



Social Work 618

Systems of Recovery From Mental Illness in Adults

3 Units

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Office Hours:	By appointment		

I. COURSE PREREQUISITES

This advanced level practice course is only open to Mental Health Concentrations students who are working, in their current field placement, with adult clients who have been diagnosed with mental illnesses.

II. CATALOGUE DESCRIPTION

This advanced mental health practice course focuses on the multi-level impact of mental illness on adults and families. Evidence-based interventions promoting increased quality of life and stability are emphasized.

III. COURSE DESCRIPTION

This advanced-level elective course offers students the opportunity to learn about effective, leading -edge social work approaches to providing humane care for persons with mental illness, especially those clients with concomitant substance abuse, developmental disabilities and severe socioeconomic disadvantage who are commonly considered “difficult” to treat. The course offers students a comprehensive approach to social work practice with this population which includes outreach, clinical assessment; treatment planning that includes strengths orientation with client’s environment and collaboration with other systems, advocacy and program development as well as management. The contribution of discrimination and social inequalities to clients’ difficulties is considered throughout the course, including discrimination based on gender, race, ethnicity, socioeconomic status, sexual orientation, disability and diagnosis. Many different understandings related to the nature of the problem of severe mental illness are included and the required readings draw from various theoretical approaches to treatment, ranging from psychodynamic to ecological. The perspective of the course is client-centered in that the emphasis is on understanding the persons who have a severe mental illness, their strengths and the processes associated with acquiring care. The question of etiology, while addressed in other courses is examined in lieu of new research regarding the role of the brain in severe mental illness.

Required readings draw from classics in the field and are designed to give an historical perspective. In addition, readings from contemporary sources explore new research and practice in the field of the treatment of clients who have been diagnosed with severe mental illnesses. Readings are among the most recently available in the field.

This course fosters the integrative process of students by including content from policy, human behavior and the social environments, methods and research. The overall recovery perspective that fosters the integration process conceptualizes theories and approaches to research as heuristics, with assumptions, principles and concepts that have distinctive usefulness within particular contexts. The integration of clinical field experience with theory is fostered by the inclusion of case material throughout the course, both that provided by the instructor and also the students' clinical experiences. Students are helped to compare and critically analyze the theories and research methods used to understand and evaluate this population. The primary focus of the course is consistent with the Health and Mental Health cluster's recovery emphases and objectives. The course also consistently addresses the importance of enhancing family relationships and supporting families of those with severe mental illness which supports the advanced learning of students in the families and children cluster.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	To acquire an understanding of the major theories used to explain the causes and treatment of severe mental illness, so as to foster students' understanding of severe mental illness and its psychological and socioeconomic effects on clients and their families.
2	To develop advanced understanding of approaches to social work practice interventions with clients with severe mental illness, including neuroleptic management, residential and inpatient care, case management and community care, outreach as well as psychotherapy.
3	To acquire a fundamental knowledge base about diverse approaches to program planning and development, including advocacy, in the care of this population.
4	To acquire recovery oriented knowledge, skills, and approaches.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

Most classes will be based on lectures, class discussions, field trips, videos, guest speakers, and small group experiential activities. A substantial number of case examples will be utilized based on the instructor's clinical experience, case material in the literature, reports of students, videos, and guest speakers.

VI. STUDENT LEARNING OUTCOMES

Student learning for this course relates to one or more of the following ten social work core competencies:

	Social Work Core Competencies	SWK 618	Course Objective
1	Professional Identity	*	
2	Ethical Practice	*	
3	Critical Thinking	*	
4	Diversity in Practice	*	
5	Human Rights & Justice	*	
6	Research Based Practice	*	
7	Human Behavior	*	
8	Policy Practice	*	
9	Practice Contexts	*	
10	Engage, Assess, Intervene, Evaluate	*	

* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p>Professional Identity—Identify as a professional social worker and conduct oneself accordingly.</p> <p>Social workers competent in Professional Identity:</p> <ul style="list-style-type: none"> ▪ Serve as representatives of the profession, its mission, and its core values. ▪ Know the profession’s history. ▪ Commit themselves to the profession’s enhancement and to their own professional conduct and growth. 	1. Advocate for client access to the services of social work.	☐ Strengths Based Plan for Recovery
	2. Practice personal reflection and self-correction to ensure continual professional development.	☐ Strengths Based Plan for Recovery
	3. Attend to professional roles and boundaries.	☐ Strengths Based Plan for Recovery
	4. Demonstrate professional demeanor in behavior, appearance, and communication.	☐ Class Participation ☐ Strengths Based Plan for Recovery
	5. Engage in career-long learning.	☐ Article Presentation ☐ Strengths Based Plan for Recovery
	6. Use supervision and consultation.	☐ Strengths Based Plan for Recovery
<p>Ethical Practice—Apply social work ethical principles to guide professional practice.</p> <p>Social workers competent in Ethical Practice:</p> <ul style="list-style-type: none"> ▪ Fulfill their obligation to conduct themselves ethically and to engage in ethical decision-making. ▪ Are knowledgeable about the value base of the profession, its ethical standards, and relevant law. 	7. Recognize and manage personal values in a way that allows professional values to guide practice.	☐ Strengths Based Plan for Recovery
	8. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics.	☐ Strengths Based Plan for Recovery
	9. Tolerate ambiguity in resolving ethical conflicts.	☐ Class Participation ☐ Strengths Based Plan for Recovery
	10. Apply strategies of ethical reasoning to arrive at principled decisions.	☐ Strengths Based Plan for Recovery

<p>Critical Thinking—Apply critical thinking to inform and communicate professional judgments.</p> <p>Social workers competent in Critical Thinking:</p> <ul style="list-style-type: none"> Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment. Use critical thinking augmented by creativity and curiosity. Understand that critical thinking also requires the synthesis and communication of relevant information. 	<p>11. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation
	<p>12. Analyze models of assessment, prevention, intervention, and evaluation.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation
	<p>13. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation
<p>Diversity in Practice—Engage diversity and difference in practice.</p> <p>Social workers competent in Diversity in Practice:</p> <ul style="list-style-type: none"> Understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. Recognize that the dimensions of diversity reflect intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Appreciate that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. 	<p>14. Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation
	<p>15. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation
	<p>16. Recognize and communicate understanding of the importance of difference in shaping life experiences.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation
	<p>17. View themselves as learners and engage those with whom they work as informants.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Participation

<p>Human Rights & Justice—Advance human rights and social and economic justice.</p> <p>Social workers competent in Human Rights & Justice:</p> <ul style="list-style-type: none"> ▪ Acknowledge that each person, regardless of position in society, has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. ▪ Recognize the global interconnections of oppression and are knowledgeable about theories of justice and strategies to promote human and civil rights. ▪ Incorporates social justice practices in organizations, institutions, and society to ensure that these basic human rights are distributed equitably and without prejudice. 	<p>18. Understand the forms and mechanisms of oppression and discrimination.</p> <p>19. Advocate for human rights and social and economic justice.</p>	<p><input type="checkbox"/> Strengths Based Plan for Recovery</p> <p><input type="checkbox"/> Strengths Based Plan for Recovery</p> <p><input type="checkbox"/> Strengths Based Plan for Recovery</p>
	<p>20. Engage in practices that advance social and economic justice.</p>	<p><input type="checkbox"/> Strengths Based Plan for Recovery</p>
<p>Research Based Practice—Engage in research-informed practice and practice-informed research.</p> <p>Social workers competent in Research Based Practice:</p> <ul style="list-style-type: none"> ▪ Use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. ▪ Comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. 	<p>21. Use practice experience to inform scientific inquiry.</p>	<p><input type="checkbox"/> Strengths Based Plan for Recovery</p> <p><input type="checkbox"/> Article Presentation</p>
	<p>22. Use research evidence to inform practice.</p>	<p><input type="checkbox"/> Strengths Based Plan for Recovery</p> <p><input type="checkbox"/> Article Presentation</p>
<p>Human Behavior—Apply knowledge of human behavior and the social environment.</p> <p>Social workers competent in Human Behavior:</p> <ul style="list-style-type: none"> ▪ Are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being. ▪ Apply theories and knowledge from the liberal arts to understand biological, social, cultural, psychological, and spiritual development. 	<p>23. Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation.</p>	<p><input type="checkbox"/> Strengths Based Plan for Recovery</p> <p><input type="checkbox"/> Article Presentation</p>
	<p>24. Critique and apply knowledge to understand person and environment.</p>	<p><input type="checkbox"/> Strengths Based Plan for Recovery</p> <p><input type="checkbox"/> Article Presentation</p>

<p>Policy Practice—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.</p> <p>Social workers competent in Policy Practice:</p> <ul style="list-style-type: none"> Understand that policy affects service delivery, and they actively engage in policy practice. Know the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. 	25. Analyze, formulate, and advocate for policies that advance social well-being.	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation
	26. Collaborate with colleagues and clients for effective policy action.	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation
<p>Practice Contexts—Respond to contexts that shape practice.</p> <p>Social workers competent in Practice Contexts:</p> <ul style="list-style-type: none"> Are informed, resourceful, and proactive in responding to evolving organizational, community, and societal contexts at all levels of practice. Recognize that the context of practice is dynamic, and use knowledge and skill to respond proactively. 	27. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services.	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation
	28. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation

<p>Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities.</p> <p>Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities.</p> <ul style="list-style-type: none"> ▪ Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals ▪ Using research and technological advances ▪ Evaluating program outcomes and practice effectiveness ▪ Developing, analyzing, advocating, and providing leadership for policies and services ▪ Promoting social and economic justice 	<p>29. Engagement:</p> <p>Substantively and affectively <small>prepare for action with</small> individuals, families, groups, organizations, and communities.</p> <p>Use empathy and other interpersonal skills.</p> <p>Develop a mutually agreed-on focus of work and desired outcomes.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation
	<p>30. Assessment:</p> <p>Collect, organize, and interpret client data.</p> <p>Assess client strengths and limitations.</p> <p>Develop mutually agreed-on intervention goals and objectives.</p> <p>Select appropriate intervention strategies.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation
	<p>31. Intervention:</p> <p>Initiate actions to achieve organizational goals.</p> <p>Implement prevention interventions that enhance client capacities.</p> <p>Help clients resolve problems.</p> <p>Negotiate, mediate, and advocate for clients.</p> <p>Facilitate transitions and endings.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation
	<p>32. Evaluation: Critically analyze, monitor, and evaluate interventions.</p>	<input type="checkbox"/> Strengths Based Plan for Recovery <input type="checkbox"/> Article Presentation

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

All students are expected to regularly attend class and be on time. **A STUDENT WITH MORE THAN TWO UNEXCUSED ABSENCES DURING THE COURSE OF THIS CLASS MAY RECEIVE A NO CREDIT. A STUDENT WHO IS TARDY THREE OR MORE TIMES TO CLASS MAY RECEIVE A GRADE OF NO CREDIT.** If a student receives a no credit grade in this class, they will be required to repeat this class.

All writing assignments should be constructed with APA 6th edition format style.

Publication Manual of the American Psychological Association, Sixth Edition. (2009). American Psychological Association.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

Assignment	Due Date	% of Final Grade
Class Participation	Each class session	10%
Article Presentation	Sign up for class session	10%
Strengths Based Plan for Recovery		75%
Section 1	1-Session 7	12.5%
Section 2	2-Session 7	12.5%
Section 3	3-Session 7	12.5%
Section 4	4-Session 10	12.5%
Section 5	5&6-Session 15	12.5%
Section 6		12.5%
Resource Drive	Session 15	5%

Each of the major assignments is described below.

Class Participation – 10%

Student is expected to remain in class for entire sessions. Student is expected to participate in class discussions.

Due: Each class session

Article Presentation – 10%

The student will choose an article from the syllabus and present the main conclusions to the class. Students will sign up on the first class session.

Due: Sign up for class session.

Resource Drive – 5%

The student will present a useful resource for a service for people who in need of social services. The student will present information for classmates. The presentation will have the following information. If possible a national organization might be useful to the majority of students.

- Name and brief description of resource.
- Contact information (address, phone, website address, name of person to contact, etc.)
- Requirements to receive service (diagnosis, catchment area, funding source, housing status, etc.)

Due: Last day of class.

Strengths Based Plan for Recovery – 12.5 x 6 = 75%

Due: Parts 1, 2, & 3 are due on Session 7

Part 4 is due on Session 10

Part 5 & 6 are due on the last day of class.

It is recommended that you include many quotations from the person with whom you are working.

******Please use all the headings as listed below.******

Strengths-based Plan for Recovery

1) *Assessment*

- Brief Description of Person
 - Demographics
 - What is the person requesting help with?
 - Presenting symptoms
 - Identification, frequency, duration, intensity
 - Goals and Values of the Client (*not the clinician's goals and values*)

2) *Therapeutic Relationship*

- Plan for trusting relationship with this person
 - Welcoming and engagement (How was this executed?)
 - Unique and ongoing dynamics (What is unique about YOUR work with THIS client?)
 - Appropriate self-disclosure
 - Appropriate use of humor
 - Appropriate sharing of emotions
 - Sadness – tears
 - Excitement
 - Use of touching (hugging, etc)
 - Other

3) *Shared Story of Illness*

- Contributing Factors
 - Precipitating events
 - Factors that increase stress and vulnerability
- Trauma and significant losses
- Symptoms of illness
 - DSM-5 Diagnoses (use proper format)
 - Differential Diagnoses
 - Justify all diagnoses
 - Remaining questions
 - What information are you seeking to rule out or rule in diagnoses?
- How are behaviors and symptoms obstacles to goals and values?
 - Be specific. Name goal / value and discuss impact of each.

4) *Shared Plan of Recovery*

- (We know that high quality in these areas contribute to stability and increased quality of life. Use academic references to support your assertions.)*
- (Be sure that you are articulating the specific plans for the future of each area. Be sure to write out all headings*

- (*In your paper, you may want to comment on past and present situations of each. However, the essence of this paper lies in planning for the increased quality of each area. Consider both very small and long term goals. Use references to assert that these areas are important in recovery.*)
- What does the person most want help with?
- Resources that will help to overcome illness and other obstacles.
 - External (i.e. money, friends, family, etc.)
 - Intrapsychic: (characteristics, i.e., humor, persistence, motivation)
 - Describe with as much detail as possible. (*These are areas that you and your client discuss together about the future. This is not intended to address the past. What are your client's ideas about each of these areas?*)
 - Areas to consider (Please use ALL headings in order)
 - Health
 - Physical
 - Body
 - Dental
 - Mental
 - Therapist
 - Psychiatrist
 - Social
 - Friends
 - Hobbies
 - Housing
 - Employment
 - Family
 - Partner
 - Children
 - Parents
 - Siblings
 - Education
 - Other

5) *Summary of Process*

- Tell the story of your experience with this person in chronological time. (*Use the following headings.*)
 - Beginning
 - Middle
 - End
- Within the above headings, include the following details. (*Bold or italicize each term so to make it obvious.*)
 - Aspects of Recovery
 - Hope
 - Empowerment
 - Self-responsibility
 - Achieving meaningful roles
 - Essential Therapeutic Skills
 - Creating a trusting relationship
 - Constructing a shared story of how the person got into trouble
 - How symptoms and behaviors creates barriers to achieving goals and how to overcome them
 - In-vivo skill building
 - Creating a healing environment
 - Therapeutic boundaries

6) *Reflections of a Recovery Minded Social Workers (Use all the headings as listed below.)*

- Tell 3 stories that I will most remember about working with this person.
- What interventions did not work?
- What resources were lacking that would have helped?
- What do I know to be true about working with people who have been diagnosed with severe and persistent mental illnesses?

VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

Benkhe, S., Preis, J., Bates. T. (1998). *The essentials of California mental health law*. W.W. Norton Publishers.

Corrigan, P., Mueser, Kim., Bond, G., & Drake, R. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. The Guilford Press.

Saks, Elyn. (2008). *The center cannot hold: My journey through madness*. Hyperion.

Articles and other readings are available through Blackboard.

- <http://blackboard.com>
- <http://sowk.wordpress.com/>

Note: Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Overview

Unit	Topics	Assignments
1	<ul style="list-style-type: none"> ■ Introduction <ul style="list-style-type: none"> □ Introduction to course □ Format, syllabus, assignments, objectives and overview of course material □ Choose article for presentation 	
2	<ul style="list-style-type: none"> ■ History of Mental Health Treatment Delivery in United States <ul style="list-style-type: none"> □ Stigma: Definitions, Impact, and Stigma Busters 	Watch video “The Lobotomist”

Unit	Topics	Assignments
3	<ul style="list-style-type: none"> ■ Introduction to the Philosophies of Mental Health Treatment Delivery <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Treatment Delivery in the Medical Model <input type="checkbox"/> Mental Health Treatment in the Recovery Philosophy ■ Levels of Care: Theories and Goals <ul style="list-style-type: none"> <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Inpatient Hospitalization <ul style="list-style-type: none"> ○ Voluntary vs. Involuntary treatment <input type="checkbox"/> Psychosocial Rehabilitation <ul style="list-style-type: none"> ○ Clubhouse Model ○ Day Programs <input type="checkbox"/> Vocational Programs <input type="checkbox"/> Case Management <ul style="list-style-type: none"> ○ Clinical Case Management ○ Assertive Case Management (ACT) <input type="checkbox"/> Residential Programs <ul style="list-style-type: none"> ○ Board and Care ○ Alternative Residential Programs: <ul style="list-style-type: none"> ▪ Soteria House ▪ R.D. Lang (Asylum) ▪ John Weir Perry Diabasis ▪ Work Farms ▪ Geel, Belgium <input type="checkbox"/> Self-help Groups <input type="checkbox"/> Psychotherapy 	
4	<p>Defining the Population from a Medical Perspective: Diagnosis, Etiology, Course of Illness, and Treatment Options, including Medication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Psychotic Disorders <ul style="list-style-type: none"> ▼ Positive and Negative Psychotic Symptoms ▼ Schizophrenia, ▼ Schizoaffective Disorders <input type="checkbox"/> Mood Disorders <ul style="list-style-type: none"> ▼ Depressive Disorders ▼ Bipolar Disorder <input type="checkbox"/> Personality Disorders <ul style="list-style-type: none"> ▼ Cluster B: Borderline, Narcissistic, and Antisocial Personality Disorders <input type="checkbox"/> The Impact of Trauma 	
6	<ul style="list-style-type: none"> ■ Integrated Care for People with Co-Occurring Disorders <ul style="list-style-type: none"> <input type="checkbox"/> Scope and Dynamics of Co-morbidity between Mental Illness and Substance Abuse <input type="checkbox"/> Poverty and homelessness <input type="checkbox"/> Evidence Based Interventions with People with Co-occurring Disorders <ul style="list-style-type: none"> ▼ Motivational Interviewing ▼ Harm Reduction 	

Unit	Topics	Assignments
6	<ul style="list-style-type: none"> ■ Recovery in Action: An Example <input type="checkbox"/> Supportive Employment <input type="checkbox"/> Member Panel 	
7	<ul style="list-style-type: none"> ■ Understanding and Communicating with a Person who is Experiencing Psychosis 	<i>Strengths Based Plan For Recovery – Parts 1, 2, & 3.</i>
8	<ul style="list-style-type: none"> ■ Symptom Management <input type="checkbox"/> Wellness Recovery and Action Plan (WRAP) <input type="checkbox"/> Illness Management and Recovery (IMR) 	
9	<ul style="list-style-type: none"> ■ Supportive Housing <input type="checkbox"/> Project 50 ■ Managing Crisis Situations: Risk for Suicide, Violence and Sociopathic Behaviors <input type="checkbox"/> Crisis Theory <input type="checkbox"/> Evidence- and Practice-based Methods for Managing Crisis Situations that include Risk for Suicide, Violence and Sociopathic Behaviors 	
10	<ul style="list-style-type: none"> ■ Culture, Class, Ethnicity, and Mental Illness <input type="checkbox"/> The Effects of Culture, Class and Ethnicity on Diagnosis and Treatment <input type="checkbox"/> Equal Access to High Quality Care <input type="checkbox"/> Cultural Sensitivity 	<i>Strengths Based Plan For Recovery – Part 4.</i>
11	<ul style="list-style-type: none"> ■ Mental Health Law and Advocacy 	
12	<ul style="list-style-type: none"> ■ Guest Speakers <input type="checkbox"/> Narratives 	
13	<ul style="list-style-type: none"> ■ Family Psycho-education <input type="checkbox"/> Impacts of Mental Illnesses on Family Members, including Children <input type="checkbox"/> Empathic Parenting with a Mental Illness: Evidence Based Interventions <input type="checkbox"/> Family Psycho-education and Advocacy <ul style="list-style-type: none"> ▼ Multi-Family Groups: An Evidence Based Intervention 	
14	<ul style="list-style-type: none"> ■ Peer Support <input type="checkbox"/> SAMSHA Packet 	
15	<ul style="list-style-type: none"> ■ Resource Drive ■ Wrap-Up ■ Course Evaluations 	<i>Strengths Based Plan For Recovery – Parts 5 & 6.</i>
STUDY DAYS / NO CLASSES		
FINAL EXAMINATIONS		

Course Schedule

Unit 1:**Topics**

- Introduction

Unit 2:**Topics**

- History of Mental Health Treatment Delivery in United States
 - Introduction to the Philosophies of Mental Health Treatment Delivery
 - ▼ Mental Health Treatment Delivery in the Medical Model
 - ▼ Mental Health Treatment in the Recovery Philosophy
 - Stigma: Definitions, Impact, and Stigma Busters

Required Readings

Bellack, A.S. (2006). Scientific and consumer models of recovery in schizophrenia: Concordance, contrasts, and implications. *Schizophrenia Bulletin*, 32, 432–442.

Bond, G. R. (2004). How evidence-based practices contribute to community integration *Community Mental Health Journal*, 40(6).

Concurrent Disorders: Beyond the Label. An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems. www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/beyond_the_label.html

Corrigan, P. (2009). Principles and practice of psychiatric rehabilitation: An empirical approach. Chapters 2, 3, 20, & 21.

Davidson, Larry. (2006). What happened to Civil Rights? *Psychiatric Rehabilitation Journal*, 30(1), 11-14.

Department of Health and Human Services. (2005). *Federal Action Agenda: Transforming mental health care in America*. Rockville, MS: Substance Abuse and Mental Health Services Administration

Drake, R. E., Bond, G. R., & Essock, S. M. (2009). Implementing evidence-based practices for people with schizophrenia. *Schizophrenia Bulletin*, 35(4), 704 – 713.

Frese, J.F., Stanley, J., Kress, K., & Vogel-Scibilia, S. (2001). Integrating evidence-based practices and the Recovery Model. *Psychiatric Services*, 52(11), 1462-1468.

SAMHSA(2008). *Evidence-based practices: Shaping mental health services towards recovery*. <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/Fidelity/Introduction.asp>.

Stanhope, V. & Solomon, P. (2007). Getting to the heart of recovery: Methods for studying recovery and their implications for evidence-based practice. *British Journal of Social Work*, 38(5), 885-899.

Recommended Readings

Corrigan, P.W. (Ed.) (2005). *On the stigma of mental illness: Practical strategies for research and social change*. Washington, DC: American Psychological Association.

Deegan, P.E., Drake, R.H. (2006). Shared decision making and medication management in the recovery process. *Psychiatric Services*, 57(11): 1636-1639.

Fountain House: www.fountainhouse.org

Porter, R. (2002). *Madness: A brief history*. New York: Oxford University Press.

Ralph, R.O. & Corrigan, P.W. (Eds.) (2005). *Recovery in mental illness: Broadening our understanding of wellness*. Washington, DC: American Psychological Association.

Whitaker, R. (2003). *Mad in America: Bad science, bad medicine, and the enduring mistreatment of the mentally ill*. Cambridge, MA: Basic Books.

Unit 3:

Topics

- Introduction to the Philosophies of Mental Health Treatment Delivery
 - Mental Health Treatment Delivery in the Medical Model
 - Mental Health Treatment in the Recovery
- Philosophy Levels of Care: Theories and Goals
 - Crisis Intervention
 - Inpatient Hospitalization
 - Voluntary vs. Involuntary treatment
 - Psychosocial Rehabilitation
 - Clubhouse Model
 - Day Programs
 - Vocational Programs
 - Case Management
 - Clinical Case Management
 - Assertive Case Management (ACT)
 - Residential Programs
 - Board and Care
 - Alternative Residential Programs:
 - Soteria House
 - R.D. Lang (Asylum)
 - John Weir Perry Diabasis
 - Work Farms
 - Geel, Belgium
 - Self-help Groups
 - Psychotherapy

Required Readings

Amador, X. Poor insight in schizophrenia: Overview and impact on medication compliance.

<http://www.psychlaws.org/medicalresources/documents/AmadoronInsightforCNSReview.pdf>

Brekke, J.S., Hoe, M., & Long, J. & Green, M.F. (2007). How neurocognition and social cognition influence functional change during community-based psychosocial rehabilitation for individuals with schizophrenia. *Schizophrenia Bulletin*, 33(5), 1247-1256.

Chamberlin, J. (2008). Confessions of a non-compliant patient. National Empowerment Center.

<http://www.power2u.org/articles/recovery/confessions.html>

Corrigan, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. Chapters 5, 6, 13 & 18.

Fenton, W. (2000). Evolving perspectives on individual psychotherapy for schizophrenia.

Schizophrenia Bulletin. 26(1): 47-72.

Laura's Law (2002). A Guide to Laura's Law, California's Law for Assisted Outpatient Treatment. <http://www.psychlaws.org/stateactivity/California/Guide-Lauras-Law-AB1421.htm>

Salyers, M. P., & Tsemberis, S. (2007). ACT and recovery: Integrating evidence-based practice and recovery orientation on assertive community treatment teams. *Community Mental Health Journal*, 43, 619–641.

Torrey, E.F. & Chaberlin, J. (2008) Should Forced Medication be a Treatment Option in Patients with Schizophrenia? National Empowerment Center. <http://www.power2u.org/debate.html>

Recommended Readings

Amador, X. (2007). "It's not about denial." <http://www.xavieramador.com/wordpress/wp-content/uploads/schiz-digest-winter-07.pdf>

Amador, X. (2009). Why we should listen, yet don't. <http://www.xavieramador.com/wordpress/wp-content/uploads/schiz-digest-winter-09.pdf>

Flannery, M., & Glickman, M. (1996). *Fountain House: Portraits of lives reclaimed from mental illness*. Center City, MN: Hazelden. (classic).

Jackson, R.L. (2001). *The club house model: Empowering application of theory to generalist practice*.

Unit 4:

Topics

- Defining the Population from a Medical Perspective: Diagnosis, Etiology, Course of Illness, and Treatment Options, including Medication
 - Psychotic Disorders
 - ▼ Positive and Negative Psychotic
 - ▼ Symptoms Schizophrenia,
 - ▼ Schizoaffective Disorders
 - Mood Disorders
 - ▼ Depressive Disorders
 - ▼ Bipolar Disorder
 - Personality Disorders
 - ▼ Cluster B: Borderline, Narcissistic, and Antisocial Personality Disorders
 - The Impact of Trauma

Required Readings

Bola, J.R. (2006). Psychosocial acute treatment in early-episode schizophrenia disorders. *Research on Social Work Practice*, 16(3),263-275.

Buchanan, R. W., Kreyenbuhl, J., Kelly, D. L., Noel, J. M., Boggs, D. L., Fischer, B. A., et al. (2010). The 2009 schizophrenia PORT psychopharmacological treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36(1), 71-93.

Corrigan, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. Chapters 1,4, & 7.

Davidson, L. (2010). PORT through a recovery lens. *Schizophrenia Bulletin*, 36(1), 107-108.

- Dixon, L. B., Dickerson, F., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., et al. (2010). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36(1), 48-70.
- Hogan, M. (2010) . Updated schizophrenia PORT treatment recommendations: A commentary. *Schizophrenia Bulletin*, 36(1), 104-106.
- Milkowitz, D.J. (2006). A review of evidence-based psychosocial interventions for bipolar disorder. *Journal of Clinical Psychiatry*, 67(11), 28-33.
- Pincus, H. A. (2010). Commentary: from PORT to policy to patient outcomes: Crossing the quality chasm. *Schizophrenia Bulletin*, 36(1), 109-111.
- Wilson, J.P. & Friedman, M.J. (Eds.) (2004). Treatment of PTSD in persons with severe mental illness. Chapter 14. by Kim Mueser & Stanley Rosenberg. *In Treating Psychological Trauma and PTSD*. New York: The Guilford Press.
- Wilson, J.P. & Friedman, M.J. (Eds.) (2004) . Dual diagnosis and treatment of PTSD. Chapter 10 . By Kim Mueser & Stanley Rosenberg. *In Treating Psychological Trauma and PTSD*. New York: The Guilford Press.
- Recommended Readings**
- Carey, B. (2006). Revising schizophrenia? Are drugs always needed? *New York Times*.
- Davidson, L., Schmutte, T., Dinzeo, T., & Andres-Hyman, R. (2008). Remission and recovery in schizophrenia: patient and practitioner perspectives. *Schizophrenia Bulletin*, 34, 5–8.
- Silverstein, S.M., Bellack, A.S. (2008). A scientific agenda for the concept of recovery as it applies to schizophrenia. *Clinical Psychology Review*, 28: 1108-1124.
- Foa, El, Keane, Tl, & Friendman, M. (2000). Guidelines for treatment of PTSD. *Journal of Traumatic Stress*, 13(4), 539-588.
- Harrow, M. & Jobe, T.H. (2007). Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications: A 15-year multifollow-up study. *The Journal of Nervous and Mental Disease*, 195(5), 406-414.
- Lehman, A.F., Kreyenbuhl, R.W., Buchanan, F.B., Dixon, L.B., Goldberg, R., Green-Paden, L.D., Tenhula, W.N., Boerescu, D., Tek, C., Sandson, N., & Steinwachs, D.M. (2004). The schizophrenia patient outcomes research team (PORT): Updated treatment recommendations 2003. *Schizophrenia Bulletin*, 30(2), 193-217.
- Mueser, K.T. & Jeste, D.V. (2008). *Clinical Handbook of Schizophrenia*. New York: The Guilford Press.
- Rothschild, B. (2000). *The body remembers. The psychophysiology of trauma and trauma treatment*. New York: W. W. Norton & Company.

Unit 5:**Topics**

- Integrated Care for People with Co-Occurring Disorders
 - Scope and Dynamics of Co-morbidity between Mental Illness and Substance Abuse
 - Poverty and homelessness
 - Evidence Based Interventions with People with Co-occurring
 - ▼ Disorders Motivational Interviewing
 - ▼ Harm Reduction

Required Readings

- Brunette, M. F., Asher, D., Whitley, R., Lutz, W. J., Wieder, B. L., Jones, A. M., & McHugo G.J. (2008). Implementation of integrated dual disorders treatment: A qualitative analysis of facilitators and barriers, *Psychiatric Services*, 59(9), 989 - 995.
- Carey, Kate. (1996). Substance use reduction in the context of outpatient psychiatric treatment: A collaborative, motivational, harm reduction approach. *Community Mental Health Journal*, 32(3), p. 291-306.
- Corrigan, P.W. (2005). Motivational interviewing of people with schizophrenia. *Medscape Psychiatry & Mental Health*, 10(2). http://www.medscape.com/viewarticle/515818_1.
- Corrigan, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. Chapters 14 & 15.
- Draine, J., & Herman, D. B. (2007). Critical time intervention for reentry from prison for persons with mental illness. *Psychiatric Services*, 58, 1577-1581.

Recommended Readings

- Demmomm, Patt & Little, Jeannie. (2001). *Harm reduction in mental health: The emerging work of harm reduction in psychotherapy*.
- Kavanagh, D.J. (2008). Management of co-occurring substance use disorders. In K.T. Mueser & D.V. Jeste (Eds). *Clinical Handbook of Schizophrenia*. New York: The Guilford Press.
- Marlatt, G. (1998). *Harm reduction: Pragmatic strategies for managing high-risk behaviors*. New York: Guilford Press.
- Miller, W. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. (2nd ed.). New York: Guilford press.
- Mueser, K., Drake, R., Clark, R., McHugo, G., Mercer-McFadden, C., & Ackerson, T. (1995). *Toolkit: Evaluating substance abuse in persons with severe mental illness*. The Evaluation Center @ HRSI
- White, W., Kurtz, E., & Sanders, M. (2006). *Recovery management*. Chicago, IL: Great Lakes Addiction Technology Transfer Center.

Unit 6:**Topics**

- Recovery in Action: An Example
 - Supportive Employment
 - Member Panel

Required Readings

- Becker, D.R. & Drake, R.E. (2004). Supported employment for people with severe mental illness. Behavioral Health Recovery Mangement Project.
<http://www.bhrm.org/guidelines/Supported%20Employment%20for%20People%20with%20Severe%20Mental%20Illness.pdf>
- Corrigan, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. Chapter 9 &10.
- Gowdy, E., Carlson, L., Rapp, C. (2004). Organizational factors differentiating high performing from low performing supported employment programs. *Psychiatric Rehabilitation Journal*, 28(2), 150-156.
- Hopper, K. & Wanderling, J. (2000). Revisiting the developing country distinction n course and outcome in schizophrenia: Results from ISOs, the WHO collaborative followup project. *Schizophrenia Bulletin*, 26(4), 835-846.
- Marrone, J. & Golowka, E. (2005). If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause? In *Recovery from severe mental illnesses: Research evidence and implications for practice*, Vol 1 Davidson, L., Harding, C., Spaniol L. Boston, MA: Center for Psychiatric Rehabilitation / Boston University, pp 451-463.
- Rosenheck, R. A., & Mares, A. S. (2007). Implementation of supported employment for homeless veterans with psychiatric or addiction disorders: Two-year outcomes. *Psychiatric Services*, 58(3), 325 - 333.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). (2003) *Supported employment workbook*.
http://download.ncadi.samhsa.gov/ken/pdf/toolkits/employment/16.SE_workbook.pdf

Recommended Readings

- U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Mental Health Services.(2003). *Work as a priority: A resource for employing people who have serious mental illness and who are homeless*.
www.mentalhealth.samhsa.gov
- Becker, D.R. & Drake, R. (2003). *A working life for people with severe mental illness*. Oxford University Press.
www.oup-usa/psychweb.

Unit 7:**Topics**

- Understanding and Communicating with a Person who is Experiencing Psychosis

Required Readings

- Cullberg, J. (2006). *Psychosis: An integrative perspective*. Chapter 15. Routledge.
- Mueser, K & Berenbaum, H. (2009). Psychodynamic treatment of schizophrenia: Is there a future?
Psychological Medicine, 20, Issue 02, July.

Saks, E. (2008). *The center cannot hold: My journey through madness*. Hyperion.

Recommended Readings

Frith, C. (1995). *The cognitive neuropsychology of schizophrenia*. Hove, UK: Lawrence Erlbaum Associates.

Fromm-Reichmann, F. (1954). Psychotherapy of schizophrenia. *The American Journal of Psychiatry*, 11(6) 410.

Fromm-Reichmann, F. (1960). *Principles of intensive psychotherapy*. The University of Chicago Press.

Goldstein, K. (1943). The significance of psychological research in schizophrenia, *Journal of Nervous and Mental Disease*, 97, 261-279.

Grof, S. & Groff, C. (1989). *Spiritual emergency: When personal transformation becomes a crisis*. Jeremy P. Tarcher / Putnam. Penguin Putnam, Inc.

Jackson, M. (1994). *Unimaginable storms. A search for meaning in psychosis*. London, Karnac.

Laing, R.D. & Esterson, A. (1964). *Sanity, madness, and the family*. London: Tavistock.

Perry, J.W. (1999). *Trials of the visionary mind*. State University of New York Press.

Rasmussen, B. & Angus, L. (1996). Metaphor in psychodynamic psychotherapy with borderline clients: A qualitative analysis. *Psychotherapy*, 33, 4, 521-530.

Robinson, P. (1972). *Asylum*. King Video.

Searles, H. (1979). *Collected papers on schizophrenia and related subjects*. London: Hogarth Press.

Sullivan, H.S. (1953). The interpersonal theory of psychiatry. (Eds. Helen Swick Perry and Mary Ladd Gawel). Norton & Company.

Sullivan, HS. (1954). The psychiatric interview. (Eds. Helen Swick Perry and Mary Ladd Gawel). New York: W.W. Norton & Company.

Walant, K. (1995). *Creating the capacity for attachment*. Rowman & Littlefield Publishers, Inc.

Unit 8:

Topics

- Symptom Management
 - Wellness Recovery and Action Plan (WRAP)
 - Illness Management and Recovery (IMR)

Required Readings

Mueser, K., Meyer, Pll, Penn, D., Clancy, R., Clancy, D., & Salyers, M. (2006). The Illness Management and Recovery Program: Rationale, development, and preliminary finding. *Schizophrenia Bulletin*, 32, 32-43.

Vreeland, B., Minsky, S., Yanos, P. T., Menza, M., Gara, M., Kim, E., et al. (2006). Efficacy of the team solutions program for educating patients about illness management and treatment. *Psychiatric Services*, 57(6), 822 - 828.

Whitley, R., Gingerich, S., Lutz, W. J., & Mueser, K. T. (2009). Implementing the illness management and recovery program in community mental health settings: facilitators and barriers. *Psychiatric Services, 60*, 202–209.

Recommended Readings

Copeland, Mary Ellen. (2002). *Facilitator training manual Wellness Recovery Action Planning Curriculum*. Dummerston, VT :Peach Press.

Unit 9:

Topics

- Supportive Housing
 - Project 50
- Managing Crisis Situations: Risk for Suicide, Violence and Sociopathic Behaviors
 - Crisis Theory
 - Evidence- and Practice-based Methods for Managing Crisis Situations that include Risk for Suicide, Violence and Sociopathic Behaviors

Required Readings

Bellack, A.S., Silverstein, S.M. (2008). A scientific agenda for the concept of recovery as it applies to schizophrenia. *Clinical Psychology Review, 28*: 1108-1124.

Corporation for Supportive Housing.

<http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=42&nodeID=81>

Corrigan, P. (2009). Principles and practice of psychiatric rehabilitation: An empirical approach. Chapters 8.

Gladwell, M. (Feb 13, 2006). Million Dollar Murray. Why problems like homelessness is easier to solve than to manage. www.gladwell.com/pdf/murray.pdf

Yanos, P. T., Barrow, S. M., & Tsemberis, S. (2004). Community integration in the early phase of housing among homeless persons diagnosed with severe mental illness: successes and challenges. *Community Mental Health Journal, 40* (2), 133-150.

Unit 10:

Topics

- Culture, Class, Ethnicity, and Mental Illness
 - The Effects of Culture, Class and Ethnicity on Diagnosis and Treatment
 - Equal Access to High Quality Care
 - Cultural Sensitivity

Required Readings

Alegría, M., Chatterji, P., Wells, K., et al. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59*, 1264–1272.

Cohen, A., Patel, V., Thara, R., & Gureje, O. (2008). Questioning an axiom: Better prognosis for schizophrenia in the developing world? *Schizophrenia Bulletin, 34*, 229–244.

Corrigan, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. Chapter 20.

- DelBello, M. (2002). Effects of ethnicity on psychiatric diagnosis: A developmental perspective. *Psychiatric Times*, 19(3).
- Fattot, R. D. (2007). Spirituality and religion in recovery: Some current issues. *Psychiatric Rehabilitation Journal*, 30 (4), 261-270.
- Lakes, K., Lopez, S., & Garro, L.C. (2006). Cultural Competence and Psychotherapy: Applying Anthropologically Informed Conceptions of culture. *Psychotherapy: Theory, Research, Practice*, 43 (4), 380–396
- Lopez, S. (2002). Teaching culturally informed psychological assessment: Conceptual issues and demonstrations. *Journal of Personality Assessment*, 79(2), 226-234.
- Lopez, S.R., Kopelowicz, A. & Canive, J.M. (2001). Strategies in developing culturally congruent family interventions for schizophrenia: The case of Hispanics. In D.L. Johnson & H.P. Lefley (Eds.), *Family Interventions in Mental Illness*. Greenwood Publishing Group.
- Lopez, S.R., Melson, H.K., Polo, A.J., Jenkins, J.H., Karno, M., Vaughn, C. & Snyder, K.S. (2004). Ethnicity, expressed emotion, attributions, and course of schizophrenia: family warmth matters. *Journal of Abnormal Psychology*, 113(3), 428-39.
- Read, J. & Ross, C. (2003). Psychological trauma and psychosis: Another reason why people diagnosed Schizophrenic must be offered psychological therapy. *Journal of the American Association of Psychoanalysis and Dynamic Psychiatry*. 31 (1).
- Wong-McDonald, A. (2007). Spirituality and psychosocial rehabilitation: Empowering persons with serious psychiatric disabilities at an inner-city community program. *Psychiatric Rehabilitation Journal*, 30 (1), 295-300.
- Yamada, A.-M., & Brekke, J. S. (2008). Addressing mental health disparities through clinical competence not just cultural competence: The need for assessment of sociocultural issues in the delivery of evidence-based psychosocial rehabilitation services. *Clinical Psychology Review*, 28, 1386–1399.

Recommended Readings

- Blake, W. (1973). The influence of race on diagnosis. *Smith College Studies*. 43 Pp. 184-193. (classic).
- Starkowski, S., Flaum, M., Amador, X., Bracha, H., Pandurangi, A., Robinson, D., & Tohen, M. (1996). Racial differences in the diagnosis of psychosis. *Schizophrenia Research*. 21, 117-124.
- Trierweiler, S., Murdoff, Jackson, J., Neighbors, H., & Munday, C. (2005). Clinician race, situational and diagnosis of mood versus schizophrenia disorders, *Culture, Diversity and Ethnic Minority Psychology*, 11(4).

Unit 11:

Topics

- Mental Health Law and Advocacy

Required Readings

- Benkhe, S., Preis, J., Bates. T. (1998). *The essentials of California mental health law*. W.W. Norton Publishers.

Unit 12:**Topics**

- Guest Speakers
- Narratives

Unit 13:**Topics**

- Family Psycho-education
 - Impacts of Mental Illnesses on Family Members, including Children
 - Empathic Parenting with a Mental Illness: Evidence Based Interventions
 - Family Psycho-education and Advocacy
 - Multi-Family Groups: An Evidence Based Intervention

Required Readings

Corrigan, P. (2009). Principles and practice of psychiatric rehabilitation: An empirical approach. Chapter 11.

Dixon, L., Adams, C., & Lucksted, A. (2000). Update on family psychoeducation for schizophrenia. *Schizophrenia Bulletin*, 26(1), 5-20.

McFarlane, W.R., Dixon, L., Lukens, E., & Lucksted, A. (2003). Family psychoeducation and schizophrenia: A review of the literature. *Journal of Marital and Family Therapy*, 29(2), 223-245.

Murray-Swank, A.B. & Dixon, L. (2004). Family psychoeducation as an evidence-based practice. *CNS Spectrum*, 9(12), 905-912.

Recommended Readings

Borrowclough, C. & Lobban, F. (2008). Family Intervention. In K.T. Mueser & D.V. Jeste (Eds). *Clinical Handbook of Schizophrenia*. New York: The Guilford Press.

McFarlane, W. (2004). *Multifamily groups in the treatment of severe psychiatric disorders*. The Guilford Press.

Mueser, K. & Glynn, S. (1999). *Behavioral family therapy for psychiatric disorders*, 2nd ed. New Harbinger Publications, Inc.

Unit 14:**Topics**

- Peer Support

Required Readings

Corrigan, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach*. Chapter 17.

Davidson, L., Chinman, M., Shells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, 32(3), 443–450.

Mead, S. & MacNeil, C. (2006). Peer support: What makes it unique? *International Journal of Psychosocial Rehabilitation Journal*, 25(2), 134-141.

Tools for Transformation Series: Peer Culture / Peer Support / Peer Leadership. DBHMRS.

<http://www.nattc.org/userfiles/Tools%20for%20Transformation%20Peer%20Support.pdf>

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-400.

Recommended Readings

Alderman, T. & Marshall, K. (1998) . *Amongst ourselves: A self-help guide to living with Dissociative Identity Disorder*. Oakland CA: New Harbinger Publications, Inc.

Caris, Silvia. www.peoplewho.com

Campbell, Jean

Copeland, M.E. (2002). *The depression workbook*, 2nd edition. West Dummerston, Vermont: Peach Press.

Fundamentals of co-counseling manual. Seattle, WA: Rational Island Publishers.

White, Barbara & Madara, Edward. (Eds) (2002). The self -help sourcebook: Finding and forming mutual and self-help groups. 7th ed. Denfille, NJ. American Self-help Clearinghouse. (Chapter 5, “A Review of Research on Self-Help Mutual Aid Groups,”) Elaina M. Kyrouz, et al.)

Unit 15:**Topics**

- Resource Drive
- Wrap-Up
- Course Evaluations

STUDY DAYS / NO CLASSES**FINAL EXAMINATIONS**

Additional References

Brekke, J. S., Phillips, E., Pancake, L., Lewis, J., & Duke, J. (2009). Implementation practice and implementation research: A report from the field. *Research on Social Work Practice*, 19(5), 592 - 601.

Flannery, M., & Glickman, M. (1996). *Fountain house: Portraits of lives reclaimed from mental illness* (First ed.). Center City, MN: Hazelden Press.

- Frese, F.J., Stanley, J., Kress, K., & Vogel-Scibilia, S. (2001). Integrating evidence-based practice and the recovery model, *Psychiatric Services*, 52(11), 1462-1468.
- Fromm-Reichmann, F. (1950). *Principles of intensive psychotherapy*. Chicago:University of Chicago Press.
- Horvitz-Lennon, M., Donohue, J. M., Domino, M. E., & Normand, S.-L. T. (2009). Improving quality and diffusing best practices: the case of schizophrenia. *Health Affairs*, 28 (3), 701 - 712.
- Lyceum Books. (2005). *Best practices in mental health: An international journal*. Lombard, IL: Author.
- Nelson, J. E. (1994). *Healing the split: Integrating spirit into our understanding of the mentally ill*. Albany, NY: State University of New York Press.
- Rogers, A. (1995). *A shining affliction: A story of harm and healing in psychotherapy*. New York: Viking/Penguin Books.
- Rothschild, B. (2000). *The body remembers. The psychophysiology of trauma and trauma treatment*. New York: W. W. Norton & Company.
- SAMHSA(2008). *Evidence-based practices: Shaping mental health services towards recovery*. Retrieved May 5, 2008 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/Fidelity/Introduction.asp>.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: W. W. Norton. (classic)
- Sullivan, H. S. (1954). *The psychiatric interview*. New York: W. W. Norton & Company. *Psychiatry*, 37, 42-49. (classic).
- White, W., Kurtz, E., & Sanders, M. (2006). *Recovery Management*. Chicago, IL: Great Lakes Addiction Technology Transfer Center; 2006.

Websites of Interest

Advocacy Organizations of Families and Peers

CNMHC (California Network of Mental Health Clients) www.Californiaclients.org

Copeland Center www.mentalhealthrecovery.com

NAMI (National Alliance on Mental Illness) www.nami.org

National Association of Social Workers (NASW) www.nasw.org

NEC (National Empowerment Center) www.Power2u.org

International Society for the Psychological Treatment of the Schizophrenias and Related Psychosis – USA

Chapter

www.isps-us.org/index.htm

National Empowerment Center

www.power2u.org

NIMH website on Schizophrenia _
www.nimh.nih.gov/healthinformation/schizophreniamenu.cfm

NIMH website on Bipolar Disorder _
www.nimh.nih.gov/healthinformation/bipolarmenu.cfm

PRPSN (Project Return Peer Support Network) www.mhala.org

Schizophrenia Research Forum
www.schizophreniaforum.org/

The neurobiology of stress by Bruce
 McEwen Marold and Margaret Miliken
 Hatch Laboratory of Neuroendocrinology
 The Rockefeller University _
www.biopsychiatry.com/stress.html

Law Project for Psychiatric Rights
<http://psychrights.org/index.htm>

Psychiatric Times (a good psychiatric periodical)
www.psychiatrictimes.com

Center for Mindfulness in Medicine, Health Care, and Society
www.umassmed.edu/cfm

Support Coalition International
www.mindfreedom.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.org

University Policies and Guidelines

IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the Unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (shannond@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class, without penalty, for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. STATEMENT ON ACADEMIC INTEGRITY

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *Scampus*, the Student Guidebook, contains the Student Conduct Code in Section 11.00, while

the recommended sanctions are located in Appendix A: <http://www.usc.edu/dept/publications/SCAMPUS/gov/>. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: <http://www.usc.edu/student-affairs/SJACS/>.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

XII. EMERGENCY RESPONSE INFORMATION

To receive information, call main number (213)740-2711, press #2. “For recorded announcements, events, emergency communications or critical incident information.”

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: <http://emergency.usc.edu>

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building (12 th & Olive)	Orange County	Faculty Parking Lot
MRF	Lot B	San Diego	Building Parking Lot
SWC	Lot B	Skirball	Front of Building
VKC	McCarthy Quad		
WPH	McCarthy Quad		

Do not re-enter the building until given the “all clear” by emergency personnel.

XIII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official “Incomplete Completion Form.”

XIV. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected. Students who wish to have extensions on deadlines based on disabilities are required to register with the Office of Student Disabilities before the due date of the assignment.

XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly <http://www.socialworkers.org/pubs/Code/code.asp>

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

XVII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the Mental Health Concentration. If you do not receive a satisfactory response or solution, contact your advisor and/or the Associate Dean for Student Affairs for further guidance.

XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.

- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.
