SOWK 618
SYSTEMS OF RECOVERY FROM MENTAL ILLNESS

SPRING 2009

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I.   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 work 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 severely mentally ill clients. Textbooks 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 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 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.

II.   COURSE OBJECTIVES

Knowledge:
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 knowledge of principles of the Recovery Model

Values:

1. To appreciate the biases that often are concomitants of severe mental illness in this society (such as discrimination, stigma, convictions that clients are untreatable, and economic disadvantage), and the impact of those biases on clients, their families and care providers.
2. To become sensitized to the critical importance of advocacy as a value stance informing all aspects of the treatment process with this client population
3. To develop a value base to support the human rights of severely mentally ill clients in the face if the multiple changes in the policy and systems that will affect them.
4. To integrate values of the Recovery Model, including that people have the capacity for full recovery from mental illness through collaborative treatment with mental health professionals who empower the client.

Skills:

1. To develop critical thinking skills in analyzing the problem of severe mental illness from diverse perspectives, especially those most relevant to the role of social workers, (e.g. socio-historical, cultural, and psychological as well as from the perspectives of different systems- micro, mezzo, and macro).
2. To enhance clinical skills in the assessment and psychological treatment of clients with severe mental illness and the systems that influences those clients rehabilitation (e.g. their families and other support networks).
3. To use examples of advocacy for severely mentally ill clients as a basis for developing advocacy skills for clients with severe mental illness, including working with parent advocacy groups and others advocating for clients with sever mental illness.
4. To actively utilize principles of the Recovery Model in interactions, treatment planning and interventions with people who have been diagnosed with severe mental illnesses.

III.   COURSE FORMAT

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.

IV.   COURSE EVALUATION AND GRADING

Academic Accommodations:

Students requesting academic accommodations based on a disability are 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 your instructor as early in the semester as possible. 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. DSP is located in STU 301 and is open 8:30am – 5:00 pm, Monday through Friday. The phone number for DSP is 213-740-0776. Web-based information regarding DSP can be found at www.usc.edu/student-affairs/asn/DSP/

Class grades will be based on the following:

3.85 – 4	A
3.60 – 3.84	A-
3.25 – 3.59	B+
2.90 – 3.24	B
2.60 – 2.87	B-
2.25 – 2.50	C+
1.90 – 2.24	C

Final Grade:

93 – 100	A
90 – 92	A-
87 – 89	B+
83 – 86	B
80 – 82	B-
77 – 79	C+
73 – 76	C
70 – 72	C-

CLASS PARTICIPATION - 10%

WRITTEN ASSIGNMENTS – Each section is worth 15% of grade, totaling 90% of final grade.

Parts 1 & 2 & 3 are due on Week 4 or before.
Part 4 is due on Week 6 or before.
Parts 5 & 6 are due during Finals Week or before. *Please turn in Parts 1, 2,3 &4 when turning in Parts 5 & 6.*

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

Strengths-based Plan for Recovery
1) *Assessment*
   o Brief Description of Person
     ▪ Demographics
     ▪ What is the person requesting help with?
     ▪ Presenting symptoms
        • Identification, frequency, duration, intensity
     ▪ Goals and Values

2) *Therapeutic Relationship*
- o Plan for trusting relationship with this person
  - ▪ Welcoming and engagement
  - ▪ Unique and ongoing dynamics
  - ▪ Appropriate self-disclosure
  - ▪ Appropriate use of humor
  - ▪ Appropriate sharing of emotions
    - • Sadness – tears
    - • Excitement
    - • Use of hugging
    - • Other

3) *Shared Story of Illness*
- o Contributing Factors
  - ▪ Precipitating events
  - ▪ Factors that increase stress and vulnerability
- o Trauma and significant losses
- o Symptoms of illness
  - ▪ Multiaxial Diagnoses
  - ▪ Differential Diagnoses
    - • Justify all diagnoses
    - • Remaining questions
      - o What information are you seeking to rule out or rule in diagnoses?
- o 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*
- o What does the person most want help with?
- o 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.
    - • Areas to consider
      - o 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.
  - As you go along, include the following details.
    - 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*
  - 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?

V. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the session. 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 telephone or email 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.

VI. COURSE EXPECTATIONS AND GUIDELINES

Grading Policy

Grading will generally be based on thoroughness, mastery of the knowledge base, ability to apply theory to practice, clarity of expression, and accuracy or precision of content. The format and writing style of all papers must follow the guidelines in the Publication Manual of the American Psychological Association, 5th Edition, Washington, DC: American Psychological Association. (Commonly referred to as the APA Manual).

Late Assignments

Assignments are due on the day and time specified. Extension will be granted only for extenuating circumstances. If the assignment is late, the grade will be affected, usually lowered by ½ grade per day, including weekends. 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.

Incompletes

A final grade of "Incomplete" can only be given under extreme circumstances and must be requested in writing, according to University policy. If you are requesting extentions on due dates due to a disability, you must register with the Office of Student Disabilities before the due date. (NOTE: Please refer to the Student Handbook and the University Catalogue for additional discussion of grades and grading procedures.)

Assignments

Assignments and academic expectations are listed in the following paragraphs. Assignments must adhere to the citation and referencing standards put forth in the 2001 Publication Manual of the American Psychological Association (5th Edition).

Assignments are due on or before the date and time specified. Extensions will be granted only for extenuating circumstances and is left to the discretion of the course instructor. If the assignment is late without permission, the grade will be affected by a lowering of the grade by ½ grade per day, including weekends.

Participation = 10%

Class participation is an important component of the student's grade and socialization into professional social work practice. Participation is more than just class attendance. It involves coming to class prepared to participate actively in the class discussions. Class participation involves meaningful discussion, based on having read the required readings for the week. Participation may involve such activities as raising meaningful questions for discussion or clarification, but more importantly, offering critical thinking regarding issues under discussion or extending the discussion to related material from other social work courses and/or experiences. Failure to meet these expectations may result in reduction in points.

NOTE: Please refer to *SCampus: The Handbook for Students (www.usc.edu/dept/publications/SCampus)* and the *University Catalogue (www.usc.edu/dept/publications/cat2005)* for additional discussion of grades and grading procedures and for discussions regarding academic integrity.

VII.   REQUIRED TEXTBOOKS

Required Reading:

Cullberg, J. (2006). *Psychoses: An integrative perspective.* Routledge.

Articles and other readings are available through ARES and/or Blackboard.

http://sowk.wordpress.com/

Optional Reading:

Andreasen, Nancy. (2004). *Brave new brain: Conquering mental illness in the era of the*

genome. New York: Oxford University Press.

Additional recovery-based readings and resources may be found at

http://mhrecovery.com/resources.htm

VIII. ACADEMIC ACCOMMODATIONS

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 and before the assignments are due.* 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.

IX. 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	City Center
MRF – Lot B	Front of the building (12th & Olive)
SWC – Lot B	Orange County Campus
WPH – McCarthy Quad	Faculty Parking Lot
VKC – McCarthy Quad	Skirball Campus
	Front of building

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

X. COURSE OUTLINE AND ASSIGNMENTS

Course Schedule

Session 1: **Introduction**
- Introduction to course
- Format, syllabus, assignments, objectives and overview of course material

Session 2: **History of Mental Health Treatment Delivery in United States**
- Stigma
- Medical Model
- Recovery Philosophy

Required Reading:

Cullberg, J. (2006). Psychosis. Chapters 18, 19, & 20.

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

Fountain House: www.fountainhouse.org

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.

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

Optional Additional Reading:

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.

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.

Session 3:   History of Mental Health Treatment Delivery in United States (continued)
- Levels of Care: Theories and goals
    - Psychosocial Rehabilitation
    - Clubhouse Model
    - Residential Programs
    - Day Programs
    - Vocational Programs
    - Crisis Intervention
    - Self-help Groups
    - Psychotherapy
    - Inpatient Hospitalization
        - Voluntary vs. Involuntary treatment
    - Case Management
        - Clinical Case Management
        - Assertive Case Management (ACT)
        - Alternative Case Management Programs:
            - Soteria House
            - R.D. Lang (Asylum)

Required Reading

Optional Additional Reading:

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

Jackson, R.L. (2001). *The club house model: Empowering application of theory to generalist practice.* Belmont, CA; Brooks/Cole Publishing.

Paul, G. & Lentz, R. (1977). *Psychosocial treatment of chronic mental patients: Milieu vs. social learning programs.* Cambridge, MA: Harvard University Presss.

Session 4: **Defining the Population from a Medical Perspective: Diagnosis, Course of Illness, and Medication**

- Schizophrenia, Schizoaffective Disorders: Positive and Negative Psychotic Symptoms
- Bipolar Disorder
- Borderline Personality Disorder
- Differential Diagnoses
  - Depression
  - Anxiety
  - Trauma
- Etiology
- Medications
  - Psychopharmacology
  - Biological concepts related to brain and behavior
  - Communication between social workers and other mental health professionals.

Required Reading:
Cullberg, J. (2006). Chapters 1-17, 21 & 24.

Fenton,W. (2000). Evolving perspectives on individual psychotherapy for Schizophrenia. *Schizophrenia Bulletin. 26*(1): 47-72.

Optional Additional Reading:

Foa, El, Keane, Tl, & Friendman, M. (2000). Guidelines for treatment of PTSD. *Journal of Traumatic Stress, 13*(4), 539-588.

Rothschild, B. (2000). *The body remembers*. *The* psychophysiology *of trauma and trauma treatment.* New York: W. W. Norton & Company.

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.

Session 5: **Integrated Care for Co-Occurring Disorders**

- Dynamics of co-morbidity between mental illness and substance abuse
- Poverty and homelessness
- Strategies for addressing these issues
  - Motivational Interviewing
  - Harm Reduction

Required Reading:

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.

Denning, Patt & Little, Jeannie. ( ). Harm reduction in mental health: The emerging work of harm reduction in psychotherapy.

Marlatt, G. (1998). Harm reduction: Pragmatic strategies for managing high-risk behaviors. New York: Guildford Press.

Compassion Exercise

Optional Additional Reading:

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.

Session 6:   <u>Visit to The Village of Long Beach</u>
- Supportive Employment
- Member Panel

Required Reading:

Becker, D.R. & Drake, R.E. (2004). Supported employment for people with severe mental illness. Behavioral Health Recovery Mnagement. www.bhrm.org

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.

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for tMental Health Services (CMHS). (2003) *Supported employment workbook.*
http://download.ncadi.samhsa.gov/ken/pdf/toolkits/employment/16.SE_workbook.pdf

Optional Additional Reading:

U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Mental Health Sercices.(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.

Session 7: <u>Listening with Psychotic Ears</u>

Required Reading:

Dewane, C. (2006). Use of self: A primer revisited. *Clinical Social Work Journal,* 34, 543-558.

Duffy, T. (2005). White gloves and cracked vases: How metaphors help group workers construct new perspectives and responses. *Social Work with Groups, Vol 24*(3/4).

Nelson, J.K. (2008). Laugh and the world laughs with you: An attachment perspective on the meaning of laughter in psychotherapy. *Clinical Social Work Journal, 36*, 41-49.

Optional Additional Reading:

Benedetti, Gaetano. (1980). Individual psychotherapy of Schizophrenia. *Schizophrenia Bulletin.* 6(4).

Session 8: <u>Symptom Management</u>

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

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.

<u>Managing Crisis Situations: Suicide, Violence, and Sociopathic Behaviors</u>

Required Reading:
Cullberg, J. (2006). Chapter 22

Optional Additional Reading:

Session 9: <u>Supportive Housing</u>

Required Reading:

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.

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

Corporation for Supportive Housing.
    http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=42&nodeID=81

Optional Additional Reading:

Community Integration

Required Reading:
Cullberg, J. (2006). Chapter23.

Optional Additional Reading:

Session 10:   Culture, Ethnicity, and Mental Illness
- The effects of culture and ethnicity on diagnosis and treatment
- Equal access to care and socioeconomic factors
- Gender linked diagnoses
- Cultural competence

Required Reading:

Blake, W. (1973). The influence of race on diagnosis. *Smith College Studies.* 43 Pp. 184-193.

Gaw, A. C. (Eds.). (1993). *Culture, ethnicity & mental illness*. Washington. DC: American Psychiatric Press.

Lopez, S. (2002). Teaching culturally informed psychological assessment: Conceptual issues and demonstrations. *Journal of Personality Assessment, 79*(2), 226-234.

Optional Additional Reading:

DelBello, M. (2002). Effects of ethnicity on psychiatric diagnosis: A developmental perspective. *Psychiatric Times. 19(*3).

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. (Proquest)

Trierweiler, S., Murdoff, Jackson, J., Neighbors, H., & Munday, C. (2005). Clinician race, situational ar… and diagnosis of mood versus schizophrenia disorders, *Culture, Diversity and Ethnic Minority Psychology, 11*(4).

Williams, D. (1986). Epidemiology of mental illness in Afroamericans*. Hospital and Community*

Session 11:   Effects of Mental Illness on Children (Possible visit to Portals – Betsy Phillips)
Required Reading:

Cullberg, J. (2006). Chapter 27.
Mabray, Carol. ( )

Optional Additional Reading:

Session 12:   Peer Counseling (Guest Speaker from Project Return: Peer Support Network)

Required Reading:

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

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

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

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

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.)

Optional Additional Reading:

Caris, Silvia. www.peoplewho.com

Campbell, Jean

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

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
NEC (National Empowerment Center) www.Power2u.org
PRPSN (Project Return Peer Support Network) www.mhala.org

Session 13:   Family Psycho-Education
- Implications for working with families
- Advocacy and psychoeducation
- Workers forming partnerships with family members
- Issues for children, siblings, parents and spouses of persons with mental illnesses
- Parenting

Required Reading:
Cullberg, J. (2006). Chapter25 & 27.

Optional Additional Reading:

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

Session 14:   **<u>Alumni Day</u>**

Session 15:   **<u>Resource Drive</u>**
                Wrap-Up
                Course Evaluations

Additional References

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.

Lyceum Book. (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.

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

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.

Sullivan, H. S. (1954). *The psychiatric interview*. New York: W. W. Norton & Company. *Psychiatry, 37,* 42-49.

Websites of interest

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

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