Information Resources for Psychology and Psychiatry

Carmen Bou-Crick M.S.L.S.

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clinical psychology

Clinical psychology, branch of psychology concerned with the practical application of research methodologies and findings in the diagnosis and treatment of mental disorders.

Clinical psychologists classify their basic activities under three main headings: assessment (including diagnosis), treatment, and research. In assessment, clinical psychologists administer and interpret psychological tests, either for the purpose of evaluating individuals’ relative intelligence or other capabilities or for the purpose of eliciting mental characteristics that will aid in diagnosing a particular mental disorder. The interview, in which the psychologist observes, questions, and interacts with a patient, is another tool of diagnosis.

For purposes of treatment, the clinical psychologist may use any of several types of psychotherapy. Many clinical psychologists take an eclectic approach, drawing on a combination of techniques suited to the client. Clinical psychologists may specialize in behavior therapy, group therapy, family therapy, or psychiatric analysis, among others.

Research is an important field for some clinical psychologists because of their training in experimental research and statistical procedures. Clinical psychologists are thus often crucial participants in studies relating to mental health care.

Clinical psychologists work in a variety of settings, including hospitals, clinics, and corporations, and in private practice. Some specialize in working with mentally or physically handicapped persons, prison inmates, drug and alcohol abusers, or geriatric patients. In some settings, a clinical psychologist works in tandem with a psychiatrist and a social worker and is responsible for conducting the team’s research. Clinical psychologists also serve the courts in assessing defendants or potential parolees, and others are employed by the armed forces to evaluate or treat service personnel.

The training of clinical psychologists usually includes university-level study of general psychology and some clinical experience. In the United States, New Mexico became the first state to grant psychologists the right to prescribe medications for the treatment of mental disorders. Most clinical psychologists who do not have medical degrees, however, are barred by state laws from prescribing medications.
The Changing Landscape of Clinical Psychology

James H. Johnson

Version of record online: 20 MAR 2012
DOI: 10.1111/j.1468-2850.2012.01271.x
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Keywords:
clinical psychology; minorities; publications; theoretical orientation; women

This commentary on “Clinical Psychologists in the 2010s” by Norcross and Karpak (2012) focuses on selected findings from a survey of members of the Society of Clinical Psychology conducted by the authors. The focus is primarily on findings related to changes in the theoretical orientation of members over time, increases in the number of women and racial/ethnic minorities members, as well as publication rates and career satisfaction levels of members. Findings of this survey are, in some instances, supplemented by findings obtained from the Division of Clinical Child and Adolescent Psychology and the Division of Pediatric Psychology to provide additional information regarding clinical psychologists who work with children.

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Clinical psychology

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depression and anxiety in the elderly

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... Table 7–3. Examples of Physical Symptoms that Can Represent Depression System Symptom...

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Williams Gynecology, 2e

... symptoms of Alzheimer and Parkinson disease (Polidor, 2001). Alternatively, depression, anxiety...

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... of depression. In contrast, an analysis of 32 treatment studies for anxiety found pharmacotherapy slightly more...
Chapter 13. Psychosocial Issues and Female Sexuality

Introduction

More than 30 years ago, psychiatrist George Engel (1977) coined a word to describe a developing paradigm for patient care, the “biopsychosocial model.” The model encouraged formulating treatments that considered the mind and body of a patient as two interwining systems influenced by yet a third system—society.

Twenty years before this paradigm, Erik Erikson (1963) created a model that describes psychological maturation across the life span. Combining these two models yields a dimensional perspective helpful for the evaluation, diagnosis, and treatment of any patient (Table 13-1).

Table 13-1. Biopsychosocial Development

Not only do women use more health care services in general than men in the United States, but more women approach their physicians with psychiatric complaints, and more women have comorbid illness than men (Andrade, 2000; But, 2005; Kessler, 1994). Coupled with the “almost universal recognition” that primary care is where most patients with psychiatric illness are first seen, gynecologists and primary care practitioners will often be the first to evaluate a woman in psychiatric distress (Goldberg, 2003). A clinical interview such as one presented in Table 13-2 can guide assessment and includes all three domains from the biopsychosocial model.
### Table 13-1. Biopsychosocial Development

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Depression in children and adolescents
Stuart J. Goldman, MD, Co-Director, Mood Disorder Program, and Senior Associate in Psychiatry, Boston Children’s Hospital; Associate Professor of Psychiatry, Harvard Medical School, Boston, Massachusetts. Published March 11, 2014. Last updated March 9, 2014.

MEDLINE
Collaborative care for adolescents with depression in primary care: a randomized clinical trial.
JAMA.
Richardson, Laura P; Ludman, Evette... Show all. Published August 27, 2014.

MEDLINE
Psychological interventions for depression in adolescent and adult congenital heart disease.
The Cochrane database of systematic reviews.
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MEDLINE
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Schizoaffective disorder

- Updated 2015 Jun 25 11:32:00 AM: monthly paliperidone palmitate may reduce relapse risk in patients with stable schizoaffective disorder (J Clin Psychiatry 2015 Mar)

Related Summaries:
- Schizophrenia
- Bipolar disorder
- Depression

Making the diagnosis:
- in clinical practice, use of schizoaffective disorder may solve diagnostic dilemmas associated with atypical presentation of mood symptoms within context of schizophrenia, but may not serve purposes of predicting chronicity or response to antipsychotic treatment
- unequivocal definition of schizoaffective disorder has not been attained across standard international diagnostic criteria (DSM-IV and ICD-10 propose different criteria regarding simultaneity and predominance of symptoms)
- distinctions of classification, clinical features, course, and treatment of affective and psychotic syndromes not clearly demarcated by genetic, neuropsychological, or neurophysiological evidence
- alternative proposed diagnoses include:
  - comorbidity syndrome model
  - continuum model of psychotic and affective symptoms (rather than syndromes)
- "psychotic disorder not otherwise specified" may be most appropriate diagnosis if insufficient information on relationship between psychotic and mood symptoms
- stability of diagnosis poor
  - based on 2 retrospective studies
    - only 36% of those initially diagnosed with schizoaffective disorder received same diagnosis at later time point
    - at 24-month follow-up
      - 42% diagnosed with schizophrenia
      - < 1% diagnosed with bipolar disorder
  - Reference - Arch Gen Psychiatry 2000 Jun;57(6):593
    - in study of 61 patients, 37 (61%) later diagnosed with bipolar disorder (J Affect Disord 2005 Dec;89(1-3):201)

Differential diagnosis:
- see differential diagnosis for
  - schizophrenia
  - bipolar disorder
  - mood disorders (depression, mania)
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Clinical Decision Support: UpToDate
Psychiatric evaluation — Psychiatric evaluation should proceed after the patient is medically stable. The goals of the psychiatric evaluation include:

- Determination of the risk of suicide completion or subsequent attempt
- Identification of predisposing and precipitating factors that can be treated or modified

The psychiatric evaluation should be performed by a clinician who has specialized training and experience in the psychiatric problems of children and adolescents. In some situations, the child or adolescent may have reason to providing inaccurate information (e.g., to avoid hospitalization).

Three main areas should be addressed when evaluating the seriousness of suicidality and the risk for future attempts or completion. These areas are discussed in detail above and also are important when assessing suicide risk. The use of the “MALPRACTICE” mnemonic can help to ensure that all of these areas are addressed (Table 3) [10].

**Screening** — Different instruments are available to screen for suicidal ideation and behavior [7], but it is not known if screening improves outcomes.

The Ask Suicide-Screening Questions is a four-item instrument that clinicians can administer to screen for risk of suicide in patients who present to pediatric emergency depart:

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or your family would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself?
- Have you ever tried to kill yourself?

Answering yes to at least one question constitutes a positive screen that should trigger a more extensive evaluation of the patient’s risk for suicide.

A cross-sectional study in patients aged 10 to 21 years who presented to pediatric emergency departments with psychiatric (n = 180) or general medical (n = 344) problems found that predictive values were 71 and 97 percent; in general medical patients, positive and negative predictive values were 39 and 100 percent. A limitation of the study was that it was

By contrast, a systematic review found that two other screening instruments for suicidal ideation or behavior in high-risk adolescents performed poorly [5].

**MANAGEMENT** — Based upon a review of randomized trials, there are several principles to bear in mind when managing suicidal children and adolescents [27]:

- Most effective interventions for reducing suicidal ideation and preventing recurrence of suicide attempts address family interactions or increase nonfamilial support
- Better outcomes can be achieved with more treatment sessions (e.g., 10 or more)
- Targeting alcohol and substance abuse when clinically indicated
Clinical Decision Support: PsychiatryOnline

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Clinical Inquiry: Does primary nocturnal enuresis affect children's self-esteem?

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Nocturnal enuresis: non-pharmacological treatments.
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Children with primary nocturnal enuresis often, but not always, score about 1 standard deviation below scales for self-esteem, or scores for symptoms similar to low self-esteem (sadness, distress) than children without enuresis.

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- Mental Measurements Yearbook/Tests in Print
- PsycINFO – Limit Search Results to Classification: Tests & Testing (2220)
- PubMed – combine results with MeSH terms that refer to research studies, i.e. Psychometrics, Questionnaires, Psychological Tests, Sensitivity and Specificity, etc.
Go to: e-Databases/All Databases (click on “H” for “Health and Psychosocial Instruments”)
2. **Hospital Anxiety and Depression Scale.**

   Rafnsson, S. B., Deary, I. J., Smith, F. B., Whiteman, M. C., & Fowkes, F. G. R.


   ![PDF (627KB)](image)  + My Projects  + Annotate

3. **Psychosocial Screen for Cancer.**

   Linden, W., Yi, D., Barroetavena, M. C., MacKenzie, R., & Doll, R.


   ![PDF (627KB)](image)  + My Projects  + Annotate
Cardiovascular Diseases and Decline in Cognitive Function in an Elderly Community Population: The Edinburgh Artery Study

Rafnsson, Snorri B. PhD; Deary, Ian J. PhD, FRCP; Smith, Felicity B. PhD; Whiteman, Martha C. PhD; Fowkes, F Gerald R. PhD, FRCP

Author Information
From the Wolfson Unit for Prevention of Peripheral Vascular Diseases (S.B.R., F.B.S., F.G.R.F.), Public Health Sciences, Medical School, University of Edinburgh, Edinburgh, Scotland; Department of Psychology (I.J.D., M.C.W.), School of Philosophy, Psychology and Language Sciences, University of Edinburgh, Edinburgh, Scotland.
Address correspondence and reprint requests to Snorri B. Rafnsson, Wolfson Unit for Prevention of Peripheral Vascular Diseases, Public Health Sciences, Medical School, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG, UK. E-mail: S.B.Rafnsson@ed.ac.uk
Received for publication May 19, 2006; revision received February 22, 2007.
The Mental Measurements Yearbook with Tests in Print (Buros Institute, Univ. Nebraska) (start in E-Databases)
Search on Dementia in the Title

Search Results: 1 - 6 of 6

1. Behavioral and Psychological Assessment of Dementia
   Subjects: Behavior Assessment
   HTML Full Text

2. Dementia Rating Scale-2 Alternate Form
   Subjects: Neuropsychological
   HTML Full Text

3. CERAD Behavior Rating Scale for Dementia, Second Edition
   Subjects: Behavior Assessment
Behavioral and Psychological Assessment of **Dementia**

**Acronym:** BPAD.

**Authors:** Schmidt, Kara S.; Gallo, Jennifer L.

**Publication Date:** 2007

**Publisher Information:** Psychological Assessment Resources, Inc., 16204 N. Florida Avenue, Lutz, FL, 33549-8110, custsupp@parinc.com, http://www4.parinc.com.

**Purpose:** Designed to 'assess changes in behavior and mood associated with the onset of various dementia syndromes.'

**Test Category:** Behavior Assessment.

**Population:** Ages 30-90.

**Scores:** 24: Total Current, Total Past, Total Change, Perceptual/Delusional Current, Perceptual/Delusional Past, Perceptual/Delusional Change, Positive Mood/Angy Anxiety Current, Negative Mood/Angy Anxiety Past, Negative Mood/Angy Anxiety Change, Aggressive Current, Aggressive Past, Aggressive Change, Disinhibited Past, Disinhibited Change, Biological Rhythms Current, Biological Rhythms Past, Biological Rhythms Change.

**Administration:** Individual.

**Time:** (15) minutes.

**Price Data:** 2015: $290 per introductory kit including software portfolio with on-screen help and quick start guide, professional manual (67 pages), and 25 response booklets. $63 per introductory kit, $67 per professional manual. Time: (15) minutes. Comments: 'Should be completed by family members, paraprofessionals, or other professionals ages 18-90 who have regular contact with individuals who I

**Cross References:** For reviews by Shawn K. Acheson and Anita M. Hubley, see 18:12.

**Reviewers:** Acheson, Shawn K.; Hubley, Anita M..

**Yearbook Volume:** 18.

**Yearbook Reference:** R. A. Spies, J. F. Carlson, & K. F. Gelsinger (Eds.), The eighteenth mental measurements yearbook. 2010.
Other Bibliographic Databases

- Cochrane Library of Systematic Reviews
- Embase (International in scope)
- Scopus (conferences and author productivity)
- Pure Experts (UM faculty researchers)
- Natural Medicines (Complementary & Alternative Medicine)
Cochrane Library: Systematic Reviews

Enter your topic or browse topics
Enter topic: spina bifida

Click on any Link to see Full review

Results are Sorted By relevance Or date
EMBASE

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2. PICO
3. Advanced
4. Drug
5. Disease
6. Device
7. Article
Quick Search

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Sources, Drugs, Diseases, Devices, Age, Gender, Study Types, etc.
### PICO Search

**Find best term**

- Emtree
  - anatomical concepts
  - biological functions
  - biomedical disciplines, science and art
  - chemical, physical and mathematical phenomena
  - chemicals and drugs
  - diseases
  - geographic names
  - groups by age and sex
  - health care concepts
  - named groups of persons
  - organisms
  - procedures, parameters and devices
  - society and environment
  - types of article or study

#### PICO Search

*Note: Filling any search line is optional*

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**P=Population; I=Intervention; C=Comparison; O=Outcome**

**Study design (or miscellaneous)**
All records are indexed in depth with Emtree terms. All MeSH terms and mapped to Emtree. Choose Emtree or MeSH terminology to carry out searches.
Drug Search

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Find peer-reviewed articles, conference abstracts, author analytics, & journal comparisons

Search on: heart attack AND stress
### Scopus

#### Search

- **Sort on:** Date or Relevance
- **How many Times Cited**
- **Limits to streamline search**
- **Click on any title to get the full citation and links to full-text**

<table>
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  - **Limits**
  - **Exclude**

- **Search within results**
  - **View secondary documents**
  - **View 20 patent results**
  - **Analyze search results**

- **1,453 document results**
  - **View all abstracts**

- **Click on any title to get the full citation and links to full-text**

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<td>Cerebral vasospasm following aneurysmal subarachnoid hemorrhage</td>
<td>1985</td>
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<td>Psychosocial influences on mortality after myocardial infarction</td>
<td>1984</td>
<td>New England Journal of Medicine</td>
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Glutathione Metabolism and Its Implications for Health

Wu, G.* | Fang, Y.Z.* | Yang, S. | Lupton, J.R.* | Turner, N.D.*

* Faculty of Nutrition, Texas A and M University; College Station, TX 77843, United States
** Dept. of Biochem. and Molec. Biology, Beijing Inst. of Radiation Medicine, Beijing, 100050, China
† Department of Animal Nutrition, China Agricultural University, Beijing, 100054, China

Abstract

Glutathione (γ-glutamyl-cysteinyl-glycine; GSH) is the most abundant low-molecular-weight thiol, and GSH/glutathione disulfide is the major redox couple in animal cells. The synthesis of GSH from glutamate, cysteine, and glycine is catalyzed sequentially by two cysteine enzymes, γ-glutamylcysteine synthetase and GSH synthetase. Compelling evidence shows that GSH synthesis is regulated primarily by γ-glutamylcysteine synthetase activity, cysteine availability, and GSH feedback inhibition. Animal and human studies demonstrate that adequate protein nutrition is crucial for the maintenance of GSH homeostasis. In addition, enteral or parenteral methionine, histidine, N-acetylcysteine, and L-2-oxothiazolidine-4-carboxylate are effective precursors of cysteine for tissue GSH synthesis. Glutathione plays important roles in antioxidant defense, nutrient metabolism, and regulation of cellular events (including gene expression, DNA and protein synthesis, cell proliferation and apoptosis, signal transduction, cytokine production and immune response, and protein glutathionylation). Glutathione deficiency contributes to oxidative stress, which plays a key role in aging and the pathogenesis of many diseases (including Kawasaki disease, schizophrenia, Alzheimer's disease, Parkinson's disease, liver disease, cystic fibrosis, sickle cell anemia, HIV, AIDS, cancer, heart attack, stroke, and diabetes). New knowledge of the nutritional regulation of GSH metabolism is critical for the development of effective strategies to improve health and to treat these diseases.

Author keywords

Amino acids, Cysteine, Disease, Oxidative stress

Indexed keywords

EMTREE drug terms: 2 enox 4 thiazolidinecarboxylic acid, acetyl-cysteine, cysteine, cysteine; DNA; glutamate cysteine ligase; glutamic acid; glutathione; glutathione disulfide; glutathione synthase; glycine; methionine; protein

EMTREE medical terms: acquired immune deficiency syndrome; aging; Alzheimer's disease; antioxidant activity; apoptosis; cancer; catalysis; catalyst; cell function; cell proliferation; cytokine production; diabetes mellitus; DNA synthesis; enzyme activity; gene expression; glutathione metabolism; heart infection; homeostasis; human; Human immunodeficiency virus infection; immune response; kowatroilor; metabolism; negative feedback; nonhuman; nutritional deficiency; oxidative stress; pathogenesis; protein intake; protein synthesis; review; risk factor; seizure; sickle cell anemia; signal transduction; stroke

Medline keywords: NASA Discipline Radiation Health; Non-NASA Center Medicine is the source for the MeSH terms of this document.

MeSH: Cysteine; Glutamic Acid; Glutathione; Glycine; Health; Humans Medicine is the source for the MeSH terms of this document.

Species Index: Animalia; Human immunodeficiency virus

Chemicals and CAS Registry Numbers: 2 enox 4 thiazolidinecarboxylic acid. 19750-45-9; acetyl-cysteine. 616-91-1; cysteine. 4371-62-2; 52-89-1; 52-90-4; cystine. 24645-67-8; 56-89-3; 6300-39-9; DNA.
Scopus Author Search

- Author search
- University of Miami

Search history:
1. TITLE-ABS-KEY (altshuller)
This author's h-index is 104

The h-index is based upon the number of documents and number of citations.

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Medicine

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• Poster assistance in Biomedical Communications
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- Most resources have an App that you can download into your tablets and smartphones.
- Use a campus computer to create an account in each of the databases that you want to download as an App.
- Go to the App Store and look for each App.
- Use login and password to open the App.
- If accessing resources remotely, use Proxy Server with your CaneID/Password.
We hope you have a wonderful training year at UM/JMH!

Thank You!

For more information, contact us at:

Email: reference@med.miami.edu
Phone: 305–243–6648