

Chaminade University of Honolulu
Masters of Science in Counseling Psychology

PSY 524 Abnormal Psychology • SPRING2019

Instructor:	Blendine P. Hawkins, Ph.D., LMFT	Room:	Kieffer Rm 9
Contact Number:	808-736-7495	Day/Time:	Tuesday 5:30pm-9:20pm
Email:	blendine.hawkins@chaminade.edu	Office:	BS 118
Office Hours:	By appointment- email me to set up a time to meet.		

Required Texts:

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.) (DSM-V), American Psychiatric Association. ISBN: 9780890425558
Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. ISBN: 9781319066949

Helpful Resources:

Jongsma Jr, A. E., Peterson, L. M., & Bruce, T. J. (2014). The complete adult psychotherapy treatment planner: includes DSM-5 updates (Vol. 296). John Wiley & Sons.
Preston, J.D., O'Neal, J. H., & Talaga, M. C. (2017). Handbook of Clinical Psychopharmacology for Therapists (8th ed.). Oakland, CA: New Harbinger Publication Inc.
Pomeroy, E. (2014). Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis. Cengage Learning.

Catalog Course Description

This course provides the study of psychological disorders with an emphasis on DSM-V categories. Biological and environmental determinants of abnormal behavior, symptomatology, assessment, and intervention strategies are also covered in course material. The course focuses on understanding psychological disorders relative to the counseling context; with special emphasis given to the DSM-V diagnostic process through the format of case studies.

Program Linking Statement

This course develops and assesses the skills and competencies for the MSCP program core student learning outcome of Human Growth and Development. In addition, this course also addresses the MSCP core program student learning outcomes of: 1) Professional Issues and Ethics; 2) Research and Evaluation; and 3) Social and Cultural Foundations.

Course Description

The study of the development, possible causes, treatment, and prevention of psychological disorders with an emphasis on the counseling perspective. This course will focus on etiology, epidemiology of abnormal behavior, symptomatology co-morbidity, assessment, diagnosis, and intervention strategies. The DSM-V will be used in relation to both the test and the case workbook. At least 50 diagnostic case studies will be covered using the DSM-V.

It is imperative that students keep all syllabi from all courses taken while in the MSCP program to facilitate the application process for licensing, certification, doctorate school application, etc.
Student Learning Outcomes

Student will demonstrate an understanding of:

1. The relationship between the past and present in the field of abnormal psychology; incorporating culture, societal and cross-cultural factors in abnormal behavior.

2. Psychological models of abnormality, etiology, epidemiological, and socio-cultural factors affecting development of abnormality.
3. Purpose and the methodology of assessment, diagnosis, treatment, and the scientific method.
4. The characteristics of anxiety states, moods, problems of mind and body, psychosis, and life-span issues prevalent in a counseling setting.
5. Legal and ethical issues related to identification and treatment of abnormal behavior from a cross-cultural perspective.
6. Genesis of abnormal behavior based on biological, behavioral, cognitive, psychodynamic, humanistic/existential and socio-cultural models.
7. Pharmacodynamics, the behavioral and physiological effects of psychopharmacological and psychotropic drugs in the treatment of mental health disorders, and basic classifications of drugs such as antipsychotics, antidepressants, anxiolytics, and mood stabilizers.
8. Abnormal psychology in the context of school counseling, community counseling, and marriage and family counseling. Integrated treatment approaches to inform appropriate referral, collaboration, and coordination of care efforts.
9. DSM-V use in diagnosis, treatment, and outcome variables and application to counseling.
10. The scientific method and research relative to their application in the field of abnormal psychology.

Assessment

Assessment	Description	Points	Applicable SLO
Attendance	<p>Attending class on time and staying for the entire length of class. Attendance and participation in class are of primary importance both with regard to successful understanding of course material and to personal/professional development and growth. In-class participation will include role-plays. It is my hope that class time will be utilized by each of you in such a way that you will leave feeling enriched and excited about the material, discussions, and activities. Please come to class on-time and having completed the assigned readings prior to arrival. In the event of your absence please make every effort to contact the instructor prior to class time. Students may miss one class without penalization; however, it is your responsibility to determine what was missed during an absence or tardy.</p> <p><i>If you miss more than one class, you will be given a "C" and you must retake the class. (Graduate programs policy) In addition, instructors have the option to penalize for tardiness or leaving early.</i></p>	20pts	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Participation in Case Conceptualization conversations and Role-plays	<p>Throughout class we will be viewing and reading accounts of real or fictional persons with patterns of behaviors that are deemed 'abnormal' by some. These cases will be applicable to the diagnoses covered that week or the week prior. You will be required to engage in conceptualization conversations utilizing critical thinking skills, and attending to legal and ethical issues pertinent to assessment, diagnosis and treatment of mental health disorders. You will also have an opportunity to role-play assessment and treatment planning sessions with clients. This is an opportunity to practice both the clinical terminology and the ethical and professional way to discuss client issues. You may be asked to submit a brief write-up to be completed in class.</p>	70pts	

Case Study Papers	<p>Four times throughout the term, you will complete and submit a case study provided to you. You will address the following information in your 4-6 page paper:</p> <ul style="list-style-type: none"> i. any pertinent demographical, sociocultural or contextual information about the person, and mental status information (i.e. general appearance, level of attention, and amount of activity, mood/affect, flow of speech, content of thought, cognition and intellectual resources, insight and judgment) <i>if available</i> ii. description of current symptoms/problems and how these have affected client and others in their social environment iii. conceptualization, etiology, prognosis and diagnosis with a clear discussion of how symptomology meets the criteria for the diagnosis <p><u>Case Study 1: Mood Disorders</u> Pomeroy, E. (2014). Ch. 4</p> <p><u>Case Study 2: Anxiety Disorders/Trauma & Stressor-related</u> Pomeroy, E. (2014). Ch. 8</p> <ul style="list-style-type: none"> iv. (for case study 3 & 4) possible treatment plan- goals and objectives along with treatment recommendations <p><u>Case Study 3: Substance Abuse Disorder/Sexual Disorder</u> Pomeroy, E. (2014). Ch. 13</p> <p><u>Case Study 4: Impulse control & Conduct Disorders</u> Pomeroy, E. (2014). Ch. 15</p>	<p>120pts TOTAL</p> <p>(20pts)</p> <p>(20pts)</p> <p>(40pts)</p> <p>(40pts)</p>	<p>1, 2, 3, 4, 5, 6, 9, 10</p>
Case Presentations	<p>Due to the length of the class, there will be diagnoses that we will not thoroughly cover in class. In small groups, you will provide:</p> <ul style="list-style-type: none"> i. a constructed case example of a mental disorder from a list provided to you ii. a 20- minute role-play demonstrating a diagnostic assessment conversation iii. a discussion of differential diagnosis iv. a discussion of integrated treatment and evidence-based treatment approaches applicable to the case <p>The case presentation will be evaluated based on its accuracy and the thoroughness of the diagnosis and treatment discussion.</p>	50pts	1-10
Celebration of Knowledge (Exam)	<p>There will be a final exam for this class where you will use your DSM5 as a reference. This exam is meant to be an opportunity to demonstrate your ability to utilize the DSM5 to narrow down a diagnosis.</p>	40pts	1, 2, 5, 6, 8

Grading

Attendance	20
Participation in Conceptualization Conversations & Role-plays	70
Case Study Papers (4x30)	120
Case Presentations	50
<u>Exam</u>	<u>40</u>
Total Points	300

270-300 (90%↑)	=	A
240-269 (80%↑)	=	B
Below 240(↓80%)	=	C :You must repeat the course

Instructor's policies

Assignments:

- One written assignment throughout the term may be revised or edited for a higher grade but will have to be submitted by week 9.
- Late submissions will be accepted within 7 days of the due date (except past the last week of class) and a 5 percent late deduction per day will be incurred for each class day it is late.
- Late submissions will only be accepted if a student notifies me 24 hours prior to the due date.
- No papers will be accepted after the last week of class.
- Papers that do not meet my minimum length requirement will be docked points.
- Written assignments will need to be constructed using APA formatting (unless specified otherwise, e.g. Treatment plans, in-class reflections, etc.)

Attendance:

- Since a considerable part of the class is practical applications and mastery of diagnosing skills, requiring you to engage in role-plays and small group discussions, you are responsible to inform me prior to the start of class should an emergency prevent you from attending.

Classroom expectations:

- It is expected that you participate in class activities and engage with the material.
- It is expected that you respect the diversity of cultures, opinions, viewpoints in the classroom and listen to fellow students, professors, and lecturers with respect.

***Respectful language and behavior** is expected of all students during classes and class discussions. Potentially controversial topics or issues, on which class members may disagree, may be covered or discussed within the context of describing and critiquing research studies or procedures. Students in this class should feel safe, and free to discuss topics and issues in an open and professional manner. Disrespectful, harassing, and abusive language have no place in professional discourse.*

Academic Honesty

Violations of academic honesty principles are extremely serious and won't be tolerated. Examples of dishonesty are records theft, cheating on examinations, altering grades, and plagiarism. Specific instances of dishonesty are investigated first by the instructor, then the program director. The penalty for dishonesty can range from an F grade to expulsion from the University.

Scientific Method Definitions

The **METHODS OF SCIENCE** are only tools, tools that we use to obtain knowledge about phenomena.

The **SCIENTIFIC METHOD** is a set of assumptions and rules about collecting and evaluating data. The explicitly stated assumptions and rules enable a standard, systematic method of investigation that is designed to reduce bias as much as possible. Central to the scientific method is the collection of data, which allows investigators to put their ideas to an empirical test, outside of or apart from their personal biases. In essence, stripped of all its glamour, scientific inquiry is nothing more **THAN A WAY OF LIMITING FALSE CONCLUSIONS ABOUT NATURAL EVENTS.**

Knowledge of which the credibility of a profession is based must be objective and verifiable (testable) rather than subjective and untestable.

SCIENCE is a mode of controlled inquiry to develop an objective, effective, and credible way of knowing. The assumptions one makes regarding the basic qualities of human nature (that is, cognitive, affective, behavioral, and physiological processes) affect how one conceptualizes human behavior.

The two basic functions of scientific approach are 1) advance knowledge, to make discoveries, and to learn facts in order to improve some aspect of the world, and 2) to establish relations among events, develop theories, and this helps professionals to make predictions of future events.

Research Design And Counseling

Heppner, Kivlighan, and Wampold

A **THEORY** is a large body of interconnected propositions about how some portion of the world operates; a **HYPOTHESIS** is a smaller body of propositions. **HYPOTHESES** are smaller versions of theories. Some are derived or born from theories. Others begin as researchers' hunches and develop into theories. The **PHILOSOPHY OF SCIENCE** decrees we can only falsify, not verify (prove), theories because we can never be sure that any given theory provides the best explanation for a set of observations.

Research Method In Social Relations

Kidder

THEORIES are not themselves directly proved or disproved by research. Even **HYPOTHESES** cannot be proved or disproved directly. Rather, research may either support or fail to support a particular hypothesis derived from a theory.

Scientific research has four general goals: (1) to describe behavior, (2) to predict behavior, (3) to determine the causes of behavior, and (4) to understand or explain behavior.

Methods In Behavioral Research; Cozby

In order to verify the reliability and validity of scientific research it is important to replicate the results. It is the preponderance of evidence that establishes/supports the theory.

<http://allpsych.com/researchmethods/replication.html>

Students with Disabilities

Chaminade will provide assistance for any student with documented disabilities. Any student who believes he/she may need accommodations in this class must contact **Dr. June Yasuhara, 735-4845**, at the Counseling Center (office next to Security) in order to determine if the student meets the requirements for documented disability in accordance with the Americans with Disabilities Act. It is important to contact them as soon as possible so that accommodations are implemented in a timely fashion.

Marianist Educational Values

Chaminade University is a Catholic, Marianist University. The five characteristics of a Marianist education are:

1. Educate for Formation in Faith

Catholic Universities affirm an intricate relationship between reason and faith. As important as discursive and logical formulations and critical thinking are, they are not able to capture all that can be and ought to be learned. Intellectual rigor coupled with respectful humility provide a more profound preparation for both career and life. Intellectual rigor characterizes the pursuit of all that can be learned. Respectful humility reminds people of faith that they need to learn from those who are of other faiths and cultures, as well as from those who may have no religious faith at all.

2. Provide an Excellent Education

In the Marianist approach to education, "excellence" includes the whole person, not just the technician or rhetorician. Marianist universities educate whole persons, developing their physical, psychological, intellectual, moral, spiritual and social qualities. Faculty and students attend to fundamental moral attitudes, develop their personal talents and acquire skills that will help them learn all their lives. The Marianist approach to education links theory and practice, liberal and professional education. Our age has been deeply shaped by science and technology. Most recently, information and educational technologies have changed the way faculty and students research and teach. At Marianist Universities, two goals are pursued simultaneously: an appropriate use of information technology for learning, and the enhancement of interaction between students and teachers. As Catholic, Marianist Universities seek to embrace diverse peoples and understand diverse cultures, convinced that ultimately, when such people come together, one of the highest purposes of education is realized: a human community that respects every individual within it.

3. Educate in Family Spirit

Known for their strong sense of community, Marianists have traditionally spoken of this sense as "family spirit." Marianist educational experience fosters the development of a community characterized by a sense of family spirit that accepts each person with loving respect, and draws

everyone in the university into the challenge of community building. Family spirit also enables Marianist universities to challenge their students, faculty and staff to excellence and maturity, because the acceptance and love of a community gives its members the courage to risk failure and the joy of sharing success.

4. Educate for Service, Justice, and Peace

The Marianist approach to higher education is deeply committed to the common good. The intellectual life itself is undertaken as a form of service in the interest of justice and peace, and the university curriculum is designed to connect the classroom with the wider world. In addition, Marianist universities extend a special concern for the poor and marginalized and promote the dignity, rights and responsibilities of all people.

5. Educate for Adaptation to Change

In the midst of rapid social and technological change, Marianist universities readily adapt and change their methods and structures so that the wisdom of their educational philosophy and spirituality may be transmitted even more fully. “New times call for new methods,” Father Chaminade often repeated. The Marianist university faces the future confidently, on the one hand knowing that it draws on a rich educational philosophy, and on the other fully aware for that philosophy to remain vibrant in changing times, adaptations need to be made.

Selected from *Characteristics of Marianist Universities: A Resource Paper*,
Published in 1999 by Chaminade University of Honolulu, St. Mary’s University
and University of Dayton

Each of these characteristics is integrated, to varying degrees, in this course.

TITLE IX

Chaminade University of Honolulu recognizes the inherent dignity of all individuals and promotes respect for all people. Sexual misconduct will NOT be tolerated at Chaminade. If you have been the victim of sexual misconduct, we encourage you to report this matter promptly. As a faculty member, I am interested in promoting a safe and healthy environment. Should I learn of any sexual misconduct, I am required to report the matter to the Title IX Coordinator as part of my mandatory reporting responsibilities. If you wish to speak to a **confidential** source, you may contact Dr. June Yasuhara in the Personal Counseling Center on the Chaminade campus. Phone | [808.735.4845](tel:808.735.4845) |

Tentative Course Schedule

Bring your DSM to every class. You must have your own. You may not share for in-class activities.

Week/ Date	Topic	In-Class Activity	Readings	Assessments Due
W1- 4/9/19	<ul style="list-style-type: none"> • Introductions; Overview of Course; Syllabus Review • Skim DSM-5 for organization and content. • Models, Assessment, Diagnosis, and Differential Diagnosis • The process of selecting effective treatments (Treatment planning) 	<p>Class Community Agreement Discussion</p> <p>Early Self-Assessment</p> <p>Should families, individuals, or other units be the basis for diagnosis?</p>	<p>DSM-V: Intro. & Appendices, Classifications pg. xiii-32</p> <p>DSM-V: Other conditions that may be a focus of Clinical Attention pg. 715-727 & Cultural Formulation pg. 749-759</p> <p>Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 2-3, pg.</p>	
W2- 4/16/19	<ul style="list-style-type: none"> • Mood Disorders • Pharmacokinetics and pharmacodynamics 	<p>Case Conceptualization Conversation 1</p>	<p>DSM- Bipolar & Related Disorders</p> <ul style="list-style-type: none"> - Depressive Disorders - Medication-induced movement Disorders & other adverse effects of Medication <p>Opt:</p> <p>Reichenberg, L. W., & Seligman, L. (2016). Selecting Effective Treatments: A Comprehensive, Systematic Guide to Treating Mental Disorders (5th ed.). Hoboken, NJ: Wiley & Sons. Ch. 1, pg. 1-32</p> <p>Morrison, J. (2017). DSM-5 made easy: The clinician's guide to diagnosis. Guilford Publications. pg. 601-602, 639-643</p> <p>Preston, J.D., O'Neal, J. H., & Talaga, M. C. (2017). Handbook of Clinical Psychopharmacology for Therapists (8th ed.). Oakland, CA: New Harbinger Publication Inc. Ch. 3-5, pg 29-57.</p> <p>King, J. H., & Anderson, S. M. (2004). Therapeutic implication of pharmacotherapy: Current trends and ethical issues. Journal of Counseling and Development, 82, 329-336.</p> <p>Sarwer-Foner, G. J. (1993). The relationship between psychotherapy and pharmacotherapy: An introduction. American Journal of Psychotherapy, 47, 387-392</p>	
W3- 4/23/19	<ul style="list-style-type: none"> • Somataform/Eating Disorders 	<p>Role-plays (Assessment)</p>	<p>DSM- Somatic Symptom & Related Disorders</p> <ul style="list-style-type: none"> - Feeding & Eating Disorders - Elimination Disorders <p>Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 10, pg.</p> <p>OPT: Kilgus, M. D., Maxmen, J. S., & Ward, N. G. (2015). Essential Psychopathology &</p>	<p>Case Study Paper 1 due</p>

			Its Treatment (4th ed.). New York, NY: W. W. Norton & Company. Ch. 8, pg. 198-226	
W4- 4/30/19	<ul style="list-style-type: none"> • Anxiety Disorders 	Role-plays (Assessment)	Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 5-6, pg. DSM- Anxiety Disorders - Obsessive-Compulsive & Related Disorders	
W5- 5/7/19	<ul style="list-style-type: none"> • Trauma and Stressor Related Disorders 	Case Conceptualization Conversation 2	Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 6, pg. DSM- Trauma and Stressor Related Disorders	Case Study Paper 2 due
W6- 5/14/19	<ul style="list-style-type: none"> • Substance-Related Disorders • Sexual Disorders • Dual-Diagnosis 	Role-plays (Assessment & Treatment-planning)	Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 12, pg. DSM- Substance-related & Addictive Disorders - Sexual Dysfunctions - Gender Dysphoria - Paraphilic Disorders	
W7- 5/21/19	<ul style="list-style-type: none"> • Disorders of Childhood, Adolescence, Aging and Cognition 	Case Conceptualization Conversation 3	DSM- Impulse control & Conduct Disorders - Neurodevelopmental Disorders Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 18, pg.	Case Study Paper 3 due
W8- 5/28/19	<ul style="list-style-type: none"> • Personality Disorders • Dissociative Disorders 	Case Conceptualization Conversation 4	DSM- Personality Disorders - Dissociative Disorders Castonguay, L. G., & Oltmanns, T.F. (2016) Psychopathology: From Science to Clinical Practice. New York, NY: The Guilford Press. Ch. 9, pg. 275-318	Case Study Paper 4 due
W9- 6/4/19	<ul style="list-style-type: none"> • Schizophrenia • Suicide 	Exam	Comer, J. C. (2018). Abnormal psychology, DSM-V Updated Edition (10th ed.), W. H. Freeman and Company. Ch. 9, pg. DSM- Schizophrenia spectrum & other Psychotic Disorders - Neurocognitive Disorders - Sleep-Wake Disorders Opt: Castonguay, L. G., & Oltmanns, T.F. (2016) Psychopathology: From Science to Clinical Practice. New York, NY: The Guilford Press. Ch. 11-12, pg. 344-392	Celebration of Knowledge (Exam)
W10- 6/11/19	<ul style="list-style-type: none"> • Consolidating learning 	Case Presentations	Scan DSM	Case Presentations

* Additional readings will be provided by the instructor and posted on Canvas.

** Syllabus is subject to change by instructor according to class needs.

PSY 524 Abnormal Psychology • WIN2018, Hawkins
Additional Resources

Resources:

- APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. <http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx>
- Kilgus, M. D., Maxmen, J. S., & Ward, N. G. (2015). *Essential Psychopathology & Its Treatment* (4th ed.). New York, NY: W. W. Norton & Company.
- Pomeroy, E. (2014). *Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis* (2nd ed.). Boston, MA: Cengage Learning.
- Reichenberg, L. W., & Seligman, L. (2016). *Selecting Effective Treatments: A Comprehensive, Systematic Guide to Treating Mental Disorders* (5th ed.). Hoboken, NJ: Wiley & Sons.
- Castonguay, L. G., & Oltmanns, T. F. (2016). *Psychopathology: From Science to Clinical Practice*. New York, NY: The Guilford Press.
- Jongsma Jr, A. E., Peterson, L. M., & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner: includes DSM-5 updates* (Vol. 296). John Wiley & Sons.
- Preston, J. D., O'Neal, J. H., & Talaga, M. C. (2017). *Handbook of Clinical Psychopharmacology for Therapists* (8th ed.). Oakland, CA: New Harbinger Publication Inc.

Autobiographies & Memoirs: (*Helpful books as you think about your Cultural Reflection Paper*)

- Behrman, A. (2003). *Electroboy: A Memoir of Mania*. Random House Trade Paperbacks.
- Boylan, J. F. (2003). *She's not there: A life in two genders*. New York, NY: Broadway Books.
- Burroughs, A. (2002). *Running with scissors: A memoir*. New York, NY: Picador.
- Chase, T. (1990). *When Rabbit Howls*. Berkley.
- Colas, E. (1999). *Just Checking: Scenes from the life of an obsessive-compulsive*. Washington Square Press.
- Crimmins, C. (2000). *Where is the mango princess?* New York, NY: Knopf.
- Danquah, M. N. (1998). *Willow Weep for Me: A Black Woman's Journey Through Depression*. W. W. Norton & Company.
- Dully H., & Fleming, C. (2007). *My lobotomy: A memoir*. New York, NY: Random House.
- Fadiman, A. (2012). *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York, NY: Farrar, Straus and Giroux.
- Greenberg, J. (2008). *Hurry Down Sunshine: A Memoir*. Penguin Random House Publisher Service.
- Gregory, J. (2004). *Sickened: The True Story of a Lost Childhood*. Bentam.
- Hornbacher, M. (2009). *Wasted: A Memoir of Anorexia and Bulimia*. Harper-Collins Publishers.
- Jamison, K. R. (1997). *An unquiet mind: A memoir of moods and madness*. New York, NY: Vintage.
- Kaysen, S. (2013). *Girl, Interrupted*. Random House LLC.
- Kettlewell, C. (2013). *Skin Game: A memoir*. St. Martin's Press.
- Knapp, C. (2003). *Appetites: Why women want*. New York, NY: Counterpoint.
- Love, L. (2004). *You ain't got no Easter clothes: A memoir*. New York, NY: Hyperion.
- Lukas, C. (2008). *Blue Genes: A Memoir of Loss and Survival*. Anchor.
- Murray, B. (May 5, 1999). Patient autobiographies considered useful in psychologists' work with clients, study suggests. *APA Monitor Online*, 30, N.P.
- Ramprasad, G. (2014). *Shadows in the Sun: Healing from Depression and Finding the Light Within*. Hazelden Publishing.
- Scholinski, D., & Adams, J. M. (1997). *The last time I wore a dress*. New York, NY: Riverhead.
- Schreiber, F. R. (1973). *Sybil*. New York, NY: Warner.
- Schiller, L., & Bennett, A. (2008). *The Quiet Room: A Journey Out of the Torment of Madness*. Grand Central Publishing.
- Steele, K., & Berman, C. (2001). *The day the voices stopped: A memoir of madness and hope*. New York, NY: Basic.
- Styron, W. (1990). *Darkness visible: A memoir of madness*. New York, NY: Vintage.
- Ung, L. (2005). *Lucky child: A daughter of Cambodia reunites with the sister she left behind*. New York, NY: HarperCollins.
- Wurtzel, E. (1994). *Prozac nation: Young and depressed in America*. New York, NY: Houghton Mifflin.