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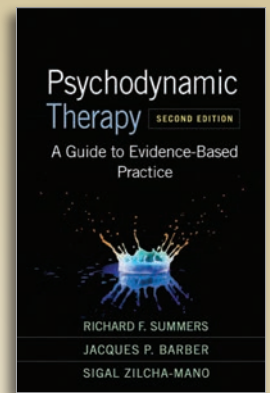
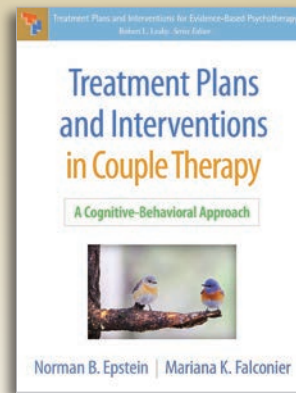
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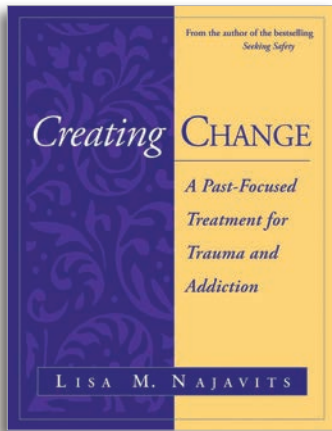
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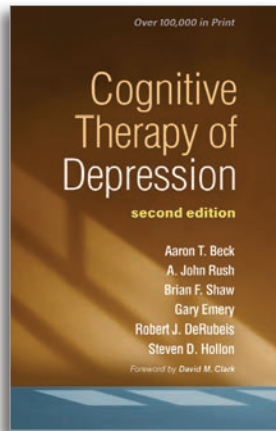
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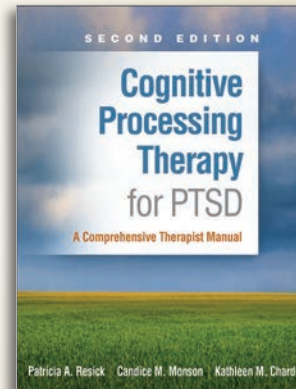
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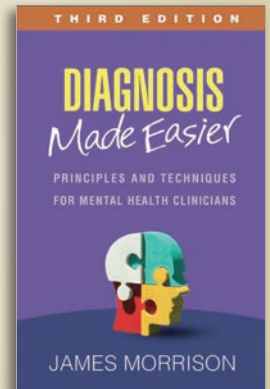
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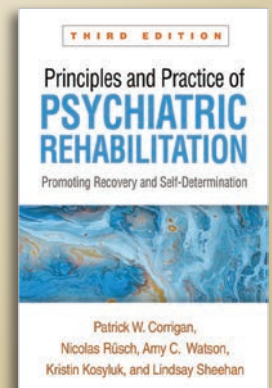
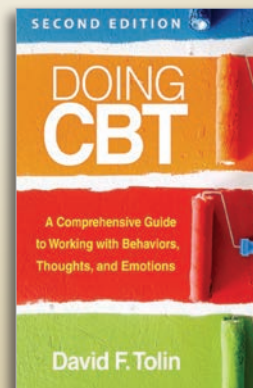
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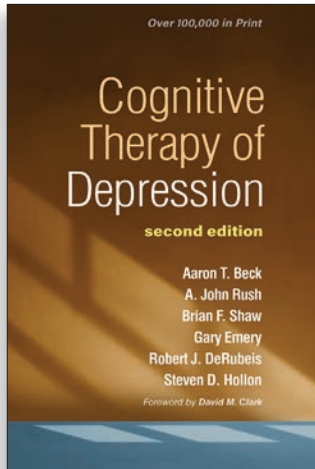
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ABOUT THE AUTHORS

Aaron T. Beck, MD, until his death in 2021, was Professor Emeritus of Psychiatry at the University of Pennsylvania and President Emeritus of the Beck Institute for Cognitive Behavior Therapy. Dr. Beck was cited by *American Psychologist* as "one of the five most influential psychotherapists of all time."

A. John Rush, MD, ABPN, is Professor Emeritus at Duke–National University of Singapore and Adjunct Professor of Psychiatry and Behavioral Sciences at Duke University.

Brian F. Shaw, PhD, is CEO of Contincare Corporation, a digital therapeutics company that provides mental health assessments and cognitive-behavioral therapy interventions.

Gary Emery, PhD, is a clinical psychologist with over 50 years in professional practice.

Robert J. DeRubeis, PhD, is Professor of Psychology at the University of Pennsylvania, where he has served as Director of Clinical Training, Department Chair, and Associate Dean.

Steven D. Hollon, PhD, is the Gertrude Conaway Vanderbilt Professor of Psychology at Vanderbilt University.

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Cognitive Therapy of Depression SECOND EDITION

**Aaron T. Beck, MD, A. John Rush, MD, Brian F. Shaw, PhD,
Gary Emery, PhD, Robert J. DeRubeis, PhD, and Steven D. Hollon, PhD**

Foreword by **David M. Clark, CBE, FBA, FMedSci, FAcSS**

Reflecting major contemporary developments in theory and clinical practice, the second edition of this authoritative guide has been significantly rewritten with 85% new material. Cognitive therapy (CT) pioneer Aaron T. Beck and associates provide cutting-edge knowledge about the cognitive model of depression and the most effective, lasting ways to reduce clients' suffering. The volume links clearly explained theoretical principles to specific therapeutic strategies. Techniques for identifying, examining, and changing the thoughts, beliefs, and behaviors that give rise to depression and related disorders are illustrated with compelling vignettes and sample dialogues.

NEW TO THIS EDITION

- ✓ Reflects the maturation of CT for treating more complicated presentations, including patients with chronic depression or underlying personality disorders.
- ✓ Brings therapists up to date on schema-focused approaches as well as classic cognitive and behavioral interventions.
- ✓ Incorporates data from basic research and many dozens of clinical trials.
- ✓ All-new vignettes and a chapter-length case example.
- ✓ Greater attention to the therapeutic relationship and to longer-term treatment.

CRITICAL ACCLAIM

"As the first fully realized manual guiding CT for depression, this work can be said without hyperbole to have revolutionized the field of psychotherapy. Now a new generation of psychotherapists will benefit greatly from this updated and expanded second edition that integrates the considerable wisdom acquired in the ensuing decades....Every clinician treating depression will benefit from this easy-to-follow CT guide."
—David H. Barlow, PhD

"This eagerly awaited second edition brings the field up to date with an integration of theory, research, and practice. The theme of helping people with depression shift from seeing themselves as incompetent or defective to seeing their difficulties as resulting from use of ineffective strategies is a welcome reframing of depression treatment. Even experienced cognitive therapists will find guidance to improve their effectiveness and correct 'drift' from best practices."
—Christine A. Padesky, PhD

"The second edition of this seminal text has been extensively rewritten to include numerous theoretical, research, and clinical advances. The review of treatment outcome research since the original edition—written by luminaries in the field who had a large part in shaping these discoveries—makes the book extremely worthwhile on its own. The addition of practical demonstrations, including an extensive case example, only adds to the book's utility as a teaching tool. This is an ideal text for undergraduate classes such as Introduction to Clinical Psychology, as well as graduate courses addressing evidence-based therapeutic techniques, clinical conceptualization, or historical developments in psychosocial intervention."
—John Young, PhD

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- | | | |
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| Foreword, <i>Clark</i> | 5. Application of Behavioral Techniques | 11. Termination and Relapse Prevention |
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| 2. The Role of Emotion and the Nature of the Therapeutic Relationship | 7. Schemas: Core Beliefs and Underlying Assumptions | 13. Common Problems Encountered in CT |
| 3. Structure of the Therapeutic Interview | 8. Addressing Comorbid Disorders | 14. Extended Case Example |
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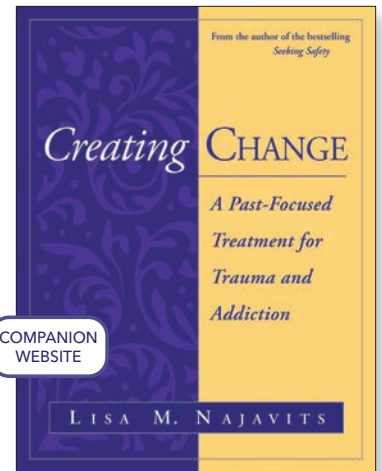
Lisa M. Najavits, PhD

“[An] exceptional treatment manual....Najavits breaks down relevant topics into easily understood instructions that work very well clinically. Each chapter is meticulously structured, providing a step-by-step guide to mastering the structure and content of the method....I highly recommend this ‘must-have’ resource.”
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This flexible, evidence-based manual offers counselors a gentle, compassionate approach to help people with trauma, addiction, or both explore their past. *Creating Change* guides clients to understand how trauma and addiction arose over time, grieve losses and regrets, create a new perspective on their life story, and take pride in their survival. The manual has 23 topics that can be implemented in any order with individuals or groups. *Creating Change* can be implemented with any other treatment, including the author’s present-focused model, *Seeking Safety*. **The book has a convenient large-size format and includes 83 reproducible handouts and clinical tools, many of which can be downloaded and printed at the companion website.**



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ABOUT THE AUTHOR



Lisa M. Najavits, PhD, is Adjunct Professor at the University of Massachusetts Medical School and previously served as a faculty member at Harvard Medical School for 25 years and as a research psychologist at the Veterans Affairs Boston Healthcare System for 12 years.

CONTENTS: 1. Overview of Creating Change 2. The Larger Context 3. How to Conduct Creating Change 4. The Counselor **Treatment Topics:** Introduction • Create Change • Trust versus Doubt • Honor Your Survival • Relationship Patterns • Why Addiction? • Respect Your Defenses • Break the Silence • Darkness and Light • Emotions and Healing • Tell Your Story • Influences • Knowing and Not Knowing • Your Personal Truth • What You Want People to Understand • Listen to Your Body • Memory • Power Dynamics • Deepen Your Story • Growth **Extra Topics:** Understanding Trauma and Addiction • Recovery Strengths and Challenges • Your Relationships **Appendices.** Key Terms • Comparison of All Models Studied for PTSD/SUD • Comparison of Models by the Author

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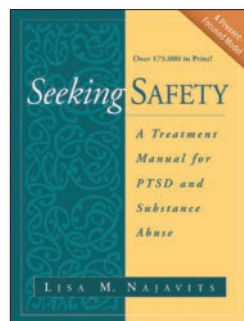
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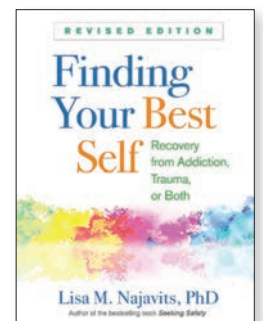
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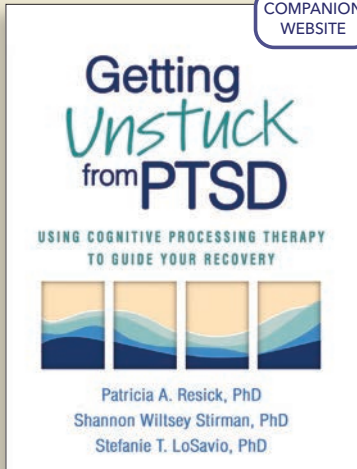
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ABOUT THE AUTHORS



Patricia A. Resick, PhD, ABPP, is Professor Emeritus of Psychiatry and Behavioral Sciences at Duke University Medical School.



Shannon Wiltsey Stirman, PhD, is Professor in the Department of Psychiatry and Behavioral Sciences at Stanford University.



Stefanie T. LoSavio, PhD, ABPP, is Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Texas Health Science Center at San Antonio and Director of Research and Innovation at the STRONG STAR Training Initiative.

Winner (Second Place)-American Journal of Nursing Book of the Year Award, Consumer Health Category

See also the authoritative CPT treatment manual for clinicians, Cognitive Processing Therapy for PTSD, Second Edition, by Patricia A. Resick, Candice M. Monson, and Kathleen M. Chard (next page).

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Getting Unstuck from PTSD

Using Cognitive Processing Therapy to Guide Your Recovery

Patricia A. Resick, PhD, Shannon Wiltsey Stirman, PhD, and Stefanie T. LoSavio, PhD

From cognitive processing therapy (CPT) originator Patricia A. Resick and colleagues, this unique self-guided workbook puts the proven tools of CPT directly in the hands of trauma survivors. In a convenient large-size format, it is ideal for use as a stand-alone resource or an adjunct to therapy. Step by step, the authors explain CPT skills and strategies and illustrate them with vivid stories of people recovering from a range of traumatic events. All needed worksheets are included, and additional copies can be downloaded and printed. Further guidance and support is provided in video clips on the authors' website. Readers learn how to get unstuck from what happened in the past—so they can build the life they want now.

"An important resource...It will bring hope to those who suffer from PTSD, helping them change their beliefs and coping strategies, so they can live the life they want." -Judith S. Beck, PhD

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I. Introduction

- 1. Overview of This Book
2. How PTSD Keeps You Stuck
3. Making a Plan to Get Unstuck from PTSD

II. Identifying Where You Are Stuck

- 4. Introduction to PTSD and Trauma Recovery
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6. Identifying Thoughts and Feelings

III. Getting Unstuck from Beliefs about the Trauma

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- 11. Safety
12. Trust
13. Power and Control
14. Esteem
15. Intimacy

V. Moving Forward

- 16. Finishing CPT
17. Conclusion

Appendix

Trust Star Worksheet form with instructions and a star-shaped diagram for marking trust levels.

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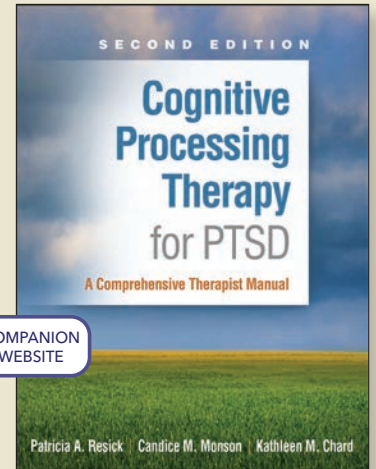
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“No trauma therapist can fail to benefit from the exceptional levels of experience and wisdom to be found in the second edition of this manual.”
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CONTENTS: Preface **I. Background on PTSD and CPT** 1. The Origins of CPT 2. Research on CPT 3. Pretreatment Assessment 4. Cognitive Case Conceptualization 5. Preparing to Deliver CPT **II. CPT Manual** 6. Session 1: Overview of PTSD and CPT 7. Session 2: Impact Statement 8. Session 3: ABC Worksheets 9. Session 4: Processing the Index Event 10. Session 5: Exploring Questions 11. Session 6: Thinking Patterns 12. Session 7: Alternative Thoughts Worksheets 13. Session 8: Trauma Themes—Safety 14. Session 9: Trauma Themes—Trust 15. Session 10: Trauma Themes—Power/Control 16. Session 11: Esteem 17. Session 12—Intimacy and Facing the Future **III. Alternatives in Delivery and Special Considerations** 18. Variations in CPT 19. Group CPT 20. Individual Variation in Client Presentations **Appendices.** Materials for Therapists • Simplified Worksheets

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ABOUT THE AUTHORS



Patricia A. Resick, PhD, ABPP, developed CPT in 1988 at the University of Missouri-St. Louis, where she founded the Center for Trauma Recovery and was an Endowed Professor.



Candice M. Monson, PhD, is Professor of Psychology at Toronto Metropolitan University in Toronto, Ontario, Canada.



Kathleen M. Chard, PhD, is Associate Chief of Staff for Research at the Cincinnati Veterans Affairs Medical Center and Professor of Psychiatry and Behavioral Neuroscience at the University of Cincinnati.

HANDOUT 3.2
**Patient Health Questionnaire-9 (PHQ-9):
Scale and Scoring**

Date: _____ Client: _____

Depressive symptom monitoring is optional in the CPT protocol, but it is encouraged when clients endorse depressive symptomatology. In that case, the PHQ-9 may be given every 2 weeks during the course of CPT to monitor depressive symptoms.

While this instrument alone is not sufficient to diagnose depressive disorders, it gives you a sense of whether an individual is experiencing depressive symptoms and how severe their symptoms are.

For your purposes, add up your client's scores on the 9 items provided below. The total score guidelines are as follows:

Total Score Depression Severity	
Score	Depression severity
1–4	Minimal depression
5–9	Mild depression
10–14	Moderate depression
15–19	Moderately severe depression
20–27	Severe depression

HANDOUT 7.2
Identifying Emotions Handout

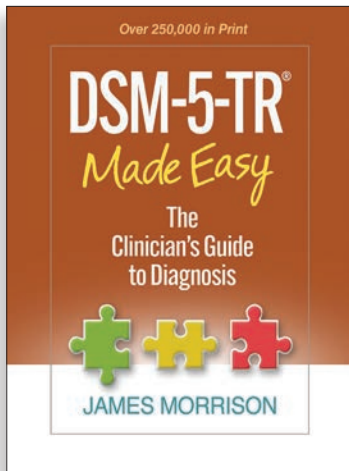
Date: _____ Client: _____

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CRITICAL ACCLAIM

DSM-5-TR Made Easy is a master class in modern psychopathology... This exceptional book is an authoritative resource for clinicians and students at all levels and an ideal text for teaching the next generation of mental health professionals.”

—David H. Klemanski, PsyD, MPH

“This book supports mental health professionals across their careers, from psychology interns and medical students who are just learning the diagnostic criteria to seasoned psychiatrists who need the newest DSM updates in our constantly evolving field.”

—Meredith Gansner, MD

CONTENTS

Introduction	11. Sleep–Wake Disorders
1. Neurodevelopmental Disorders	12. Sexual Dysfunctions
2. Schizophrenia Spectrum and Other Psychotic Disorders	13. Gender Dysphoria
3. Mood Disorders	14. Disruptive, Impulse-Control, and Conduct Disorders
4. Anxiety Disorders	15. Substance-Related and Addictive Disorders
5. Obsessive–Compulsive and Related Disorders	16. Cognitive Disorders
6. Trauma- and Stressor-Related Disorders	17. Personality Disorders
7. Dissociative Disorders	18. Paraphilic Disorders
8. Somatic Symptom and Related Disorders	19. Other Factors That May Need Clinical Attention
9. Feeding and Eating Disorders	20. Patients and Diagnoses
10. Elimination Disorders	Appendix. Essential Tables

Physical Disorders That Affect Mental Diagnosis

Medical disorder	Anx	Depr	Mania	Psych	Delir	Dem	Cata	Pers chg	Erect	Ejac	Sex pain	Anorg
Cardiovascular												
Anemia	x											
Angina	x											
Aortic aneurysm										x		
Arrhythmia	x				x							
A-V malformation						x						
Congestive heart failure	x				x				x			
Hyperthyroidism	x				x							
Myocardial infarction	x											
Mitral valve prolapse	x											
Paroxysmal atrial tachycardia	x											
Shock	x				x							
Endocrine												
Addison's (adrenal insufficiency)	x	x			x							
Carcinoid tumor	x											
Cushing's disease	x	x	x		x				x			
Diabetes	x									x		x
Hyperparathyroidism							x					
Hyperthyroidism	x	x	x		x					x		
Hypoglycemia	x	x				x						
Hypoparathyroidism	x	x										
Hypothyroidism	x	x			x				x	x		x

CHAPTER 5

Obsessive–Compulsive and Related Disorders

Quick Guide to the Obsessive–Compulsive and Related Disorders

People who are preoccupied with obsessional ideas or certain repetitive behaviors may qualify for the disorders listed here.

Obsessive–compulsive disorder. These people are bothered by repeated thoughts or behaviors that appear senseless, even to them (p. 199).

Body dysmorphic disorder. In this disorder, physically normal people believe that parts of their bodies are misshapen or ugly (p. 203).

Hoarding disorder. An individual accumulates so many objects (perhaps of no value) that they interfere with life and living (p. 206).

Trichotillomania (hair-pulling disorder). Pulling hair from various parts of the body is often accompanied by feelings of “tension and release” (p. 209).

Excoriation (skin-picking) disorder. Patients so persistently pick at their skin that they traumatize it (p. 211).

Obsessive–compulsive and related disorder due to another medical condition. Obsessions and compulsions can be caused by various medical conditions (p. 214).

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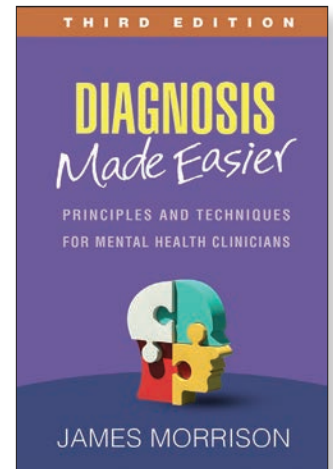
The third edition of this incisive practitioner resource and course text—**updated for the DSM-5 Text Revision (DSM-5-TR)**—takes the reader step by step through diagnostic decision making in mental health. Guidelines are presented for evaluating information from multiple sources, constructing a wide-ranging differential diagnosis, creating a safety hierarchy, and using decision trees to derive a valid working diagnosis. The book addresses specific issues in diagnosing the conditions most often seen in mental health practice, with an emphasis on how diagnosis informs effective treatment. **More than 100 vivid vignettes illustrate the diagnostic process and allow readers to practice their skills.**

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CRITICAL ACCLAIM

“Now more than ever, as health care systems inappropriately substitute symptom checklists for actual diagnoses, the risk of errors is substantial. Mental health professionals must understand and apply diagnostic processes to recognize when a revised diagnosis or second opinion is called for. This is the best book I have ever seen that addresses this critical need.”
—A. John Rush, MD

“An intuitive and indispensable resource....Leveraging his wealth of clinical expertise and meticulous approach to diagnosis, Morrison establishes this third edition as an essential guide for health care professionals.”
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ABOUT THE AUTHOR



James Morrison, MD, is Affiliate Professor of Psychiatry at Oregon Health and Science University in Portland. His long career includes extensive experience in both the private and public sectors.

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Introduction

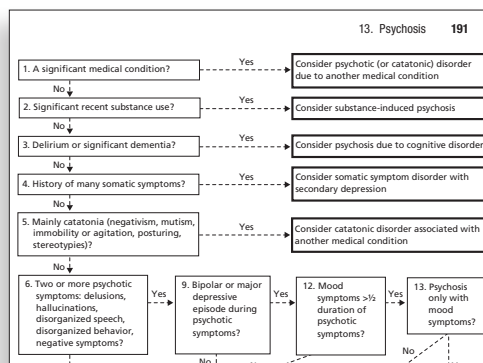
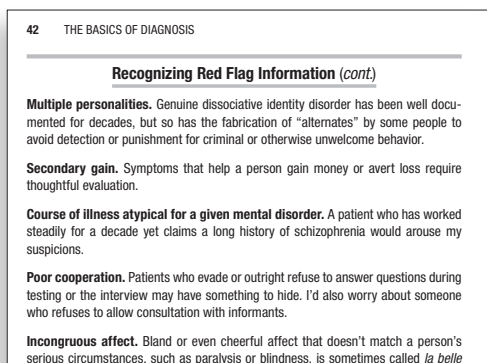
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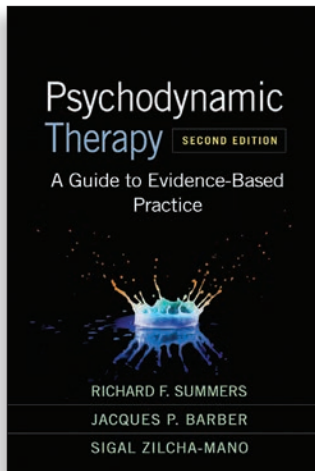


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Sigal Zilcha-Mano, PhD, is Professor of Clinical Psychology at the University of Haifa, Israel, where she heads the Psychotherapy Research Lab in the Department of Psychology,

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2. Pragmatic Psychodynamic Psychotherapy
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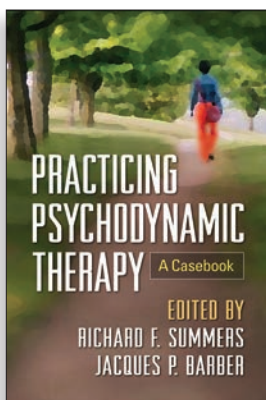
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13. Telepsychotherapy and Combining Treatments
14. Psychopharmacology and Psychotherapy
15. The Patient Is Part of a Family, *with Ellen Berman*

V. Ending

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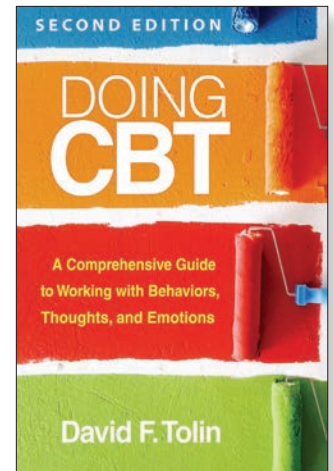
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ABOUT THE AUTHOR



David F. Tolin, PhD, ABPP, is founder and director of the Anxiety Disorders Center at The Institute of Living-Hartford Hospital and Adjunct Professor of Psychiatry at Yale University School of Medicine.

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LEARNING WORKSHEET
Listing Interpretations

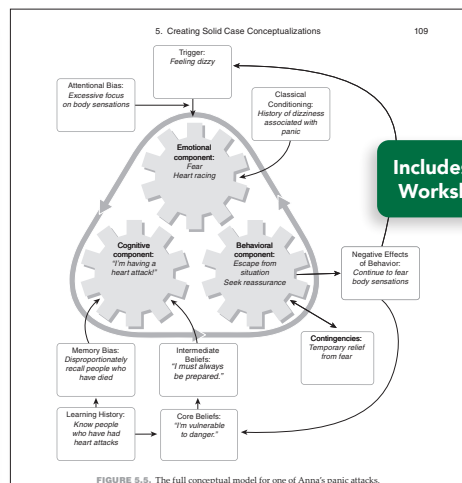
Name _____ Date _____

Using a recent occurrence of the personal target, identify your interpretations and the emotions that followed.

Situation	Interpretation(s)	Emotion(s) (rate intensity from 0 to 100)
Example: Late for work	I'll never succeed in this job.	Sadness 65

Next, check whether any of the following cognitive distortions are present in your interpretations, and briefly indicate why you think those distortions apply.

Probability overestimation _____
 Catastrophizing _____
 Overgeneralization _____



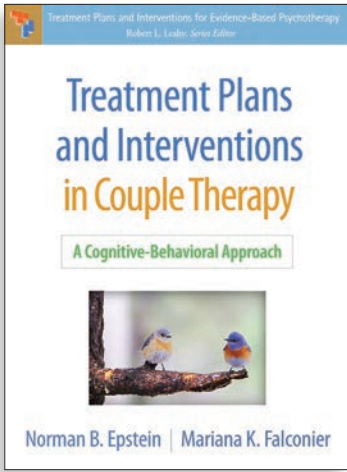
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ABOUT THE AUTHORS



Norman B. Epstein, PhD, is Professor Emeritus in the Department of Family Science in the School of Public Health at the University of Maryland, College Park, and a licensed clinical psychologist.



Mariana K. Falconier, PhD, LMFT, is Professor and Director of the Couple and Family Therapy Master's Program at the University of Maryland, College Park.

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“This book somehow manages to be a primer on couple-focused CBT, a series of detailed and comprehensive recommendations tailored to common presenting problems, and a resource for helpful handouts that greatly facilitate the application of the content with couples. It’s like getting three books in one!”
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- 6. Infidelity
- 7. Sexual Relationship Problems
- 8. Financial Issues
- 9. Co-Parenting Problems
- 10. Couple Interventions for Individual Psychopathology
- 11. Intercultural Couples
- 12. Conclusions and Future Directions

HANDOUT 3.1 Relationship Issues Survey

There are a variety of areas in a couple's relationship that can become sources of disagreement and conflict. Please indicate how much each of the areas is presently a source of disagreement and conflict in your relationship with your partner. Select the number on the scale that indicates how much the area is an issue in your relationship.

0 = Not at all a source of disagreement or conflict
1 = Slightly a source of disagreement or conflict
2 = Moderately a source of disagreement or conflict
3 = Very much a source of disagreement or conflict

- ___ Relationships with friends
- ___ Leisure activities and interests
- ___ Career and job issues
- ___ Household tasks and management
- ___ Care/life balance
- ___ Religion or spiritual life
- ___ Values, goals, and things believed important in life
- ___ Cultural traditions and practices
- ___ Amount of time spent together
- ___ Finances (income, how money is spent, etc.)
- ___ Affairs/infidelity
- ___ Privacy
- ___ Relationship with family of origin (parents, siblings)
- ___ Honesty
- ___ Sexual relationship
- ___ Gender identity and/or sexual orientation (e.g., changes, coming out)
- ___ Expressions of caring and affection
- ___ Child rearing/parenting approaches
- ___ Management of a child's medical/psychological conditions
- ___ Management of matters related to a child's gender identity and/or sexual orientation
- ___ Trustworthiness
- ___ Personal habits
- ___ Negative ways of behaving during of conflict

HANDOUT 3.4 Short Form of the Inventory of General Relationship Standards (p. 2 of 2)

- 8. My partner and I should feel responsible for each other's happiness. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 9. We should feel free to try to improve any faults we see in our partner. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 10. My partner and I should be willing to sacrifice our personal needs for the sake of our relationship. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 11. When our partner wants us to compromise our position on an issue, we should do it. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 12. We should each have as much time as we need to pursue our individual interests on our own. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 13. When we have a difference in preferences, the outcome should be a compromise. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 14. We should be willing to change in order to be the kind of mate that our partner wants us to be. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 15. We should share our thoughts and feelings with each other rather than keeping them private. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 16. We should spend a lot of time planning and doing things to show each other that we care. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 17. We should spend free time with just the two of us rather than with other people. 1. 2. 3. 4. 5.
Are you satisfied with the way this standard is being met in your relationship? Y. N.
- 18. We should not let our differences become a source of conflict. 1. 2. 3. 4. 5.

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Group Approaches to Treating Traumatic Stress

A Clinical Handbook

Edited by **Josef I. Ruzek, PhD, Matthew M. Yalch, PhD,**
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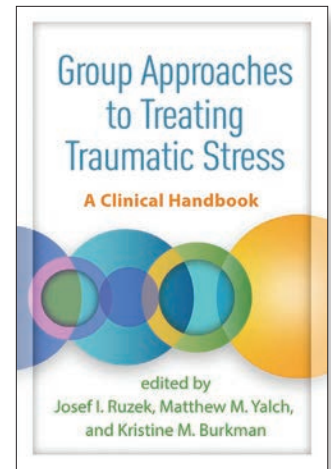
Filling a key need, this unique handbook reviews the state of the science of group-based treatment of PTSD and other trauma-related problems and offers detailed descriptions of specific approaches. Leading clinician-researchers present their respective therapies step by step, including “mini-manuals” with extensive case examples. The volume provides practical guidance about basic skills for leading groups for trauma survivors, ways of comparing different kinds of groups, and the place of group therapy in the overall arc of trauma treatment. Special topics include training, supervision, and evaluation of trauma therapy groups and conducting virtual/telehealth groups.

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—Melanie D. Hetzel-Riggin, PhD, LP



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ABOUT THE EDITORS



Josef I. Ruzek, PhD, retired as Director of the Dissemination and Training Division of the National Center for PTSD in 2018, after 26 years in the organization.



Matthew M. Yalch, PhD, is Associate Professor of Psychology at Palo Alto University, where he teaches courses in personality assessment and quantitative methodology.



Kristine M. Burkman, PhD, is an Attending Psychologist at the San Francisco VA Health Care System and Associate Clinical Professor of Psychiatry at the University of California, San Francisco.

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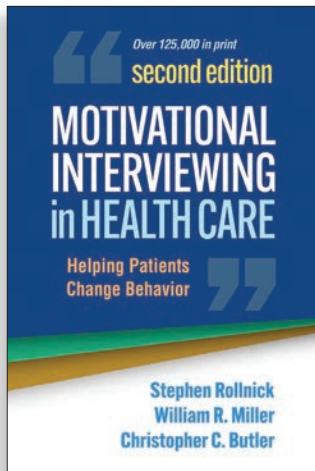
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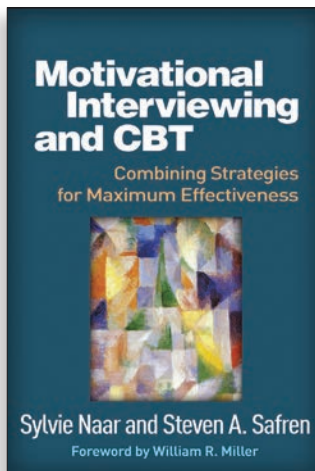
Foreword by **William R. Miller, PhD**

“An excellent resource. Rightly noting that CBT is hard work, the authors provide concrete strategies to capitalize on clients’ own reasons for changing, while also avoiding the power struggles that can arise. As a clinical supervisor, I will recommend this book to my trainees as essential reading.”

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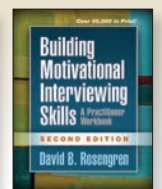
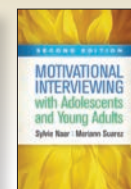
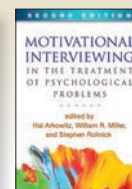
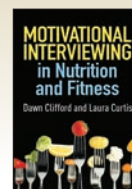
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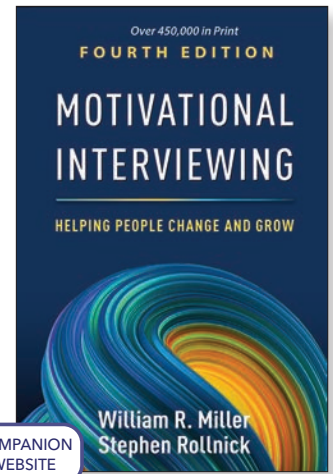
NEW TO THIS EDITION: ✓ Most of the book is entirely new. ✓ Addresses the breadth of MI applications not only in counseling and psychotherapy, but also in health care, education, coaching, management, and other contexts. ✓ Discusses delivering MI remotely, simple versus complex affirmations, strategic use of directional questions, ethical considerations, and other new or expanded topics. ✓ Increased emphasis on using MI throughout a client's process of change and growth, not just in the preparatory stage.

CRITICAL ACCLAIM

"Miller and Rollnick masterfully guide us through the story of how MI has developed over four decades and bring its sophisticated simplicity to life in a way that stimulates the mind, touches the heart, and invites best practice.... This book is very useful for any graduate-level curricula that focus on behavior change and/or psychotherapy skills."
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William R. Miller, PhD, is Emeritus Distinguished Professor of Psychology and Psychiatry at the University of New Mexico. He introduced MI in a 1983 article and in the first edition of *Motivational Interviewing* (1992), coauthored with Stephen Rollnick.



Stephen Rollnick, PhD, is Honorary Distinguished Professor in the School of Medicine at Cardiff University, Wales, United Kingdom. He is cofounder of MI and helped to create the Motivational Interviewing Network of Trainers (<https://motivationalinterviewing.org>).

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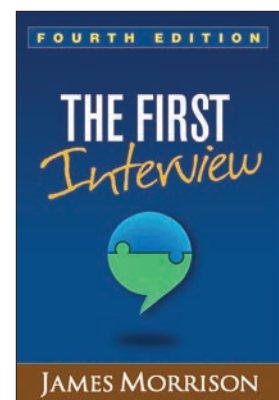
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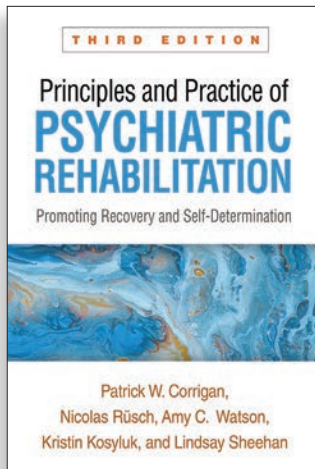
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ABOUT THE AUTHORS



Patrick W. Corrigan, PsyD, is Distinguished Professor of Psychology at the Illinois Institute of Technology.



Nicolas Rüsich, MD, is Professor of Public Mental Health at Ulm University in Ulm, Germany.



Amy C. Watson, PhD, is Professor in the School of Social Work at Wayne State University.



Kristin Kosyluk, PhD, is Assistant Professor of Mental Health Law and Policy at the University of South Florida.



Lindsay Sheehan, PhD, is Assistant Professor of Psychology and Associate Director of the Center on Health Equity, Education, and Research at the Illinois Institute of Technology.

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“This is the most comprehensive text describing the essential role of psychiatric rehabilitation in recovery-oriented mental health service delivery....The text is extraordinary in its accessibility for learners at any level—especially graduate and professional students—and its relevance for courses across the mental health disciplines.”

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—Marc V. Felizzi, LCSW, PhD

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| 3. What Is Psychiatric Rehabilitation? | 12. Family |
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CRITICAL ACCLAIM

“Barsky offers wise, state-of-the-art counsel to practitioners who are asked to testify and/or produce documents. The extensive case scenarios are instructive and provide readers with concrete examples of the diverse ways in which clinicians can find themselves involved in legal matters. Practitioners would do well to consult *Clinicians in Court, Third Edition* as their principal guide during legal proceedings.”
—Frederic G. Reamer, PhD

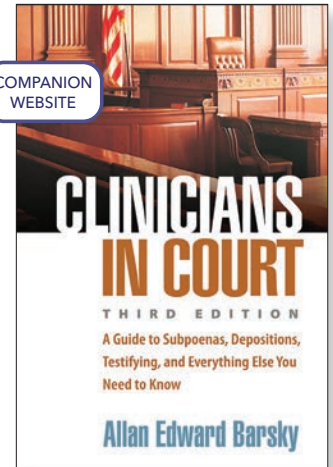
“For most clinicians, the legal landscape is unfamiliar and intimidating. This comprehensive book puts an expert in your corner. The third edition is extremely informative...An indispensable resource for forensically oriented practitioners and for those who seldom engage in court proceedings, but need incisive guidance.”
—Raymond Chip Tefrate, PhD

“A ‘must read’ for clinicians apprehensive about testifying in court. The third edition walks readers through various court scenarios and conflicts of interests that may arise... This book is a precision tool and reference for navigating the complexities of court systems—I only wish it had been available during my Social Work and Law coursework.”
—Roxroy A. Reid, PhD, LCSW

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Preface	8. Documentary Evidence
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ABOUT THE AUTHOR



Allan Edward Barsky, JD, MSW, PhD, is Professor in the Sandler School of Social Work at Florida Atlantic University, where he teaches graduate courses on professional ethics, conflict resolution, generalist practice with individuals, and clinical practice with groups.

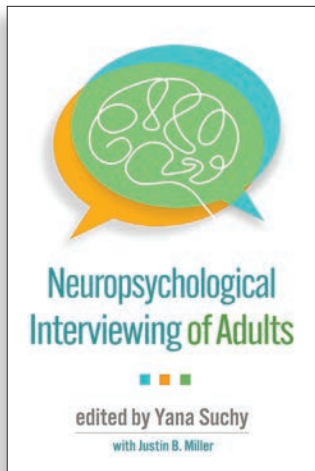
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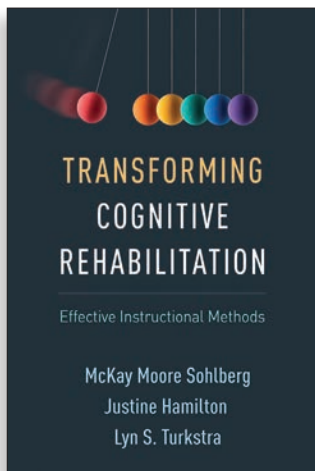
Neuropsychological Interviewing of Adults

Edited by **Yana Suchy, PhD, ABPP-CN**, University of Utah
with **Justin B. Miller, PhD, ABPP-CN**

“A ‘must read’ for neuropsychologists and those in training. One of the most important skills for neuropsychology trainees to learn is how to guide and focus the clinical interview....This book rises to the occasion.”
—**Dawn Bowers, PhD**

“This book will have great value to my graduate students as a complement to learning neuropsychological tests in their neuropsychological assessment course or during their first neuropsychological practicum placement. The user-friendly tables will enhance the book’s utility for me as a clinical supervisor when patients with more infrequent neurological or neuropsychological presentations are seen in our training clinic.”
—**Julie A. Suhr, PhD**

Filling a major gap in neuropsychological references and training materials, this is the first guide to conducting effective clinical interviews as a core component of neuropsychological practice. Prominent experts provide state-of-the-art information about clinical interviewing in the context of 16 different adult populations and settings. Chapters outline critical areas of inquiry and key considerations for differential diagnosis, as well as what initial and follow-up questions to ask, rapport-building strategies, and common interviewing pitfalls. Tips for record reviews and behavioral observations are also offered. Chapters follow a consistent format and include extensive tables for easy reference.



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Transforming Cognitive Rehabilitation

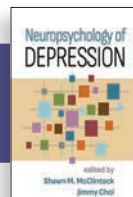
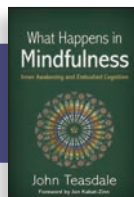
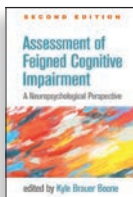
Effective Instructional Methods

McKay Moore Sohlberg, PhD, CCC-SLP, University of Oregon
Justine Hamilton, MCISc, MBA, McMaster University
Lyn S. Turkstra, PhD, McMaster University

“This much-needed book demonstrates the need to transcend traditional boundaries, such as those between restoration and compensation or between individual cognitive processes....It will be required reading for any graduate student, intern, or postdoctoral fellow interested in learning the theory and practice of cognitive rehabilitation. Even as a practitioner of 30 years, I learned quite a lot.”
—**Sarah A. Raskin, PhD**

“This book surely lives up to its title, providing an integrated, transformative vision for the field and a set of systematic principles to guide practice in the face of evolving evidence....Case examples help clarify complex points in assessment and treatment planning.”
—**John Whyte, MD, PhD**

Grounded in cutting-edge knowledge about cognitive function and recovery from brain injury, this practical reference and text builds on the authors’ influential earlier work, *Optimizing Cognitive Rehabilitation*. It incorporates major advances in the field to provide a new framework for assessing patients and developing individualized rehabilitation plans. The distinguished authors present principles and procedures for promoting engagement, teaching cognitive strategies and discrete facts and routines, introducing external cognitive aids, and supporting patients’ social competence. The book features detailed case illustrations and **filled-out examples of 19 reproducible planning and progress monitoring forms**. Blank forms can be downloaded and printed in a convenient 8½" x 11" size.



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New

Holistic Neurorehabilitation

Interventions to Support Functional Skills after Acquired Brain Injury

Pamela S. Klonoff, PhD

“Klonoff has devoted her career to the provision of holistic neurorehabilitation. Her depth of experience and wisdom shine a light for readers who want to emulate this model in their own clinical settings.”

—Jill Winegardner, PhD

“Klonoff and her colleagues have given the contemporary field of neurorehabilitation a strikingly unique gift.... This fantastic book is a ‘must read’ for graduate and postgraduate students who want a truly hands-on guide. Any neurorehabilitation provider who reads this book will get a treasure chest of tools to improve their programs, services, and outcomes.”

—Lance E. Trexler, PhD

Highly practical and comprehensive, this book provides a multimodal framework for helping patients with acquired brain injuries to identify and achieve meaningful functional goals in the home and community. **In a convenient large-size format**, the volume features rich case examples and interdisciplinary tools and strategies. Post-acute cognitive, physical, communication, emotional, vocational, interpersonal, family, and quality-of-life domains are all addressed, using state-of-the-art restorative and compensatory approaches. Coverage includes both individual and group therapies. **Fifty reproducible forms and handouts can be photocopied from the book or downloaded from the companion website.** The website also features a supplemental chapter on efficacy and outcomes research in neurorehabilitation, appendices with helpful resources, color versions of selected figures, and more.

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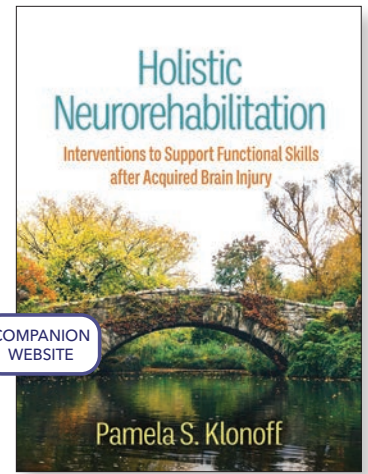
II. Clinical Approaches and Techniques

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7. Transfer of Skills to the Home, Community, and Work, with Caples, Lindman, Rhodes, Hunsaker, & Ehlert
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ABOUT THE AUTHOR



Pamela S. Klonoff, PhD, ABPP-CN, has been a faculty neuropsychologist at the Center for Transitional Neuro-Rehabilitation at Barrow Neurological Institute, Dignity Health, Phoenix, Arizona, since 1986, and became the Center's Clinical Director in 1993.

Also from Pamela Klonoff—
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FORM 5.5
Vocational Group Work Performance Scale

Name: _____ Date: _____

Scale: 1 = unsatisfactory; 2 = needs improvement; 3 = appropriate for work; 4 = good; 5 = excellent
A score of "3" is the MINIMUM level of performance acceptable for work. The overall goal is to achieve a score of "4" or "5" in each of the following areas.

Work Skill	Performance		Comments
	Self	Therapist	
Timeliness	1 2 3 4 5	1 2 3 4 5	Self: Therapist:
Communication	1 2 3 4 5	1 2 3 4 5	Self: Therapist:
Communication pragmatics	1 2 3 4 5	1 2 3 4 5	Self: Therapist:
Following directions	1 2 3 4 5	1 2 3 4 5	Self: Therapist:
Teamwork	1 2 3 4 5	1 2 3 4 5	Self: Therapist:
Use of compensations	1 2 3 4 5	1 2 3 4 5	Self: Therapist:
Memory for routine tasks	1 2 3 4 5	1 2 3 4 5	Self: Therapist:

FORM 8.2
Tiers of Support and Social Spheres

Name: _____ Date: _____

Tier 1
Close people seen often

Tier 2
Friends seen weekly to twice per month

Tier 3
Acquaintances and friends seen once a month

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

1. _____
2. _____
3. _____
4. _____
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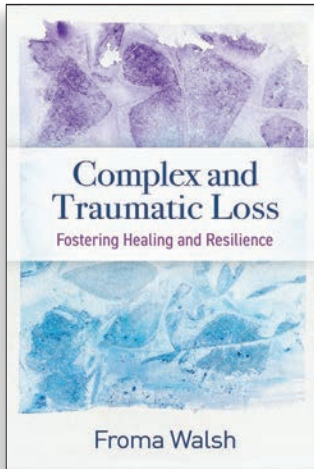
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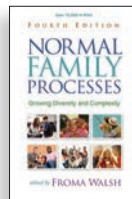
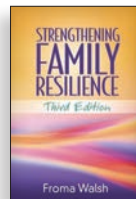
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Fostering Healing and Resilience

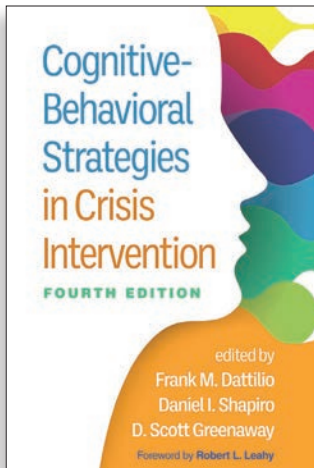
Froma Walsh, MSW, PhD, University of Chicago (Emerita),
Chicago Center for Family Health

“With clinical acumen and insight, Walsh explores the deeply personal, intricately social process of grieving life-altering loss and reexamining one’s life narrative in its wake.... This book is the magnum opus of one of our field’s most fertile, sophisticated, and visionary minds. I recommend it enthusiastically.”
—**Robert A. Neimeyer, PhD**

In this needed practice and training guide for all mental health professionals, Froma Walsh presents a research-informed, resilience-oriented approach to help individuals, couples, and families who experience profound loss. Walsh guides therapists to understand and address the impact of complicated and traumatic deaths in relational systems and social contexts. She provides core principles and illustrative examples to foster healing and adaptation; help clients mobilize vital social, cultural, and spiritual resources; and find pathways forward to live and love beyond loss.



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Cognitive-Behavioral Strategies in Crisis Intervention, FOURTH EDITION

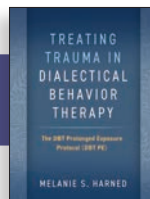
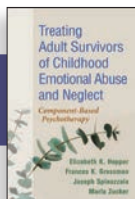
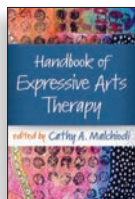
Edited by **Frank M. Dattilio, PhD, ABPP**, Harvard Medical School
Daniel I. Shapiro, PhD, University of California, Davis
D. Scott Greenaway, PhD, ABPP, private practice, Jacksonville Beach, FL
Foreword by **Robert L. Leahy, PhD**

The Leading Guide
to Crisis Intervention

“Dattilio, Shapiro, Greenaway, and their distinguished contributors have knocked it out of the park with this fourth edition. The impressive breadth of coverage makes this volume truly relevant to the challenges of our times.... An added plus is that so many of the chapters include guidance on crisis prevention.”
—**Cory F. Newman, PhD**

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Internal Family Systems Therapy for Shame and Guilt

Martha Sweezy, PhD, Harvard Medical School; Cambridge Health Alliance

Foreword by **Richard C. Schwartz, PhD**

“This volume is particularly pertinent for therapists who want to interrupt intergenerational cycles of trauma that are often fueled by shame and guilt. Whether or not the reader has a background in internal family systems (IFS) therapy, this book convincingly makes the case for the relevance and power of this approach. I am already finding it extremely useful in my practice with trauma survivors.”

—**Pamela C. Alexander, PhD**

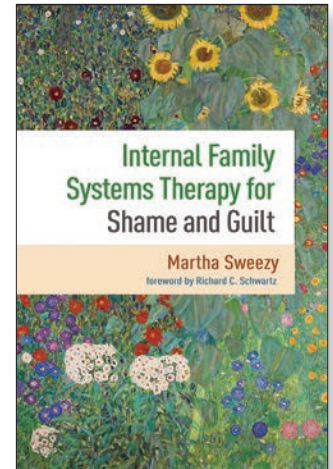
“With remarkable clarity and sophistication, the author untangles the inner dynamics of shame and guilt, and shows how to address a client’s unmet needs compassionately in therapy. This book is generous and deep—no reader will be left untouched.”

—**Christopher Germer, PhD**

“This book is a welcome, inspiring guide for all therapists who have struggled with the limitations of pathologizing DSM-based approaches to psychotherapy, in which the therapist is expected to have ‘the answers.’...The book reminds us that the answers reside within each individual, and gives powerful examples of how IFS allows individuals to discover their own paths to healing.”

—**Michael Mithoefer, MD**

Rich in clinical examples, this book offers a fresh perspective on the roles of shame and guilt in psychological distress and presents a step-by-step framework for treatment. Martha Sweezy explains how the principles of IFS therapy are ideally suited to helping trauma survivors and other clients who struggle with debilitating shame to understand and heal psychic parts wounded in childhood. Annotated case illustrations show and explain IFS techniques in action. Other useful features include boxed therapeutic exercises, decision trees, and pointers to help therapists avoid or overcome common pitfalls.



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Making Room for the Disavowed

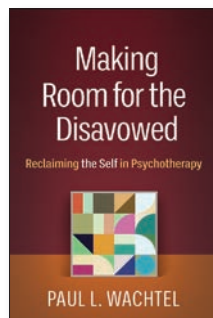
Reclaiming the Self in Psychotherapy

Paul L. Wachtel, PhD

“Wachtel eloquently presents a wonderful integrative approach in which making room is the pivotal process....This is the work on theoretical integration that the field has been waiting for.”

—**Leslie S. Greenberg, PhD**

In this uniquely integrative book, Paul L. Wachtel describes powerful clinical strategies to *make room* for aspects of the self that were sidetracked in the course of development. Wachtel explores how early attachment experiences can lead people to turn away from certain thoughts and feelings, building a sense of self and ways of interacting on only a limited range of adaptive resources. His approach draws on psychodynamic, humanistic, systemic, and acceptance-centered cognitive-behavioral perspectives, as well as attention to the impact of race, class, and culture.



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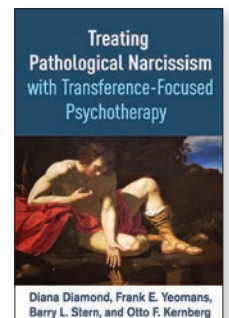
Treating Pathological Narcissism with Transference-Focused Psychotherapy

Diana Diamond, PhD
Frank E. Yeomans, MD, PhD
Barry L. Stern, PhD
Otto F. Kernberg, MD

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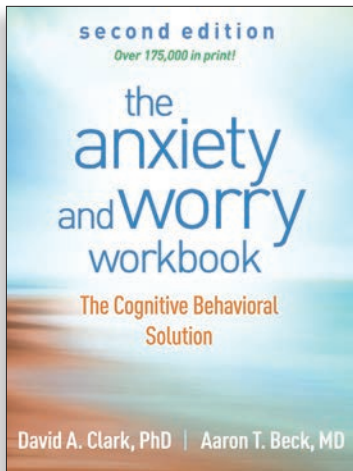
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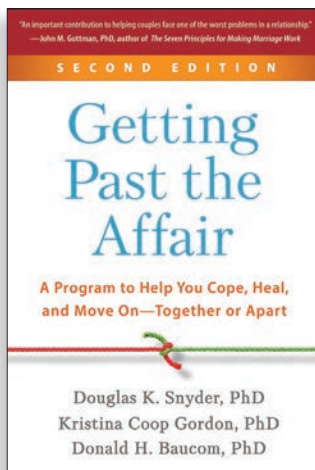
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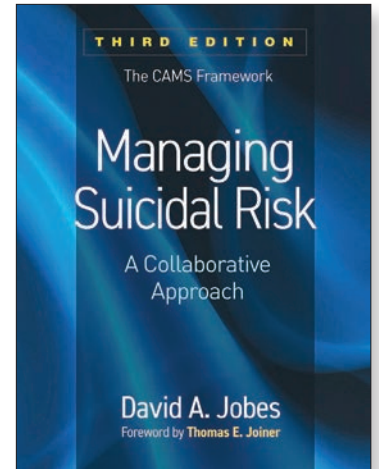
The Suicide Status Form
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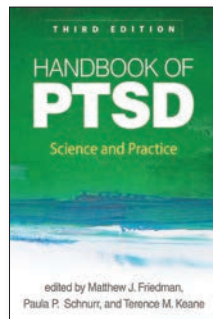
Paula P. Schnurr, PhD

Terence M. Keane, PhD

“Should be on the bookshelf of every clinician who treats PTSD, every graduate student who wants to do so, and every trauma researcher. The editors are the rock stars of PTSD.”

—**Barbara Olasov Rothbaum, PhD**

Now in an extensively revised third edition with 65% new material, this is the authoritative reference on PTSD. The third edition has been thoroughly revised to reflect the accelerating pace of scientific and clinical progress, and includes a range of new authors; chapters on new topics such as the treatment of PTSD with comorbid disorders and postmortem brain banking; new chapters on DSM-5 and ICD-11 diagnostic criteria, the psychoneurobiology of resilience, and challenges in implementing clinical best practices; and new or updated discussions of such timely issues as treatment of refugees, telemental health, and technology-based interventions.



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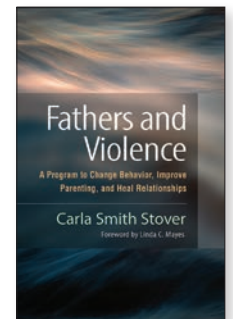
Carla Smith Stover, PhD

Foreword by **Linda C. Mayes, MD**

“Stover provides clear, definitive guidance for working with fathers who have engaged in violent behavior and who seek to heal their relationships with their children. Complex concepts are made more approachable by helpful, varied case examples, as well as worksheets and homework prompts.”

—**Jill D. Stinson, PhD**

This highly accessible book presents a new approach to treating men who use violence against their partners and/or children. The Fathers for Change program has a unique focus on fostering fathers' accountability and reflective functioning, and repairing father-child relationships. Grounded in theory and research, it addresses a key need for parents who want to stay together or coparent successfully in the aftermath of violence, while prioritizing all family members' safety.



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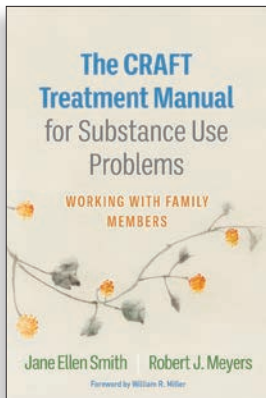
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Jane Ellen Smith, PhD, University of New Mexico, Albuquerque, NM

Robert J. Meyers, PhD, Department of Psychology, University of New Mexico

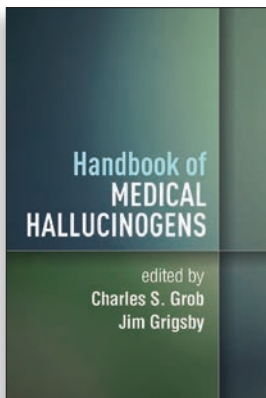
Foreword by **William R. Miller, PhD**

“All of the tools needed for implementing the approach are embedded in this manual. The sample dialogues in every chapter are unusually helpful; they are informative and easy to absorb, and contain masterful clinician material.”

—Elizabeth Epstein, PhD

Packed with practical tools, this authoritative manual offers a complete guide to implementing the evidence-based CRAFT program. The authors have spent decades developing and refining their approach for helping concerned significant others (CSOs) of treatment-refusing individuals with substance use problems. Structured yet flexible, CRAFT teaches loved ones to change their behavior with the identified patient to encourage treatment entry and enhance their own well-being. The volume features step-by-step implementation guidelines, case examples, sample dialogues, troubleshooting tips, and **28 reproducible forms and handouts that can be downloaded and printed in a convenient 8½" x 11" size.**

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Handbook of Medical Hallucinogens

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Jim Grigsby, PhD, ABPP, University of Colorado

“This book can benefit all, from novice to expert. Grob and Grigsby take the reader on a journey through all aspects of medical hallucinogens, including their neuroscience, therapeutic considerations, and more.... This is the ideal reference and text for the current renaissance of psychedelic research.”

—Rick Doblin, PhD

This handbook reviews promising applications of psychedelics in treatment of such challenging psychiatric problems as posttraumatic stress disorder, major depression, substance use disorders, and end-of-life anxiety. Experts from multiple disciplines synthesize current knowledge on psilocybin, MDMA, ketamine, and other medical hallucinogens. The volume comprehensively examines these substances' neurobiological mechanisms, clinical effects, therapeutic potential, risks, and anthropological and historical contexts.

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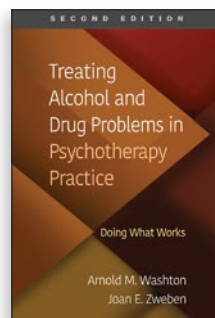
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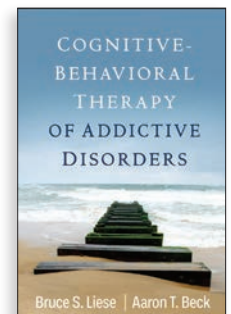
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—Linda C. Sobell, PhD and Mark B. Sobell, PhD

“This important book shows how practitioners can treat clients at the precise point where they are capable of making changes....This is a ‘must read’ for anyone in the field of addictive disorders.”

—Robert J. Meyers, PhD

“Harm reduction is finally recognized as a basic concept that needs to inform the treatment of all clients with substance use problems, particularly those who have co-occurring disorders. Denning and Little clearly position harm reduction as a current, integrated, nondogmatic, client-centered treatment approach.”

—Shulamith Lala Ashenberg Straussner, PhD

This acclaimed clinical guide helps clinicians put the proven principles of harm reduction into practice with therapy clients who have substance use problems. The paperback edition has a new preface on current research and service delivery models. Written by pioneers in the field, the book shows how to do effective therapeutic work with people still using alcohol or other drugs. Detailed clinical illustrations are featured throughout.

CONTENTS

Preface

I. Setting the Stage

1. Why Practice Harm Reduction Psychotherapy?
2. What Is Harm Reduction Psychotherapy and Whom Is It For?

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3. Assessment as Treatment
4. Developing a Treatment Plan
5. The Fundamentals of Harm Reduction Psychotherapy
6. The Psychodynamic Matrix of Harm Reduction Psychotherapy

7. Motivational and Cognitive-Behavioral Contributions to Harm Reduction Psychotherapy
8. The Role of Biology in Harm Reduction Psychotherapy

III. Applications

9. Harm Reduction Psychotherapy in Community-Based Settings
10. Harm Reduction Psychotherapy in Groups
11. The Power of Connection: Working with Families and Friends of Drug Users
12. What Does It Take to Practice Harm Reduction Psychotherapy?

Appendices. Differential Diagnosis • Harm Reduction Supervision • Additional Resources • Recommended Readings

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The Harm Reduction Guide to Controlling Your Drug and Alcohol Use

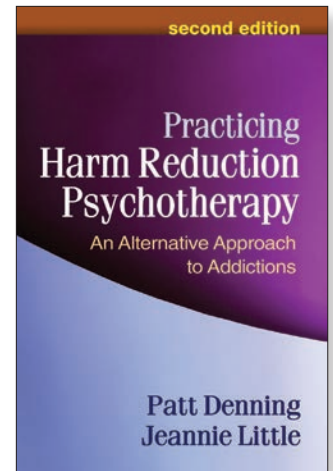
Patt Denning, PhD and Jeannie Little, LCSW

“A highly informative, practical, passionate, and moving self-help guide to harm reduction. Readers are guided to discern the ways they may be using substances to cope with personal problems—and how they can create better solutions.”

—A. Tom Horvath, PhD

This empathic, nonjudgmental work is an invaluable stand-alone self-help resource or client recommendation. The authors are pioneering practitioners of harm reduction psychotherapy who guide readers step by step to determine which aspects of their habits may be harmful, what they would like to change, and how to put their intentions into action.

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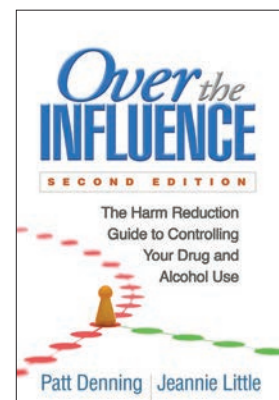
ABOUT THE AUTHORS



Patt Denning, PhD, recently retired as Director of Clinical Services and Training at the Harm Reduction Therapy Center (HRTC) in San Francisco, which she founded with Jeannie Little in 2000.



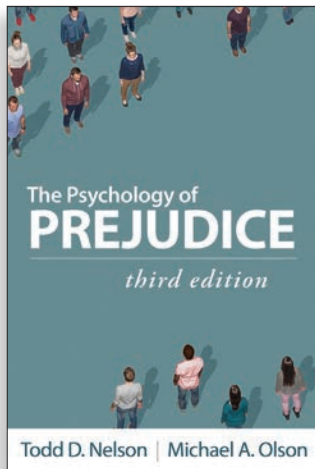
Jeannie Little, LCSW, recently retired as Executive Director of the HRTC in San Francisco, which she founded with Patt Denning in 2000.



Practicing Harm Reduction Psychotherapy, Second Edition, written for professionals, shows how to put harm reduction principles into practice with therapy clients. Over the Influence, Second Edition is an ideal client recommendation. **Order both books for \$42.95 instead of \$56.95 if bought separately!** Online: www.guilford.com/package/DENNING • Phone/Mail: Cat. #DENNING

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The Psychology of Prejudice

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Todd D. Nelson, PhD, California State University, Stanislaus
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Handbook of Emotion Regulation

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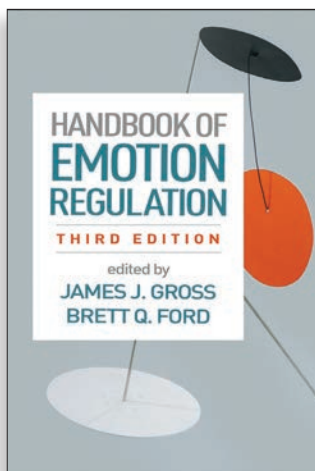
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Brett Q. Ford, PhD, University of Toronto

“Gross and Ford take scholars and students on a scientific journey through all there is to learn about this booming research area. The third edition of this preeminent handbook will be absorbed, borrowed, and dog-eared by eager readers looking for the latest on the science of emotion regulation.”

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—Jeffrey W. Sherman, PhD

“A comprehensive go-to guide for students who are new to the social-cognitive perspective or seek an engaging, inclusive refresher... Moskowitz presents a full and rich picture of where the field is now and where it is going. I will assign this text in my small advanced undergraduate- and graduate-level seminar courses as required reading for class discussions.”

—Emily Balcetis, PhD

Why are first impressions so powerful? How do we “know” what others are like when we cannot read their minds? How can scientists measure biases that people do not want to admit—or do not know they have? This engaging text delves into social cognition by exploring major questions in the field through an everyday lens. Students are introduced to core concepts and processes pertaining to how people come to know themselves and understand the behavior of others. Classic and contemporary findings and experimental methods are explained. The text connects the research to pressing contemporary problems—the roots of political polarization, why even rational people fall prey to misinformation, and the best ways to reduce prejudice. Boxed definitions of key terms are included throughout.

CONTENTS

1. Thinking Is for Action (Purposeful), So We Make Meaning from Chaos
2. We Create Internal Mental Representations of External Reality
3. Self-Report Is Unreliable Because Cognition Is Often *Automatic*
4. We Can Know What People Think Even When They Don’t Know
5. First Impressions Are “Sticky” and Difficult to Update
6. First Impressions Can Be Implicit, Making Them Even More Persistent
7. We Follow Rules When Asking “Why?,” Acting Like Intuitive Scientists
8. Biases Are Common and Arise from Normal Cognitive Processes
9. Biases Are Common and Are Often Motivational in Nature
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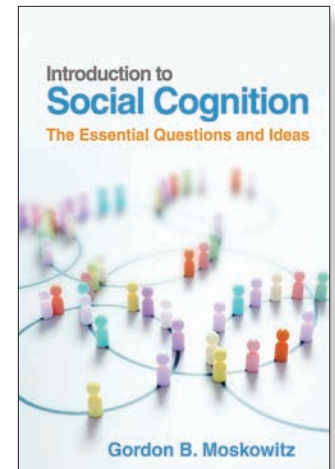
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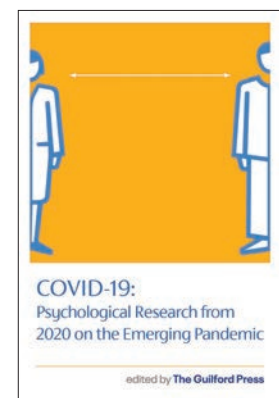
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ABOUT THE AUTHOR



Gordon B. Moskowitz, PhD, is Professor in the Department of Psychology at Lehigh University College of Arts and Sciences. He has served as Director of Lehigh’s Cognitive Science Program and Chair of the Department of Psychology.

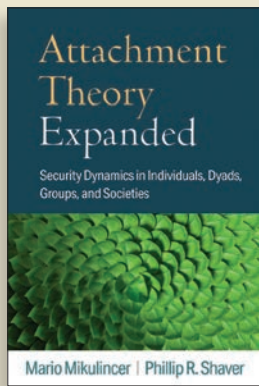
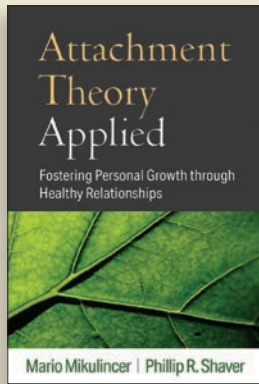


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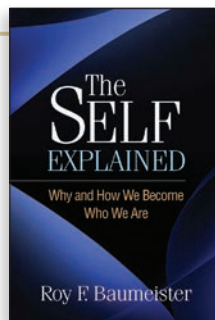
The Self Explained

Why and How We Become Who We Are
Roy F. Baumeister, PhD

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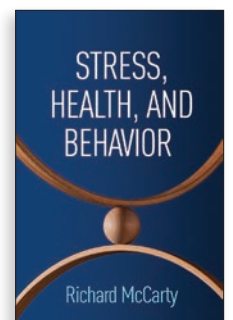
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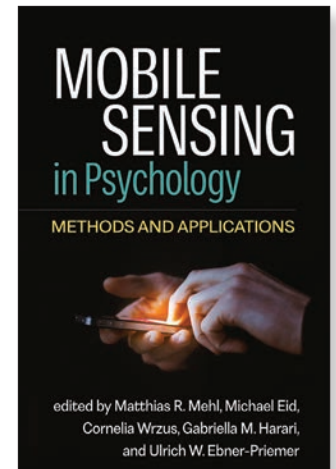
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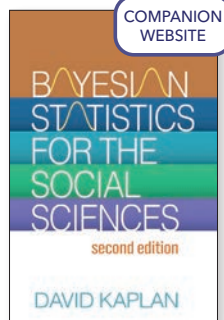
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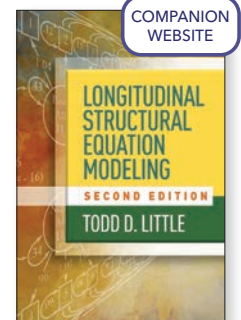
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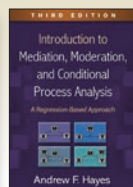
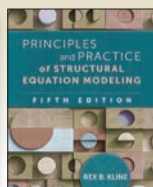
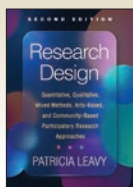
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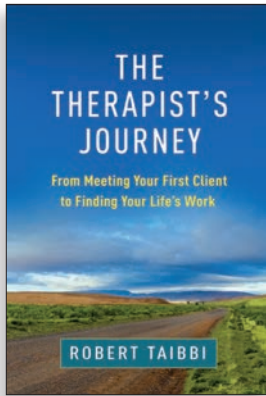
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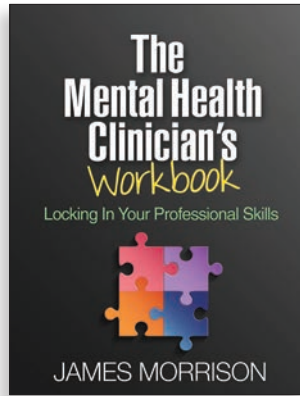
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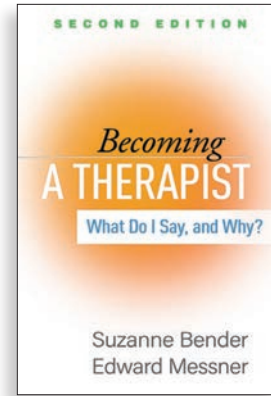
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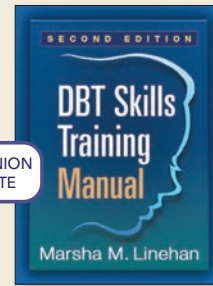
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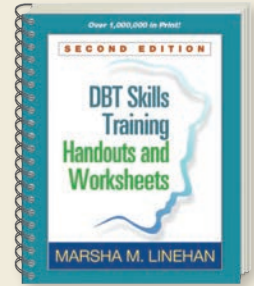
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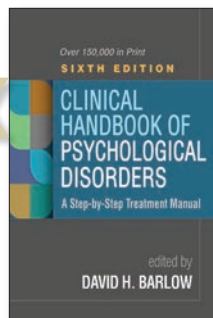
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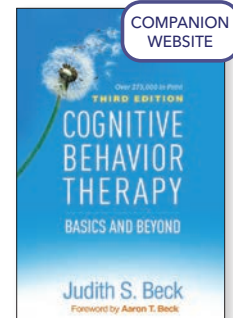
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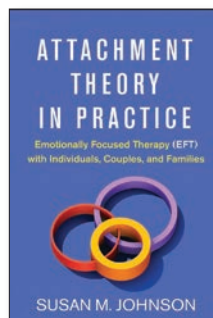
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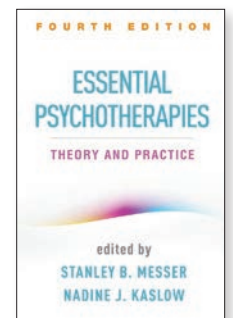
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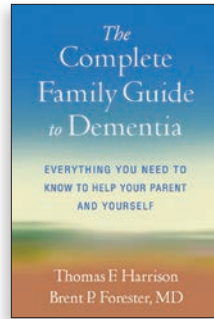
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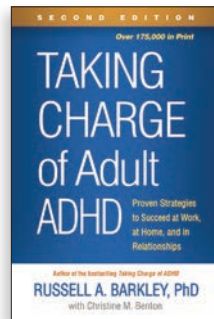
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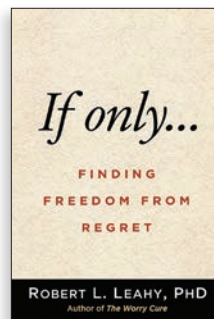
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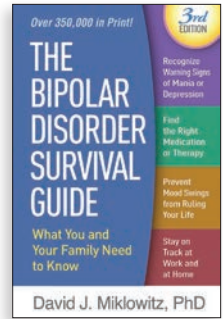
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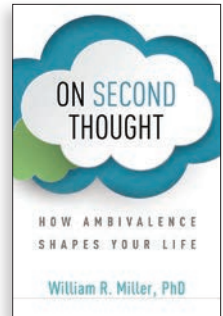
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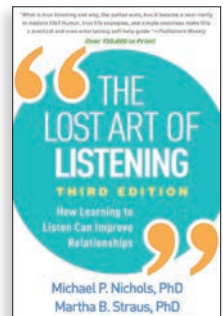
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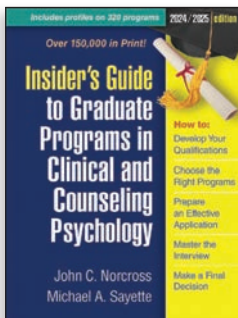
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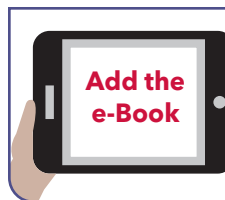


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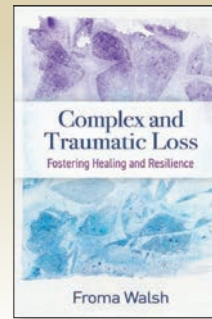
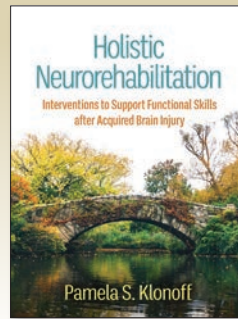
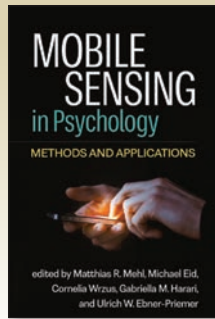
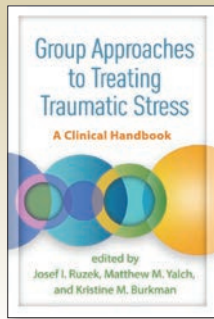
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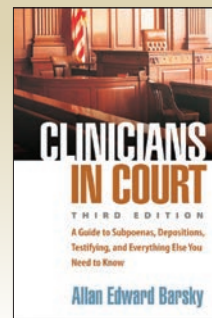
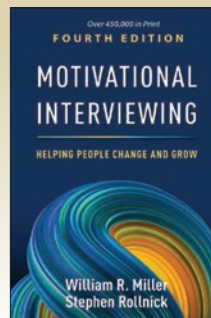
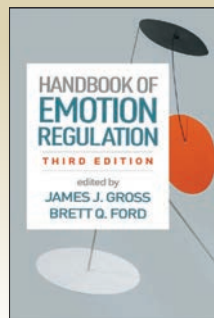
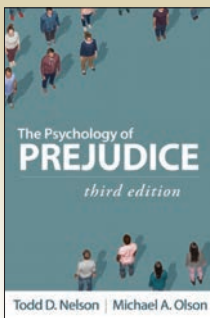
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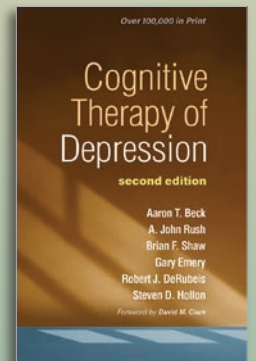
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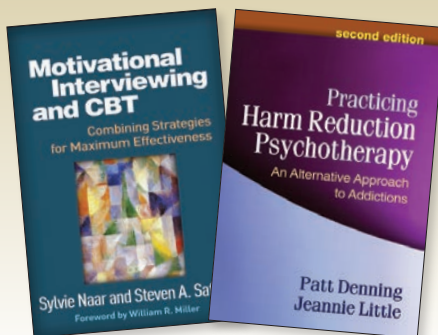
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