

CHILD AND ADOLESCENT THERAPY FOURTH EDITION COGNITIVE BEHAVIORAL PROCEDURES BY THE GUILFORD PRESS2011 HARDCOVER 4TH EDITION

AS RECOGNIZED, ADVENTURE AS WITH EASE AS EXPERIENCE NEARLY LESSON, AMUSEMENT, AS WITH EASE AS CONFORMITY CAN BE GOTTEN BY JUST CHECKING OUT A EBOOK **CHILD AND ADOLESCENT THERAPY FOURTH EDITION COGNITIVE BEHAVIORAL PROCEDURES BY THE GUILFORD PRESS2011 HARDCOVER 4TH EDITION** IN ADDITION TO IT IS NOT DIRECTLY DONE, YOU COULD ASSUME EVEN MORE APPROACHING THIS LIFE, ON THE ORDER OF THE WORLD.

WE PRESENT YOU THIS PROPER AS WELL AS SIMPLE EXAGGERATION TO GET THOSE ALL. WE FIND THE MONEY FOR CHILD AND ADOLESCENT THERAPY FOURTH EDITION COGNITIVE BEHAVIORAL PROCEDURES BY THE GUILFORD PRESS2011 HARDCOVER 4TH EDITION AND NUMEROUS BOOKS COLLECTIONS FROM FICTIONS TO SCIENTIFIC RESEARCH IN ANY WAY. IN THE MIDDLE OF THEM IS THIS CHILD AND ADOLESCENT THERAPY FOURTH EDITION COGNITIVE BEHAVIORAL PROCEDURES BY THE GUILFORD PRESS2011 HARDCOVER 4TH EDITION THAT CAN BE YOUR PARTNER.

NETWORK-ORIENTED MODELING - JAN TREUR 2016-10-03

THIS BOOK PRESENTS A NEW APPROACH THAT CAN BE APPLIED TO COMPLEX, INTEGRATED INDIVIDUAL AND SOCIAL HUMAN PROCESSES. IT PROVIDES AN ALTERNATIVE MEANS OF ADDRESSING COMPLEXITY, BETTER SUITED FOR ITS PURPOSE THAN AND EFFECTIVELY COMPLEMENTING TRADITIONAL STRATEGIES INVOLVING ISOLATION AND SEPARATION ASSUMPTIONS. NETWORK-ORIENTED MODELING ALLOWS HIGH-LEVEL COGNITIVE, AFFECTIVE AND SOCIAL MODELS IN THE FORM OF (CYCLIC) GRAPHS TO BE CONSTRUCTED, WHICH CAN BE AUTOMATICALLY TRANSFORMED INTO EXECUTABLE SIMULATION MODELS. THE MODELING FORMAT USED MAKES IT EASY TO TAKE INTO ACCOUNT THEORIES AND FINDINGS ABOUT COMPLEX COGNITIVE AND SOCIAL PROCESSES, WHICH OFTEN INVOLVE DYNAMICS BASED ON INTERRELATING CYCLES. ACCORDINGLY, IT MAKES IT POSSIBLE TO ADDRESS COMPLEX PHENOMENA SUCH AS THE INTEGRATION OF EMOTIONS WITHIN COGNITIVE PROCESSES OF ALL KINDS, OF INTERNAL SIMULATIONS OF THE MENTAL PROCESSES OF OTHERS, AND OF SOCIAL PHENOMENA SUCH AS SHARED UNDERSTANDINGS AND COLLECTIVE ACTIONS. A VARIETY OF SAMPLE MODELS – INCLUDING THOSE FOR OWNERSHIP OF ACTIONS, FEAR AND DREAMING, THE INTEGRATION OF EMOTIONS IN JOINT DECISION-MAKING BASED ON EMPATHIC UNDERSTANDING, AND EVOLVING SOCIAL NETWORKS – ILLUSTRATE THE POTENTIAL OF THE APPROACH. DEDICATED SOFTWARE IS AVAILABLE TO

SUPPORT BUILDING MODELS IN A CONCEPTUAL OR GRAPHICAL MANNER, TRANSFORMING THEM INTO AN EXECUTABLE FORMAT AND PERFORMING SIMULATION EXPERIMENTS. THE MAJORITY OF THE MATERIAL PRESENTED HAS BEEN USED AND POSITIVELY EVALUATED BY UNDERGRADUATE AND GRADUATE STUDENTS AND RESEARCHERS IN THE COGNITIVE, SOCIAL AND AI DOMAINS. GIVEN ITS DETAILED COVERAGE, THE BOOK IS IDEALLY SUITED AS AN INTRODUCTION FOR GRADUATE AND UNDERGRADUATE STUDENTS IN MANY DIFFERENT MULTIDISCIPLINARY FIELDS INVOLVING COGNITIVE, AFFECTIVE, SOCIAL, BIOLOGICAL, AND NEUROSCIENCE DOMAINS.

MASTERING YOUR ADULT ADHD - STEVEN A. SAFREN 2017
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN ADULTHOOD IS A PREVALENT AND IMPAIRING DISORDER. WHILE MEDICATIONS HAVE BEEN EFFECTIVE IN TREATING ADULT ADHD, THE MAJORITY OF INDIVIDUALS TREATED WITH MEDICATIONS STILL HAVE SYMPTOMS THAT REQUIRE ADDITIONAL SKILLS AND SYMPTOM MANAGEMENT STRATEGIES. THIS SECOND EDITION OF *MASTERING YOUR ADULT ADHD* IS THOROUGHLY UPDATED TO PRESENT THE MOST CURRENT, EMPIRICALLY SUPPORTED TREATMENT STRATEGIES IN COGNITIVE BEHAVIORAL THERAPY (CBT) FOR COPING WITH SYMPTOMS OF ADULT ADHD. THE THERAPIST GUIDE PROVIDES CLINICIANS WITH EFFECTIVE MEANS OF TEACHING ADULT CLIENTS SKILLS THAT HAVE BEEN SCIENTIFICALLY TESTED AND SHOWN TO HELP THEM COPE WITH ADHD. THE

PROGRAM HAS BEEN UPDATED TO INCLUDE THE OPTIONAL USE OF TECHNOLOGY AND SMART PHONES TO IMPROVE ORGANIZATION AND PLANNING. CORE MODULES COVER THE DEVELOPMENT OF SYSTEMS FOR KEEPING TRACK OF APPOINTMENTS AND TASKS, REDUCING DISTRACTIBILITY, AND IMPROVING ADAPTIVE THINKING SKILLS, AND THERE'S AN OPTIONAL MODULE ON REDUCING PROCRASTINATION. INFORMATION IS ALSO PROVIDED REGARDING HOLDING AN INFORMATIONAL MEETING WITH A SPOUSE, PARTNER, OR FAMILY MEMBER. THE STEP-BY-STEP, SESSION-BY-SESSION DESCRIPTIONS ARE A PRACTICAL RESOURCE FOR THERAPISTS WHO DELIVER THE TREATMENT. THE COMPANION CLIENT WORKBOOK CONTAINS ALL OF THE NECESSARY INFORMATION FOR PARTICIPATING IN THE PRACTICAL CBT INTERVENTION. IT INCLUDES WORKSHEETS, FORMS, AND A LINK TO AN ASSESSMENT MEASURE THAT CAN BE USED TO GAUGE PROGRESS DURING TREATMENT.

THE MASSACHUSETTS GENERAL HOSPITAL HANDBOOK OF COGNITIVE BEHAVIORAL THERAPY - TIMOTHY J. PETERSEN
2015-09-29

COGNITIVE BEHAVIORAL THERAPY (CBT) HAS A GROWING EVIDENCE BASE THAT SUPPORTS ITS EFFICACY IN TREATING A WIDE RANGE OF PSYCHIATRIC DISORDERS AND HAS BEEN ADAPTED FOR USE WITH MORE COMPLICATED PATIENT POPULATIONS AND FOR DIFFERENT STAGES OF PSYCHIATRIC ILLNESS. AS THE FIRST MASSACHUSETTS GENERAL HOSPITAL-

BRANDED TEXT ON THE SUBJECT, THIS IS A CUTTING-EDGE TOOL THAT IS UNLIKE ANY CURRENT BOOK ON CBT. THE AUTHORS FOR THIS HANDBOOK ARE AMONG THE WORLD'S FOREMOST EXPERTS IN THEIR SPECIALTY AREA AND ARE ACTIVELY ENGAGED IN DYNAMIC RESEARCH EVALUATING THE EFFICACY OF CBT AS WELL AS IDENTIFYING MECHANISMS OF ACTION FOR THIS TREATMENT. THIS TITLE PROVIDES IN-DEPTH COVERAGE OF THE HISTORICAL BACKGROUND OF THE DEVELOPMENT OF CBT, A COMPREHENSIVE REVIEW OF RELEVANT OUTCOMES DATA, A SURVEY OF MECHANISMS BY WHICH CBT EXERTS ITS EFFECT, AND, MOST IMPORTANTLY, A TAKE AWAY "TOOL BOX" OF CBT STRATEGIES AND TECHNIQUES THAT CAN BE IMMEDIATELY IMPLEMENTED IN CLINICIANS' PRACTICES. THE MASSACHUSETTS GENERAL HOSPITAL HANDBOOK OF COGNITIVE BEHAVIORAL THERAPY REACHES AND IMPROVES THE CLINICAL PRACTICES OF A BROAD BASE OF FRONT LINE MENTAL HEALTH PRACTITIONERS, INCLUDING PSYCHIATRISTS AND THERAPISTS.

EATING DISORDERS IN ADOLESCENCE - HANS-CHRISTOPH STEINHAUSEN 2020-10-12

TREATMENT OF COMPLEX TRAUMA - CHRISTINE A. COURTOIS
2015-09-21

THE RESEARCH BASE ON COMPLEX PSYCHOLOGICAL TRAUMA HAS GROWN SIGNIFICANTLY IN RECENT YEARS. YET EVEN WITH THE DEVELOPMENT OF MORE EFFECTIVE TECHNIQUES FOR

TREATING COMPLEX TRAUMA SURVIVORS, THERAPISTS OFTEN STRUGGLE TO BUILD STRONG RELATIONSHIPS WITH THESE SEVERELY DISTRESSED CLIENTS. IN THIS GUIDE, THE AUTHORS PRESENT AN APPROACH FOR HELPING ADULT CLIENTS MOVE THROUGH THE THREE PHASES OF POSTTRAUMATIC RECOVERY - - AND FOR MANAGING THE INEVITABLE ROADBLOCKS AND RELATIONSHIP ISSUES THAT OCCUR. THE INTRODUCTORY CHAPTERS EXPLORE HOW COMPLEX TRAUMA EMERGES FROM CHRONIC VICTIMIZATION AND THE DISRUPTION OF ATTACHMENT BONDS IN CHILDHOOD OR ADULTHOOD AND REVIEW DIAGNOSTIC CONSIDERATIONS. TWO EXTENDED CASE EXAMPLES HIGHLIGHT CLINICAL ISSUES THAT ARISE WITH THIS POPULATION AND, RUNNING THROUGHOUT THE CHAPTERS, SHOW HOW TO USE A SECURE THERAPEUTIC ALLIANCE AS A FOUNDATION FOR UTILIZING EVIDENCE-BASED TREATMENT STRATEGIES. THE AUTHORS DEMONSTRATE WAYS TO WEAVE TOGETHER ELEMENTS OF COGNITIVE-BEHAVIORAL, PSYCHODYNAMIC, RELATIONAL, AND SYSTEMIC THERAPIES, ALONG WITH OTHER PROVEN APPROACHES, IN THE SERVICE OF WORKING TOWARD CLEARLY DEFINED THERAPEUTIC GOALS. IN PHASE 1, THE EMPHASIS IS BASIC SAFETY AND PERSONAL STABILIZATION. PHASES 2 AND 3 ADDRESS TRAUMA PROCESSING AND THE CHALLENGES OF CREATING A NEW, MORE SATISFYING LIFE. STRATEGIES FOR TAILORING INTERVENTIONS TO EACH INDIVIDUAL'S NEEDS AND STRENGTHS, AIDED BY ONGOING ASSESSMENT, ARE DETAILED. APPLICATIONS IN

GROUP, COUPLE, AND FAMILY THERAPY ARE ALSO DISCUSSED. **THE OXFORD HANDBOOK OF COGNITIVE AND BEHAVIORAL THERAPIES** - CHRISTINE M. NEZU 2016
THE OXFORD HANDBOOK OF COGNITIVE AND BEHAVIORAL THERAPIES PROVIDES A CONTEMPORARY AND COMPREHENSIVE ILLUSTRATION OF THE WIDE RANGE OF EVIDENCE-BASED PSYCHOTHERAPY TOOLS AVAILABLE TO BOTH CLINICIANS AND RESEARCHERS. CHAPTERS ARE WRITTEN BY THE MOST PROMINENT NAMES IN COGNITIVE AND BEHAVIORAL THEORY, ASSESSMENT, AND TREATMENT, AND THEY PROVIDE VALUABLE INSIGHTS CONCERNING THE THEORY, DEVELOPMENT, AND FUTURE DIRECTIONS OF COGNITIVE AND BEHAVIORAL INTERVENTIONS. UNLIKE OTHER HANDBOOKS THAT PROVIDE A COLLECTION OF INTERVENTION CHAPTERS BUT DO NOT SUCCESSFULLY TIE THESE INTERVENTIONS TOGETHER, THE EDITORS HAVE DESIGNED A VOLUME THAT NOT ONLY TAKES THE READER THROUGH UNDERLYING THEORY AND PHILOSOPHIES INHERENT TO A COGNITIVE AND BEHAVIORAL APPROACH, BUT ALSO INCLUDES CHAPTERS REGARDING CASE FORMULATION, REQUISITE PROFESSIONAL COGNITIVE AND BEHAVIORAL COMPETENCIES, AND INTEGRATION OF MULTICULTURALISM INTO CLINICAL PRACTICE. THE OXFORD HANDBOOK OF COGNITIVE AND BEHAVIORAL THERAPIES CLARIFIES TERMS PRESENT IN THE LITERATURE REGARDING COGNITIVE AND BEHAVIORAL INTERVENTIONS AND REVEALS THE RICH VARIETY, SIMILARITIES, AND DIFFERENCES AMONG THE LARGE NUMBER OF

COGNITIVE AND BEHAVIORAL INTERVENTIONS THAT CAN BE APPLIED INDIVIDUALLY OR COMBINED TO IMPROVE THE LIVES OF PATIENTS.

TRANSFORMING THE WORKFORCE FOR CHILDREN BIRTH THROUGH AGE 8 - NATIONAL RESEARCH COUNCIL
2015-07-23

CHILDREN ARE ALREADY LEARNING AT BIRTH, AND THEY DEVELOP AND LEARN AT A RAPID PACE IN THEIR EARLY YEARS. THIS PROVIDES A CRITICAL FOUNDATION FOR LIFELONG PROGRESS, AND THE ADULTS WHO PROVIDE FOR THE CARE AND THE EDUCATION OF YOUNG CHILDREN BEAR A GREAT RESPONSIBILITY FOR THEIR HEALTH, DEVELOPMENT, AND LEARNING. DESPITE THE FACT THAT THEY SHARE THE SAME OBJECTIVE - TO NURTURE YOUNG CHILDREN AND SECURE THEIR FUTURE SUCCESS - THE VARIOUS PRACTITIONERS WHO CONTRIBUTE TO THE CARE AND THE EDUCATION OF CHILDREN FROM BIRTH THROUGH AGE 8 ARE NOT ACKNOWLEDGED AS A WORKFORCE UNIFIED BY THE COMMON KNOWLEDGE AND COMPETENCIES NEEDED TO DO THEIR JOBS WELL.

TRANSFORMING THE WORKFORCE FOR CHILDREN BIRTH THROUGH AGE 8 EXPLORES THE SCIENCE OF CHILD DEVELOPMENT, PARTICULARLY LOOKING AT IMPLICATIONS FOR THE PROFESSIONALS WHO WORK WITH CHILDREN. THIS REPORT EXAMINES THE CURRENT CAPACITIES AND PRACTICES OF THE WORKFORCE, THE SETTINGS IN WHICH THEY WORK, THE POLICIES AND INFRASTRUCTURE THAT SET QUALIFICATIONS

AND PROVIDE PROFESSIONAL LEARNING, AND THE GOVERNMENT AGENCIES AND OTHER FUNDERS WHO SUPPORT AND OVERSEE THESE SYSTEMS. THIS BOOK THEN MAKES RECOMMENDATIONS TO IMPROVE THE QUALITY OF PROFESSIONAL PRACTICE AND THE PRACTICE ENVIRONMENT FOR CARE AND EDUCATION PROFESSIONALS. THESE DETAILED RECOMMENDATIONS CREATE A BLUEPRINT FOR ACTION THAT BUILDS ON A UNIFYING FOUNDATION OF CHILD DEVELOPMENT AND EARLY LEARNING, SHARED KNOWLEDGE AND COMPETENCIES FOR CARE AND EDUCATION PROFESSIONALS, AND PRINCIPLES FOR EFFECTIVE PROFESSIONAL LEARNING. YOUNG CHILDREN THRIVE AND LEARN BEST WHEN THEY HAVE SECURE, POSITIVE RELATIONSHIPS WITH ADULTS WHO ARE KNOWLEDGEABLE ABOUT HOW TO SUPPORT THEIR DEVELOPMENT AND LEARNING AND ARE RESPONSIVE TO THEIR INDIVIDUAL PROGRESS. TRANSFORMING THE WORKFORCE FOR CHILDREN BIRTH THROUGH AGE 8 OFFERS GUIDANCE ON SYSTEM CHANGES TO IMPROVE THE QUALITY OF PROFESSIONAL PRACTICE, SPECIFIC ACTIONS TO IMPROVE PROFESSIONAL LEARNING SYSTEMS AND WORKFORCE DEVELOPMENT, AND RESEARCH TO CONTINUE TO BUILD THE KNOWLEDGE BASE IN WAYS THAT WILL DIRECTLY ADVANCE AND INFORM FUTURE ACTIONS. THE RECOMMENDATIONS OF THIS BOOK PROVIDE AN OPPORTUNITY TO IMPROVE THE QUALITY OF THE CARE AND THE EDUCATION THAT CHILDREN RECEIVE, AND ULTIMATELY IMPROVE OUTCOMES FOR CHILDREN. SAVING NORMAL - ALLEN FRANCES, M.D. 2013-05-14

FROM "THE MOST POWERFUL PSYCHIATRIST IN AMERICA" (NEW YORK TIMES) AND "THE MAN WHO WROTE THE BOOK ON MENTAL ILLNESS" (WIRED), A DEEPLY FASCINATING AND URGENTLY IMPORTANT CRITIQUE OF THE WIDESPREAD MEDICALIZATION OF NORMALITY ANYONE LIVING A FULL, RICH LIFE EXPERIENCES UPS AND DOWNS, STRESSES, DISAPPOINTMENTS, SORROWS, AND SETBACKS. THESE CHALLENGES ARE A NORMAL PART OF BEING HUMAN, AND THEY SHOULD NOT BE TREATED AS PSYCHIATRIC DISEASE. HOWEVER, TODAY MILLIONS OF PEOPLE WHO ARE REALLY NO MORE THAN "WORRIED WELL" ARE BEING DIAGNOSED AS HAVING A MENTAL DISORDER AND ARE RECEIVING UNNECESSARY TREATMENT. IN SAVING NORMAL, ALLEN FRANCES, ONE OF THE WORLD'S MOST INFLUENTIAL PSYCHIATRISTS, WARNS THAT MISLABELING EVERYDAY PROBLEMS AS MENTAL ILLNESS HAS SHOCKING IMPLICATIONS FOR INDIVIDUALS AND SOCIETY: STIGMATIZING A HEALTHY PERSON AS MENTALLY ILL LEADS TO UNNECESSARY, HARMFUL MEDICATIONS, THE NARROWING OF HORIZONS, MISALLOCATION OF MEDICAL RESOURCES, AND DRAINING OF THE BUDGETS OF FAMILIES AND THE NATION. WE ALSO SHIFT RESPONSIBILITY FOR OUR MENTAL WELL-BEING AWAY FROM OUR OWN NATURALLY RESILIENT AND SELF-HEALING BRAINS, WHICH HAVE KEPT US SANE FOR HUNDREDS OF THOUSANDS OF YEARS, AND INTO THE HANDS OF "BIG PHARMA," WHO ARE REAPING MULTI-BILLION-DOLLAR PROFITS. FRANCES CAUTIONS THAT THE NEW EDITION OF THE "BIBLE OF

PSYCHIATRY," THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS-5 (DSM-5), WILL TURN OUR CURRENT DIAGNOSTIC INFLATION INTO HYPERINFLATION BY CONVERTING MILLIONS OF "NORMAL" PEOPLE INTO "MENTAL PATIENTS." ALARMINGLY, IN DSM-5, NORMAL GRIEF WILL BECOME "MAJOR DEPRESSIVE DISORDER"; THE FORGETTING SEEN IN OLD AGE IS "MILD NEUROCOGNITIVE DISORDER"; TEMPER TANTRUMS ARE "DISRUPTIVE MOOD DYSREGULATION DISORDER"; WORRYING ABOUT A MEDICAL ILLNESS IS "SOMATIC SYMPTOM DISORDER"; GLUTTONY IS "BINGE EATING DISORDER"; AND MOST OF US WILL QUALIFY FOR ADULT "ATTENTION DEFICIT DISORDER." WHAT'S MORE, ALL OF THESE NEWLY INVENTED CONDITIONS WILL WORSEN THE CRUEL PARADOX OF THE MENTAL HEALTH INDUSTRY: THOSE WHO DESPERATELY NEED PSYCHIATRIC HELP ARE LEFT SHAMEFULLY NEGLECTED, WHILE THE "WORRIED WELL" ARE GIVEN THE BULK OF THE TREATMENT, OFTEN AT THEIR OWN DETRIMENT. MASTERFULLY CHARTING THE HISTORY OF PSYCHIATRIC FADS THROUGHOUT HISTORY, FRANCES ARGUES THAT WHENEVER WE ARBITRARILY LABEL ANOTHER ASPECT OF THE HUMAN CONDITION A "DISEASE," WE FURTHER CHIP AWAY AT OUR HUMAN ADAPTABILITY AND DIVERSITY, DULLING THE FULL PALETTE OF WHAT IS NORMAL AND LOSING SOMETHING FUNDAMENTAL OF OURSELVES IN THE PROCESS. SAVING NORMAL IS A CALL TO ALL OF US TO RECLAIM THE FULL MEASURE OF OUR HUMANITY.

CHILD AND ADOLESCENT PSYCHOTHERAPY - STEPHEN HUPP
2018-08-31

EVERY DAY, MILLIONS OF CHILDREN EXPERIENCE SERIOUS MENTAL HEALTH ISSUES SUCH AS SYMPTOMS RELATED TO AUTISM, PSYCHOSIS, MANIA, DEPRESSION, AND ANXIETY. MOREOVER, MANY YOUTH STRUGGLE WITH ISSUES RELATED TO TRAUMA, EATING, SLEEP, DISRUPTIVE BEHAVIOR, AND SUBSTANCE USE. MOST OF THESE YOUTH DO NOT RECEIVE EVIDENCE-BASED TREATMENTS. INSTEAD, THEY COMMONLY RECEIVE UNTESTED, INEFFECTIVE, AND EVEN HARMFUL TREATMENTS. CHILD AND ADOLESCENT PSYCHOTHERAPY PRESENTS THE RESEARCH-SUPPORTED TREATMENT PACKAGES AND THEIR INDIVIDUAL COMPONENTS FOR EVERY MAJOR MENTAL HEALTH ISSUE FACING INFANTS, CHILDREN, AND ADOLESCENTS. EACH CHAPTER ALSO IDENTIFIES AND ANALYZES OTHER VARIABLES AND RESOURCES THAT INFLUENCE TREATMENT: PARENTS, ASSESSMENT, COMORBIDITY, DEMOGRAPHICS AND MEDICATION. USEFUL RESOURCES ARE INCLUDED FOR EACH MENTAL HEALTH ISSUED COVERED IN THE BOOK. THE CHAPTERS ARE ORGANIZED IN THE SAME ORDER AS THEY APPEAR IN THE DSM-5.

LEARNING, ARTS, AND THE BRAIN - CAROLYN H. ASBURY
2008

METHODS AND APPLICATIONS IN IMPLEMENTATION SCIENCE -
MARY E. NORTHRIDGE 2019-10-15

THE PURPOSE OF THIS RESEARCH TOPIC IS TO SHARE THE LATEST DEVELOPMENTS IN THE METHODS AND APPLICATION OF IMPLEMENTATION SCIENCE. BRIEFLY, IMPLEMENTATION SCIENCE IS THE STUDY OF METHODS TO PROMOTE THE ADOPTION AND INTEGRATION OF EVIDENCE-BASED PRACTICES, INTERVENTIONS, AND POLICIES INTO ROUTINE HEALTH CARE AND PUBLIC HEALTH SETTINGS. IMPLEMENTATION RESEARCH PLAYS AN IMPORTANT ROLE IN IDENTIFYING BARRIERS TO, AND ENABLERS OF, EFFECTIVE HEALTH SYSTEMS PROGRAMMING AND POLICYMAKING, AND THEN LEVERAGING THAT KNOWLEDGE TO IMPLEMENT EVIDENCE-BASED INNOVATIONS INTO EFFECTIVE DELIVERY APPROACHES.

PSEUDOSCIENCE IN CHILD AND ADOLESCENT PSYCHOTHERAPY
- STEPHEN HUPP 2019-03-07

MOST INFANTS, CHILDREN, AND ADOLESCENTS FACING MENTAL HEALTH CHALLENGES - INCLUDING AUTISM, PSYCHOSIS, MANIA, DEPRESSION, ANXIETY, AND SUBSTANCE USE - DO NOT RECEIVE EVIDENCE-BASED TREATMENTS. INSTEAD, THEY COMMONLY RECEIVE INEFFECTIVE AND EVEN HARMFUL TREATMENTS. IN THIS BOOK, LEADING EXPERTS FROM THE FIELDS OF CLINICAL PSYCHOLOGY, SCHOOL PSYCHOLOGY, DEVELOPMENTAL PSYCHOLOGY, PEDIATRIC NEUROLOGY, APPLIED BEHAVIOR ANALYSIS, AND SOCIAL WORK IDENTIFY THE MOST PROBLEMATIC PSYCHOTHERAPY INTERVENTIONS USED FOR EACH MENTAL HEALTH ISSUE. IN ADDITION TO THESE PRIMARY AUTHORS, EACH CHAPTER INCLUDES A SIDE BAR FROM A

SPECIALIST REPRESENTING THE DISCIPLINES OF PEDIATRICS, ANTHROPOLOGY, NEUROSCIENCE, AND PSYCHOLOGY. THE CONTRIBUTORS WORK IN ACADEMIA, HOSPITALS, AND PRIVATE PRACTICE AND INCLUDE BOOK AUTHORS, PODCASTERS, AND EVEN A FILMMAKER. NOT ONLY DOES THIS BOOK HIGHLIGHT THE THREATS OF POTENTIALLY HARMFUL PSEUDOSCIENCE, IT ALSO SUMMARIZES TREATMENTS THAT ACTUALLY HAVE A STRONG EVIDENCE BASE AND DELIVER FAR MORE POSITIVE RESULTS.

SCHIZOPHRENIA TREATMENT OUTCOMES - AMRESH SHRIVASTAVA 2020-02-05

THIS BOOK ANALYZES SCHIZOPHRENIA MANAGEMENT IN THE CONTEXT OF RECENT CLINICAL THERAPEUTIC ADVANCES THAT HAVE TRANSFORMED THE MEASUREMENTS AND OUTCOMES LANDSCAPE. UNLIKE ANY OTHER RESOURCE, THIS VOLUME CAREFULLY DEVELOPS THE SOCIAL AND CLINICAL GUIDELINES THAT AFFECT THE LIFE OF THE PATIENT AND DEFINES ITS ROLE IN SCHIZOPHRENIA TREATMENT OUTCOMES. THE TEXT BEGINS BY DETERMINING THE CONCEPTS, DEVELOPMENT, NEUROSCIENCE, AND GUIDELINES FOR POSITIVE OUTCOMES BEFORE ANALYZING THE GAPS IN THE LITERATURE. THE TEXT ADDRESSES MEDICAL CONCERNS IN RELATION TO OUTCOMES IN SCHIZOPHRENIC PATIENTS, INCLUDING SUBSTANCE USE, IMPACT FROM ANTIPSYCHOTIC MEDICATIONS, AND MEDICAL COMORBIDITIES. THE TEXT ALSO COVERS EXTERNAL DETERMINANTS THAT MAY INHIBIT POSITIVE OUTCOMES, INCLUDING CULTURAL FACTORS, STIGMA, AND ENVIRONMENTAL ISSUES. WRITTEN BY EXPERTS

IN SCHIZOPHRENIA CARE, THIS BOOK COMPILES SOUND RESEARCH, CURRENT CLINICAL TRENDS, AND MODERN MEASUREMENT MARKERS INTO A WELL-ORGANIZED COMPENDIUM THAT DELIVERS THIS DATA INTO A PRACTICAL GUIDE FOR MEASURING TREATMENT OUTCOMES IN PATIENTS SUFFERING FROM THE DISEASE. SCHIZOPHRENIA TREATMENT OUTCOMES IS THE ULTIMATE GUIDE FOR PSYCHIATRISTS, PSYCHOLOGISTS, NURSES, SOCIAL WORKERS, AND ALL MEDICAL PRACTITIONERS INTERESTED IN IMPROVING OUTCOMES FOR SCHIZOPHRENIA PATIENTS.

ESSENTIALS OF INTERVENTIONAL CANCER PAIN MANAGEMENT - AMITABH GULATI 2018-12-28

THIS TEXT PROVIDES A COMPREHENSIVE REVIEW AND EXPERTISE ON VARIOUS INTERVENTIONAL CANCER PAIN PROCEDURES. THE FIRST PART OF THE TEXT ADDRESSES THE LACK OF CONSISTENCY SEEN IN THE LITERATURE REGARDING INTERVENTIONAL TREATMENT OPTIONS FOR SPECIFIC CANCER PAIN SYNDROMES. INITIALLY, IT DISCUSSES PRIMARY CANCER AND TREATMENT-RELATED CANCER PAIN SYNDROMES THAT PHYSICIANS MAY ENCOUNTER WHEN MANAGING CANCER PATIENTS. THE IMPLEMENTATION OF PARADIGMS THAT CAN BE USED IN TREATING SPECIFIC GROUPS OF CANCER SUCH AS BREAST CANCER, FOLLOWS. THE REMAINDER OF THE TEXT DELVES INTO A MORE COMMON APPROACH TO ADDRESSING INTERVENTIONAL CANCER PAIN MEDICINE. AFTER DISCUSSING INTERVENTIONAL OPTIONS THAT ARE COMMONLY EMPLOYED

BY PHYSICIANS, THE TEXT INVESTIGATES HOW SURGEONS MAY ADDRESS SOME OF THE MORE SEVERE PAIN SYNDROMES, AND COVERS THE MOST IMPORTANT INTERVENTIONAL AVAILABLE FOR OUR PATIENTS, INTRATHECAL DRUG DELIVERY. CHAPTERS ALSO COVER RADIOLOGIC OPTIONS IN TARGETED NEUROLYSIS AND ABLATIVE TECHNIQUES, SPECIFICALLY FOR BONE METASTASIS, REHABILITATION TO ADDRESS PATIENTS' QUALITY OF LIFE AND FUNCTION, AND INTEGRATIVE AND PSYCHOLOGICAL THERAPIES. ESSENTIALS OF INTERVENTIONAL CANCER PAIN MANAGEMENT GLOBALLY ASSESSES AND ADDRESSES PATIENTS' NEEDS THROUGHOUT THE CANCER JOURNEY. WRITTEN BY EXPERTS IN THE FIELD, AND PACKED WITH COPIOUS TABLES, FIGURES, AND FLOW CHARTS, THIS BOOK IS A MUST-HAVE FOR PAIN PHYSICIANS, RESIDENTS, AND FELLOWS.

THE END OF TRAUMA - GEORGE A. BONANNO 2021-09-07
A TOP EXPERT ON HUMAN TRAUMA ARGUES THAT WE VASTLY OVERESTIMATE HOW COMMON PTSD IS AND FAIL TO RECOGNIZE HOW RESILIENT PEOPLE REALLY ARE AFTER 9/11, MENTAL HEALTH PROFESSIONALS FLOCKED TO NEW YORK TO HANDLE WHAT EVERYONE ASSUMED WOULD BE A FLOOD OF TRAUMA CASES. ODDLY, THE FLOOD NEVER CAME. IN THE END OF TRAUMA, PIONEERING PSYCHOLOGIST GEORGE A. BONANNO ARGUES THAT WE FAILED TO PREDICT THE PSYCHOLOGICAL RESPONSE TO 9/11 BECAUSE MOST OF WHAT WE UNDERSTAND ABOUT TRAUMA IS WRONG. FOR

STARTERS, IT'S NOT NEARLY AS COMMON AS WE THINK. IN FACT, PEOPLE ARE OVERWHELMINGLY RESILIENT TO ADVERSITY. WHAT WE OFTEN INTERPRET AS PTSD ARE SIGNS OF A NATURAL PROCESS OF LEARNING HOW TO DEAL WITH A SPECIFIC SITUATION. WE CAN COPE FAR MORE EFFECTIVELY IF WE UNDERSTAND HOW THIS PROCESS WORKS. DRAWING ON FOUR DECADES OF RESEARCH, BONANNO EXPLAINS WHAT MAKES US RESILIENT, WHY WE SOMETIMES AREN'T, AND HOW WE CAN BETTER HANDLE TRAUMATIC STRESS. HOPEFUL AND HUMANE, THE END OF TRAUMA OVERTURNS EVERYTHING WE THOUGHT WE KNEW ABOUT HOW PEOPLE RESPOND TO HARDSHIP.

COERCIVE FAMILY PROCESS - GERALD R. PATTERSON 1982

POST TRAUMATIC STRESS DISORDER IN CHILDREN AND ADOLESCENTS - KEDAR NATH DWIVEDI 2000
PTSD IS MORE USUALLY CONSIDERED AS AN ADULT DISORDER: THIS VOLUME CONCENTRATES ON CHILDREN AND ADOLESCENTS. THE INTRODUCTORY CHAPTERS ARE FOLLOWED BY A CHAPTER ON ASSESSMENT AND SEVERAL CHAPTERS ON TREATMENT. THE ISSUES OF CLINICAL MANAGEMENT IN SOME OF THE IMPORTANT ECOLOGICAL CONTEXTS SUCH AS FAMILY AND SCHOOL, AND AETIOLOGICAL CONTEXTS SUCH AS REFUGEE STATUS AND CHILD ABUSE, ARE DISCUSSED IN FURTHER DETAIL. THEN A VARIETY OF TREATMENT APPROACHES ARE CLEARLY DESCRIBED. THE BOOK

IS AIMED AT TEACHERS, PRACTITIONERS AND RESEARCHERS IN CHILD PSYCHIATRY, CLINICAL CHILD PSYCHOLOGY, EDUCATIONAL PSYCHOLOGY, SOCIAL WORK, PAEDIATRICS, AND OCCUPATIONAL THERAPY.

COMMUNICATING RISKS AND BENEFITS - BARUCH FISCHHOFF
2012-03-08

EFFECTIVE RISK COMMUNICATION IS ESSENTIAL TO THE WELL-BEING OF ANY ORGANIZATION AND THOSE PEOPLE WHO DEPEND ON IT. INEFFECTIVE COMMUNICATION CAN COST LIVES, MONEY AND REPUTATIONS. COMMUNICATING RISKS AND BENEFITS: AN EVIDENCE-BASED USER'S GUIDE PROVIDES THE SCIENTIFIC FOUNDATIONS FOR EFFECTIVE COMMUNICATIONS. THE BOOK AUTHORITATIVELY SUMMARIZES THE RELEVANT RESEARCH, DRAWS OUT ITS IMPLICATIONS FOR COMMUNICATION DESIGN, AND PROVIDES PRACTICAL WAYS TO EVALUATE AND IMPROVE COMMUNICATIONS FOR ANY DECISION INVOLVING RISKS AND BENEFITS. TOPICS INCLUDE THE COMMUNICATION OF QUANTITATIVE INFORMATION AND WARNINGS, THE ROLES OF EMOTION AND THE NEWS MEDIA, THE EFFECTS OF AGE AND LITERACY, AND TESTS OF HOW WELL COMMUNICATIONS MEET THE ORGANIZATION'S GOALS. THE GUIDE WILL HELP USERS IN ANY ORGANIZATION, WITH ANY BUDGET, TO MAKE THE SCIENCE OF THEIR COMMUNICATIONS AS SOUND AS THE SCIENCE THAT THEY ARE COMMUNICATING.

COGNITIVE-BEHAVIORAL THERAPY FOR ADULT ADHD -
MARY V. SOLANTO 2013-08-21

THIS HIGHLY PRACTICAL BOOK PROVIDES EVIDENCE-BASED STRATEGIES FOR HELPING ADULTS WITH ADHD BUILD ESSENTIAL SKILLS FOR TIME MANAGEMENT, ORGANIZATION, PLANNING, AND COPING. EACH OF THE 12 GROUP SESSIONS-- WHICH CAN ALSO BE ADAPTED FOR INDIVIDUAL THERAPY--IS REVIEWED IN STEP-BY-STEP DETAIL. HANDY FEATURES INCLUDE QUICK-REFERENCE LEADER NOTES FOR THERAPISTS, ENGAGING IN-SESSION EXERCISES, AND REPRODUCIBLE TAKE-HOME NOTES AND HOMEWORK ASSIGNMENTS. THE PAPERBACK EDITION INCLUDES THE ADULT ADHD CRITERIA FROM DSM-5. THE TREATMENT PROGRAM PRESENTED IN THIS BOOK RECEIVED THE INNOVATIVE PROGRAM OF THE YEAR AWARD FROM CHADD (CHILDREN AND ADULTS WITH ADHD).

PHARMACOTHERAPY FOR CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS - DAVID ROSENBERG 2002-08-27
THE SECOND EDITION OF PHARMACOTHERAPY FOR CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS CONTAINS NEW AND EXPANDED CHAPTERS ON COMBINATION THERAPY PHARMACOEPIDEMOLOGY PHARMACOECONOMICS CURRENT SOCIAL, ETHICAL, AND LEGAL ISSUES SURROUNDING THE ADMINISTRATION OF PSYCHOSTIMULANTS AND ANTIDEPRESSANTS TO CHILDREN AND TEENAGERS SEROTONIN REUPTAKE INHIBITORS AND DISCUSSES TECHNIQUES TO SELECT THE MOST APPROPRIATE DRUG AND DOSING SCHEDULE METHODS TO ADJUST SAFELY AND TAILOR MEDICAL TREATMENTS FOR CHILDREN DURING VARIOUS STAGES OF

GROWTH AND DEVELOPMENT THE EFFECT OF PSYCHOACTIVE DRUGS ON CARDIAC FUNCTION OFFERING NEARLY 3000 CONTEMPORARY REFERENCES TO FACILITATE FURTHER RESEARCH, PHARMACOTHERAPY FOR CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS, SECOND EDITION IS A TIMELY AND AUTHORITATIVE GUIDE SUITABLE FOR PSYCHIATRISTS, PSYCHOLOGISTS, PEDIATRICIANS, PHARMACEUTICAL AND BEHAVIORAL SCIENTISTS, CLINICAL NEUROLOGISTS, PRIMARY CARE PHYSICIANS, SOCIAL WORKERS, AND GRADUATE AND MEDICAL SCHOOL STUDENTS IN THESE DISCIPLINES.

ADOLESCENT-FOCUSED THERAPY FOR ANOREXIA NERVOSA - JAMES LOCK 2020-04-28

FROM PIONEERING FAMILY-BASED TREATMENT DEVELOPER JAMES LOCK, THIS IS THE FIRST COMPREHENSIVE GUIDE TO ADOLESCENT-FOCUSED THERAPY (AFT) FOR ANOREXIA NERVOSA (AN), AN EVIDENCE-BASED INDIVIDUAL APPROACH. AFT IS AN EFFECTIVE ALTERNATIVE TO FAMILY-BASED TREATMENT THAT MAY BE A BETTER FIT FOR SOME PATIENTS. LOCK EXPLAINS HOW AN SERVES AS A MALADAPTIVE RESPONSE TO DEVELOPMENTAL CHALLENGES OF ADOLESCENCE. HE PRESENTS A MANUALIZED FRAMEWORK FOR HELPING ADOLESCENTS FIND MORE ADAPTIVE COPING STRATEGIES, MANAGE DIFFICULT EMOTIONS, AND DEVELOP GREATER AUTONOMY AND A STRONGER SENSE OF SELF, WHILE REDUCING RISKY BEHAVIORS AND RESTORING WEIGHT. AFT EMPHASIZES THE THERAPIST-PATIENT ALLIANCE AND INVOLVES PARENTS IN

A SUPPORTIVE ROLE. RICH CASE MATERIAL AND SAMPLE DIALOGUES ILLUSTRATE HOW TO IMPLEMENT EACH PHASE OF THE APPROACH. AFT IS RECOGNIZED AS A BEST PRACTICE FOR THE TREATMENT OF ANOREXIA NERVOSA IN ADOLESCENTS BY THE U.K. NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE).

THE CAMBRIDGE HANDBOOK OF SUBSTANCE AND BEHAVIORAL ADDICTIONS - STEVE SUSSMAN 2020-08-31

WRITTEN BY LEADERS IN THE ADDICTIONS FIELD, 100 AUTHORS FROM SIX COUNTRIES, THIS HANDBOOK IS A THOROUGHLY COMPREHENSIVE RESOURCE. PHILOSOPHICAL AND LEGAL ISSUES ARE ADDRESSED, WHILE CONCEPTUAL UNDERPINNINGS ARE PROVIDED THROUGH EXPLANATIONS OF APPETITIVE MOTIVATION, INCENTIVE SENSITIZATION, REWARD DEFICIENCY, AND BEHAVIORAL ECONOMICS THEORIES. MAJOR CLINICAL AND RESEARCH METHODS ARE CLEARLY MAPPED OUT (E.G. MRI, BEHAVIORAL ECONOMICS, INTERVIEW ASSESSMENTS, AND QUALITATIVE APPROACHES), OUTLINING THEIR STRENGTHS AND WEAKNESSES, GIVING THE READER THE TOOLS NEEDED TO GUIDE THEIR RESEARCH AND PRACTICE AIMS. THE ETIOLOGY OF ADDICTION AT VARIOUS LEVELS OF ANALYSIS IS DISCUSSED, INCLUDING NEUROBIOLOGY, COGNITION, GROUPS, CULTURE, AND ENVIRONMENT, WHICH SIMULTANEOUSLY LAYS OUT THE FOUNDATIONS AND HIGH-LEVEL DISCOURSE TO SERVE BOTH NOVICE AND EXPERT RESEARCHERS AND CLINICIANS. IMPORTANTLY, THE VOLUME

EXPLORES THE PREVENTION AND TREATMENT OF SUCH ADDICTIONS AS ALCOHOL, TOBACCO, NOVEL DRUGS, FOOD, GAMBLING, SEX, WORK, SHOPPING, THE INTERNET, AND SEVERAL SELDOM-INVESTIGATED BEHAVIORS (E.G. LOVE, TANNING, OR EXERCISE).

PARENTING MATTERS - NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE 2016-11-21

DECADES OF RESEARCH HAVE DEMONSTRATED THAT THE PARENT-CHILD DYAD AND THE ENVIRONMENT OF THE FAMILY ARE AT THE FOUNDATION OF CHILDREN'S WELL-BEING AND HEALTHY DEVELOPMENT. FROM BIRTH, CHILDREN ARE LEARNING AND RELY ON PARENTS AND THE OTHER CAREGIVERS IN THEIR LIVES TO PROTECT AND CARE FOR THEM. THE IMPACT OF PARENTS MAY NEVER BE GREATER THAN DURING THE EARLIEST YEARS OF LIFE, WHEN A CHILD'S BRAIN IS RAPIDLY DEVELOPING AND WHEN NEARLY ALL OF HER OR HIS EXPERIENCES ARE CREATED AND SHAPED BY PARENTS AND THE FAMILY ENVIRONMENT. PARENTS HELP CHILDREN BUILD AND REFINE THEIR KNOWLEDGE AND SKILLS, CHARTING A TRAJECTORY FOR THEIR HEALTH AND WELL-BEING DURING CHILDHOOD AND BEYOND. THE EXPERIENCE OF PARENTING ALSO IMPACTS PARENTS THEMSELVES. FOR INSTANCE, PARENTING CAN ENRICH AND GIVE FOCUS TO PARENTS' LIVES; GENERATE STRESS OR CALM; AND CREATE ANY NUMBER OF EMOTIONS, INCLUDING FEELINGS OF HAPPINESS, SADNESS, FULFILLMENT,

AND ANGER. PARENTING OF YOUNG CHILDREN TODAY TAKES PLACE IN THE CONTEXT OF SIGNIFICANT ONGOING DEVELOPMENTS. THESE INCLUDE: A RAPIDLY GROWING BODY OF SCIENCE ON EARLY CHILDHOOD, INCREASES IN FUNDING FOR PROGRAMS AND SERVICES FOR FAMILIES, CHANGING DEMOGRAPHICS OF THE U.S. POPULATION, AND GREATER DIVERSITY OF FAMILY STRUCTURE. ADDITIONALLY, PARENTING IS INCREASINGLY BEING SHAPED BY TECHNOLOGY AND INCREASED ACCESS TO INFORMATION ABOUT PARENTING. PARENTING MATTERS IDENTIFIES PARENTING KNOWLEDGE, ATTITUDES, AND PRACTICES ASSOCIATED WITH POSITIVE DEVELOPMENTAL OUTCOMES IN CHILDREN AGES 0-8; UNIVERSAL/PREVENTIVE AND TARGETED STRATEGIES USED IN A VARIETY OF SETTINGS THAT HAVE BEEN EFFECTIVE WITH PARENTS OF YOUNG CHILDREN AND THAT SUPPORT THE IDENTIFIED KNOWLEDGE, ATTITUDES, AND PRACTICES; AND BARRIERS TO AND FACILITATORS FOR PARENTS' USE OF PRACTICES THAT LEAD TO HEALTHY CHILD OUTCOMES AS WELL AS THEIR PARTICIPATION IN EFFECTIVE PROGRAMS AND SERVICES. THIS REPORT MAKES RECOMMENDATIONS DIRECTED AT AN ARRAY OF STAKEHOLDERS, FOR PROMOTING THE WIDE-SCALE ADOPTION OF EFFECTIVE PROGRAMS AND SERVICES FOR PARENTS AND ON AREAS THAT WARRANT FURTHER RESEARCH TO INFORM POLICY AND PRACTICE. IT IS MEANT TO SERVE AS A ROADMAP FOR THE FUTURE OF PARENTING POLICY, RESEARCH, AND PRACTICE IN THE UNITED STATES.

BODY IMAGE, EATING, AND WEIGHT - MASSIMO CUZZOLARO
2018-11-03

THIS BOOK EQUIPS READERS WITH THE KNOWLEDGE REQUIRED TO IMPROVE DIAGNOSIS AND TREATMENT AND TO IMPLEMENT INTEGRATED PREVENTION PROGRAMS IN PATIENTS WITH EATING AND WEIGHT DISORDERS. IT DOES SO BY PROVIDING A COMPREHENSIVE, UP-TO-DATE REVIEW OF RESEARCH FINDINGS AND THEORETICAL ASSUMPTIONS CONCERNING THE INTERFACE AND INTERACTIONS BETWEEN BODY IMAGE AND SUCH DISORDERS AS ANOREXIA NERVOSA, BULIMIA NERVOSA, BINGE EATING DISORDER, OTHER SPECIFIED FEEDING AND EATING DISORDERS, ORTHOREXIA NERVOSA, OVERWEIGHT, AND OBESITY. AFTER CONSIDERATION OF ISSUES OF DEFINITION AND CLASSIFICATION, THE OPENING PART OF THE BOOK EXAMINES THE CONCEPT OF BODY IMAGE FROM A VARIETY OF VIEWPOINTS. A SERIES OF CHAPTERS ARE THEN DEVOTED TO THE ASSESSMENT OF THE MULTIDIMENSIONAL CONSTRUCT "BODY IMAGE", TO DYSMORPHOPHOBIA/BODY DYSMORPHIC DISORDER, AND TO MUSCLE DYSMORPHIA. THE THIRD PART DISCUSSES BODY IMAGE IN PEOPLE SUFFERING FROM DIFFERENT EATING DISORDERS AND/OR OVERWEIGHT OR OBESITY, AND TWO FINAL CHAPTERS FOCUS ON BODY IMAGE IN THE INTEGRATED PREVENTION OF EATING DISORDERS AND OBESITY, AND CULTURAL DIFFERENCES REGARDING BODY IMAGE. THE BOOK WILL BE OF INTEREST TO ALL HEALTH PROFESSIONALS WHO WORK IN THE FIELDS OF PSYCHIATRY, CLINICAL

PSYCHOLOGY, EATING DISORDERS, OBESITY, BODY IMAGE, ADOLESCENCE, PUBLIC HEALTH, AND PREVENTION.

PSYCHIATRIC AND MENTAL HEALTH NURSING IN THE UK -
KATIE EVANS 2019-06-28

PSYCHIATRIC AND MENTAL HEALTH NURSING IN THE UK IS AN ADAPTATION OF AUSTRALIA AND NEW ZEALAND'S FOREMOST MENTAL HEALTH NURSING TEXT AND IS AN ESSENTIAL RESOURCE FOR BOTH MENTAL HEALTH NURSING STUDENTS AND QUALIFIED NURSES. THOROUGHLY REVISED AND UPDATED TO REFLECT CURRENT RESEARCH AND THE UK GUIDELINES AS WELL AS THE CHANGING ATTITUDES ABOUT MENTAL HEALTH, MENTAL HEALTH SERVICES AND MENTAL HEALTH NURSING IN UK. SET WITHIN A RECOVERY AND PATIENT FRAMEWORK, THIS TEXT PROVIDES VITAL INFORMATION FOR APPROACHING THE MOST FAMILIAR DISORDERS MENTAL HEALTH NURSES AND STUDENTS WILL SEE IN CLINICAL PRACTICE, ALONG WITH HELPFUL SUGGESTIONS ABOUT WHAT THE MENTAL HEALTH NURSE CAN SAY AND DO TO INTERACT EFFECTIVELY WITH PATIENTS AND THEIR FAMILIES. GIVES READERS A THOROUGH GROUNDING IN THE THEORY OF MENTAL HEALTH NURSING. CASE STUDIES THROUGHOUT THE TEXT ALLOW READERS TO UNDERSTAND THE APPLICATION OF THEORY IN EVERY DAY PRACTICE. INCLUDES CRITICAL THINKING CHALLENGES AND ETHICAL DILEMMAS TO ENCOURAGE THE READER TO THINK ABOUT AND EXPLORE COMPLEX ISSUES. EXERCISES FOR CLASS ENGAGEMENT COMPLEMENT LEARNING AND DEVELOPMENT IN THE

CLASSROOM ENVIRONMENT.

PARENT—CHILD INTERACTION THERAPY - TONI L. HEMBREE-KIGIN 2013-06-29

THIS PRACTICAL GUIDE OFFERS MENTAL HEALTH PROFESSIONALS A DETAILED, STEP-BY-STEP DESCRIPTION ON HOW TO CONDUCT PARENT-CHILD INTERACTION THERAPY (PCIT) - THE EMPIRICALLY VALIDATED TRAINING PROGRAM FOR PARENTS WITH CHILDREN WHO HAVE DISRUPTIVE BEHAVIOR PROBLEMS. IT INCLUDES SEVERAL ILLUSTRATIVE EXAMPLES AND VIGNETTES AS WELL AS AN APPENDIX WITH ASSESSMENT INSTRUMENTS TO HELP PARENTS TO CONDUCT PCIT.

NEUROPSYCHODYNAMIC PSYCHIATRY - HEINZ BOEKER 2018-10-11

THIS BOOK PRESENTS A COMPREHENSIVE NEUROPSYCHODYNAMIC STRATEGY FOR TREATING PSYCHIATRIC DISORDERS. RATHER THAN PURSUING AN EXCLUSIVELY BIOLOGICAL, PSYCHOLOGICAL, OR PSYCHODYNAMIC APPROACH, IT OFFERS A METHODOLOGY THAT LINKS ALL THREE ASPECTS IN A UNIFYING, INTEGRATIVE MODEL. CENTRAL TO THIS APPROACH IS THE VIEW OF THE BRAIN AS A BIO-PSYCHOSOCIAL ORGAN IN A NEURO-ECOLOGICAL MODEL, RATHER THAN THE PURELY NEURONAL MODEL OFTEN PRESUPPOSED IN CURRENT NEUROSCIENCE AND PSYCHIATRY. MOREOVER, THE BOOK VIEWS PSYCHOPATHOLOGICAL SYMPTOMS AS SPATIOTEMPORAL

DISORDERS OF THE ALTERED SPATIOTEMPORAL STRUCTURE SPANNING THE BRAIN AND ITS SURROUNDING WORLD. THE RELATION BETWEEN ONE OF THE CORE SYMPTOMS AND ALTERED NEURONAL ACTIVITY CALLS FOR THE DEVELOPMENT OF INTEGRATED, CIRCULAR NEUROPSYCHODYNAMIC MODELS OF PSYCHOPATHOLOGICAL SYMPTOMS IN SEVERE PSYCHIATRIC DISORDERS AND THEIR TREATMENT.

THE CAMBRIDGE HANDBOOK OF ANXIETY AND RELATED DISORDERS - BUNMI OLATUNJI 2018-11-30

THIS HANDBOOK SURVEYS EXISTING DESCRIPTIVE AND EXPERIMENTAL APPROACHES TO THE STUDY OF ANXIETY AND RELATED DISORDERS, EMPHASIZING THE PROVISION OF EMPIRICALLY-GUIDED SUGGESTIONS FOR TREATMENT. BASED UPON THE FINDINGS FROM THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-5), THE CHAPTERS COLLECTED HERE HIGHLIGHT CONTEMPORARY APPROACHES TO THE CLASSIFICATION, PRESENTATION, ETIOLOGY, ASSESSMENT, AND TREATMENT OF ANXIETY AND RELATED DISORDERS. THE COLLECTION ALSO CONSIDERS A BIOLOGICALLY-INFORMED FRAMEWORK FOR THE UNDERSTANDING OF MENTAL DISORDERS PROPOSED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH'S RESEARCH DOMAIN CRITERIA (RDoC). THE RDoC HAS BEGUN TO CREATE A NEW KIND OF TAXONOMY FOR MENTAL DISORDERS BY BRINGING THE POWER OF MODERN RESEARCH APPROACHES IN GENETICS, NEUROSCIENCE, AND BEHAVIORAL SCIENCE TO THE

PROBLEM OF MENTAL ILLNESS. THE FRAMEWORK IS A KEY FOCUS FOR THIS BOOK AS AN AUTHORITATIVE REFERENCE FOR RESEARCHERS AND CLINICIANS.

TEACHING FOR QUALITY LEARNING AT UNIVERSITY - BIGGS, JOHN 2011-09-01

A BESTSELLING BOOK FOR HIGHER EDUCATION TEACHERS AND ADMINISTRATORS INTERESTED IN ASSURING EFFECTIVE TEACHING.

PATHOLOGICAL ALTRUISM - BARBARA OAKLEY
2012-01-05

PATHOLOGICAL ALTRUISM IS A GROUNDBREAKING NEW BOOK - THE FIRST TO EXPLORE THE NEGATIVE ASPECTS OF ALTRUISM AND EMPATHY, SEEMINGLY UNIFORMLY POSITIVE TRAITS. IN FACT, PATHOLOGICAL ALTRUISM, IN THE FORM OF AN UNHEALTHY FOCUS ON OTHERS TO THE DETRIMENT OF ONE'S OWN NEEDS, MAY UNDERPIN SOME PERSONALITY DISORDERS. HYPEREMPATHY - AN EXCESS OF CONCERN FOR WHAT OTHERS THINK AND HOW THEY FEEL - HELPS EXPLAIN POPULAR BUT POORLY DEFINED CONCEPTS SUCH AS CODEPENDENCY. THE CONTRIBUTING AUTHORS OF THIS BOOK PROVIDE A SCIENTIFIC, SOCIAL, AND CULTURAL FOUNDATION FOR THE SUBJECT OF PATHOLOGICAL ALTRUISM, CREATING A NEW FIELD OF INQUIRY. EACH AUTHOR'S APPROACH POINTS TO ONE DISTURBING TRUTH: WHAT WE VALUE SO MUCH, THE ALTRUISTIC "GOOD" SIDE OF HUMAN NATURE, CAN ALSO HAVE A DARK SIDE THAT WE IGNORE AT OUR PERIL.

DISSOCIATION IN TRAUMATIZED CHILDREN AND ADOLESCENTS
- SANDRA WIELAND 2015-03-27

DISSOCIATION IN TRAUMATIZED CHILDREN AND ADOLESCENTS PRESENTS A SERIES OF UNIQUE AND COMPELLING CASE STUDIES WRITTEN BY SOME OF THE FOREMOST INTERNATIONAL EXPERTS IN THE STUDY OF DISSOCIATION IN YOUNG PEOPLE. IN THE NEW EDITION, CHAPTERS HAVE BEEN UPDATED TO INCLUDE DISCUSSION OF THE MOST RECENT FINDINGS IN TRAUMA AND NEUROSCIENCE AS WELL AS JOYANNA SILBERG'S POPULAR AFFECT-AVOIDANCE MODEL. IN ADDITION, SANDRA WIELAND'S INCISIVE COMMENTARIES ON EACH CASE STUDY HAVE BEEN UPDATED. EACH CHAPTER PRESENTS A DETAILED NARRATIVE OF A THERAPIST'S WORK WITH A CHILD OR ADOLESCENT INTERSPERSED WITH THE THERAPIST'S OWN THOUGHT PROCESS, AND EVERY THERAPIST EXPLAINS THE THEORY AND RESEARCH BEHIND HER CLINICAL DECISIONS. THE CASE STUDIES PRESENT MANY ASPECTS OF WORKING WITH TRAUMATIZED CHILDREN—ATTACHMENT WORK, TRAUMA PROCESSING, WORK WITH THE FAMILY, INTERACTIONS WITH THE COMMUNITY, PSYCHOEDUCATION RELATED TO DISSOCIATION, AND ENCOURAGEMENT OF COMMUNICATION BETWEEN THE DISSOCIATED PARTS—AND PROVIDE A FRANK ANALYSIS OF THE DIFFICULTIES CLINICIANS ENCOUNTER IN VARIOUS THERAPEUTIC SITUATIONS. WHILE THE BOOK IS EXCEPTIONAL IN ITS CLEAR AND DETAILED DESCRIPTIONS OF THEORY RELATED TO DISSOCIATION IN CHILDREN, MOST IMPORTANTLY,

IT ILLUSTRATES HOW THEORY CAN BE TRANSLATED INTO SUCCESSFUL THERAPEUTIC INTERACTIONS.

BARKLEY DEFICITS IN EXECUTIVE FUNCTIONING SCALE (BDEFS) - RUSSELL A. BARKLEY 2011-02-01

THE BARKLEY DEFICITS IN EXECUTIVE FUNCTIONING SCALE (BDEFS) IS AN EMPIRICALLY BASED TOOL FOR EVALUATING DIMENSIONS OF ADULT EXECUTIVE FUNCTIONING IN DAILY LIFE. EVIDENCE INDICATES THAT THE BDEFS IS FAR MORE PREDICTIVE OF IMPAIRMENTS IN MAJOR LIFE ACTIVITIES THAN MORE TIME-CONSUMING AND COSTLY TRADITIONAL EF TESTS. THE BDEFS OFFERS AN ECOLOGICALLY VALID SNAPSHOT OF THE CAPACITIES INVOLVED IN TIME MANAGEMENT, ORGANIZATION AND PROBLEM SOLVING, SELF-RESTRAINT, SELF-MOTIVATION, AND SELF-REGULATION OF EMOTIONS. IT COMPRISES BOTH SELF- AND OTHER-REPORTS IN A LONG FORM (15-20 MINUTES) AND A SHORT FORM (4-5 MINUTES). SPECIAL FEATURES INCLUDE AN ADULT ADHD RISK INDEX IN THE LONG FORM. COMPLETE INSTRUCTIONS FOR SCORING AND INTERPRETING THE SCALE ARE PROVIDED. SEE ALSO THE BARKLEY DEFICITS IN EXECUTIVE FUNCTIONING SCALE-- CHILDREN AND ADOLESCENTS (BDEFS-CA) AND BARKLEY'S AUTHORITATIVE BOOK ON EF DEVELOPMENT AND DEFICITS, EXECUTIVE FUNCTIONS. ALSO AVAILABLE: BARKLEY ADULT ADHD RATING SCALE--IV (BAARS-IV) AND BARKLEY FUNCTIONAL IMPAIRMENT SCALE (BFIS FOR ADULTS). INCLUDES PERMISSION TO PHOTOCOPY ENHANCING THE

CONVENIENCE AND VALUE OF THE BDEFS, THE LIMITED PHOTOCOPY LICENSE ALLOWS PURCHASERS TO REPRODUCE THE FORMS AND SCORE SHEETS AND YIELDS CONSIDERABLE COST SAVINGS OVER OTHER AVAILABLE SCALES. THE LARGE FORMAT AND STURDY WIRE BINDING FACILITATE PHOTOCOPYING.

OXFORD TEXTBOOK OF GLOBAL PUBLIC HEALTH - ROGER DETELS 2017

SIXTH EDITION OF THE HUGELY SUCCESSFUL, INTERNATIONALLY RECOGNISED TEXTBOOK ON GLOBAL PUBLIC HEALTH AND EPIDEMIOLOGY, WITH 3 VOLUMES COMPREHENSIVELY COVERING THE SCOPE, METHODS, AND PRACTICE OF THE DISCIPLINE

SEXUALLY TRANSMITTED INFECTIONS - NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE 2021-12-24

ONE IN FIVE PEOPLE IN THE UNITED STATES HAD A SEXUALLY TRANSMITTED INFECTION (STI) ON ANY GIVEN DAY IN 2018, TOTALING NEARLY 68 MILLION ESTIMATED INFECTIONS. STIS ARE OFTEN ASYMPTOMATIC (ESPECIALLY IN WOMEN) AND ARE THEREFORE OFTEN UNDIAGNOSED AND UNREPORTED. UNTREATED STIS CAN HAVE SEVERE HEALTH CONSEQUENCES, INCLUDING CHRONIC PELVIC PAIN, INFERTILITY, MISCARRIAGE OR NEWBORN DEATH, AND INCREASED RISK OF HIV INFECTION, GENITAL AND ORAL CANCERS, NEUROLOGICAL AND RHEUMATOLOGICAL EFFECTS. IN LIGHT OF THIS, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THROUGH THE

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS, COMMISSIONED THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE TO CONVENE A COMMITTEE TO EXAMINE THE PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS IN THE UNITED STATES AND PROVIDE RECOMMENDATIONS FOR ACTION. IN 1997, THE INSTITUTE OF MEDICINE RELEASED A REPORT, THE HIDDEN EPIDEMIC: CONFRONTING SEXUALLY TRANSMITTED DISEASES. ALTHOUGH SIGNIFICANT SCIENTIFIC ADVANCES HAVE BEEN MADE SINCE THAT TIME, MANY OF THE PROBLEMS AND BARRIERS DESCRIBED IN THAT REPORT PERSIST TODAY; STIs REMAIN AN UNDERFUNDED AND COMPARATIVELY NEGLECTED FIELD OF PUBLIC HEALTH PRACTICE AND RESEARCH. THE COMMITTEE REVIEWED THE CURRENT STATE OF STIs IN THE UNITED STATES, AND THE RESULTING REPORT, SEXUALLY TRANSMITTED INFECTIONS: ADVANCING A SEXUAL HEALTH PARADIGM, PROVIDES ADVICE ON FUTURE PUBLIC HEALTH PROGRAMS, POLICY, AND RESEARCH.

THE AMERICAN PSYCHIATRIC ASSOCIATION PRACTICE GUIDELINES FOR THE PSYCHIATRIC EVALUATION OF ADULTS, THIRD EDITION - AMERICAN PSYCHIATRIC ASSOCIATION 2015-07-29

SINCE THE PUBLICATION OF THE INSTITUTE OF MEDICINE (IOM) REPORT CLINICAL PRACTICE GUIDELINES WE CAN TRUST IN 2011, THERE HAS BEEN AN INCREASING EMPHASIS ON ASSURING THAT CLINICAL PRACTICE GUIDELINES ARE

TRUSTWORTHY, DEVELOPED IN A TRANSPARENT FASHION, AND BASED ON A SYSTEMATIC REVIEW OF THE AVAILABLE RESEARCH EVIDENCE. TO ALIGN WITH THE IOM RECOMMENDATIONS AND TO MEET THE NEW REQUIREMENTS FOR INCLUSION OF A GUIDELINE IN THE NATIONAL GUIDELINES CLEARINGHOUSE OF THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ), AMERICAN PSYCHIATRIC ASSOCIATION (APA) HAS ADOPTED A NEW PROCESS FOR PRACTICE GUIDELINE DEVELOPMENT. UNDER THIS NEW PROCESS APA'S PRACTICE GUIDELINES ALSO SEEK TO PROVIDE BETTER CLINICAL UTILITY AND USABILITY. RATHER THAN A BROAD OVERVIEW OF TREATMENT FOR A DISORDER, NEW PRACTICE GUIDELINES FOCUS ON A SET OF DISCRETE CLINICAL QUESTIONS OF RELEVANCE TO AN OVERARCHING SUBJECT AREA. A SYSTEMATIC REVIEW OF EVIDENCE IS CONDUCTED TO ADDRESS THESE CLINICAL QUESTIONS AND INVOLVES A DETAILED ASSESSMENT OF INDIVIDUAL STUDIES. THE QUALITY OF THE OVERALL BODY OF EVIDENCE IS ALSO RATED AND IS SUMMARIZED IN THE PRACTICE GUIDELINE. WITH THE NEW PROCESS, RECOMMENDATIONS ARE DETERMINED BY WEIGHING POTENTIAL BENEFITS AND HARMS OF AN INTERVENTION IN A SPECIFIC CLINICAL CONTEXT. CLEAR, CONCISE, AND ACTIONABLE RECOMMENDATION STATEMENTS HELP CLINICIANS TO INCORPORATE RECOMMENDATIONS INTO CLINICAL PRACTICE, WITH THE GOAL OF IMPROVING QUALITY OF CARE. THE NEW PRACTICE GUIDELINE FORMAT IS ALSO DESIGNED TO

BE MORE USER FRIENDLY BY DIVIDING INFORMATION INTO MODULES ON SPECIFIC CLINICAL QUESTIONS. EACH MODULE HAS A CONSISTENT ORGANIZATION, WHICH WILL ASSIST USERS IN FINDING CLINICALLY USEFUL AND RELEVANT INFORMATION QUICKLY AND EASILY. THIS NEW EDITION OF THE PRACTICE GUIDELINES ON PSYCHIATRIC EVALUATION FOR ADULTS IS THE FIRST SET OF THE APA'S GUIDELINES DEVELOPED UNDER THE NEW GUIDELINE DEVELOPMENT PROCESS. THESE GUIDELINES ADDRESS THE FOLLOWING NINE TOPICS, IN THE CONTEXT OF AN INITIAL PSYCHIATRIC EVALUATION: REVIEW OF PSYCHIATRIC SYMPTOMS, TRAUMA HISTORY, AND TREATMENT HISTORY; SUBSTANCE USE ASSESSMENT; ASSESSMENT OF SUICIDE RISK; ASSESSMENT FOR RISK OF AGGRESSIVE BEHAVIORS; ASSESSMENT OF CULTURAL FACTORS; ASSESSMENT OF MEDICAL HEALTH; QUANTITATIVE ASSESSMENT; INVOLVEMENT OF THE PATIENT IN TREATMENT DECISION MAKING; AND DOCUMENTATION OF THE PSYCHIATRIC EVALUATION. EACH GUIDELINE RECOMMENDS OR SUGGESTS TOPICS TO INCLUDE DURING AN INITIAL PSYCHIATRIC EVALUATION. FINDINGS FROM AN EXPERT OPINION SURVEY HAVE ALSO BEEN TAKEN INTO CONSIDERATION IN MAKING RECOMMENDATIONS OR SUGGESTIONS. IN ADDITION TO REVIEWING THE AVAILABLE EVIDENCE ON PSYCHIATRY EVALUATION, EACH GUIDELINE ALSO PROVIDES GUIDANCE TO CLINICIANS ON IMPLEMENTING THESE RECOMMENDATIONS TO ENHANCE PATIENT CARE.

POSTTRAUMATIC AND ACUTE STRESS DISORDERS - MATTHEW J. FRIEDMAN 2015-02-28

A HANDY, EASY-TO-READ REFERENCE FOR THE DIAGNOSIS AND TREATMENT OF POSTTRAUMATIC AND ACUTE STRESS DISORDERS, THIS IMPORTANT 6TH EDITION HAS BEEN REVISED AND UPDATED EXTENSIVELY, OFFERING A WEALTH OF NEW INFORMATION IN A CONCISE FORMAT OF 6 SECTIONS. THE NEW DSM-5 DIAGNOSTIC CRITERIA FOR PTSD AND ACUTE STRESS DISORDER (ASD) ARE DISCUSSED, IN DEPTH, IN CHAPTERS 2 AND 6, RESPECTIVELY. IN ADDITION, UPDATED TABLES LISTING INSTRUMENTS FOR ASSESSING DIAGNOSIS AND SYMPTOM SEVERITY ARE CITED AND ANNOTATED IN SEVEN APPENDICES, AS IN PREVIOUS EDITIONS. CHAPTERS 3-5 HAVE BEEN REVISED TO KEEP PACE WITH THE EVER-EXPANDING LITERATURE ON TREATMENT OF PTSD. THIS IS ESPECIALLY TRUE IN CHAPTER 4 WHERE, IN ADDITION TO A FOCUS ON EVIDENCE-BASED COGNITIVE-BEHAVIORAL THERAPY, CBT AND OTHER INDIVIDUAL PSYCHOSOCIAL TREATMENTS (E.G. EYE MOVEMENT DESENSITIZATION AND REPROCESSING, EMDR), THE GROWING LITERATURE IS PRESENTED ON COUPLES, FAMILY, GROUP AND SCHOOL-BASED TREATMENTS FOR ADULTS, CHILDREN AND ADOLESCENTS. CHAPTER 5 REVIEWS THE PATHOPHYSIOLOGY OF PTSD AND EVIDENCE-BASED PHARMACOTHERAPY FOR THE DISORDER. CHAPTER 6 ADDRESSES BOTH NORMAL ACUTE STRESS REACTIONS AND CLINICALLY SIGNIFICANT ASD, AS WELL AS EFFECTIVE

INTERVENTIONS FOR EACH. A COMPREHENSIVE, SOPHISTICATED, PRACTICAL REFERENCE FOR ALL CLINICIANS, POSTTRAUMATIC AND ACUTE STRESS DISORDERS, 6TH EDITION IS AN INVALUABLE RESOURCE DESIGNED TO GUIDE THE BEST CLINICAL ATTENTION FOR INDIVIDUALS SUFFERING FROM POSTTRAUMATIC AND ACUTE STRESS DISORDERS.

POSITIVE PSYCHIATRY, PSYCHOTHERAPY AND PSYCHOLOGY - ERICK MESSIAS 2020-01-24

FOR HUNDREDS OF YEARS, PSYCHOLOGY HAS LOOKED INTO THE DYSFUNCTIONS AND SYMPTOMS OF THE MIND. IT'S ONLY OVER THE LAST FEW DECADES THAT THE FIELD HAS STARTED TO PAY ATTENTION TO WHAT CONSTITUTES A FUNCTIONAL AND CONTENT LIFE. INSTEAD OF USING DISEASE TO UNDERSTAND HEALTH, POSITIVE PSYCHOLOGY STUDIES THE COMPONENTS OF A GOOD LIFE AND HELPS PEOPLE NOT ONLY AVOID MENTAL HEALTH PROBLEMS BUT DEVELOP HAPPINESS. THE WORK DONE IN POSITIVE PSYCHOLOGY IS NOW AT A POINT WHERE APPLICATIONS ARE BEING DEVELOPED IN POSITIVE PSYCHOTHERAPY AND EXTENDED TO THOSE WITH PSYCHIATRIC DIAGNOSES IN POSITIVE PSYCHIATRY. WHILE THESE FIELDS ARE A RECENT DEVELOPMENT THEY HOLD THE PROMISE OF HELPING ALL OF US LIVE A FULFILLED LIFE. MEDICINE IN GENERAL, AND PSYCHIATRY IN PARTICULAR, SUFFERS FROM A WORLDVIEW THAT IS SYMPTOM- AND DEFICIT-ORIENTED. BY ADOPTING A POSITIVE APPROACH, PSYCHOLOGY, PSYCHOTHERAPY, AND PSYCHIATRY ADD A

MORE HOLISTIC, INTEGRATIVE, RESOURCE ORIENTED, AND PREVENTIVE PERSPECTIVE. THERE IS GREAT URGENCY IN DEVELOPING RESOURCES AND POTENTIALS IN OUR PATIENTS, NOT ONLY FREEING THEM FROM THEIR DISORDERS. PSYCHIATRISTS AND PSYCHOTHERAPISTS ALIKE ARE INCORPORATING THESE POSITIVE TOOLS INTO THEIR PRACTICES WITH POSITIVE CLINICAL OUTCOMES. STANDING ON THE SHOULDERS OF PIONEERS LIKE NOSSRAT PESECHKIAN, IN POSITIVE PSYCHOTHERAPY, AND DILIP JESTE, IN POSITIVE PSYCHIATRY, THIS TEXTBOOK IS THE FIRST TO BRING TOGETHER THESE INNOVATIONS IN ONE VOLUME THAT WILL SERVE AS AN EXCELLENT RESOURCE FOR MEDICAL PROFESSIONALS LOOKING TO REAP THE BENEFITS GAINED BY THE STUDIES IN THESE AREAS. CURRENTLY, THE MAJORITY OF TEXTS THAT ARE AVAILABLE ARE TARGETING PSYCHOLOGISTS AND RESEARCHERS, WHEREAS THIS BOOK SEEKS TO USE POSITIVE PSYCHOLOGY AS THE FOUNDATION ON WHICH THE CLINICAL APPLICATIONS ARE BUILT. AS SUCH, THIS BOOK WILL BE OF INTEREST TO PSYCHIATRISTS, PSYCHOLOGISTS, SOCIAL WORKERS, AND OTHER MENTAL HEALTH PROFESSIONALS. IT MAY BE USED IN EDUCATING A NEW GENERATION OF MENTAL HEALTH PROFESSIONALS IN THESE TENETS THAT ARE EXPANDING THE REACH OF PSYCHOLOGY, THE PRACTICE OF PSYCHOTHERAPY, AND THE SCOPE OF PSYCHIATRY.

GABBARD'S TREATMENTS OF PSYCHIATRIC DISORDERS - GLEN

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O. GABBARD 2014-05-05

THE DEFINITIVE TREATMENT TEXTBOOK IN PSYCHIATRY, THIS FIFTH EDITION OF GABBARD'S TREATMENTS OF PSYCHIATRIC DISORDERS HAS BEEN THOROUGHLY RESTRUCTURED TO REFLECT THE NEW DSM-5® CATEGORIES, PRESERVING ITS VALUE AS A STATE-OF-THE-ART RESOURCE AND INCREASING ITS UTILITY IN THE FIELD. THE EDITORS HAVE PRODUCED A VOLUME THAT IS BOTH COMPREHENSIVE AND CONCISE, MEETING THE NEEDS OF CLINICIANS WHO PREFER A SINGLE, USER-FRIENDLY VOLUME. IN THE SERVICE OF BREVITY, THE BOOK FOCUSES ON TREATMENT OVER DIAGNOSTIC CONSIDERATIONS, AND ADDRESSES BOTH EMPIRICALLY-VALIDATED TREATMENTS AND ACCUMULATED CLINICAL WISDOM WHERE RESEARCH IS LACKING. NOTEWORTHY FEATURES INCLUDE THE FOLLOWING: CONTENT IS ORGANIZED ACCORDING TO DSM-5® CATEGORIES TO MAKE FOR RAPID RETRIEVAL OF RELEVANT TREATMENT INFORMATION FOR THE BUSY CLINICIAN. OUTCOME STUDIES AND EXPERT OPINION ARE PRESENTED IN AN ACCESSIBLE WAY TO HELP THE CLINICIAN KNOW WHAT TREATMENT TO USE FOR WHICH DISORDER, AND HOW TO TAILOR THE TREATMENT TO THE PATIENT. CONTENT IS RESTRICTED TO THE MAJOR PSYCHIATRIC CONDITIONS SEEN IN CLINICAL PRACTICE WHILE LEAVING OUT LESS COMMON CONDITIONS AND THOSE THAT HAVE LIMITED OUTCOME RESEARCH RELATED TO THE DISORDER, RESULTING IN A MORE STREAMLINED AND AFFORDABLE TEXT. CHAPTERS ARE

METICULOUSLY REFERENCED AND INCLUDE DOZENS OF TABLES, FIGURES, AND OTHER ILLUSTRATIVE FEATURES THAT ENHANCE COMPREHENSION AND RECALL. AN AUTHORITATIVE RESOURCE FOR PSYCHIATRISTS, PSYCHOLOGISTS, AND PSYCHIATRIC NURSES, AND AN OUTSTANDING REFERENCE FOR STUDENTS IN THE MENTAL HEALTH PROFESSIONS, GABBARD'S TREATMENTS OF PSYCHIATRIC DISORDERS, FIFTH EDITION, WILL PROVE INDISPENSABLE TO CLINICIANS SEEKING TO PROVIDE EXCELLENT CARE WHILE TRANSITIONING TO A DSM-5® WORLD.

PROBLEM-SOLVING THERAPY - THOMAS J. D'ZURILLA 1999

AN INTRODUCTION AND GUIDE FOR THERAPISTS AND COUNSELORS IN THE MENTAL HEALTH PROFESSIONS TO THE APPROACH AS A RELIABLE CLINICAL TREATMENT, HEALTH MAINTENANCE STRATEGY, AND PREVENTION PROGRAM. INCLUDES A TREATING MANUAL FOR INCREASING ADAPTIVE COPING AND BEHAVIORAL COMPETENCE AND REDUCING DAILY STRESS. D'ZURILLA (PSYCHOLOGY, U. OF ILLINOIS-URBANA-CHAMPAIGN) AND NEZU (PSYCHOLOGY, STATE U. OF NEW YORK- STONY BROOK) DO NOT MENTION THE DATE OF THE FIRST EDITION, BUT HAVE REVISED THE SECOND WITH NEW THEORETICAL AND EMPIRICAL MATERIAL, INCLUDING STUDIES OF OUTCOMES FOR A VARIETY OF TARGET POPULATIONS. ANNOTATION COPYRIGHTED BY BOOK NEWS, INC., PORTLAND, OR

PARENT-CHILD INTERACTION THERAPY WITH TODDLERS -

EMMA I. GIRARD 2018-09-20

THIS BOOK PRESENTS AN EARLY TREATMENT MODEL FOR TODDLERS. IT DESCRIBES THE EARLY LIFE SPAN DEVELOPMENT, TRAJECTORY, AND FUTURE POTENTIAL OF TODDLERS AND HOW IT MAY BE POWERFULLY INFLUENCED BY THE PROTECTION AND GUIDANCE OF CAREGIVERS TO MEET TODDLERS' PHYSICAL AND MENTAL HEALTH NEEDS. IT OFFERS AN IN-DEPTH GUIDE TO PARENT-CHILD INTERACTION THERAPY WITH TODDLERS (PCIT-T), AN EVIDENCE-BASED PROGRAM FOR ADDRESSING AND PREVENTING BEHAVIOR PROBLEMS AFFECTING YOUNG CHILDREN'S DEVELOPMENT. THE BOOK DETAILS THE INNOVATIVE INTERVENTION DESIGN AND HOW IT GUIDES CLINICIANS IN PROVIDING TREATMENT FOR 12-MONTH OLD TO 24-MONTH OLD TODDLERS WITH DISRUPTIVE BEHAVIORS IN ADDITION TO BEING USED AS A PREVENTION MODEL FOR CAREGIVERS EXPERIENCING STRESS OF CHILD REARING. PCIT-T FOCUSES ON CORE AREAS OF SOCIAL AND EMOTIONAL DEVELOPMENT, INCLUDING BEHAVIOR MANAGEMENT AND LANGUAGE SKILLS, AND CAN BE USED IN DEALING WITH DIFFICULTIES AS DIVERSE AS TANTRUMS, LANGUAGE ISSUES, AUTISTIC BEHAVIORS, AND SEPARATION ANXIETY. PLAY THERAPY AND COMPLIANCE TRAINING IN CHILD-DIRECTED AS WELL AS PARENT-DIRECTED SESSIONS ARE ALSO EXAMINED. INITIAL CHAPTERS PROVIDE AN OVERVIEW OF ATTACHMENT

AND BEHAVIORAL THEORY COMPONENTS THAT ARE FOUNDATIONAL TO THE TREATMENT MODEL. SUBSEQUENT CHAPTERS PROVIDE A SESSION-BY-SESSION GUIDE AND CLINICAL MANUAL FOR IMPLEMENTATION OF PCIT-T AS WELL AS THE CLINICIAN TOOLS NEEDED TO MONITOR TREATMENT INTEGRITY AND FIDELITY TO THE MODEL. TOPICS FEATURED IN THIS BOOK INCLUDE: CORE ELEMENTS AND TREATMENT GOALS OF PCIT-T A RANGE OF BEHAVIORAL ASSESSMENTS USED IN PCIT-T. INSTRUCTIONS FOR ROOM SET-UP, TOY SELECTION, AND SPECIAL CONSIDERATIONS WHEN PROVIDING PCIT-T TREATMENT. PREPARATION GUIDES FOR THE PRETREATMENT INTERVIEW, ASSESSMENT SESSIONS, AND WEEKLY COACHING SESSIONS. THE IMPORTANCE OF CHILD-DIRECTED INTERACTION TODDLER (CDI-T) AND PARENT-DIRECTED INTERACTION TODDLER (PDI-T) IN TEACHING CHILDREN THE NECESSARY SKILLS TO REGULATE THEIR EMOTIONS AND DEVELOP SELF-CONTROL. PARENT-CHILD INTERACTION THERAPY WITH TODDLERS IS A MUST-HAVE RESOURCE FOR CLINICIANS AND RELATED PROFESSIONALS, RESEARCHERS AND PROFESSORS, AND GRADUATE STUDENTS IN THE FIELDS OF CLINICAL CHILD AND SCHOOL PSYCHOLOGY, SOCIAL WORK, PEDIATRICS, INFANCY AND EARLY CHILDHOOD DEVELOPMENT, CHILD AND ADOLESCENT PSYCHIATRY, PRIMARY CARE MEDICINE, AND RELATED DISCIPLINES.