (2017). *Face value: The irresistible influence of first impressions*. Princeton, NJ: Princeton University Press.

Key words: Charm, charisma, body language, affective presence

Princeton Professor Alexander Todorov, Ph.D. describes research that shows how people can make judgements about someone's likeability, trustworthiness and competence after seeing someone's face for less than a tenth of a second. Dr. Todorov's own research suggests that, as a face becomes happier in appearance, it is also perceived as being more trustworthy. People typically perceive smiling faces as warmer, sociable, and more trustworthy.

Tolin, D. F., Stevens, M. C., Villavicencio, A. L., Norberg, M. M., Calhoun, V., Frost, R. O., Steketee, G., Rauch, S. L., & Pearlson, G. D. (2012). Neural mechanisms of decision making in hoarding disorder. *Achieves of General Psychiatry*, 69(8), 832-841.

Torous, J. (2019, December 11). 7 trends in digital mental health in 2020. *Psychiatric Times*. [https://www.psychiatristimes.com/telepsychiatry/7-trends-digital-mental-health-2020?rememberme=1&elq\\_mid=10063&elq\\_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA](https://www.psychiatristimes.com/telepsychiatry/7-trends-digital-mental-health-2020?rememberme=1&elq_mid=10063&elq_cid=860775&GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA)

John Torous, M.D., Digital Editor of *Psychiatric Times*, discusses some trends in digital care. Among the more interesting trends discussed in his article, one is a graph showing that, in most real world cases, most mental health apps are rarely opened for no more than a few days after they are installed.

Torrey, E. F., & Dailey, L. (2017, November 15). Treating the sickest: Why does the U.S. lag behind? *Psychiatric Times*, 34(11), 1.

<http://www.psychiatrictimes.com/schizophrenia/treating-sickest-why-does-us-lag-behind?GUID=D1247D8F-99A3-42AE-AA11-04774AAE7EEA&rememberme=1&ts=28112017>

Towers S., Mubayi, A., & Castillo-Chavez, C. (2018). Detecting the contagion effect in mass killings: A constructive example of the statistical advantages of unbinned likelihood methods. *PLoS ONE* 13(5): e0196863. <https://doi.org/10.1371/journal.pone.0196863>  
According to the a statistical analysis by the authors, the rate of mass shootings in the U.S. has escalated to an average of one every 12.5 days, and one school shooting on average every 31.6 days, compared to a pre-2000 level of about three events per year.

Treatment Advocacy Center, Office of Research and Public Affairs. (2016). *Figure 1. Percentage of jail and prison inmates with serious mental illness*. Arlington, VA: Author. <http://tacreports.nonprofitsoapbox.com/jail-study-figures>

Tufekci, Z. (2012, December 19). The media needs to stop inspiring copycat murders: Here's how. *The Atlantic*. <http://www.theatlantic.com/national/archive/2012/12/the-media-needs-to-stop-inspiring-copycat-murders-heres-how/266439/>

Zeynep Tufekci, Ph.D., a fellow at the Center for Information Technology Policy at Princeton University and an assistant professor at the School of Information and Department of Sociology at the University of North Carolina, discusses the media contagion effect. She offers four initial recommendations for stopping this contributor to mass shootings: (1) Law enforcement should not release details of the methods and manner of the killings, and those who learn those details should not share them. (2) If and when social media accounts of the killers are located, law enforcement should work with the platforms to immediately pull them. (3) The name of the killer should not be revealed immediately. (4) The intense push to interview survivors and loved ones in their most vulnerable moments should be stopped.

Tupes, E. C., & Christal, R. E. (1961). Recurrent personality factors based on trait ratings. *Technical Report ASD-TR-61-97*. Lackland Air Force Base, TX: Personnel Laboratory, Air Force Systems Command.

United Nations Office on Drugs and Crime (UNODC) (2014). *Global Study on Homicide 2013*. New York, NY: United Nations. ISBN 978-92-1-054205-0. Sales No. 14.IV.1. [https://www.unodc.org/documents/gsh/pdfs/2014\\_GLOBAL\\_HOMICIDE\\_BOOK\\_web.pdf](https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf)

Between 2005 and 2012, the average homicide rate in the U.S. was 4.9 per 100,000 inhabitants compared to the average rate globally, which was 6.2. However, the U.S. had much higher murder rates compared to other countries identified in the report as “developed,” which all had average homicide rates of 0.8 per 100,00. For example, in 2004, there were 5.5 homicides in the U.S. for every 100,000 persons, which was almost three times higher as Canada (1.9) and six times as high as Germany and Italy (0.9).

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2012,

November). Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings. Page 26.

[http://archive.samhsa.gov/data/NSDUH/2k11MH\\_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.pdf](http://archive.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.pdf)

United States Department of Homeland Security, Cybersecurity and Infrastructure Agency (CISA). (2020, March 23). Guidance on the essential critical infrastructure workforce: Ensuring community and national resilience in COVID-19 response [Version 1.1].

[https://www.cisa.gov/sites/default/files/publications/CISA\\_Guidance\\_on\\_the\\_Essential\\_Critical\\_Infrastructure\\_Workforce\\_508C\\_0.pdf](https://www.cisa.gov/sites/default/files/publications/CISA_Guidance_on_the_Essential_Critical_Infrastructure_Workforce_508C_0.pdf)

Key words: COVID-10, Coronavirus

As the Nation comes together to slow the spread of COVID-19, on March 16th, the President issued updated Coronavirus Guidance for America. This guidance states that: “If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule.” Under Healthcare/Public Health, the following are listed on page 3: “Caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists).” See also Krebs (2020).

United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Criminal Services Division. (2015). *Crime in the United States, 2014. Table 8. Murder Victims by Weapon: 2010-2014*. [https://ucr.fbi.gov/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/tables/expanded-homicide-data/expanded\\_homicide\\_data\\_table\\_8\\_murder\\_victims\\_by\\_weapon\\_2010-2014.xls](https://ucr.fbi.gov/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/tables/expanded-homicide-data/expanded_homicide_data_table_8_murder_victims_by_weapon_2010-2014.xls)

United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. (2015). Table 8. Offenses Known to Law Enforcement by City, 2015. In *2015 Crime in the United States*. Washington, DC.: Author. <https://ucr.fbi.gov>

United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Criminal Services Division. (2018, Fall). *January-June Preliminary Semiannual Uniform Crime Report: 2018 Crime in the United States*. <https://ucr.fbi.gov/crime-in-the-u.s/2018/preliminary-report>

Based on preliminary analysis of data for 2018, murder rates for a few U.S. cities are as follows (listed in ascending order): Boston (26), Atlanta (42), New Orleans (90), Baltimore (135), Los Angeles (133), New York (148), Chicago (253). For comparison purposes, urban areas generally have higher rates than rural and suburban areas in the U.S. The overall U.S. homicide rate appears to fluctuate between 4.7 and 5.3 per 100,000 people over the past 10 years or so.

United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Criminal Services Division. (2018, Fall). *January-June Preliminary Semiannual Uniform Crime*

*Report: 2018 Crime in the United States*. Table 4: January to June 2017–2018 Offenses Reported to Law Enforcement by State by City 100,000 and over in population, Colorado through Hawaii. <https://ucr.fbi.gov/crime-in-the-u.s/2018/preliminary-report/tables/table-4/state-cuts/table-4-colorado-through-hawaii.xls>

United States Department of Veterans Affairs. (2016, March 4). PTSD: National Center for PTSD. <http://www.ptsd.va.gov/>

Varker, T., Brand, R. M., Ward, J., Terhaag, S., & Phelps A. (2019, November). Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. *Psychological Services, 16*(4), 621-635. doi: 10.1037/ser0000239. Epub 2018 May 28. Abstract summary: The goal of this study was to assess evidence for synchronous telepsychology interventions for four common mental health conditions (depression, anxiety, posttraumatic stress disorder, and adjustment disorder). Randomized controlled trials published between 2005 and 2016 that investigated synchronous telepsychology (i.e., telephone delivered, video teleconference delivered, or Internet delivered text based) were identified through literature searches. From an initial yield of 2,266 studies, 24 were included in the review. Ten studies investigated the effectiveness of telephone-delivered interventions, 11 investigated the effectiveness of video teleconference (VTC) interventions, 2 investigated Internet-delivered text-based interventions, and 2 were reviews of multiple telepsychology modalities. The authors concluded that there was sufficient evidence to support VTC and telephone-delivered interventions for mental health conditions. The evidence for synchronous Internet-delivered text-based interventions was ranked as “unknown.” Telephone-delivered and VTC-delivered psychological interventions provide a mode of treatment delivery that can potentially overcome barriers and increase access to psychological interventions.

Velligan, D. I., Alphas, L. D. (2018, June 7). 5 Domains of negative symptoms of schizophrenia. *Psychiatric Times*. [http://www.psychiatristimes.com/schizophrenia/5-domains-negative-symptoms-schizophrenia?rememberme=1&elq\\_mid=1798&elq\\_cid=860775](http://www.psychiatristimes.com/schizophrenia/5-domains-negative-symptoms-schizophrenia?rememberme=1&elq_mid=1798&elq_cid=860775)

Vontress, C. E. (1980). Problems in counseling older minorities. *Counseling and Values, 24*(2), 118-126.

van der Kolk, B.A., & D'Andrea, W. (2010). *Towards a developmental trauma disorder diagnosis for childhood interpersonal trauma*. In R. Lanius, E. Vermetten, & C. Pain (Eds). *The impact of early life trauma on health and disease: The hidden epidemic*. London: Cambridge University Press.

van der Miesen, A., & de Vries, A. (2019, December). Special issues in treating adolescents with gender dysphoria. *Psychiatric Times, 36*(12), 15-16.

- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010, April). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575-600.
- Vontress, C. E., Woodland, C. E., & Epp, L. (2007). Cultural dysthymia: An unrecognized disorder among African Americans? *Journal of Multicultural Counseling and Development*, *35*(3)130-141.
- Wagner, P., & Sawyer, W. (2018, June). States of incarceration: The global context 2018. <https://www.prisonpolicy.org/global/2018.html>
- Wakefield A. J., Murch, S. H., Anthony, A., (1998). **[Retracted]** Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*, *351*(9103), 637-641.
- Wall, P. D. (1978). The gate control theory of pain mechanisms. A re-examination and re-statement. *Brain*, *101*(1), 1-18.
- Walmsley, R. (2014, November). *World prison population list* (11th ed.). Bloomsbury, London: Institute for Criminal Policy Research. <http://www.prisonstudies.org/>
- Watson, J. D. (1968). *The double helix: A personal account of the discovery of the structure of DNA*. New York, NY: Atheneum.
- Watson, J. B., & Rayner, R. (1920). Conditioned emotional reactions. *Journal of Experimental Psychology*, *3*(1), 1-14.
- Weber, S. R. (2018, October). Prescribing substances of abuse in psychiatric care. *Psychiatric Times*, *35*(10), 25-26. <http://www.psychiatrictimes.com/psychopharmacology/prescribing-substances-abuse-psychiatric-care>
- Weintraub, K. (2011, November 2). The prevalence puzzle: Autism counts. *Nature*, *479*, 22-24. doi:10.1038/479022a Available: <https://www.nature.com/articles/479022a>
- Weir, K. (2016). The science of naps. *Monitor on Psychology*, *47*(7), 48. <https://www.apa.org/monitor/2016/07-08/naps>  
APA staff writer Kirsten Weir provides a summary of several studies that suggest the benefits—and possible drawbacks—of daytime naps.
- Weiss, H. (2019, June 17). Dogs' eyes have changed since humans befriended them: Two specialized muscles give them a range of expression that wolves' eyes lack. [https://www.theatlantic.com/science/archive/2019/06/domestication-gave-dogs-two-new-eye-muscles/591868/?utm\\_source=pocket-newtab](https://www.theatlantic.com/science/archive/2019/06/domestication-gave-dogs-two-new-eye-muscles/591868/?utm_source=pocket-newtab)  
Science correspondent for The Atlantic, Haley Weiss provides a summary of research conducted by a team at the University of Portsmouth's Dog Cognition Centre in the

United Kingdom. The researchers (i.e., Kaminski et al., 2019) looked at two muscles that work together to widen and open a dog's eyes, causing them to appear bigger, droopier, and objectively cuter. The retractor anguli oculi lateralis (RAOL) muscle and the levator anguli oculi medialis (LAOM) muscle form two short, straight lines, which connect the ring of muscle around a dog's eye to either end of the brow above.

Weller, Philip T. (Translator). (1964). *The Roman ritual*.  
<http://www.ewtn.com/library/prayer/roman2.txt>

Wen, T. (2017, June 27). The tricks to make yourself effortlessly charming. *BBC Worklife*.  
<https://www.bbc.com/worklife/article/20170627-the-tricks-to-make-yourself-effortlessly-charming>

Key words: Charm, charisma, body language, affective presence

Citing some of the research that led to Princeton Professor Alexander Todorov's (2017) book, *Face Value*, BBC journalist Tiffanie Wen describes a few evidence-based strategies that can be useful for those who wish to act with more charm. Some of these ideas include putting on a happy face, raising your eyebrows, finding a common ground, watching the other person's body language, and so forth. Wen also draws from the ideas of Olivia Fox Cabane, in whose book *The Charisma Myth*, the so-called "charisma myth" is replaced with the idea that charisma and charm can be broken down into component behavioral expressions that can be learned. Wen summarizes some key points found in the book *The Like Switch*, whose co-author, Jack Schafer, Ph.D. is a psychologist and retired FBI special agent, Schafer (2015) maintains that the three major things we do when we approach somebody that signal we are not a threat are: an eyebrow flash - a quick up and down movement of the eyebrow that lasts about a sixth of a second - a slight head tilt, and a smile.

Westreich, L. (2019, February 21). Coaching families to address addiction. *Psychiatric Times*, 36(2). <https://www.psychiatristimes.com/addiction/coaching-families-address-addiction>

Weuve, J., Hebert, L., Scherr, P., & Evans, D. (2015). Prevalence of Alzheimer disease in U.S. states. *Epidemiology*, 26, e4-e6.

Wilkinson, T. (2007). *The Vatican's Exorcists*. New York, NY: Warner Books.

Williams, J. G., Higgins, J. P., & Brayne, C. E. (2000, August 15). Systematic review of prevalence studies of autism spectrum disorders. *Archives of Disease in Childhood*, 91(1), 8-15.

Wisniewski, A. B. et al. (2000). Complete androgen insensitivity syndrome: Long-term medical, surgical, and psychosexual outcome. *Journal of Clinical Endocrinology and Metabolism*, 85(8), 2664-2669.

Wolf, M. (2018). *Fire and fury. Inside the Trump White House*. New York, NY: Henry Holt & Company.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.

Wolpe, J. (1964). *The conditioning therapies: The challenge in psychotherapy*. New York, NY: Holt, Rinehart and Winston.

Wolpe, J. (1969). *The practice of behavior therapy*. New York, NY: Pergamon Press.

World Health Organization. (1948). *International classification of diseases and related health problems* (6th rev.). Geneva, Switzerland: Author.

World Health Organization. (1955). *International classification of diseases and related health problems* (7th rev.). Geneva, Switzerland: Author.

World Health Organization. (1965). *International classification of diseases and related health problems* (8th rev.). Geneva, Switzerland: Author.

World Health Organization. (1979). *International classification of diseases and related health problems* (9th rev.). Geneva, Switzerland: Author.

World Health Organization. (1992a). *International classification of diseases and related health problems* (10th rev.). Geneva, Switzerland: Author.

World Health Organization. (1992b). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva, Switzerland: Author.  
<http://www.who.int/classifications/icd/en/bluebook.pdf>

World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: Diagnostic criteria for research*. Geneva, Switzerland: Author.  
<http://www.who.int/classifications/icd/en/GRNBOOK.pdf>

World Health Organization. (2010). *ICD-10: Version 2010*. Geneva, Switzerland: Author.  
<http://apps.who.int/classifications/icd10/browse/2010/en#V>

World Health Organization. (2016). *International classification of diseases, 11th revision, for mortality and morbidity statistics (ICD-11-MMS)*. Geneva, Switzerland: Author.  
<http://apps.who.int/classifications/icd11/browse/f/en>

World Health Organization. (2020, February 28). *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)*. Geneva: Author.  
<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

Key words: COVID-10, Coronavirus

See also report of the Chinese Center for Disease Control and Prevention (2020).

- World Professional Association for Transgender Health. (2011, September 25). Standards of care for the health of transsexual, transgender, and gender nonconforming people (7th version). <http://www.wpath.org/>
- World Health Organization. (2017). Genetic components of sex and gender. <http://www.who.int/genomics/gender/en/>
- Xu, J. Q., Murphy, S. L., Kochanek, K. D., Arias, E. (2020, January). *Mortality in the United States, 2018*. NCHS Data Brief, no 355. Hyattsville, MD: National Center for Health Statistics.
- Jiaquan Xu, M.D., Sherry L. Murphy, B.S., Kenneth D. Kochanek, M.A., and Elizabeth Arias, Ph.D. are the authors of NCHS Data Brief No. 355, January 2020, which contains Data from the National Vital Statistics System. Here is a summary of the findings: Life expectancy for the U.S. population in 2018 was 78.7 years, an increase of 0.1 year from 2017. The age-adjusted death rate decreased by 1.1% from 731.9 deaths per 100,000 standard population in 2017 to 723.6 in 2018. The 10 leading causes of death in 2018 remained the same as in 2017. From 2017 to 2018, age-adjusted death rates decreased for 6 of 10 leading causes of death and increased for 2. Age-specific death rates decreased from 2017 to 2018 for age groups 15–24, 25–34, 45–54, 65–74, 75–84, and 85 and over. The infant mortality rate decreased 2.3% from 579.3 infant deaths per 100,000 live births in 2017 to 566.2 in 2018. The 10 leading causes of infant death in 2018 remained the same as in 2017.
- Yarhouse, M. A., Butman, R. E., & McRay, B. W. (2012). *Modern psychopathologies: A comprehensive Christian appraisal*. Downers Grove, IL: InterVarsity Press.
- Yarhouse, M. A. (2015, June 8). Understanding the transgender phenomenon. *Christianity Today*, 59(6). <http://www.christianitytoday.com/ct/2015/july-august/understanding-transgender-gender-dysphoria.html>
- Yarhouse, M. A. (2015). *Understanding gender diversity: Transgender issues in a changing culture*. Downers Grove, IL: InterVarsity Press.
- Yarhouse, M. A. (2017, October 20). Counseling gender diverse populations. Workshop presented at Richmond Graduate University 2017 Annual Alumni Reunion, DoubleTree Atlanta-Marietta. <https://www.youtube.com/watch?v=6iVTgJo9K8E>
- Yufit, R. I. (1988). Manual of procedures: Assessing suicide potential: suicide assessment team. Unpublished manual. In Bongar, B. (1992) *Suicide: Guidelines for Assessment, Management and Treatment*. New York, NY: Oxford University Press, Page 155.
- Zadra, A., Desautels, A., Petit, D., & Montplaisir, J. (2013). Somnambulism: Clinical aspects and pathophysiological hypotheses. *The Lancet Neurology*, 12(3), 285-294.



Zhou, J. N., Hofman, M. A., Gooren, L. J. G., & Swaab, D. F. (1995). A sex difference in the human brain and its relation to transsexuality. *Nature*, 378(6552), 68-70.

Ziegler, J. S. (August, 1993). *The actuarial prediction of violence in a psychiatric population*. Paper presented at the annual meeting of the American Psychological Association.

Zimmerman, M. (2019, December). Borderpolar: Patients with borderline personality disorder and bipolar disorder. *Psychiatric Times*, 36(12), 17-18.

*Zinerman v. Burch*, 494 US 113, 110, 975 (1990).

The U.S. Supreme Court addressed the issue of informed consent when it held that a psychiatric patient's constitutional rights were violated when he was allowed to sign into the hospital voluntarily—yet he was incompetent to give informed consent to do so.

Zisook, S., & Shear, K. (2009, June). Grief and bereavement: What psychiatrists need to know, *World Psychiatry*, 8(2): 67–74.

The authors define and differentiate the terms bereavement, grief, and mourning, as well as among the terms uncomplicated grief, complicated grief, and grief-related major depression.

Zmigrod, L., Rentfrow, P. J., & Robbins, T. W. (2019). The partisan mind: Is extreme political partisanship related to cognitive inflexibility? *Journal of Experimental Psychology: General*. Advance online publication. <https://doi.org/10.1037/xge0000661>

The rise of partisan animosity, ideological polarization, and political dogmatism has reignited important questions about the relationship between psychological rigidity and political partisanship. Two competing hypotheses have been proposed: One hypothesis argues that mental rigidity is related to a conservative political orientation, whereas the other hypothesis suggests that mental rigidity reflects partisan extremity across the political spectrum. In a sample of 743 U.S. citizens, partisan extremity was related to lower levels of cognitive flexibility, regardless of political orientation, across three independent assessments of cognitive flexibility. Zmigrod et al. found that participants who were extremely attached to either the Democratic Party or the Republican Party displayed greater mental rigidity on the cognitive tests than those who were moderately or weakly attached to a political party. The research team also found that self-described Independents displayed greater cognitive flexibility than Democrats and Republicans who were extremely attached to their respective party. The authors suggest that the rigidity with which individuals process and respond to nonpolitical information may be related to the extremity of their partisan identities.

Zorrilla I., Aguado, J., Haro, J. M., Barbeito, S., López Zurbano, S., Ortiz, A., López, P., & Gonzalez-Pinto, A. (2015, February). Cannabis and bipolar disorder: Does quitting cannabis use during manic/mixed episode improve clinical/functional outcomes? *Acta Psychiatrica Scandinavica*, 131(2), 100-110. doi: 10.1111/acps.12366. Epub 2014 Nov 28.

The purposes of this study was to examine whether bipolar disorder patients who stop cannabis use during a manic/mixed episode have better clinical and functional outcomes than continued use or never use. The three cannabis use groups were (1) current use

(between 12-week and 24-month visits), (2) no current but previous use (during first 12 weeks), and (3) never use. Of 1,922 patients analyzed, 6.9% were current users, 4.6% previous users, and 88.5% never users. Previous users had highest rates of remission (68.1%) and recovery (38.7%), and lowest rates of recurrence (42.1%) and relapse (29.8%). Previous users had similar outcomes to never users, whereas current users had lower recovery, lower remission, higher recurrence, greater work impairment, and were more likely not to be living with partner than never users. The authors concluded that bipolar patients who stop using cannabis during manic/mixed episode have similar clinical and functional outcomes to never users, while continued use is associated with higher risk of recurrence and poorer functioning.

### **Correct Citation for Reference Entry**

The reference entry correct citation styles for this document are illustrated below. Students should defer to the style preferences of their individual course instructors to determine whether the course instructor has preferences that are more specific than those shown below:

#### **American Psychological Association**

Doverspike, W. F. (2014). Psychopathology class resource list: Bibliography.  
<http://drwilliamdoverspike.com/>

#### **Chicago Manual of Style / Kate Turabian**

Doverspike, William, "Psychopathology Class Resource List: Bibliography," July 04, 2018.  
<http://drwilliamdoverspike.com/>

Note: According to the Chicago Manual of Style, blog posts are typically not included in bibliographies, but can be cited in the running text and/or notes. However, if a blog is cited frequently, you may include it in the bibliography.

#### **Modern Language Association**

Doverspike, William F. "Psychopathology Class Resource List: Bibliography." 04 Jul. 2018  
[Date accessed]

Note: MLA guidelines assume that readers can track down most online sources by entering the author, title, or other identifying information in a search engine or a database. Consequently, MLA does not require a URL in citations for online sources such as websites. However, some instructors still ask for it, so check with your instructor to determine his or her preference.