Advanced Clinical Assessment and Diagnosis
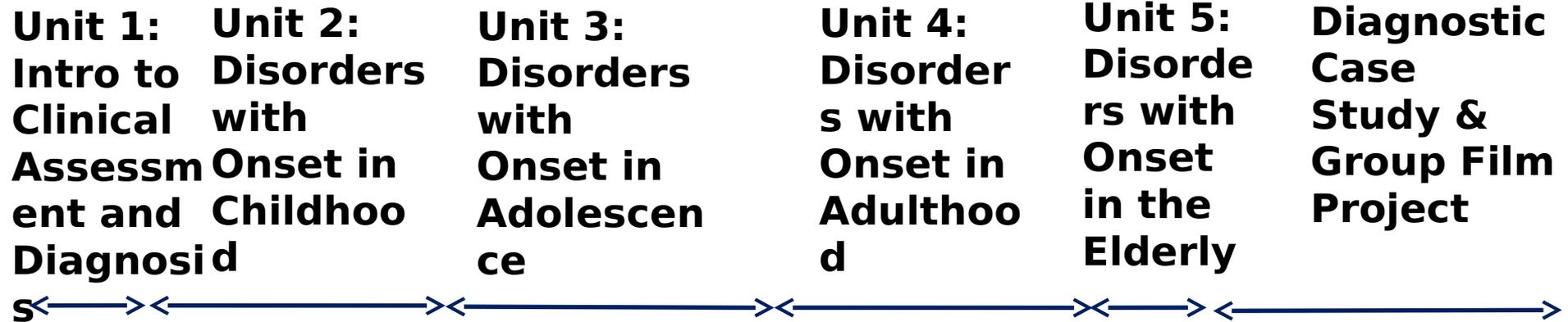
1st week
Course Overview and Intro

Tell me about yourself..

❖ Name

❖ Your interest in the Social Work Filed

❖ Field placement

   (agency, clients, your role)

❖Concerns and expectations regarding this course

Course overview

Unit 1: Intro to Clinical Assessment and Diagnosis

Unit 2: Disorders with Onset in Childhood

Unit 3: Disorders with Onset in Adolescence

Unit 4: Disorders with Onset in Adulthood

Unit 5: Disorders with Onset in the Elderly

Diagnostic Case Study & Group Film Project

SE1	SE2	SE 3	SE4	SE5	SE6	SE7	SE8	SE9	SE1 0	SE1 1	SE12	SE1 3	SE1 4

Diagnostic Case Study

Group Film Project

In-Class Case Discussion

Assignments

- In-Class Case Discussion & Particiaption.. 20%

- Diagnostic Case Study 30%

- Group Film Project Presentation & PPT 30%

- Final Exam 20%

Class objectives

Section I. Understanding Different Perspectives on

Mental Illness

Section II. Differential Diagnosis: What is DSM-5?

Section III. Treatments and Interventions

Section I.
Understanding Different Perspectives on Mental Illness

Clinical Social Work Practice

The biopsychosocial model of health
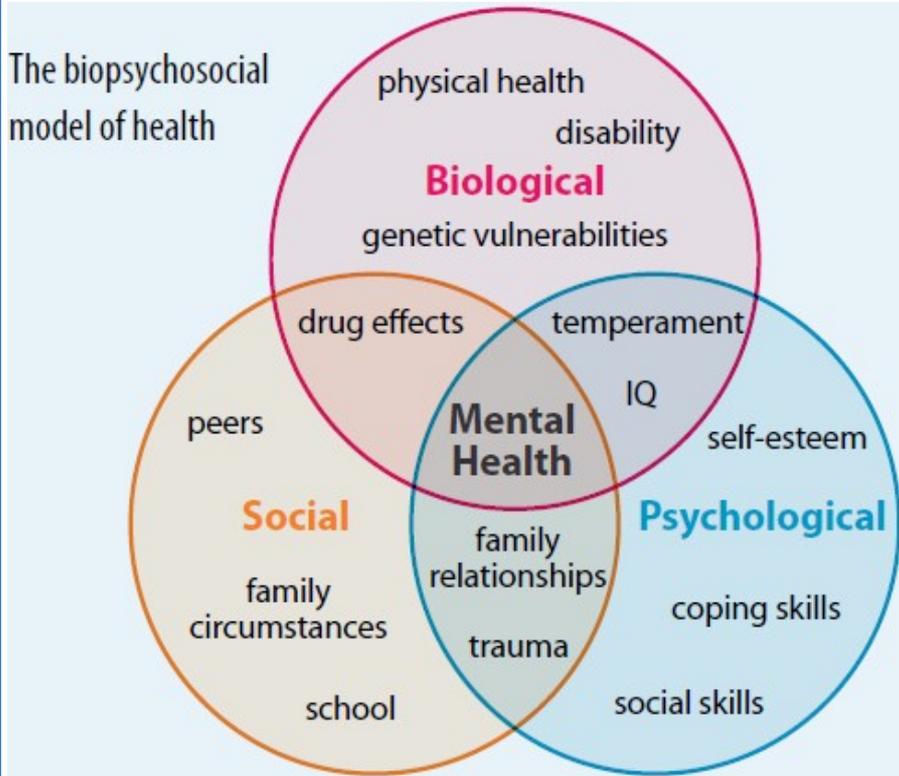
Clinical Social Work

•Clinical social work is a specialty practice area of social work which focuses on the **assessment**, **diagnosis**, treatment, and prevention of mental illness, emotional, and other behavioral disturbances.

•Clinical social worker is a healthcare profession based on theories and methods of prevention and treatment in providing mental-health/healthcare services, with special focus on behavioral and **biopsychosocial** problems and

Why We Learn This Course?

- Social worker in clinical settings need to demonstrate facility (competence) with client diagnosis.

- The Diagnostic & Statistical Manual of Mental Disorders (DSM) is the **preeminent diagnostic classification system** among clinical practitioners in this country.

- Knowledge of the DSM is critical so that social workers can converse with other mental health professionals and are eligible to receive reimbursement for services they deliver.

- The challenge for a social worker is to exhibit competence with DSM diagnosis for clients while **blending** in the values and principles which include **a strengths-based orientation**, concern for the **worth** and **dignity** of individuals, and an appreciation for **the environmental context** of individual behavior.

So We Will....

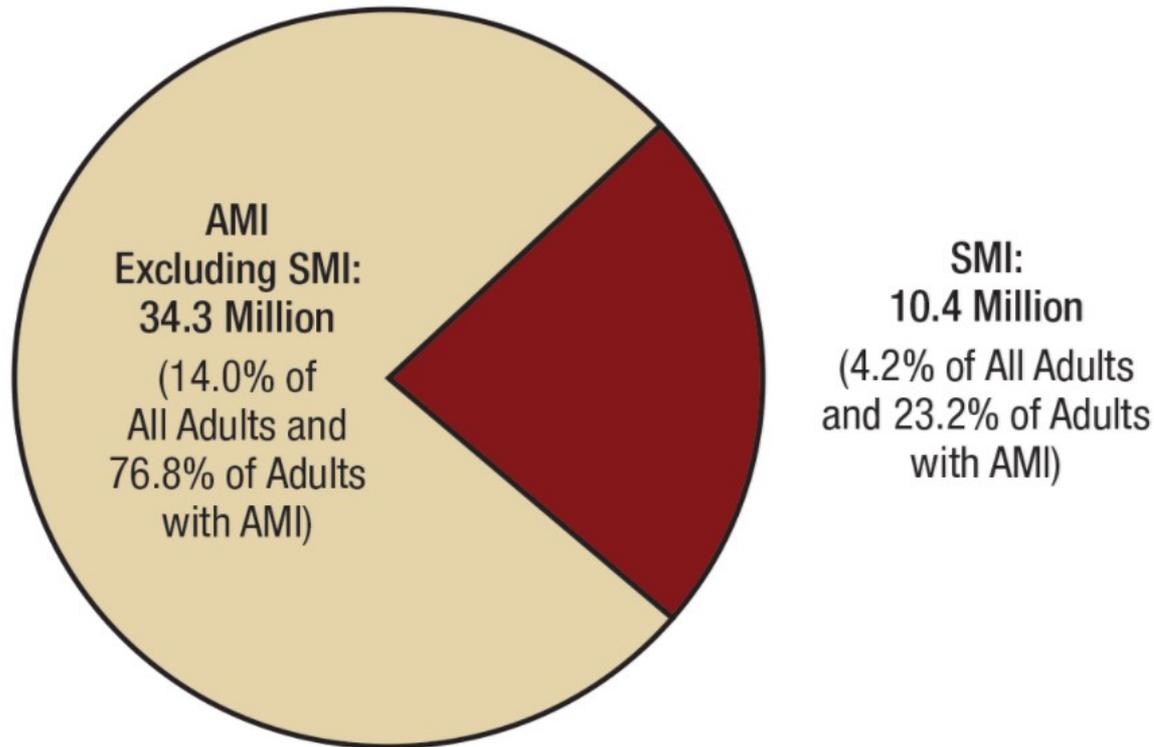To appropriately diagnose individuals this course will discuss and integrate the following areas:

1. The Diagnostic & Statistical Manual of Mental Disorders (DSM)

2. The risk and protective factors basesd on biopsychosocial framework

3. Evidence-based practice for treating mental illnesses

4. Measurement tools for assessment and evaluation

5. A Life-span approach

Mental Illness

- Criteria of Mental Illness (Center for Behavioral Health Statistics and Quality, 2015)

  – A mental, behavioral, or emotional disorder Diagnosable currently or within the past year

  – Of sufficient duration to meet diagnostic criteria specified within DSM-5

  – With serious functional impairment in life activities, serious mental illness (SMI) is considered
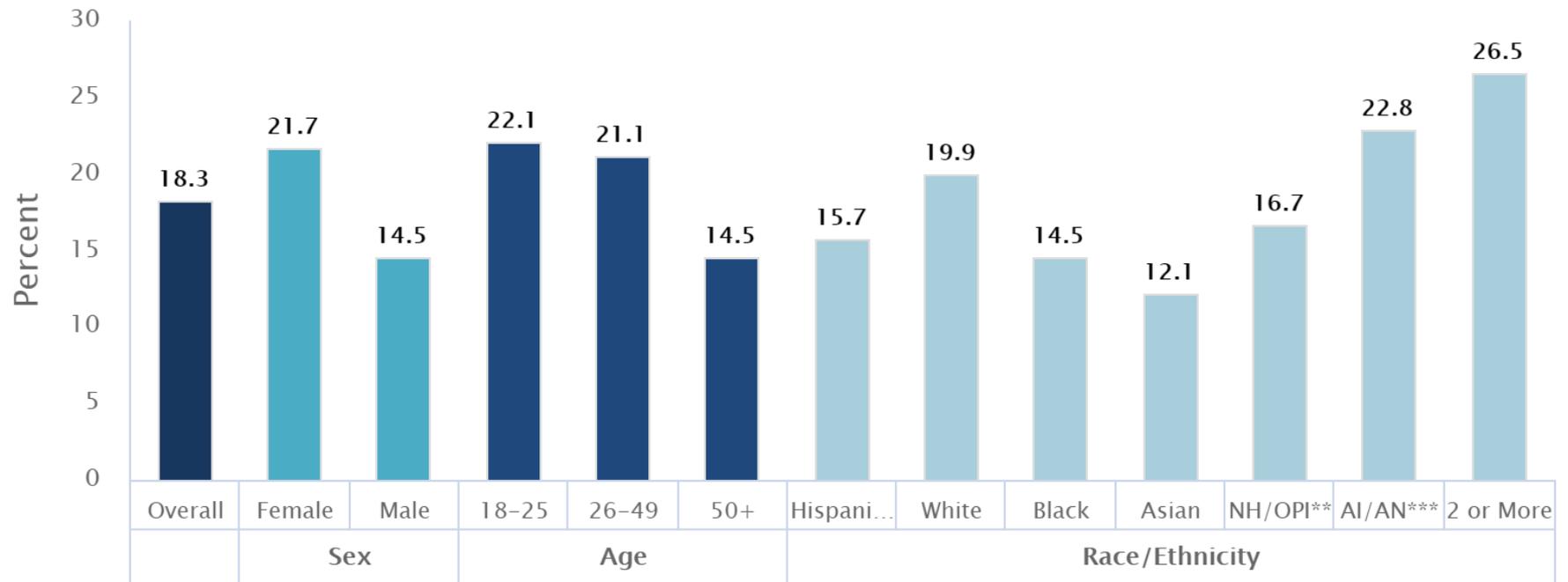
Mental Illness

- In 2016, 44.7 Million (18.3% of all adults) Adults with
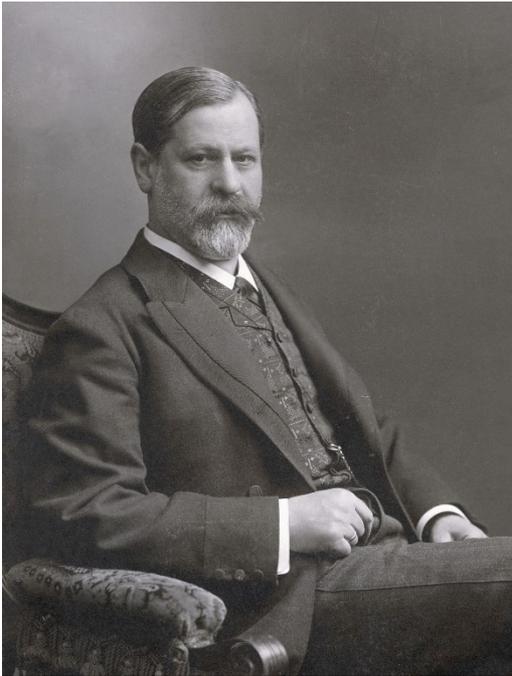
  mental illness in the past year

AMI Excluding SMI: 34.3 Million (14.0% of All Adults and 76.8% of Adults with AMI)

SMI: 10.4 Million (4.2% of All Adults and 23.2% of Adults with AMI)

Mental Illness

Past Year Prevalence of Any Mental Illness Among U.S. Adults (2016)

Data Courtesy of SAMHSA

	Sex		Age			Race/Ethnicity						
Overall	Female	Male	18–25	26–49	50+	Hispani...	White	Black	Asian	NH/OPI**	AI/AN***	2 or More
18.3	21.7	14.5	22.1	21.1	14.5	15.7	19.9	14.5	12.1	16.7	22.8	26.5

Perspectives on Mental Illness

1. Psychodynamic perspective

"conflict in early life is not resolved, we repress things and that leads to mental illness" – Sigmud Freud

Perspectives on Mental Illness

1. Psychodynamic perspective

1)Theoretical cause of abnormality

- Conflict in unconscious (internal) psychological process (e.g., wishes and fears of which we are not fully aware
- Traumatic childhood experiences that affect adult personality
- Psychic causality (Determinism)
- Unacceptable desires and impulses, traumatic events managed by defense mechanisms can
  a) Re-emerge as symptoms of anxiety or other emotional disorders
  b) Affect behavior, leading to distress as person doesn't understand why they are behaving as they are
  c) Be activated by similar life event, leading to re-experiencing previous traumatic event and to being depressed

Perspectives on Mental Illness
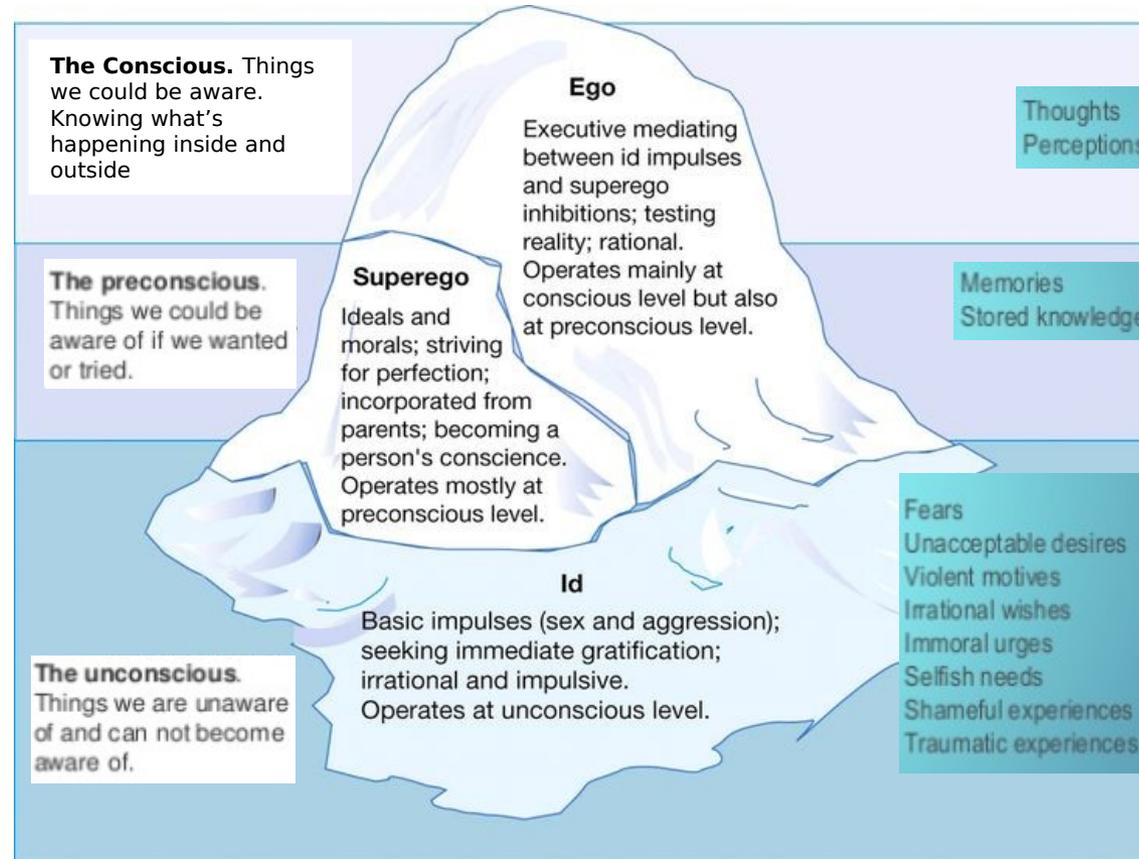
1. Psychodynamic perspective

Figure. Personality Structure. Retrieved from
https://linaibooker.com/tag/superego/

Perspectives on Mental Illness

1. Psychodynamic perspective

Defense mechanisms deal with emotional conflict or internal or external stressors by

Denial- refusing to acknowledge some painful experience

Psychotic denial- impairment in reality testing

Displacement- redirect your feelings to another target

Projection- falsely attributing to another his or her own unacceptable feelings, impulses, or thoughts.

Repression- expelling disturbing wishes, thoughts, or experiences from conscious awareness (c.f., suppression)

Reaction formation- hiding real feelings by acting in the opposite way

Regression- regressing back to behaviors in the early stage

Idealization- attributing exaggerated positive qualities to others or self.

Perspectives on Mental Illness

1. Psychodynamic perspective

2) Treatments

- Psychotherapy to develop insights into underlying unconscious conflicts
- Self-awareness and understanding of the influence of the past on present behavior
- Improving ego function at conscious level

Perspectives on Mental Illness

2. Biomedical perspective

1)Theoretical cause of abnormality

– A process similar to that underlying physical illness

– Psychological disorders linked to biological phenomena, such as genetic factors, chemical imbalances, and brain abnormalities (Wyatt & Midkiff, 2006)

2)Treatments

– Medication

– Surgery

– Electro-convulsive therapy (https://www.webmd.com/depression/guide/electroconvulsive-therapy#1)

– Insulin shock therapy

Perspectives on Mental Illness

3. Behavioral and cognitive perspective

1)Theoretical cause of abnormality

- Maladaptive behavior which is the consequence of faulty and ineffective learning, habits and thoughts
- The results of distorted thoughts

2)Treatments

- Reshape disordered behavior
- Teach new, more appropriate, and more adaptive responses to distress
- Develop new thought processes and new values
- Replace maladaptive habits with more useful ones

Perspectives on Mental Illness

4. Diathesis-stress perspective

1)Theoretical cause of abnormality

- A combination of biological and psychological processes
- Underlying Predisposition for disorder (i.e., Biological diathesis) based on gene + adverse environmental or psychological events (i.e., stress)= Mental disorder
- Maladaptive thoughts and behaviors (Psychological diatheses)+ adverse environmental or psychological events (i.e., stress)= Mental disorder

2) Treatments

- Reduction of stress
- Learn and practice new coping mechanisms for times when stress arises
- Medication

Perspectives on Mental Illness

4. Diathesis-stress perspective

- Amount of vulnerability differs from person to person
- For some conditions, related to factors like early exposure to viral infection in utero

Genetics, biological vulnerabilities

- Reduce person's biological vulnerability and stress
- Factors include medication, coping skills, communication, and problem solving skills and structure

Illness/ symptoms

- Impacts vulnerability by either triggering the onset of the disorder or worsening the course
- Stress can include life events, relationships, etc.

Stress in the environment

Protective factors

- Combinations of stress and vulnerabilities may lead to different types of a disorder
- Individuals and families can build protective factors to minimize or manage stress
- May help reduce severity of symptoms and impact the illness course positively

Debonis (n.d.)

Perspectives on Mental Illness

5. Integrated Approach to Psychopathology (Biopsychosocial)
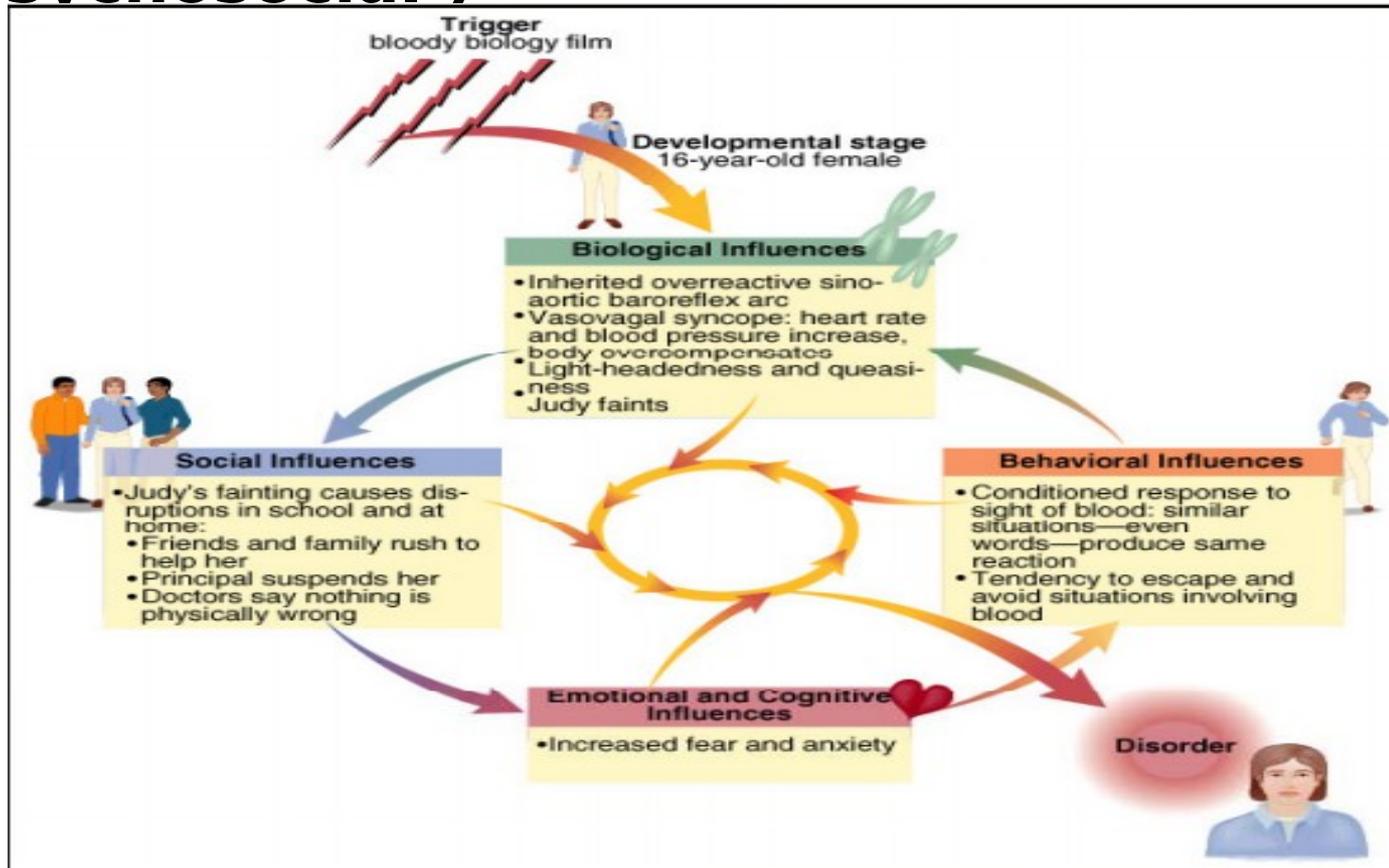

Figure. Multidimentaionl models of abnormal behavior. Retrieved from http://www.paidopsiquiatria.cat/files/integrated_approach_to_psychopathology.pdf

Your Perspective

- Group Activity

Take a few minutes to think about and group discuss the following question:

What is your explanatory model for mental illness?
- Use stories and experiences from real life
- Causes of mental illness
- Typical reactions (yours and others) towards mental

    illness
- Impact of your perspective on our role as a social
    worker

Person in Environment Perspective

- The social worker perceives each individual as an interactive participant in a larger physical, social communal, historical, religious, physical, cultural, and familial environmental system (Kondrat, 2008, p. 348)

- Empathizes both the client (person) and their environment and interaction between them

- PIE is a practice-guiding principle that highlights the importance of understanding an individual and individual behavior in light of the environmental contexts in which that person lives and acts

Person in Environment Perspective
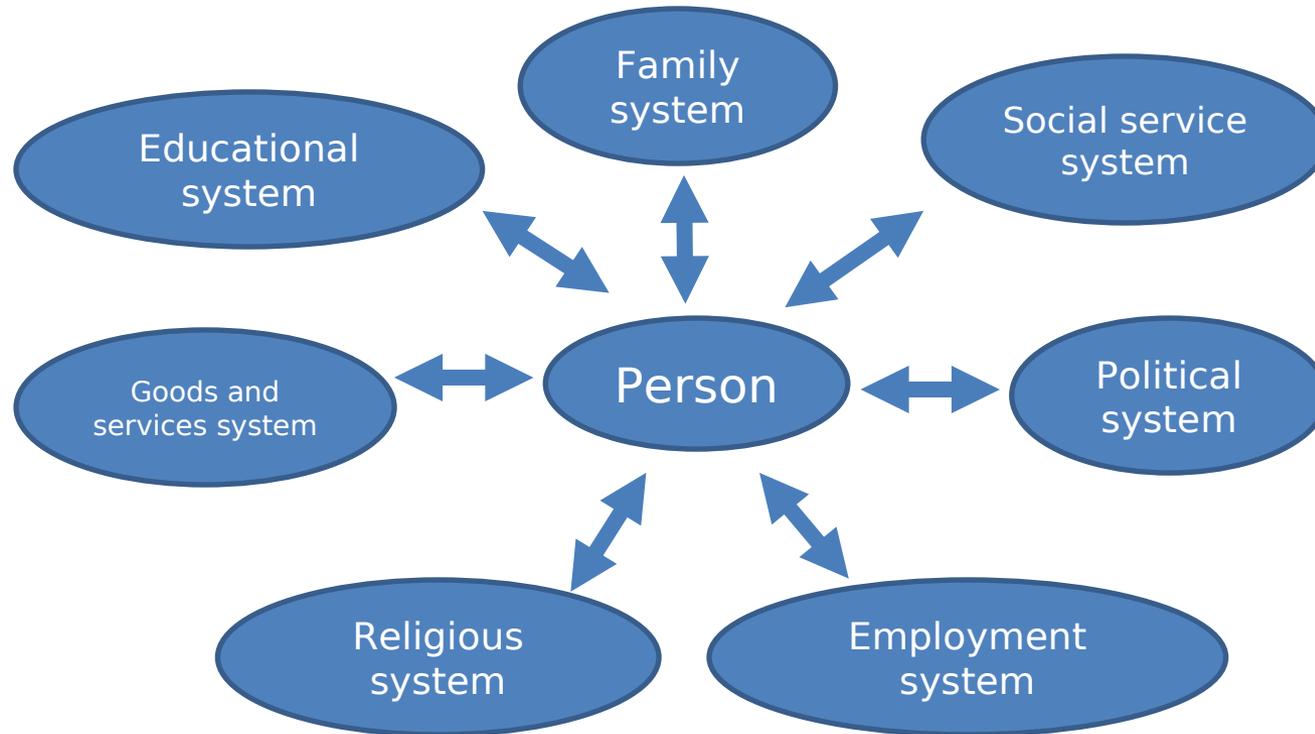
- PIE situations produce problems in social functioning-stressful life transaction, relationship difficulties, and environmental unresponsiveness (Gitterman,2009)

PIE Classification System

Factor I: Social Functioning Problems

A. Social role in which each problem is identified
  1. Family (parent, spouse, child, sibling, other, significant other)
  2. Other interpersonal (lover, friend, neighbor, member, other)
  3. Occupational (worker/paid, worker/home, worker/volunteer, student, other)

B. Type of problem in social role
  1. Power
  2. Ambivalence
  3. Responsibility
  4. Dependency
  5. Loss
  6. Isolation
  7. Victimization
  8. Mixed
  9. Other

C. Severity of problem
  1. No problem
  2. Low severity
  3. Moderate severity
  4. High severity
  5. Very high severity
  6. Catastrophic

D. Duration of problem
  1. More than five years
  2. One to five years
  3. Six months to one year
  4. Two to four weeks
  5. Two weeks or less

E. Ability of client to cope with problem
  1. Outstanding coping skills
  2. Above average
  3. Adequate
  4. Somewhat inadequate
  5. Inadequate
  6. No coping skills

PIE Classification System

Factor II: Environmental Problems

A. Social system where each problem is identified
   1. Economic/basic need
   2. Education/training
   3. Judicial/legal
   4. Health, safety, social services
   5. Voluntary association
   6. Affectional support

B. Specific type of problem within each social system

C. Severity of problem

D. Duration of problem

Factor III: Mental Health Problems

A. Clinical syndromes (Axis I of DSM)

B. Personality and developmental disorders (Axis II of DSM)

Factor IV: Physical Health Problems

A. Disease diagnosed by a physician

B. Other health problems reported by client and others

PIE skills in Social Work

Person-related skills
•Assessment, interviewing, empathic responding, relationship building, empowering individual and systems, uncovering and strengthening CT's strength, etc.

In- transaction skills
•Case management, crisis intervention, ethical decision making, multidisciplinary team approach, research, Client-centered approach, etc.

Environment-related skills
•Brokering, facilitation, social planning and action, advocating, social, fact gathering, educating, locality building, etc.

Section II.
Differential Diagnosis: What is DSM-5?

DSM-5

What is DSM-5 and why is it important?

- Diagnostic and Statistical Manual-5
- The authoritative systematic guide to the diagnosis of mental disorders, widely used in the U.S. and much of the world
- DSM contains **descriptions, symptoms, and other criteria for diagnosing mental disorders**
- Approach to Clinical Case Formulation-using the available contextual and diagnostic information in developing a comprehensive treatment plan that is informed by the individual's cultural and social contest

DSM-5

Structural Changes in DSM-5

•**Elimination of DSM-IV's multiaxial documentation**

AXIS I: Major Psychological Disorders (Major

depression; Alcohol dependence)

AXIS II: Mental Retardation & Personality Disorders

(Antisocial PD; Borderline PD)

AXIS III: Accompanying Physical Disorders (Alcoholic

cirrhosis of the liver)

AXIS IV: Source and Severity of Stress (Divorce, loss

of

job—severe stress)

AXIS V: Assessment of Functioning- Global

Assessment
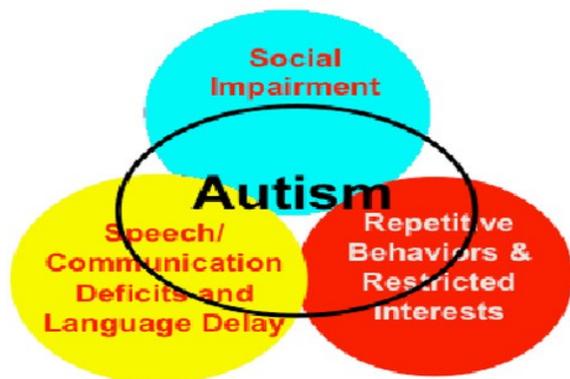
Functioning (GAF) score (0-100)

DSM-5

- **Nonaxial documentation of diagnosis of DSM-5**
  - List principal diagnosis (the condition mainly responsible for current admission)

    first followed by others in order of focus of attention and treatment
  - Can use "provisional" for not 100 % sure diagnosis

    e.g.) 301.22 (F21) Schizotypal (Personality) Disorder (provisional)
  - For psychosocial and environmental problems (formally Axis-IV), use

    ICD-10-Z-codes or ICD 9-V-codes

- **Before each disorder name, ICD-9-CM codes are provided, followed by ICD-10-CM codes in parentheses.**

- **Use specific severity specifiers in the body of summary statement instead of GAF (still can use) or WHODAS 2.0**
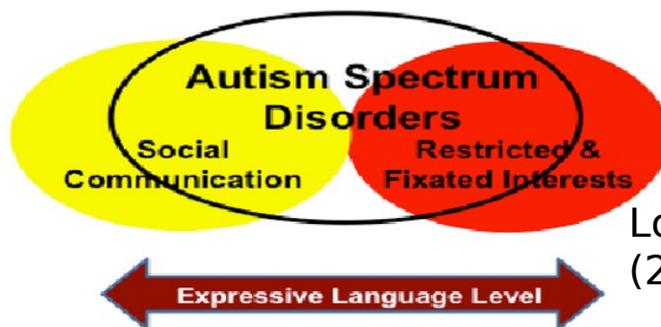
DSM-5

- Disorders on a spectrum (e.g. Autism Spectrum dis

A. **DSM IV:**
Pervasive Developmental Disorders:
Autism

B. **DSM5:**
Autism Spectrum Disorders

Social Impairment

Autism

Speech/Communication Deficits and Language Delay

Repetitive Behaviors & Restricted Interests

Autism Spectrum Disorders
Social Communication
Restricted & Fixated Interests

Lord & Jones (2012)

Expressive Language Level

1.Autistic Disorder
2.Rett's Disorder
3.Childhood Disintegrative Disorder
4.Asperger's Disorder
5.Pervasive Developmental Disorder NOS

Specify if:
-With or without intellectual impairment
-With or without language impairment
-Associated with a known medical or genetic condition or environmental factor
-Associated with another neurodevelopmental, mental, or behavioral disorder

DSM-5 Diagnosis

- Sample diagnosis

A 10-year-old boy was referred for counseling because of numerous disciplinary problems at school. Based on the assessment, the boy was found to meet criteria for ADHD

- 314.01 attention-deficit hyperactivity disorder, combined presentation, moderate (principal diagnosis)
- V62.3 academic or educational problem (reason for visit)

John, 45-year-old male, meet criteria for depression and found that he uses alcohol excessively. He is also unable to control diabetes as a result of the disturbance

- 296.23 major depressive disorder, single episode, severe
- 303.90 alcohol use disorder, moderate
- E11 type 2 diabetes mellitus

Conflict between Social Work and DSM-5

- Labeling behaviors of clients as normal or abnormal may be incongruent with strength-based approach in social work perspective

- DSM-5's *disease model* implies that the abnormal person must experience changes within the self (rather than environmental change) to be normal again.

- Social work consider PIE as an ongoing transactional process that either facilitates or blocks one's ability to experience satisfactory social functioning. Social work do not emphasize the presence or absence of "normal" personal characteristics

Criticisms on DSM-5

Critiques by Thomson (2014) and Corcoran & Walsh (2010)

–Too subjective

–Being diagnosed based on symptoms, not causes

–Not scientific enough

–Added to or removed from the manual based on social pressure from special interest groups and other factors

–Diagnostic labels are too powerful and can hurt people

–Pathologizing too many people; making it too easy to over-diagnose normal people

–Diagnosing based on the medical model, which can treat mental illness as medical disorder; Is it appropriate for social workers?

–Has the DSM-5 improved from DSM-IV? Preference of multiaxial

–Is it valid and reliable?

–In social work, we should consider its lack of emphasis on the environmental influences on human behaviors; viewing clients in isolation

–Being organized for use in determining a diagnosis prior to intervention

Measurements

- Assessment Measures
  - DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Adult
  - Parent/Guardian-Rated DSM-5 Level 1 Cross-Cutting Symptom Measure – Child Age 6-17
  - Clinician-Rated Dimensions of Psychosis Symptom Severity
  - WHODAS 2.0: Assessing a patient's ability to perform activities in six areas: understanding and communicating; getting around; self-care; getting along with people; life activities (e.g., household, work/school); and participation in society

SOCIAL WORK ASSESSMENT

- Health History
- Social Support
- Economic Support
- Stable Housing
- Insurance Coverage
- Employment
- Education
- Personal Goals

- Risk Factors
- Family History
- Trauma History
- Behavioral Health
- Alcohol/Substance Use
- Legal Issues
- Intimate Partner Violence
- Spirituality/Faith

Cultural Consideration

- Premise- Different cultures and communities exhibit or explain symptoms in various ways

- DSM-5 updates criteria to reflect cross-cultural variations in presentations, gives more detailed and structured information about cultural concepts of distress, and includes a clinical interview tool (CFI) to facilitate comprehensive, person-centered assessments.

Cultural Formulation Interview

- Cultural Formulation

  – Cultural Formulation Interview (CFI)

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Supplementary-Modules.pdf

https://vimeo.com/user23190803/review/280626774/885a1d16a1

https://vimeo.com/user23190803/review/280627109/31bf5bae2d

https://vimeo.com/user23190803/review/280627463/0af27b530e

Lonkey's story

- What concerns her most?

- What she thinks this is happening?

- How her family sees what is happening?

- What matters most to her?

- How she would like to be helped?

Section III.

Treatments and Interventions

Treatment of Psychopathologies

- **Who can help?**
- Psychologist (PhD, PsyD): Making diagnoses and providing individual and group therapy except drug interventions
- Clinical Social worker(LCSW, LICSW, ACSW): Evaluating and offering individual, family therapy, and case management and community services
- Counselor, Clinician, therapist, Counseling psychologist (LPC, LMFT, LCADAC): Evaluating and using therapeutic techniques based on specific training program
- Psychiatric nurse (RN): Providing assessment, diagnosis, counselling, therapy, care of hospitalized mental patients. In some states, they can prescribe and monitor medications
- Psychiatrist (MD, DO, plus completion of residency training in psychiatry): Diagnosing mental illness, prescribing and monitoring medications and providing therapy.
- Certified peer specialist, social workers (BA or BS), and pastoral counselor

Causes of Mental Disorder

What causes mental disorders and treatments?

- Bio
  - Inherited traits (gene)
  - Environmental exposures before birth
  - Brain Chemistry (neurotransmitters not working properly)
  - Treatments: medication, nutrition, general physical health
- Psycho
  - Negative personal beliefs, thoughts, experiences; erroneous cognitive processes
  - Treatments: education, psychotherapy, coping skills
- Social
  - Environmental stressors (risk factors, such as assault or trauma)
  - Cultural factors, discrimination, etc.
  - Treatments: environmental management, financial assistance, stigma of mental illness, advocacy
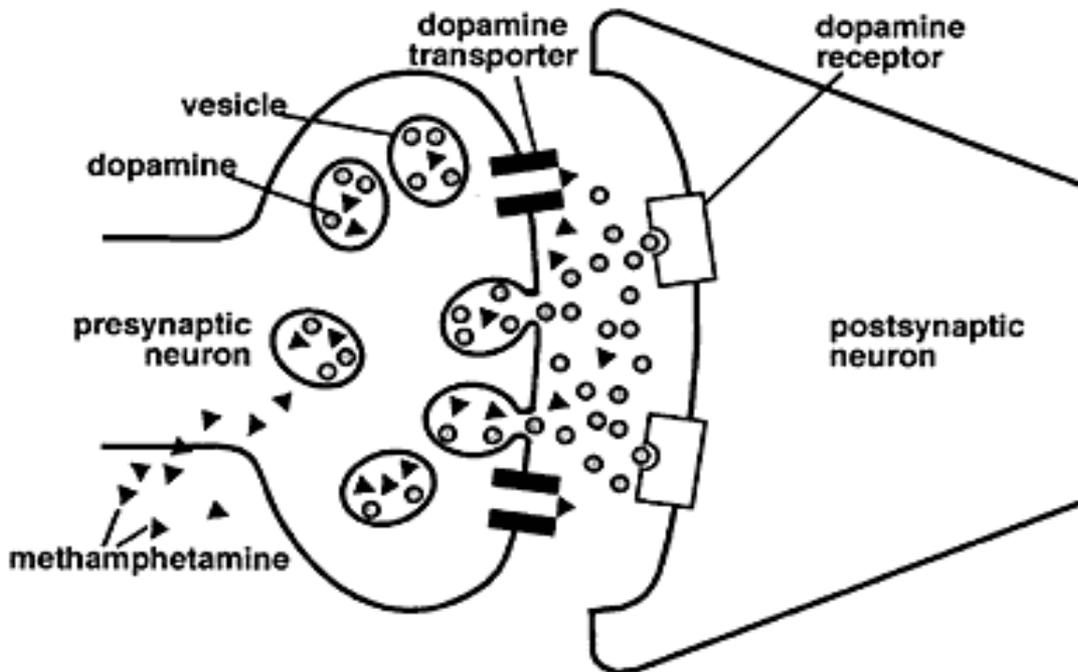
Psychopharmacological Interventions

- Do social worker need to know about medications?

  - More than 98% of the SW surveyed thought it was critical for successful social work practice that they be educated about medications (Dziegielewski & Leon, 1998)

  - Often times, social work counseling may not fully encompass the efficacy of treatment with clients with serious mental illness. Medications are considered a viable supplement or primary treatment and social workers are expected to have some degree of understanding about meds

Psychopharmacological Interventions

- How medications work in our brain?

  https://www.youtube.com/watch?v=G4r3qCkLUDQ

Psychopharmacological Interventions

- Some medications stimulate or inhibit the creation of one neurotransmitter that influence only one set of neurons (e.g., Ropinirole, pramipexole- increase dopamine level)

- Some medications stimulate or inhibit postsynaptic receptor molecules by duplicating the effect of transmitters.

  (e.g., nicotine- stimulator, curare- inhibitor)

- Some medications blocks receptor molecules.
  (e.g., antipsychotic medications).

- Some medications disturb the reuptake of transmitters in the presynaptic neuron after their release.

Psychopharmacological Interventions

1. **Antidepressants**
   - Treating depression and other health conditions (anxiety, pain, insomnia, sometimes ADHD in Adult)
   - Selective serotonin reuptake inhibitors (SSRIs)- Fluoxetine (Prozac), Citalopram, Sertraline, etc; Serotonin and norepinephrine reuptake Inhibitors (SNRIs)- Venlafaxine, duloxetine
   - Side effects: nausea and vomiting, weight gain, diarrhea, sleepiness, sexual problems

2. **Anti-Anxiety Medications (Sedatives)**
   - Reduce the symptoms of anxiety- panic attacks, extreme fear and worry
   - barbiturates (downers), tranquilizers (benzodiazepines), alcohol
   - Benzodiazepines for generalized anxiety disorder;
   - For panic and social phobia, Benzo is the second line behind SSRIs or other antidepressants
   - Side effects: nausea, blurred vision, headache, confusion,

Psychopharmacological Interventions

3. Stimulants

- Blocking reuptake of dopamine and prolonging its effects
- Increase alertness, attention, energy, and may have pleasurable effects
- Prescribed to treat ADHD (e.g., Methylphenidate (Ritalin)) (c.f. Amphetamine, Cocaine)
- Can be addicting Excessive use produces symptoms of serious mental illness.
- Side effects: Difficulty falling asleep, loss of appetite, stomach pain, headache

4. Anti-Psychotics

- Dopamine blockers can relieve psychotic symptoms (e.g. Chlorpromazine).
- Treating psychosis such as schizophrenia, bipolar disorder, psychotic depression; delusion, hallucination
- Side effects: Drowsiness, dizziness, restlessness, weight gain, dry mouth

Psychopharmacological Interventions

5. Mood stabilizers

– Decreasing abnormal activity in the brain
– Treating mainly bipolar disorder; sometimes depression, schizoaffective disorder, disorders of impulse control, etc.
– Lithium is the most popular and it has anti-suicide benefits
– Side effects: itching, excessive thirst, frequent urination, tremor, nausea and vomiting, slurred speech, etc.

6. Hallucinogens

– Blocking release of serotonin, which is present when we sleep and is involved in dreaming; results in dreaming while awake
– Altering sensations, perceptions, emotions, thinking, self-awareness
– marijuana, LSD, magic mushrooms
– Effects are unpredictable.
– Having occasionally been used in therapy

(NIMH, n.d.)

Psychotherapeutic Interventions

- Psychotherapy?
  - psychological treatment of emotional, behavioral and personality disorders,
  - It involves communication between a client and a therapist and uses theoretically based methods
  - Formal and outlined structure and set specific learning agendas

- Types of Psychotherapy

  1) Psychodynamic therapy
  - derived from psychoanalytical theory
  - verbal and interpretative, and focusing on restructuring the representations of relationships
  - predominantly through the use of insight
  - Sessions are open-ended and based on process of free association

Psychotherapeutic Interventions

2) Behavioral psychotherapy

- Therapy is based on behavioral assessment through a functional analysis of the specific episodes of the problem
- Developed from learning theory (e.g., Pavlov's dog (classical conditioning)
- Viewing mental disorders as a consequence of negative learned behaviors, thus therapeutic approach is analyzing negative behaviors and development of positive strategies
- Exposure techniques, relaxation training, aversive techniques, reinforcement program, modeling, behavioral trial.
- CBT, DBT

Psychotherapeutic Interventions

3) Cognitive psychotherapy

– Short-term, goal-oriented psychotherapy

– Application of the cognitive model to specific psychological disorders

– Modifying dysfunctional beliefs and erroneous modes of information processing

– Reviewing cognitive distortions that an individual usually use, which in turn leads to negative behaviors. (e.g., fortunetelling, overgeneralization, selective abstraction, magnification, personalization)

– Cognitive restructuring (changing negative core-belief to positive one), training on problem-solving, behavioral experiment)

– Recently, Cognitive Behavioral Therapy (CBT), which is a combination of cognitive and behavioral approaches, is the most popular psychotherapy.

Psychotherapeutic Interventions

4) Interpersonal psychotherapy

– A brief, attachment-focused psychotherapy

– Resolving interpersonal problems and symptomatic recovery

– Highly structured and time-limited approach (12-16 weeks)

– Providing active, non-judgmental treatment to help a client handle challenges and improve mental health

– 4 major focuses of treatment: Grief, Interpersonal conflicts, Role transitions and deficits in personal relations

– Treating mental disorders includes: depression, anxiety, eating disorder, dysthymia, substance abuse, bipolar, social phobia, postpartum depression, PTSD

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.
- Barsky, A., (2015). DSM-5 and the Ethics of Diagnosis. Retrieved from http://www.socialworker.com/feature-articles/ethics-articles/dsm-5-and-ethics-of-diagnosis/
- Corcoran, J., & Walsh, J. (2010). *Clinical assessment and diagnosis in social work practice*. Oxford University Press.
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World psychiatry*, *1*(1), 16.
- Debonis, J. A. (n.d.) Applying theories, perspectives, and practice models to integrated health. SANHSA-HRSA Center for Integrated Health Solutions.
- Gitterman, A. (2009). The Life Model. In A.R. Roberts (Ed.), *Social workers' desk reference*, 231-235. New York:Oxford University Press.
- Lord, C., & Jones, R. M. (2012). Re-thinking the classification of autism spectrum disorders. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *53*(5), 490–509. http://doi.org/10.1111/j.1469-7610.2012.02547.x
- McGuire, T. G., & Miranda, J. (2008). Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications. *Health Affairs (Project Hope)*, *27*(2), 393–403. http://doi.org/10.1377/hlthaff.27.2.393
- Mayo Clinic staff (n.d.) Resilience: Build skills to endure hardship. Retrieved from https://www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311
- NIMH (n.d.). https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml
- Probst, B. (2013). "Walking the Tightrope:" Clinical social workers' use of diagnostic and environmental perspectives. *Clinical Social Work Journal*, *41*(2), 184-191.
- Sarkar, S., & Punnoose, V. P. (2017). Cultural diversity and mental health. *Indian Journal of Social Psychiatry*, *33*(4), 285.
- Wyatt, W. J., & Midkiff, D. M. (2006). Biological psychiatry: A practice in search of a science. Behavior and Social Issues, 15.