Psychology 3351

## Clinical Psychology

Fall 2013

MW 3:55-5:10 in CSI 204

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Office Hours: Monday 10:00 to noon; Tuesday 1-2:30 & 4:30-5:30.Also, by appointment or inquire by open door.\*

\* *I am generally here most days with my door open (or cracked if I am trying to keep my office warm from cold hallway air). You are always welcome to stop by my open door to set up an appointment or see if I am free to meet with you right then.*

# Course Description

The purpose of this course is to introduce you to the science and profession of clinical psychology. The class will cover a range of approaches and will examine some of the major debates in the field of clinical psychology. Although the history of clinical psychology will be covered, a major emphasis of the course is to introduce you to the approaches, issues and debates of clinical psychology as it exists today. An overarching theme in the course will be the examination of the role research plays in the everyday practice of clinical psychology. This class is also designed to challenge your reading skills, your information literacy skills, and help you learn to manage large amounts of information, a skill that will be helpful when you graduate, whether you go into the workforce or pursue graduate school. Please note that this is a seminar style class which requires active participation from all students.

Seminar style classes require students to take responsibility for making the course a success. As part of this, you will need to step outside your comfort zone so that you can truly engage with your fellow students in critically examining the topics of the course. Please remember that the goal in speaking during a seminar is not to get the right answer. Instead, you want to stimulate your fellow classmates to consider all aspects of a topic. This should include arguing and thinking out loud. It also means you need to speak directly to your fellow classmates instead of to the professor. Also, remember that having someone argue with you is a compliment because it means that you ideas are being taken seriously and you have produced a reaction. In this forum, I encourage you to argue back. Arguing is a good way for us to see where different lines of thoughts can take us. Many of the issues we will discuss in our class relate to large scale societal/professional problems, and thus do not have easy answers.

Required Text

Gurman, A. S. & Messer, S. B. (Eds) (2011). *Essential Psychotherapies: Theory and Practice, 3rd Edition.* New York: NY: Guilford Press.

Kazdin, A.E. (2003). *Research Design in Clinical Psychology, 4th Edition.* Boston, MA: Allyn & Bacon.

Additional readings will be placed on TLEARN

### Course Requirements

25% First Exam – Short answer and Essay. Please note that you are expected to take the exam during class time.

 It is considered acceptable to study with other students for the exam and to talk with students who have previously taken this class in order to develop an understanding of what to expect. Please note, however, that I collect exams after each test and my policy is that prior exams may not be used in studying for a test. Use of an earlier test is a violation of academic integrity. As a reminder, student organizations are not allowed to maintain old test files. To do so is a violation of the honor code.

20% Research Paper –20-30 double spaced pages not including the references etc. The paper should be modeled after position papers written in journals that follow APA style. I recommend checking “Clinical Psychology: Science and Practice” to get a sense of what a paper like this might look like. You are expected to include a title page, abstract etc per APA style. Citations and references must be completed using APA style. Font should be Times New Roman, 12 pt. Paper should be double spaced per APA style. In other words, this is a chance to really practice your use of APA style. The paper is to be a critical position paper about a specific area of clinical psychology. As part of this paper you are required to argue a position about some topic in clinical psychology. This also will require a solid review of the appropriate literature. One possible topic is to review the data supporting various treatments for a particular disorder AND to make a case for the most appropriate treatment. You may choose to argue against the data, but be prepared to make a strong case. Another might include examining the evidence supporting major assessment techniques AND to take a position regarding the utility of a given technique. Other topics will be accepted, but all topics must be pre-approved. Note that a strong argument needs to make it clear that you understand the strengths as well as the weakness of the alternate perspective. Don’t simply argue against a straw-man.

Type-written topics must be submitted for approval by Wednesday 10/16 and must include a type-written list of at least 10 sources, in APA style, that you plan to include in your paper. These 10 sources may not include class readings and you must submit the article abstracts so I have a sense of the papers. It is expected that the final papers will rely on significantly more than the 10 sources. The initial assignment is to ensure that you have started working on the paper and have a well-thought out topic for your paper. Papers are due on Monday 11/18 in class. Papers turned in after 11/08 will have 1/3 a grade (i.e., B down to B-) deducted for every day they are late. This paper is not a collaborative effort, and you are expected to work on your own (i.e., conduct your own literature search; read the literature; and write the paper by yourself). Asking a friend to read your paper for feedback on what you have written, however, is acceptable. Also, because scientific thinking often benefits from discussion of ideas, you may also discuss what you are learning and “bounce” your ideas off your friends and classmates.

10% Class debate & position paper. Two sets of groups (one set for each debate) will be formed at the start of the class. Each group will be responsible for developing the argument for one side of two debates (note that one debate has three sides and will have extra students). Your task as a class is to come to a resolution regarding each of these debates. In other words, if the power was turned over to this class – would we as a field pursue prescription privileges or would we not? Would we celebrate the advances of DSM-V, embrace the promises of RDoC or throw either or both away? Both debates will require you to critically evaluate the information quality and logic of the argument being put forth. The class will vote on these questions at the end of the class period in which the debate occurred. Each debate group also will submit an 8-10 page paper arguing the side of the debate to which it was assigned (5 in all – two for debate one and 3 for debate 2). Papers should include 10 references minimum per paper. Grades largely will be based on your paper. I reserve the right, however, to raise or lower an individual paper grade based on your performance in the class debate. In other words, if your group writes a fantastic paper but you personally don’t participate in the debate meaningfully, I will lower your grade. Conversely, if your paper is mediocre but your class debate participation was stellar in terms of quantity and quality, I will raise your grade. Each member of the group also will submit to me the grade that he/she thinks is appropriate for him/herself and the writing partner(s). Although writing partners will often get the same grade (determined by me), I may lower a particular group member’s grade if there is an indication that the member did not pull his or her weight during this project. Grades will be given individually to each student in the class.

 Note that you have considerable latitude in how you set up your debate. You can use a more formal debating style structure, or have fun and use a more creative approach (e.g., some past students have set up talk show like scenarios).

15% Class Participation. This is a seminar style class and you are expected to actively participate. Lack of participation will result in a C or lower on this section of your grade. Do not expect that minor levels of participation and simply coming to class will get you a B or higher in this area. Part of a liberal arts education includes improving your oral communication skills – and class is a good place to practice this.

30% Cumulative Final Exam - Essay. The same rules regarding collaboration outlined for the first exam apply to this exam.

It is your responsibility to take all exams on the date and time scheduled. Make-up examinations will only be given in very rare circumstances such as a serious illness with a note from your physician, a death in your family or if you have an officially excused absence while representing the university. If any of these situations occur you MUST notify me prior to the exam. I have both voice-mail and email and am quite easy to reach. Make-ups will only be given if I have been notified prior to the exam. In this age of technology there really is no good reason for failing to notify me. All missed exams not meeting the criteria for a make-up will be given a grade of F.

##### Pass/Fail

Please note that you need a C- in this class to receive a passing grade if you are taking this class pass/fail.

Academic Integrity

“All students are covered by a policy that prohibits dishonesty in academic work.  Under the Honor Code, a faculty member will (or a student may) report an alleged violation to the Academic Honor Council.  It is the task of the Council to investigate, adjudicate, and assign a punishment within certain guidelines if a violation has been verified.  **Students who are under the Honor Code are required to pledge all written work that is submitted for a grade:  “On my honor, I have neither given nor received any unauthorized assistance on this work” and their signature.  The pledge may be abbreviated “pledged” with a signature.” Trinity University Website: Academic Honor Code**

AS ALL OF YOU KNOW – I AM REALLY PICKY WHEN IT COMES TO CITATIONS. DO NOT MAKE ME TURN YOU IN – INSTEAD BE CAREFUL AND CITE APPROPRIATELY. MEET WITH ME IF YOU HAVE QUESTIONS.

ALSO – PLEASE REMEMBER THAT MAKING MINOR WORDING CHANGES TO SOMEONE ELSE’S PROSE AND THEN CITING IS CONSIDERED PLAGIARISM. YOU MUST TRULY PUT THE CONTENT INTO YOUR OWN WORDS AND THEN CITE FOR CONTENT. FINALLY, DO NOT RELY ON EXCESSIVE QUOTING IN YOUR PAPER. THIS IS LAZY WRITING. MAKE THE EFFORT TO FIGURE OUT HOW TO SAY THINGS IN YOUR OWN WORDS (AND THEN CITE CONTENT).

# Course Schedule

The following is a tentative schedule. I reserve the right to alter this schedule as needed.

NOTE: It is expected that students will have read all readings prior to class. It is also expected that you will bring to class copies of the readings scheduled for that day. Since reading loads vary tremendously from day to day you are encouraged to look ahead and plan for heavy reading periods.

**\*\*\*\*\*\*\*\*\*Boldfaced readings are on TLEARN; Remember that TLEARN sometimes works best with Mozilla. Also, in most cases you will see links and pdfs for each article. They are the same. Pdfs are for back up in case the links to our Trinity subscriptions are not working.**

\*\*\*\*\*\*\*\*\*Underlined readings are from course books.

Date Topic Readings

8/28 Introduction to the class

 Introduction to the Boulder Model **Belar, C. (2000): *Scientist-practitioner = science + practice;***

***Boulder is bolder.***

**Nathan, P. E. (2000). *The boulder model: A dream deferred – or lost?***

**Shoham (2011). *From regulation to inspiration: the Delaware Project on Clinical Science Training***

9/4 Setting the Stage  **Gambrill, E. (2003): Ethics, science, and the helping professions:**

Clinical psychology: science, or art? **A conversation with Robyn Dawes.**

Clinical judgment & decision making **Bakker, G. M. (2013). The current status of energy psychology:**

 **Extraordinary claims with less than ordinary evidence**

 **Link on Tappy Bear and Surrogate Tapping**

#### Research

9/9 Research in Clinical Psychology Kazdin Book: Preface, Chapters 1 & 2

9/11 Research in Clinical Psychology Kazdin Book: Chapters 3, 4, & 5

9/16 Research in Clinical Psychology Kazdin Book: Chapters 6 & 7

#### Assessment

9/18 Assessment in Research & **Hunsley (2009).** ***Advancing the role of assessment***

Psychotherapy ***in evidence-*** ***based practice.***

Psychotherapy: Major Issues

9/23 Introduction to Psychotherapy Messer & Gurman: *Contemporary Issues in Theory, Practice and*

& Psychotherapy Equivalence: *Research: A Framework for Comparative Study* (in E P Book)

Specific and non-specific factors **Hunsley & Di Giulio (2002): *Dodo bird, phoenix, or urban legend?***

 ***The question of psychotherapy equivalence***

9/25 Psychotherapy Research: What is the

 Problem??? **Lilienfeld et al. (2013). *Why many clinical psychologists are***

***resistant to evidence-based practice: Root causes and constructive remedies.***

**Stewart & Chambless (2010). *Interesting practitioners in training in empirically supported treatments: Research reviews versus case***

***Studies***

***Wolfe, B. E. (2012). Healing the research practice split: Let’s start***

***with me.***

9/30 Treatment Manuals in Clinical Practice **Wilson (2007): *Manual-based treatment: Evolution and***

***evaluation.*  Parloff (1998): *Is psychotherapy more than manual labor?***

**Addis et al. (1999): *Barriers to dissemination of evidence-based***

***practices: Addressing practitioners' concerns about manual-based psychotherapies.***

10/2 Psychoanalytic Approaches Wolitzky (in E P Book); AND Curtis & Hirsch (in E P Book)

10/7 Behavioral Therapy Antony & Roemer (in E P Book)

10/9 First Exam **\*\*\* Only covers material before Psychoanalytic Approaches!!**

10/14 Cognitive Therapy Dienes et al (in E P Book)

10/16 Behavior Therapy: Functional-

 Contextual Approaches Follette & Callaghan (in E P Book)

**Paper Topics Due 10/16**

10/21 Humanistic/Person Centered Therapy Bohart & Watson (in E P Book) and Schneider (in E P Book)

10/23 Family Therapy Kaslow et al. (in E P Book)

10/28 Rebooting Psychotherapy **Kazdin & Blase (2011). Rebooting psychotherapy research and**

**practice to reduce the burden of mental illness**

#### Empirically-Supported & Empirically Promising Therapies for Specific Disorders:

#### Understanding the interventions, learning to read the research, and discerning implications for clinical practice

10/30 CBT for Panic Disorder **van Apeldorn et al. (2008) Is a combined therapy more effective**

**Than either CBT or SSRI alone? Results of a multicenter trial on panic disorder with or without agoraphobia**

**Arch & Craske (2007): *Implications of naturalistic use of pharmacotherapy in CBT treatment for panic disorder.***

**Potonski & Heimberg (2010): *The myth of the superiority of concurrent combined treatments for anxiety disorders***

11/4 ERP for OCD **Abramowitz et al. (2003): Exposure and Ritual Prevention for**

**Obsessive-Compulsive Disorder: Effects of Intensive Versus Twice-Weekly Sessions**

**Anderson & Rees (2007): *Group versus individual cognitive-behavioural treatment for obsessive-compulsive disorder: A controlled trial.***

11/6 CBT for PTSD: Exposure, cognitive

treatment, both or something else? **Schnurr et al. (2007): *Cognitive behavioral therapy for***

***posttraumatic stress disorder in women: A randomized controlled trial.***

**Resick et al. (2008): *A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence.***

**Tarrier et al. (2004): *Treatment of Chronic PTSD by Cognitive Therapy and Exposure: 5-Year Follow-Up.***

**Foa et al. (2005). *Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: Outcome at academic and community clinics.***

11/11 Future directions in evidence-based **Fairburn et al. (2003). *Cognitive behaviour therapy for eating***

treatment of eating disorders ***disorders: a “transdiagnostic” theory and treatment***

 **Lock & le Grange (2005). *Family based treatment of eating***

***disorders.\*\*\****

 **Fairburn (2005). *Evidence-based treatment of anorexia***

***nervosa.\*\*\****

***Wilson & Zandberg (2012). Cognitive-behavioral guided self-help***

***for eating disorders: Effectiveness and scalability***

***\*\*\* - when you print these change the print settings to “fit to***

***printer margins” if you have trouble.***

11/13 Dialectical Behavior Therapy for BPD

**PAPERS DUE 11/18**

11/18 Using ESTs in clinical practice Ruscio & Holohan (2006). *Applying empirically supported*

*treatments to complex cases: ethical, empirical and practical considerations.*

Persons (2005). *Empiricism, mechanism and the practice of*

 *cognitive-behavior therapy.*

Tarrier (2010). *The cognitive behavioral treatment of PTSD,*

*what is known and what is known to be Unknown: How not to fall into the practice gap.*

11/20 Independent group work on debates. \*\*\*\* Also note huge reading load for next class. You must do this for class to

run smoothly. Each of you will be required to participate and use your knowledge of the readings.

NOTE: Reading load for this day is HUGE – get ahead – do not leave this until the night before

**Note I am expecting you in class the Monday before Thanksgiving. Non University excused absences will result in a deduction to your participation grade on this day.**

11/25 Is the EST movement misguided? **Westen, et al. (2004): *The empirical status of empirically supported***

***psychotherapies: Assumptions, findings, and reporting in controlled***

***clinical trials.***  **NOTE: Read this one first**

**Crits-Christoph et al (2005): *Empirically supported***

***psychotherapies: Comment on Westen, Novotny and Thompson-***

***Brenner***

**Weisz et al. (2005): *Jousting with straw men: Comment on***

***Westen, Novotny, and Thompson-Brenner(2004)***

**Westen et al. (2005): EBP / EST: *Reply to Crits-Christoph et al. (2005) and Weisz et al. (2005)***

11/27 No Class – Thanksgiving

#### Future of the Field: Debates in Clinical Psychology

Possibly debate topics –

1. Prescription Privileges – should we pursue them?

Hint: Refer to *Clinical Psychology Science and Practice* Fall 2002 for start of search and POPPP website. May also want to consider critiques of efficacy of drugs like antidepressants. E.g., work by Irving Kirsch.

1. DSM-V, RDOC or neither: Scientific progress or empty promises? Hint – look to Alan Frances, Tom Insel, and Editors of DSM-V for various commentaries.

12/2 A discussion of biological psychiatry – **Wyatt & Midkiff (2006). Biological psychiatry: A practice in**

where is this related profession going **search** **of a science.**

 and are we the only ones with problems? **Fibiger (2012). Psychiatry, the pharmaceutical industry, and the**

 **Road to better therapeutics.**

**Insel & Quirion. Psychiatry as a clinical neuroscience discipline.**

12/4 Debate: Prescription Privileges

12/9 Debate: DSM-V versus RDOC

12/16 FINAL EXAM (Monday at 8:30 am) – Exam is Cumulative (yes, you are responsible for everything)

TLEARN READINGS

1. Belar, C. (2000). Scientist-practitioner = science + practice; Boulder is bolder. *American Psychologist, 55*, 249-250.
2. Nathan, P. E. (2000). The boulder model: A dream deferred – or lost? *American Psychologist, 55*, 250-252.
3. Shoham, V. (2011). From Regulation to Inspiration: The Delaware Project on Clinical Science Training. *Clinical Science Newsletter, 14*, 2-3.
4. Gambrill, E. (2003). Ethics, science, and the helping professions: A conversation with Robyn Dawes. *Journal of social work education, 39*, 27-40.
5. Bakker, G. M. (2013). The current status of energy psychology: Extraordinary claims with less than ordinary evidence. Clinical Psychologist, doi: 10.1111/cp.12020
6. Husley, J. (2009). Advancing the role of assessment in evidence-based practice. *Clinical Psychology: Science and Practice, 16,* 202-205
7. Hunsley, J. Y & Di Giulio, G. (2002). Dodo bird, phoenix, or urban legend? The question of psychotherapy equivalence. *The Scientific Review of Mental Health Practic*e*, 1(1),* 11-22.
8. Lilienfeld, S. O. et al. (2013). Why many clinical psychologists are resistant to evidence-based practice: Root causes and constructive remedies. Clinical Psychology Review, 33, 883-900.
9. Stewart, R. E. & Chambless, D. L. (2010). Interesting practitioners in training in empirically supported treatments: Research reviews versus case studies. *Journal of Clinical Psychology*, 66, 73-95.
10. Wolfe, B. E. (2012). Healing the research-practice split: Let’s start with me. *Psychotherapy, 49*, 101-108.
11. Wilson, G.T. (2007). Manual-based treatment: Evolution and evaluation. In Treat, T. A., Bootzin, R. R., Baker, T. B. (Eds) *Psychological clinical science: Papers in honor of Richard M. McFall.* (pp. 105-132). New York: Psychology Press,
12. Parloff, M. (1998, September). Is psychotherapy more than manual labor?. *Clinical Psychology: Science and Practice*, *5*(3), 376-381.
13. Addis, M., Wade, W., & Hatgis, C. (1999, December). Barriers to dissemination of evidence-based practices: Addressing practitioners' concerns about manual-based psychotherapies. *Clinical Psychology: Science and Practice*, *6*(4), 430-441.
14. Kazdin, A. E. & Blasé, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science, 6*, 21-37.
15. van Apeldoorn, F. J., et al. (2008). Is a combined therapy more effective than either CBT or SSRI alone? Results of a multicenter trial on panic disorder with or without agoraphobia. *Acta Psychiatrica Scandanavica, 117*, 260-270.
16. Arch & Craske (2007): Implications of naturalistic use of pharmacotherapy in CBT treatment for panic disorder. *Behaviour Research and Therapy, 45,* 1435-1447*.*
17. Pontonski, K. E., & Heimberg, R. G. (2010). The myth of the superiority of concurrent combined treatments for anxiety disorders. *Clinical Psychology Science and Practice, 17*, 107-111.
18. Abramowitz, J. S.; Foa, E. B.; & Franklin, M. E. (2003). [Exposure and ritual prevention for obsessive-compulsive disorder: Effects of intensive versus twice-weekly sessions.](http://web1.epnet.com/citation.asp?tb=1&_ug=sid+00AF0D8A%2DEA74%2D41AB%2D8617%2D9E83488103A9%40sessionmgr3+dbs+psyh+cp+1+8508&_us=hd+False+hs+False+or+Date+fh+False+ss+SO+sm+ES+sl+%2D1+dstb+ES+ri+KAAACBVA00019685+0ECD&_uso=hd+False+tg%5B2+%2D+tg%5B1+%2DDT+tg%5B0+%2DAU+st%5B2+%2D+st%5B1+%2D2003+st%5B0+%2DAbramowitz+db%5B0+%2Dpsyh+op%5B2+%2DAnd+op%5B1+%2DAnd+op%5B0+%2D+D444&fn=1&rn=13)  *Journal of Consulting & Clinical Psychology, 71(2),* 394-398.
19. Anderson, R., & Rees, C. (2007, January). Group versus individual cognitive-behavioural treatment for obsessive-compulsive disorder: A controlled trial. *Behaviour Research and Therapy*, *45*(1), 123-137.
20. Schnurr, P., Friedman, M., Engel, C., Foa, E., Shea, M., & Chow, B., et al. (2007, February). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *JAMA: Journal of the American Medical Association*, *297*(8), 820-830.
21. Resick, P., Galovski, T., Uhlmansiek, M., Scher, C., Clum, G., & Young-Xu, Y. (2008, April). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, *76*(2), 243-258.
22. Tarrier, N., & Sommerfield, C. (2004, March). Treatment of Chronic PTSD by Cognitive Therapy and Exposure: 5-Year Follow-Up. *Behavior Therapy*, *35*(2), 231-246.
23. Foa E. B. et al. (2005). Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: Outcome at academic and community clinics. *Journal of Consulting and Clinical Psychology, 73,* 953-964.
24. Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive beahviour therapy for eating disorders: A “transdiagnostic” theory and treatment. *Behaviour Research and Therapy, 41,* 509-528.
25. Lock, J. & le Grange, D. (2005). Family-based treatment of eating disorders. *International Journal of Eating Disorders, 37,* 564-567.
26. Fairburn, C. G. (2005). Evidence-based treatment of anorexia nervosa. *International Journal of Eating Disorders, 37,* 526-530.
27. Wilson, G. T. & Zandberg, L. J. (2012). Cognitive-behavioral guided self-help for eating disorders: Effectiveness and scalability. Clinical Psychology Review, 32, 343-357. (pre-print version)
28. Ruscio, A. M. & Holohan, D. R. (2006). Applying empirically supported treatments to complex cases: Ethical, empirical, and practical considerations. *Clinical Psychology: Science and Practice, 13,* 146-162.
29. Persons, J. B. (2005). Empiricism, mechanism, and the practice of cognitive-behavior therapy. *Behavior Therapy, 36,* 107-118.
30. Tarrier, N. (2010). The cognitive and behavioral treatment of PTSD, what is known and what is known to be uknown: How not to fall into the practice gap. *Clinical Psychology: Science and Practice, 17*, 134-143.
31. Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin, 130*, 631-663.
32. Crits-Christoph, P., Wilson, G. T., & Hollon, S. D. (2005). Empirically supported psychotherapies: Comment on Westen, Novotny, and Thompson-Brenner (2004). *Psychological Bulletin, 131*, 412-417.
33. Weisz, J. R., Weersing, V. R., & Henggler, S. W. (2005). Jousting with straw men: Comment on Westen, Novotny, and Thompson-Brenner (2004). *Psychological Bulletin, 131*, 418-426.
34. Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2005). EBP / EST: Reply to Crits-Christoph et al. (2005) and Weisz et al. (2005). *Psychological Bulletin, 131*, 427-433.
35. Wyatt, W. J. & Midkiff, D. M. (2006). Biological psychiatry: A practice in search of science. *Behavior and social issues, 15,* 132-151.
36. Fibiger, H. C. (2012). Psychiatry, the pharmaceutical industry, and the road to better therapeutics. *Schizophrenia Bulletin, 38*, 649-650.
37. Insel, T. & Quirion, R. Psychiatry as a clinical neuroscience discipline. <http://www.nimh.nih.gov/about/director/publications/psychiatry-as-a-clinical-neuroscience-discipline.shtml>