USC | School of Social Work

Social Work 618

Systems of Recovery from Mental Illness in Adults

3 Units

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 practice course offers evidence-based, strengths approaches to providing humane care for persons with mental illness, including those with substance abuse and severe socioeconomic disadvantages, who are commonly considered "difficult" to treat. Discrimination and social inequalities are considered throughout the course, including discrimination based on gender, race, ethnicity, socioeconomic status, sexual orientation, disability, and diagnosis. Many different etiological perspectives are included and readings draw from various theoretical approaches to treatment.

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 includes content from policy, human behavior and the social environments, practice, and research. The integration of clinical field experience with theory is fostered by the inclusion of case material throughout the course, both 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 Recovery Model emphasis and objectives.

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IV. Course Objectives

Objective #	Objectives
1	Promote 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.

Objective #	Objectives
2	Facilitate 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	Enable students to acquire a fundamental knowledge base about diverse approaches to program planning and development, including advocacy, in the care of this population.
4	Help students 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**	*	**1-4**
2	**Ethical Practice**	*	**1-4**
3	**Critical Thinking**	*	**1-4**
4	**Diversity in Practice**	*	**1-4**
5	**Human Rights & Justice**	*	**1-4**
6	**Research Based Practice**	*	**1-4**
7	**Human Behavior**	*	**1-4**
8	**Policy Practice**	*	**1-4**
9	**Practice Contexts**	*	**1-4**
10	**Engage, Assess, Intervene, Evaluate**	*	**1-4**

* 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
Professional Identity—Identify as a professional social worker and conduct oneself accordingly. Social workers competent in Professional Identity: ▪ 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.	
	3. Attend to professional roles and boundaries.	
	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

Ethical Practice—Apply social work ethical principles to guide professional practice. Social workers competent in Ethical Practice: ▪ 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.	
	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

Critical Thinking—Apply critical thinking to inform and communicate professional judgments. Social workers competent in Critical Thinking: ▪ 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.	11. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.	• Strengths Based Plan for Recovery • Article Participation
	12. Analyze models of assessment, prevention, intervention, and evaluation.	
	13. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.	

Diversity in Practice—Engage diversity and difference in practice. Social workers competent in Diversity in Practice: ▪ 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.	14. Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power. 15. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups. 16. Recognize and communicate understanding of the importance of difference in shaping life experiences. 17. View themselves as learners and engage those with whom they work as informants.	• Strengths Based Plan for Recovery • Article Participation

Human Rights & Justice—Advance human rights and social and economic justice. Social workers competent in Human Rights & Justice: ▪ 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.	18. Understand the forms and mechanisms of oppression and discrimination. 19. Advocate for human rights and social and economic justice. 20. Engage in practices that advance social and economic justice.	• Strengths Based Plan for Recovery

Research Based Practice—Engage in research-informed practice and practice-informed research. Social workers competent in Research Based Practice: ▪ 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.	21. Use practice experience to inform scientific inquiry. 22. Use research evidence to inform practice.	• Strengths Based Plan for Recovery • Article Presentation

Human Behavior—Apply knowledge of human behavior and the social environment. Social workers competent in Human Behavior: ▪ 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.	23. Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation. 24. Critique and apply knowledge to understand person and environment.	• Strengths Based Plan for Recovery • Article Presentation

Policy Practice—Engage in policy practice to advance social and economic well-being and to deliver effective social work services. Social workers competent in Policy Practice: ▪ 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. 26. Collaborate with colleagues and clients for effective policy action.	• Strengths Based Plan for Recovery • Article Presentation

Practice Contexts—Respond to contexts that shape practice. Social workers competent in Practice Contexts: ▪ 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. 28. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services.	• Strengths Based Plan for Recovery • Article Presentation

Engage, Assess, Intervene, Evaluate—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities. 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. ▪ 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	29. Engagement: Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities. Use empathy and other interpersonal skills. Develop a mutually agreed-on focus of work and desired outcomes.	• Strengths Based Plan for Recovery • Article Presentation
	30. Assessment: Collect, organize, and interpret client data. Assess client strengths and limitations. Develop mutually agreed-on intervention goals and objectives. Select appropriate intervention strategies.	
	31. Intervention: Initiate actions to achieve organizational goals. Implement prevention interventions that enhance client capacities. Help clients resolve problems. Negotiate, mediate, and advocate for clients. Facilitate transitions and endings.	
	32. Evaluation: Critically analyze, monitor, and evaluate interventions.	

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.

<u>Class Participation</u> – 10%

Student is expected to remain in class, including field trips, for entire sessions. Student is expected to participate in class discussions.

Due: Each class session

<u>Article Presentation</u> – 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.

<u>Resource Drive</u> – 5%

The student will present a useful resource for a service for people who have been diagnosed with mental illness. The student will bring handouts for classmates. The handout will have the following information.

- 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.

<u>Strengths Based Plan for Recovery</u> – 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.

- *THE STUDENT WILL SELECT A CLIENT TO WORK WITH FOR ALL 6 PARTS OF THIS PROJECT.*
- *THE CLIENT MUST BE SOMEONE WHO WILL WORK WITH THE STUDENT FOR THREE OR MORE SESSIONS.*
- *THE CLIENT MUST WANT HELP WITH SOMETHING, ANYTHING. (A mandated client who wants help with something is acceptable.)*
- *If the student is unable to select an appropriate client in the current field placement, a case is available.*

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

***********Please use all the headings as listed below. Compare headings with assignment rubric. Some headings are placeholders. ***********

<u>Strengths-based Plan for Recovery</u>

1) *Assessment (no text required for this heading)*
   - Brief Description of Person *(no text required for this heading)*
     - Demographics
     - What is the person requesting help with? *(THIS IS ONE OF THE MOST IMPORTANT QUESTIONS OF THIS ASSESSMENT.)*
     - Presenting symptoms
       - Identification, frequency, duration, intensity
     - Goals and Values of the Client (*not the clinician's goals and values*)

2) *Therapeutic Relationship(no text required for this heading)*
   - Plan for trusting relationship with this person *(no text required for this heading)*
     - Welcoming and engagement (How was this executed?)
     - Unique and ongoing dynamics (What is unique about YOUR work with THIS client?)
     - Appropriate self-disclosure (Your's with client)
     - Appropriate use of humor (Your's with client)
     - Appropriate sharing of emotions (Your's with client)
       - Sadness – tears
       - Excitement
       - Use of touching (hugging, etc)
       - Other

3) *Shared Story of Illness (no text required for this heading)*
   - Contributing Factors *(no text required for this heading)*
     - Precipitating events
     - Factors that increase stress and vulnerability
   - Trauma and significant losses
   - Symptoms of illness
     - Diagnosis (list all as there may be more than one)
     - Differential Diagnoses
       - Justify all diagnoses

- Example:
  - List DSM criteria
    - How client manifests this symptom.
  - List DSM criteria
    - How client manifests this symptom.
- Remaining questions
  - What information are you seeking to rule out or rule in diagnoses? (Be sure to have a correct understanding of the term "Rule Out).
- 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.)*
   - Cut and paste idemographic information from Part 1.
   - What does the person most want help with?
   - Resources that will help to overcome illness and other obstacles.*(Heading placeholder.)*
   - *(It is preferred to use all the headings, including subheadings and list all at far left margin.)*
   - *(Use at least 4 references. May be from reading list.)*
   - *(For each item, begin with a few assertions, with references, about how each area increases quality of life in people with mental illnesses.)*
   - *IT IS NOT ENOUGH TO JUST LIST HISTORY IN ALL THESE AREAS. THE STUDENT WILL DEMONSTRATE THAT HE/SHE HAS HAD A MEANINGFUL CONVERSATION WITH THE CLIENT ABOUT EACH AREA. IT IS NOT ENOUGH TO SAY THAT CLIENT IS NOT INTERESTED. PEOPLE WITH MENTAL ILLNESSES ARE SOCIALIZED TO SETTLE FOR LOW STANDARDS. THE STUDENT WILL EDUCATE THE CLIENT ABOUT EACH AREA AND THE BENEFITS OF EACH AREA. EVEN HAVING THIS EDUCATIONAL CONVERSATION WILL INSTILL HOPE THAT THERE CAN BE A HIGHER QUALITY OF LIFE AND THAT THE CLIENT DESERVES THIS. THEN, THE STUDENT WILL WALK THE CLIENT THROUGH, STEP BY STEP, EACH AREA AND DEMONSTRATE A CONCRETE EXAMPLE OF MOVING FORWARD FOR EACH. THAT SAID, SOME CLIENTS, FOR EXAMPLE MAY HAVE COME FROM ABUSIVE FAMILIES AND DO NOT WANT TO HAVE ANY CONTACT WITH THEM. DO NOT PUSH IN AREAS IN WHICH THESE POINTS WILL CAUSE THE CLIENT ANY DISTRESS.*
     - 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 (placeholder)
           - Physical (placeholder)
             - Body
               1) Literature statement about mental illness and this heading.
               2) History and current situation
               3) Specific plan for improved quality of life
             - Dental
               1) Literature statement about mental illness and this heading.
               2) History and current situation

3) Specific plan for improved quality of life

- Mental (placeholder)
  - Therapist
    1) Literature statement about mental illness and this heading.
    2) History and current situation
    3) Specific plan for improved quality of life

  - Psychiatrist
    1) Literature statement about mental illness and this heading.
    2) History and current situation
    3) Specific plan for improved quality of life

- Social (placeholder)
  - Friends
    1) Literature statement about mental illness and this heading.
    2) History and current situation
    3) Specific plan for improved quality of life

  - Hobbies
    1) Literature statement about mental illness and this heading.
    2) History and current situation
    3) Specific plan for improved quality of life

- Housing
  1) Literature statement about mental illness and this heading.
  2) History and current situation
  3) Specific plan for improved quality of life

- Employment
  1) Literature statement about mental illness and this heading.
  2) History and current situation
  3) Specific plan for improved quality of life

- Family (placeholder)
  - Partner
    1) Literature statement about mental illness and this heading.
    2) History and current situation
    3) Specific plan for improved quality of life

  - Children
    1) Literature statement about mental illness and this heading.
    2) History and current situation
    3) Specific plan for improved quality of life

  - Parents

1) Literature statement about mental illness and this heading.
2) History and current situation
3) Specific plan for improved quality of life

- Siblings
  1) Literature statement about mental illness and this heading.
  2) History and current situation
  3) Specific plan for improved quality of life

- Education
  1) Literature statement about mental illness and this heading.
  2) History and current situation
  3) Specific plan for improved quality of life

- 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 as to make it obvious. Use references.)*
     - 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

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual – 5.* American Psychiatric Publishers. *(Pocket size edition is not acceptable as it contains errors. DSM 5 is available online through the USC Library. Psychiatryonline.org)*

Benkhe, S., Preis, J., Bates. T. (1998). *The essentials of California mental health law.* W.W. Norton Publishers. Students who do not intend to practice in California may purchase a current mental health law book for your respective state.

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

Course Overview

Unit	Topics	Assignments
1	■ Introduction • Introduction to course • Format, syllabus, assignments, objectives and overview of course material • Choose article for presentation	
2	■ History of Mental Health Treatment Delivery in United States • Stigma: Definitions, Impact, and Stigma Busters	Watch video "The Lobotomist"

3	■ 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	

Unit	Topics	Assignments
4	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	
5	■ 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	
6	■ Recovery in Action: An Example • Visit to the Village of Long Beach • Supportive Employment • Member Panel	
7	■ Understanding and Communicating with a Person who is Experiencing Psychosis	*Strengths Based Plan For Recovery – Parts 1, 2, & 3.*
8	■ Symptom Management • Wellness Recovery and Action Plan (WRAP) • Illness Management and Recovery (IMR)	
9	■ 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	

Unit	Topics	Assignments
10	■ 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	*Strengths Based Plan For Recovery – Part 4.*
11	■ Mental Health Law and Advocacy	
12	■ Guest Speakers • Narratives	
13	■ 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	
14	■ Peer Support • SAMSHA Packet	
15	■ Resource Drive ■ Wrap-Up ■ Course Evaluations	*Strengths Based Plan For Recovery – Parts 5 & 6.*
	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 C*ommunity 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. http://www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/beyond_the_label_toolkit05.pdf

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.* Cambrdge, 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

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual – IV-TR.* American Psychiatric Publishers. *(Pocket size edition is acceptable.)*

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

Denning, P. (2004). Practicing Harm Reduction psychotherapy: An alternative approach to addictions. Guilford Press.

Kavanagh, D.J. (2008). Management of co-occuring substance use disorders. In K.T. Mueser & D.V. Jeste (Eds). *Clinical Handbook of Schizophrenia*. New York: The 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
  - Visit to the Village of Long Beach
  - 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.* Jeramy 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 Service, 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. (PACE YOURSELF.)

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.org

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 Cleaninghouse. (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 Affair, 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

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

Interational 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

Schizophrnia 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 (12th & 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.