

CMHC, Inc. Newswire

Your Community Mental Health Center

CMHC, Inc. Locations at : Nevada Mental Health Services, 815 S. Ash Nevada, MO 417667-8352, Cass Co. Psychological Services, Harrisonville, MO, 816-380-4010, Dade Co. Psychological Services, Lockwood, MO, 417-232-4499.

When An Hour of Therapy Once A Week Is Not Enough

- Some problems such as addiction, Bipolar Disorder, Family Dysfunction require a program with group therapy and education, individual psychotherapy, medication management, education, and case management. Many patient and their physicians don't understand the difference between modern therapy programs which have proven effectiveness and just referring to a private doctor of psychology or psychiatry for outpatient therapy..
- Many patients will have to educate their physician about the difference between an organized program of treatment and outpatient individual psychotherapy. Some patients have recently indicated, "My physician didn't know the difference and just referred me to the private practitioner that they always use.
- If you need assistance in helping your physician understand the programs available at CMHC, Inc. contact Candi Dahmer, COO at 417-667-8352 or on-line at coonline@ipa.net.

Recent Positive Changes at Heartland Hospital Result Clinicians Taking a More Active Role!

Recent management changes and program improvements at Heartland Hospital and Residential care center have caused CMHC, Inc. doctors and clinicians to take a more active role in providing clinical services at the facility. Dr. John Hagy, Assistant Clinical Director, CMHC, Inc. indicated that while some of our clinical staff have held staff privileges at the Hospital since its' opening, and Dr. Morris was on the original 5 person team that built and got the hospital accredited, our involvement has waxed and waned based on the hospital program and management variability.



Generally, local doctors prefer hospitals that allow them to follow their own patients while hos-

pitalization is the required treatment and to have some choice in the formulation of the treatment team so that they can provide the leadership to get the best practitioners and treatment for their patients. In programs where the referring doctor or clinician is allowed this flexibility (called an open staff model) a continuity of care can be

ensured because doctors that know the patient, their family, their history, and have an intimate knowledge of the reasons for hospitalization are treating

the patient. With shrinking lengths of hospital stays due to insurance and managed care restrictions this

phenomena becomes even more crucial to the provision of safe and high quality of care.

CMHC, Inc. clinicians have opposed closed model professional staffs where proprietary management separates inpatients from their local doctors during hospitalization as a routine practice. Heartland hospital is commended for providing an open staff model in which a patient has their local doctor or clinician during their hospitalization, and there is flexibility in forming a cohesive and cooperative treatment team that works well together.

When evaluating facilities we recommend that families ask whether their local doctor or clinician will be actively involved in the treatment during hospitalization.

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Dr. Morris Appointed Abstracter for Psychological Critiques

Dr. Jerry Morris, Clinical Director of CMHC, Inc. and board certified psychologist who has published books, chapters, and scientific and professional articles was appointed as an abstractor for Psychological Critiques, an American Psychological Association Journal. Psychological Critiques is the APA journal that is charged with finding expert psychologists to review the new books in their field and provide critical analysis and abstraction of the books so that busy practitioners and

research scientists can focus their reading and update their knowledge base. Dr. Morris'



mentally ill patients and supervision in addictions treatment and programs. Readers can get

first two critiques involved the areas of management of suicidal and seriously

information about subscribing to the journal electronically at <http://www.psycinfo.com/psycritiques/index.cfm>? Other recent publications co-authored by Dr. Morris with colleagues on the faculty of MSU include 3 articles in Public Personnel Management entitled Personnel Testing in Personnel Selection: Part I: A Century of Psychological Testing; Part II: The Refinement of Methods and Standards in Employee Selection; and Part III: The Resurgence of Personality Testing.

New Staff & Staff News at CMHC, Inc.

Sharon Tribble, BSW, CSAC II has joined our clinical staff in Harrisonville as the CSTAR coordinator. After receiving her Bachelor's in Social Work from Central MO State University she has worked with substance abuse patients in both inpatient and outpatient settings. Although her previous experience has been with adolescents she has been able to transition to adults and families seamlessly. Her likable personality and professional demeanor allows her to connect very quickly with patients and employees. Her extensive knowledge of substance abuse and the CSTAR program makes her a favorite of patients, referral sources and administrative staff. Sharon provides substance abuse assessments, individual, group and family counseling. Although not originally from Cass County she has recently moved to Harrisonville where she and her fiancé plan to make their home after their wedding later this year.

Rob Ukleya, Ed.S, LPC, is a Licensed Professional Counselor and Certified

School Counselor. He has joined the clinical staff in Harrisonville on a part time basis. Rob has several degrees the most recent from the University of Missouri – Kansas City. Rob has several years of experience working with adolescents and adults in both inpatient and outpatient settings. He most recently completed a tour of duty in Afghanistan with the Army reserves. We welcome Rob back to the States and into our organization.

Melody Jorgenson, MSW, is joining the clinical staff at Nevada Mental Health Services as a PLSW. She recently graduated from the University of Missouri – Columbia with a Masters of Social Work and received her Bachelor of Social Work from Southern Adventist University in Collegedale, TN. Her previous experience has been with the Behavioral Medicine Division at Fort Leonard Wood, MO. Melody is looking forward to getting some clinical experience before pursuing a doctorate in Social Work and to making her home in Nevada.

Seth Jackson, MSW, received his Masters in Social Work from Missouri State University and his BS in Sociology. Seth will be working as a Community Support Worker and Substance Abuse Counselor at Nevada Mental Health while he is pursuing his PLSW. He has worked as a Client

Advocate while completing his degrees and interned at Carthage High School in their school counseling department. Seth and his family recently moved to Lamar, MO.

Don Bonjour, BA, is a Community Support Worker at Cass County Psychological Services. Don, an Eagle Scout, received his degree from Pittsburg State University and after working with the Boy Scouts of America for several years worked at the Excelsior Springs Job Corps Center.

Brenda Meyer has joined Cass County Psychological Services as a Community Support Worker. In the past she has worked for West Central Community Action Agency, as an Activities Director and care manager in a nursing facility. Brenda has volunteered at Hope Haven, the Cass County Historical Society and as a Channel 4 Storm Watcher. Brenda is also a licensed cosmetologist.

Laura Hernandez has recently moved to the Nevada area and joined the staff of Nevada Mental Health Services as a Community Support Worker. She received her Bachelors from the University of Texas – Austin in Psychology. Laura enjoys research and plans to pursue an advanced degree in the future.

Dr. William Bonner Featured Speaker at the MO Association of Addiction Counselors Spring Convention

CMHC, Inc. Staff Physician Presents Key Workshop for the State Association of Substance Abuse Counselors

William Bonner, DO, psychiatric physician and full-time clinical staff member at CMHC, Inc. provide one of the keynote workshops on the medical and physiological aspects of the treatment of addiction at the MO Association of Addiction Counselors Spring Convention at the Lake of the Ozarks.

Dr. Bonner has served as a psychiatric hospital physician, private practice physician, and community mental health center physician with years of dedication to patients suffering from addic-

tion. He joins the CMHC, Inc. nurses and psychiatrists in providing medical screening, medication management and addiction and psychiatric treatment.

Dr. Bonner is a recovering person with years of sobriety, addiction counseling and treatment experience and training, and an in depth understanding of the contribution made by self-help groups such as NA, AA, and Alanon and Alateen. He is a sought after speaker in the field.

JB Woolverton, MSAC, Director of Substance abuse counseling at CMHC, Inc., Former President of the state association, and former Substance Abuse Counselor Board Member indi-

cated, "the association loves Dr. Bonner and enjoys his knowledge and outstanding teaching style"!

Dr. Morris, Clinical Director of CMHC, Inc. indicated that the contribution that Dr. Bonner makes to area patients can not be over estimated. "He has saved many lives and is loved by all he has treated", said Morris!



Topiramate as a Treatment for Cocaine Addiction

Topiramate (Topamax), a medication oft used to treat seizure disorders and headaches is an anti-convulsant drug. Recently, a small pilot study has indicated that Topiramate may be useful in the treatment of cocaine-addicted individuals. Studies show that the first three to four weeks of treatment for cocaine addiction is a crucial period with those who can establish 4 weeks of sobriety having much greater chances of recovery. Patients given Behavioral Psychotherapy and Topamax for the first 3-4 weeks after establishing sobriety have a much greater chance of maintaining recovery than patients treated with placebo.

Dr. Kyle Kampman and colleagues at the University of Pennsylvania treated crack-cocaine-smoking outpatients (N= only 40) for 13 weeks. These chronic cocaine addicted individuals were mild abusers since Topamax exacerbates the withdrawal symptom severity in cocaine dependent patients.

By the end of 13 weeks 60% of patients taking the drug attained 3 or more weeks of abstinence compared to 26 % of those taking placebo. Topamax is thought to activate GABA-producing neurons and block glutamate receptors in the mesocortolimbic pathway (reward and motivation centers).

Diabetes is Helping Us Understand More About Aging!

Dr. Anthony Cerami is the Founder, Chairman of the Board, and a Member of the Scientific Advisory Board of Warren Pharmaceuticals, Inc., a privately held biotech company incorporated in 2001. He is also the founder of both Alteon, Inc. and cytokine Network Pharmaceuticals companies. He is a member of the National Academy of Sciences and the former Dean of the Rockefeller University. He received his Ph.D. from The Rockefeller University in 1967 and completed post doctoral training at the Harvard Medical School. He has been the inventor or co-inventor of 145 issued U.S. patents and hundreds of products. He is co-author of 450 scientific publications, has specialized in work on Diabetes and has received the Luft Award in Diabetes, and the Banting Medal for Scientific Achievement by the American Diabetes Association. He is perhaps best known for his research programs in genetic, metabolic, and infectious diseases with the goal of gaining detailed biochemical findings related to the design of novel therapeutic strategies. He is the inventor of the Hemoglobin A1c test (a test which assesses hemoglobin A1c by assessing how much hemoglobin has been glycosylated or linked with sugar and it is a measure of glucose control across approximately 2-3 months). He is the co-inventor of TNF monoclonal antibody that has been approved by the FDA for the treatment of Crohn's Disease and rheumatoid arthritis. Dr Cerami and his firm are among the leaders pioneering treatments in diabetes which has become

epidemic (according to the U.S. Surgeon General) and which has been identified as a known side effect of long-term use of certain psychiatric medications.

Research on the significance of advanced glycosylation is mixed. The Maillard Reaction is related to the glycosylation of a protein related to advanced glycosylation end products or AGEs that can contribute to the alterations in function seen with aging. The glycosylation of collagen may be especially relevant since collagen provides form and structure to most tissues (as a connective tissue) and organ systems. Thus, changes in the properties of collagen could have far-reaching effects.

Glycation a destructive process occurs throughout the body. It is the binding of a protein molecule to a glucose molecule. This results in the formation of damaged and nonfunctioning structures. This process decreases biological activity. These glycated proteins accumulate in affected tissue and are reliable markers of disease. Age-related diseases such as arterial stiffening, cataract and neurological impairment have been linked with glycation. Glycation, also known as the Maillard reaction is recognized as a major contributor to aging and perhaps cancer, as well as the complications related to diabetes. Glycation is fueled by glucose and results in the formation of an advanced glycation end product (AGEs). One of the insidious consequences of AGEs is that they trigger a cascade of

destructive events. AGEs cling to cellular binding sites and a consequence there is a 50-fold increase in free radical formation. A "free radical" or "Radical Oxygen Species" is an electrically charged molecule that has an unpaired electron, and is unstable and highly reactive. They can easily damage proteins. Three types of molecules that are especially sensitive to oxidative damage caused by oxyradicals are neurotransmitters, nucleic acids, and phospholipids important in many cell functions including the important function of maintaining the integrity of cell membranes. Free radicals can be broken down by superoxide dismutase which renders highly volatile oxygen free radicals (O_2^-) into heavy water or hydrogen peroxide (H_2O_2) which can be further broken down by chemical reaction into water and oxygen (O_2). However, when AGEs become greater than the body can handle cell destruction characteristic of aging can occur. Some look at diabetes as a condition of accelerated aging which results in AGEs, and they affect the arteries, the lenses and the retina of the eye, are related to cataract formation, and affect the peripheral nerves and the kidneys.

Carnosine, an anti-glycation compound may be useful in preventing and treating diabetic complications. Remember, AGEs age us all, the problem is just amplified in diabetics. Much study of the effects of ADVANCED GLYCOSYLATION ENDPRODUCTS is needed!

Prevalence of Mental Illness Significant & Rising



A large study (over 9,000 N) conducted between 2001-2003 indicated that about half of Americans will meet the criteria for a DSM-IV disorder sometime in their life, with first onset usually in adolescence or childhood. Lifetime prevalence estimates are as follows: anxiety disorders, 28.8%; mood

disorders, 20.8%; impulse control disorders, 24.8%; substance use disorders, 14.6%; any disorder, 46.4%. Median age of onset varied between 11 and 30 years of age depending on the diagnosis. By age 75 the probability of suffering from a mental disorder in the lifetime was 50.8%. The lifetime

prevalence appears to be on the rise with recent cohorts being greater than previous cohorts.

Kessler, R; Berglund, P; Demler, O; Jin, R; Merikangas, R; Walters, E. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch of Gen Psychiatry*. 2005;62:593-602

INFANT ABUSE LINKED TO EARLY EXPERIENCE, NOT GENETICS

The struggle to understand the complex interplay between family based learning and genetics has been complex and has taken many turns. Most informed scientists now subscribe to a “multipathway model of the etiology of disease. In this model the combination of genetics, environment, and specialized learning (the most powerful of which is family based multi-generational learning).

Intergenerational transmission of infant abuse is more likely caused by early experience than genetic inheritance, new University of Chicago research on macaque monkeys shows.

Maternal abuse of offspring in macaque monkeys shares some similarities with child maltreatment in humans, including its transmission across generations; said Dario Maestripieri, Associate Professor in the Department of Comparative Human Development at the University of Chicago.

The mechanisms underlying the intergenerational transmission of abuse are not well understood, said

Maestripieri, who is also an affiliate scientist at the Yerkes National Primate Research Center of Emory University. Ours is the first study to show that rhesus monkey females who are abused by their mothers in infancy tend to become abusive mothers themselves, and the first to provide experimental evidence that the intergenerational transmission of abuse is the result of early experience and not genetic inheritance, he said.

Maestripieri reports his findings in an article, *Early Experience Affects the Intergenerational Transmission of Infant Abuse in Rhesus Monkeys*, published in the online Early Edition of *The Proceedings of the National Academy of Sciences USA* the week of June 27-July 1, 2005.

Among macaque monkeys, most of the abuse occurs in the first six months of an infant's life, and most of that abuse occurs during the first month. The abuse consists of such behavior as biting, dragging or hitting.

Maestripieri and his research team cross-fostered female infants between abusive and non-abusive mothers and followed these infants, along with others who were reared by their biological mothers until they gave birth.

Nine of the 16 females who were abused in infancy by their biological or foster mothers were abusive toward their own offspring, while none of the 15 females reared by non-abusive mothers were abusive toward their offspring.

In particular, the researchers found that none of the offspring who were born to abusive mothers but raised by non-abusive foster mothers developed abusive parenting patterns, suggesting that genetic factors do not play a primary role in the intergenerational transmission of abuse.

The research may provide insights into how child abuse is transmitted in human families, Maestripieri said. Researchers estimate that as many 70 percent of the people who abuse their children were abused themselves growing up, Maestripieri added.

Insurance networks deceptive

Mimicking a study that found that only four of the 35 psychiatrists on Magellan Health Service's list of providers in the Denver area were accepting new patients, Holstein (a research scientist) called 285 psychologists and psychiatrists in Monmouth and Ocean counties of New York. All of the doctors were listed on at least one of 10 large networks serving residents in the two-county area.

Based on his study, Holstein, a Long Branch psychologist, said he was able to prove what he had long suspected: Phantom networks, networks that exist only on paper, are particularly widespread in mental health.

The result: People unable to make an appointment with a psychologist or psychiatrist in their network pay as much as \$200 for a session with an out-of-network doctor or go without necessary care.

Additionally, a growing number of therapists are withdrawing from insurance networks due to poor managed care reimbursement and unhelpful business practices, further reducing the number available to provide care for plan members.



Barriers to Access!

Biological Advances and Family Psychology

In the fall of 2004, a closely watched Federal Drug Administration or the U.S. Food and Drug Administration (FDA) Advisory Committee on antidepressant medications recommended black-box warnings in package inserts and other product information about antidepressant medications. In the spring of 2005 the FDA issued a warning about serious side effects concerning deaths in elderly patients with behavioral disturbances prescribed atypical (second generation) antipsychotics (Zyprexa, Abilify, Risperdal, and Seroquel-www.fda.gov/cder/drug/advisory/antipsychotics.htm). The agency concluded that the problem probably extends to other atypical antipsychotics. Adderall has been cited as posing a danger for sudden death in pediatric populations (www.fda.gov/cder/drug/infopage/adderall/default.htm). Methylphenidate HCL chewable tablets used in the treatment of Attention Deficit Disorders were found to have up to three times the expected dose in distributed pills (so much for the claim that Canadian and Mexican drug manufacturers are inferior to U.S. manufacturers-www.fda.gov/medwatch/SAFETY/2005/safety05.htm). By the spring of 2004 we knew that Risperdal and other antipsychotic drugs could precipitate diabetes, diabetic coma, and death. This in addition to the classical extrapyramidal effects or major tranquilizers. Warnings were issued by the FDA (www.fda.gov/foi/warning_letters/g4628d.htm). Clearly, the science indicates that medication only approaches to the control of symptoms of mental disorder are dangerous, and that they often dampen the effect of psychotherapy and long-term change (Antonuccio and Denelsky, 1995). Therefore, these dangerous interventions can not stand alone or sole interventions. We now know that the lifetime prevalence estimates of mental disorders indicate that over half of the population will suffer from a mental disorder in their lifetime (Kessler, et. al., 2005). We clearly know that hospitals and physicians and nurses are not doing a very good job of identifying, referring, and treating people with mental disorders (Kunen et. al, 2005).

We know that family therapy is an effective approach to growth and change. We know the areas of family functioning upon which we need to focus in order to change many psychiatric disorders and to establish resistance to mental disorder. For instance, there is evidence of association between negative verbalizations and negative, non-verbal expression of affect in bipolar disorder families (Simoneau, Miklowitz, & Saleem, 1998). Expressed emotion can be a powerful assessment variable which can be predictive of child emotional disturbance, especially when paired with assessment of overall family functioning and level of psychological distress (Kershner, Cohen, Coyne, 1996). It is fitting that data tells us that family-level of functioning with regard to modulation of negative affect and negative escalation pre-child is related to current marital functioning (Lindahl, Clements, & Markman, 1997), and that marital functioning is related to depression (Beach, 2001). The work on early childhood divorce is impressive evidence of how powerful family process variables are in creating, triggering expression, of mediating child adjustment or development of mental disorder. Wallerstein and her colleagues (Wallerstein & Blakeslee, 1989) have demonstrated that parental divorce during childhood and adolescence may seriously impact the adjustment of young adults. Children living in divorced or single parent families appear to have higher levels of depression and a more protracted recovery (Feldman, Rubenstein, & Rubin, 1988; Hoyt, Cowen, Pedro-Carrol, & Alpert-Gillis, 1990), and losses by death, separation, divorce, or abandonment are significant risk factors for the disorder (Kaslow, 1996). However, the effect is variable and appears to lose much of its magnitude or be mediated by more global variables in adolescence (Summers, Forehand, Armistead, Tannenbaum, 1998), inter-parental conflict, negative parent-child relationships, and marital depressive mood have all been associated with more negative child adjustment after parental divorce (Emery & Forehand, 1994). After divorce, the ability of parents to co-parent or cooperate, refuse to

triangulate each other, and to avoid or resolve conflicts positively has shown a positive impact on ensuing parent-child relationships after divorce (Margolin, Gordis, & John, 2001).

Clearly, parent education and family education are research-validated interventions that should be used by family psychologists (L'Abate, 1998) and are useful tools of an integrative approach. Family parent education known as multidimensional family therapy has been effective in reducing drug use in adolescents (Liddle & Dakof, 1995; Schmidt, Liddle, & Dakof, 1996). There are benefits to providing families conceptual and decision-making tools by teaching them an integrated theory in which they can understand their problems and communicate with the therapist (Bowen, 1978). Parent management training and multi-systemic therapy using a strong family education and parenting skills training have been effective in reducing delinquent and anti-social behavior (Borduin et al., 1995; Alexander & Parsons, 1973).

The point is that we now have the evidence that indicates that pharmaceutical approaches to mental disorder and family problems are symptom focused, dangerous, and offer limited hope for effective remediation. These approaches should be viewed as partial treatments or tools, short-term intervention to be coupled with the type of family therapy which is long-term and change focused. This is a great time for family psychologists who are armed with such research and can lead us to a more comprehensive vision of mental problems and a more comprehensive set of treatments.

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CMHC, Inc., a psychologist owned and operated comprehensive community mental health center in Southwest Missouri

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815 S. Ash & 427 N. Cedar, Nevada, MO,
417-667-8352*

*Cass Co. Psychological Services
306 S. Independence, Harrisonville, MO,
816-380-4010*

*Dade Co. Psychological Services
1111 S. Main, Lockwood, MO, 417-232-4499*

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Our email is morris49@ipa.net

Web Page: cmhconline.com

**WE'RE ON THE WEB AT
WWW.CMHCONLINE.COM**

Job Openings at CMHC, Inc.

Harrisonville: Full-time Clinic Director, Full-time or Part-time Psychologist, Full-time Director of Substance Abuse Programs, Receptionist.

Nevada: Psychologist-part or full-time. LCSW or LPC, full-time, CD Counselor Trainee (RASAC).

Lockwood: LPC or LCSW, full-time, case manager full-time.

Lamar: LPC or LCSW, full-time.

Intern and Residency Openings:

Marital & Family Therapist: Requires a masters degree in counseling, psychology, or social work.

Substance Abuse Counselor: Requires two years of sobriety and/or bachelors de-

gree in education or social sciences.

Psychology Intern: One opening Requires matriculation at the intern level from a regionally accredited doctoral program in clinical, counseling, health, neuropsychology, forensic psychology, or family psychology.

Psychology Residency: Requires a doctorate degree in clinical, counseling, health, or family psychology from a regionally accredited program. See www.cmhconline.com for updates.

For information or application for employment call Candi Dahmer, COO at 417-667-8352.

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lead us to a more comprehensive vision of mental problems and a more comprehensive set of treatments.

We should support short-term interventions such as pharmacotherapy to attend to immediate symptom moderation and increasing the level of functioning. However, we should advocate for systems change which can result in long-term change in both symptoms and function and can give the family new neural connections (hard won through much repetition), new systems of joint coping and contextual management, and new relational ethics. Family therapists should advocate for change! Change in the biological cascade which is currently treated with biomechanistic approaches, change in central processing, and change in systemic functioning.

References

- Alexander, J. F., & Parsons, B. V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Child Psychology, 81*, 219-225.
- Antonuccio, D. A., Danton, W. G., & DeNelsky, G. Y. (1995). Psychotherapy versus medication for depression: Challenging the conventional wisdom with data. *Professional Psychology: Research and Practice, 26*, 574-588.
- Beach, R. H. (2001). *Marital and family Process in Depression: A Scientific foundation for Clinical Practice*. American Psychological Association, Washington D. C.
- Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, D., Blaske, D. M., & Williams, J. R. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*(4), 569-575.
- Bowen, M. (1978). *Family Therapy in Clinical Practice*. Northvale, New Jersey: Jason Aronson.
- Emery, R. E., & Forehand, R. (1994). Parental divorce and children's well-being: A focus on resilience. In R. J. Haggerty, L. Sherrod, N. Garnezy, & M. Rutter (Eds.), *Risk and resilience in children* (pp 64-99). Cambridge, England: Cambridge University Press.
- Feldman, S. S., Rubenstein, J. L., & Rubin, C. (1988). Depressive affect and restraint in early adolescents: Relationships with family structure, family process, and friendship support. *Journal of Early Adolescence, 8*(3), 279-296.

Food and Drug Administration (2005). Adderall and Adderall XR Information. Retrieved June 20, 2005, from <http://www.fda.gov/cder/drug/infopage/adderall/default.htm>

Food and Drug Administration (2005). Safety Alerts for Drugs, Biologics, Medical Devices, and Dietary Supplements. Retrieved June 20, 2005, from <http://www.fda.gov/medwatch/SAFETY/2005/safety05.htm>

Food and Drug Administration (2005). Warning letter. Retrieved June 20, 2005, from http://www.fda.gov/foi/warning_letters/g4628d.htm

Hoyt, L. A., Cowen, E. L., Pedro-Carroll, J. L., & Alpert-Gillis, L. J. (1990). Anxiety and depression in young children of divorce. *Journal of Clinical Child Psychology, 19*, 26-32.

Kaslow, F. W. (1996). *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. New York: John Wiley & Sons, Inc.

Kershner, J. G., Cohen, N. J., & Coyne, J. C. (1996). Expressed emotion in families of clinically referred and nonreferred children: Toward a further understanding of the expressed emotion index. *Journal of Family Psychology, 10*, 97-106.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication [Electronic version]. *Archives of General Psychiatry, 62*(6), 593-602.

Kunen, S., Smith, P. O., Niederhauer, R., Morris, J. A., & Marx, B. D. (2005). Race Disparities in Psychiatric Rates in Emergency Departments. *Consulting and Clinical Psychology, 73*(1), 116-126.

L'Abate, L. (1998). *Family Psychopathology: The relational roots of dysfunctional behavior*. New York: The Guilford Press.

Liddle, H. A., & Dakof, G. A. (1995). Efficacy of family therapy for drug abuse: Promising but not definitive. *Journal of Marital and Family Therapy, 21*(4), 511-543.

Lindahl, K. M., Clements, M., & Markman, H. J. (1997). Predicting marital and parent functioning in dyads and triads: A longitudinal investigation of marital processes. *Journal of Family Psychology, 11*, 139-151.

Margolin, G., Gordis, E. B., & John, R. S. (2001). Coparenting: A link between marital conflict and parenting in two parent families. *Journal of Family Psychology, 15*, 3-21.

Schmidt, S. E., Liddle, H. A., & Dakof, G. A. (1996). Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology, 10*, 12-27.

Simoneau, T. L., Miklowitz, D.J., & Saleem, R. (1998). Expressed emotion and interactional patterns in the families of bipolar patients. *Journal of Abnormal Psychology, 107*, 497-507.

Summers, P., Forehand, R., Armistead, L., & Tannenbaum, L. (1998). Parental divorce during early adolescence in Caucasian families: The role of family process variables in predicting the long-term consequences for early adult psychosocial adjustment. *Journal of Consulting and Clinical Psychology, 66*, 327-336.

Wallerstein, J., & Blakeslee, S. (1989). *Second chances*. Boston: Houghton Mifflin.