USC | School of Social Work

Social Work 637

Wellness, Recovery, and Integrated Care
3 Units

Instructor: Shawnmari Kaiser, LCSW, LISW

I. COURSE PREREQUISITES

SOWK 503, SOWK 534, SOWK 543, and SOWK 562

II. CATALOGUE DESCRIPTION

This course serves as a foundation of practice for students working within the public health, mental health, and integrated care health systems. The course focuses on cutting-edge knowledge in wellness and recovery, interacting systems of mind, brain, and body, as well as evidence-based integrated care interventions aimed at improving the well-being of low-income and vulnerable populations in a new era of health care reform.

III. COURSE DESCRIPTION

This course builds on foundation semester courses and exposes social work students to current knowledge in evidence-informed practices for wellness of mind, brain, and body; the natural helping network of families and peer support; and culturally informed models of care being advanced in a time of health care reform. Toward achieving this end, this course employs a life-course perspective that considers the interacting forces of health and mental health in development of integrated care interventions, often delivered by interdisciplinary teams.

Using a person-centered framework, this course emphasizes how social workers in health, behavioral health, and integrated care settings can support wellness and recovery using a strengths perspective. Protective factors, resilience, a balanced lifestyle, support, and the cultural milieu in which people reside are addressed as factors impacting the effects of stress on body, mind, and brain. This course addresses practice challenges associated with multiple and complex health and mental health conditions that require a focus on wellness, disease self-management, and holistic, culturally responsive care coordination.

IV. COURSE OBJECTIVES

Objective #	Objectives
1	Demonstrate an understanding of the values inherent in person-centered care across the life-course.
2	Demonstrate knowledge of the interacting systems of mind, brain, and body and how these systems relate to wellness and the recovery model in the integration of health and mental health care.
3	Demonstrate skills in addressing health disparities in health and mental health care.
4	Facilitate selection of intervention methods in primary, secondary, and tertiary prevention.
5	Demonstrate skills in conducting brief functional assessments and care collaboration with individuals in the context of family, community and cultural identities.

V. COURSE FORMAT/INSTRUCTIONAL METHODS

This course will use a student-centered learning approach that is both didactic and interactive. Case vignettes, video clips, and class exercises will accompany lectures and assigned reading.

Professional standards and confidentiality: Students are expected to adhere to all the core principles contained in the NASW Code of Ethics (1999) and are cautioned to use their professional judgment in protecting the confidentiality of clients in class discussions.

Person-first language: Students should be especially careful not to contribute unwittingly to myths about chronic health conditions, mental illness and disability in the conduct of practice, research, interpretation of data, and use of terms. The integrity of persons being addressed should be maintained by avoiding language that pathologizes or equates persons with the conditions they have (such as "a schizophrenic," "a borderline," "addicts," "epileptics," or "the disabled") or language that implies that the person as a whole is disordered or disabled, as in the expression "chronics," "psychotics," or "disabled persons." Emphasis should be on the person first, not the disability. This is accomplished by putting the person-noun first (i.e., "persons [or people] with disabilities," or "an individual diagnosed with schizophrenia").

Student Learning Outcomes

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

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

Student learning for this course relates to one or more of the following 10 social work core competencies:

	Social Work Core Competencies	SOWK 637	Course Objective
1	Demonstrate Ethical and Professional Behavior	*	1–5
2	Engage in Diversity and Difference in Practice		
3	Advance Human Rights and Social, Economic, and Environmental Justice		
4	Engage in Practice-Informed Research and Research-Informed Practice	*	4, 5
5	Engage in Policy Practice		
6	Engage With Individuals, Families, Groups, Organizations, and Communities	*	5
7	Assess Individuals, Families, Groups, Organizations, and Communities	*	4
8	Intervene With Individuals, Families, Groups, Organizations, and Communities	*	5
9	Evaluate Practice With Individuals, Families, Groups, Organizations and Communities		

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
Demonstrate Ethical and Professional Behavior: ▪ Understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels ▪ Understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas ▪ Recognize personal values and the distinction between personal and professional values and understand how their personal experiences and affective reactions influence their professional judgment and behavior ▪ Understand the profession's history, its mission, and the roles and responsibilities of the profession ▪ Understand the role of other professions when engaged in inter-professional teams ▪ Recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective ▪ Understand emerging forms of technology and the ethical use of technology in social work practice	Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context	
	Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations	
	Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;	Assignments 1 and 3
	Use technology ethically and appropriately to facilitate practice outcomes;	Assignment 4
	Use supervision and consultation to guide professional judgment and behavior.	

Engage in Diversity and Difference in Practice:	Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;	
• Understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. • Understand 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. • Understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.	Present themselves as learners and engage clients and constituencies as experts of their own experiences;	
	Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.	

Advance Human Rights and Social, Economic, and Environmental Justice:	Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;	
• Understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education • Understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.	Engage in practices that advance social, economic, and environmental justice	

Engage In Practice-informed Research and Research-informed Practice:	Use practice experience and theory to inform scientific inquiry and research.	Assignments 1–3
▪ Understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. ▪ Know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. ▪ Understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. ▪ Understand the processes for translating research findings into effective practice.	Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings.	Assignments 1–3
	Use and translate research evidence to inform and improve practice, policy, and service delivery.	

Engage in Policy Practice:	Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services.	
▪ Understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. ▪ Understand 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. ▪ Understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. ▪ Recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. ▪ Knowledgeable about policy formulation, analysis, implementation, and evaluation.	Assess how social welfare and economic policies impact the delivery of and access to social services.	
	Apply critical thinking to analyze,formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.	

Engage with Individuals, Families, Groups, Organizations, and Communities:	Apply knowledge of human behavior and the social environment, person-in environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.	Assignments 1–4
- Understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. - Value the importance of human relationships. - Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. - Understand strategies to engage diverse clients and constituencies to advance practice effectiveness. - Understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. - Value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.	Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.	Assignments 1 and 2

Assess Individuals, Families, Groups, Organizations, and Communities:		
- Understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. - Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. - Understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. - Recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. - Understand how their personal experiences and affective reactions may affect their assessment and decision-making.	Collect and organize data, and apply critical thinking to interpret information from clients and constituencies	
	Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies.	
	Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies.	
	Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.	

Intervene with Individuals, Families, Groups, Organizations, and Communities:	Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.	Assignments 1–3
▪ Understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. ▪ Knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. ▪ Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. ▪ Understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. ▪ Value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.		
	Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies	Assignment 2
	Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes	
	Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies.	
	Facilitate effective transitions and endings that advance mutually agreed-on goals.	

Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities:	Select and use appropriate methods for evaluation of outcomes.	
▪ Understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations and communities. ▪ Recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. ▪ Understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. ▪ Understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.		
	Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes.	
	Critically analyze, monitor, and evaluate intervention and program Processes and outcomes.	
	Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.	

VI. COURSE ASSIGNMENTS, DUE DATES, AND GRADING

*In class we will discuss how the assignments for this class will be paired with 638 (Policy). This will entail a single paper being written for both classes with the relevant section being graded in each class.

Assignment		Due Date	% of Final Grade
Assignment 1:	Critique of a reading supporting a wellness/strengths-based/recovery technique/practice	Weeks 2–8	30%
Assignment 2:	Self-Care Experience Reflection Paper	Week 8	15%

Assignment		Due Date	% of Final Grade
Assignment 3:	**Group evaluation of a wellness practice at USC** **Paper: Describe and report on evidence supporting a practice available to students or staff**—(instructor permission of topic required) **https://bewell.usc.edu/;** **http://www.usc.edu/programs/cwfl/worklife/stresslab.html;** **http://www.usc.edu/programs/cwfl/wellness/wellness.html; http://mindful.usc.edu/**	Weeks 14–15	30%
Assignment 4:	**Completion of three assigned online modules**	As scheduled	15%
Class Participation		Ongoing	10%

Expectations for Written Work: All written assignments must be doubled-spaced, typed with a 12-point font, and have 1-inch margins. Text citations and references list must be in correct APA (6th ed.) format. All sentences must be written in the student's own words. Ideas, information, and concepts that originated with any other source must always be noted as such (based on APA format). **Material that is not correctly cited is considered plagiarized and provides grounds for academic discipline.** Assignments should be carefully proofed for spelling and grammar.

Class grades will be based on the following:

Class Grades		Final Grade	
3.85–4.00	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
2.60–2.89	B–	80–82	B–
2.25–2.59	C+	77–79	C+
1.90–2.24	C	73–76	C
		Below 72	C–

School of Social Work Grading Policy

Grades of A or A– are reserved for student work that not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

A grade of B+ will be given to work that is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being evaluated in the assignment. To earn at least a B, students must incorporate relevant required and recommended readings.

A grade of B will be given to student work that meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.

A grade of B– will denote that a student's performance was less than adequate on an assignment, reflecting only a moderate grasp of content and/or expectations.

A grade of C would reflect a minimal grasp of the assignment, poor organization of ideas, and/or several significant areas requiring improvement.

Grades between C– and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

VII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS AND RESOURCES

Recommended

Adams, N., & Grieder, D. M. (2004). *Treatment planning for person-centered care: Shared decision making for whole health*. (2nd ed.). New York, NY: Academic Press.

Mindfulness Workbook (available from Google books):
https://books.google.com/books?id=Wpf8KF3td4kC&printsec=frontcover&dq=mindfulness+based+stress+reductio
n&hl=en&sa=X&ved=0ahUKEwjsy5iQ0uvJAhXFGR4KHQEqBEAQ6AEIFzAA#v=onepage&q=mindful
ness%20based%20stress%20reduction&f=false

Recommended Guidebook for APA Style Formatting

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Recommended Websites

Purdue Owl Online Writing Lab. (n.d.). *APA changes* (6th ed.). Retrieved from
http://owl.english.purdue.edu/owl/resource/560/24/

American Psychological Association (2014). APA style blog. http://blog.apastyle.org/ (Current answers to APA puzzles. You can e-mail experts with questions.)

Note: Additional required and recommended readings will be assigned by the instructor through the course.

Course Overview

Unit	Topics	Assignments
1	- Introduction: health care reform - Impact of the Affordable Care Act (ACA) on clinical practice - Person-centered service planning - Interdisciplinary team approaches (leadership, power differentials, role of the clinical social worker)	
2	- Social workers' role in addressing disease-/disability-related stigma - Person-first language - Cultural responsive care: awareness /knowledge/skills model for clinical practice - Addressing health disparities through integrated care for: - Homeless individuals - People who have co-occurring disorders (mental health, substance use, physical health) - People of limited English proficiency - People who have low SES - Immigrants/refugees - Older adults - LGBTQ	
3	- Culturally responsive social work service delivery approaches - Healthy neighborhoods model - Community-defined nontraditional services - Faith-based organizations, initiatives, and best practices - Ethnic-specific clinic/services - Family-centered health care delivery	
4	- Life course considerations - Role of a life span perspective in clinical and community work - Aging population trends (e.g., institutional vs. home care, assessment, support, and suicide) - Transitional-age youth/emerging adults (e.g., aging out of foster care, homelessness, HIV/STD risk, first-break psychosis)	
5	- Prevention - Skills in primary prevention from evidence-based models	
6	- Prevention - Skills in secondary prevention	

Unit	Topics	Assignments
7	■ Prevention • Skills in tertiary prevention • Practices for health promotion • Practices for decreasing impairment associated with chronic illnesses	
8	■ Interventions that support wellness • Mind-body connections • Mindfulness-based approaches • Meditation-based approaches • Faith-based approaches • Indigenous practices for bio/psycho/social/spiritual balance	
9	■ Short-term group interventions • The role of groups in health promotion • Responding to groups	
10	■ Longer-term group interventions • Groups	
11	■ Overcoming individual and systemic barriers to health and wellness ■ Trends and promising practices to address prioritized populations and complex service needs • Depression in patients with physical illnesses • Single parents • Urban inner city/low-income neighborhoods • Homeless: Housing First (HF) intervention ■ Trauma interventions ▽ Selection of appropriate intervention ▽ Seeking safety ▽ Exposure therapy ▽ Trauma-focused coping ▽ CPT	

Unit	Topics	Assignments
12	■ Practices for serious mental illness	

- Overview of recovery interventions
  - ▽ Assertive community treatment (ACT)
  - ▽ Full service partnerships (FSP) and field capable clinical services (FCCS)
  - ▽ Care coordination
  - ▽ Wellness recovery and action plan (WRAP)
  - ▽ Integrated illness management and recovery (I-IMR)
  - ▽ Critical time intervention (CTI)
- Overview of peers and lived experience interventions model (consumer, survivor, ex-patient movement)
  - ▽ Peer respite
  - ▽ Bridges
  - ▽ Client-run centers

| 13 | ■ Substance abuse best-practice interventions | |

- Prevention for adolescents
- AA
- Screening, brief interventions, and referral to treatment (SBIRT)
- Harm reduction
- Managing comorbid chronic health of conditions
- Dual-diagnosis considerations (stigma, AA, housing/shelters)

| 14 | ■ Peer and family support | |

- NAMI
- NA support
- Online support options
- Group family/multifamily psychoeducational practices
- Using friendship and kin systems

| 15 | ■ Data-driven systems and practices | |

- ■ Assessing individual practice and program effectiveness
- ■ DSM/ICD—welcome to the world of billing
  - Documentation: writing notes, issues of patient access, health systems vernacular, ethics/HIPAA
- ■ Wrap-up

STUDY DAYS / NO CLASSES

Course Schedule—Detailed Description

Unit 1: Introduction: Wellness, Recovery, and Integrated Care

Topics

- Introduction: health care reform
- Impact of the Affordable Care Act (ACA) on clinical practice
  - Person-centered service planning
  - Interdisciplinary team approaches (leadership, power differentials, role of the clinical social worker)

This unit relates to course objectives 1–5.

Required Readings

Module 1

You can choose one of the following recorded lectures:
http://practiceinnovations.org/ACTTalkPodcasts/ACTPodcastArchives/tabid/286/Default.aspx

Option 1: ACT talk podcast on 1/13/2015. Dr. Ellen Lukens discussed health literacy and psychoeducation.

Option 2: A conversation with Rusty Foster and Luis Lopez on harm reduction

Option 3: A conversation with Leopoldo J. Cabassa on contextual factors that influence physical health and health care

Option 4: Bradley Jacobs, LMSW, talked about ACT consumers who have criminal justice involvement and the challenges and opportunities that emerge in this work.

Option 5: Gary Clark engaged in a discussion about the challenges and opportunities facing ACT teams in the current health care environment in 2015.

Adams, Chapter 1

Recommended Readings

Horevitz, E., & Manoleas, P. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care, 52*(8), 752–787. doi:10.1080/00981389.2013.791362

Mauer, B., & Druss, B. (2010). Mind and body reunited: Improving care at the behavioral and primary healthcare interface. *Journal of Behavioral Health Services and Research, 37*(4), 529–542.

Cheng, J. K., Cox, J. E., & Taveras, E. M. (2013). Patient-centered approaches to childhood obesity care. *Childhood Obesity*, *9*(2), 85–88.

Unit 2: Addressing Diversity and Disability in Integrated Care Settings

Topics

- Health care providers' role in addressing disease-/disability-related stigma
  - Person-first language
  - Cultural responsive care: awareness /knowledge/skills model for clinical practice
- Addressing health disparities through integrated care for:
  - Homeless individuals
  - People who have co-occurring disorders (mental health, substance use, physical health)
  - People of limited English proficiency
  - People who have low SES
  - Immigrants/refugees

Older adults

This unit relates to course objectives 1–5.

Required Readings

Cross, W. M., & Bloomer, M. J. (2010). Extending boundaries: Clinical communication with culturally and linguistically diverse mental health clients and careers. *International Journal of Mental Health Nursing, 19*(4), 268–277.

Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O. N. (2012). *Eliminating disparities through the integration of behavioral health and primary care services for racial and ethnic minorities, including populations with limited English proficiency: A review of the literature.* Washington, DC: U.S. Department of Health and Human Services, Office of Minority Health and the Hogg Foundation for Mental Health.

Shim, R., & Rust, G. (2013). Primary care, behavioral health, and public health: Partners in reducing mental health stigma. *American Journal of Public Health, 103*(5), 774–776.

Recommended Readings

National Standards on Culturally and Linguistically Appropriate Services (CLAS)
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

UCLA Health Policy Institutes: Health Disparities
http://www.healthpolicy.ucla.edu/SearchResults.aspx?keywords=Health+disparities+mental+health&page=1

Unit 3: Culturally Responsive Social Work Service Delivery Approaches

Topics

- Culturally responsive social work service delivery approaches
  - Healthy neighborhoods model
  - Community-defined nontraditional services
  - Faith-based organizations, initiatives, and best practices
  - Ethnic-specific clinic/services
  - Family-centered health care delivery

This unit relates to course objectives 1–5.

Required Readings

Campbell, M. K., Hudson, M. A., Resnicow, K., Blakeney, N., Paxton, A., & Baskin, M. (2007). Church-based health promotion interventions: Evidence and lessons learned. *Annual Review of Public Health, 28*, 213–234.

Joosten, D., & Goldbach, J. (in process). Chapter 1: Overview of integrated care. In *Essential research, theory, and emerging models for best practices in integrated behavioral health settings*. Washington, DC: NASW Press. Manuscript submitted for publication.

Module 2:
Alcohol abuse prevention:
http://pubs.niaaa.nih.gov/publications/Social/Module3Prevention/mODULE3.HTML

Recommended Readings

Fitchett, G., Nieuwsma, J. A., Bates, M. J., Rhodes, J. E., & Meador, K. G. (2014). Evidence-based chaplaincy care: Attitudes and practices in diverse healthcare chaplain samples. *Journal of Health Care Chaplaincy, 20*(4), 144–160.

Jankowski, K. R., Handzo, G. F., & Flannelly, K. J. (2011). Testing the efficacy of chaplaincy care. *Journal of Health Care Chaplaincy*, *17*(3-4), 100–125.

Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., . . . Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine, 12(*10), 885–904.

Unit 4: Life Course Considerations

Topics
- Life course considerations
  - Role of a life span perspective in clinical and community work
  - Aging population trends (e.g., institutional vs. home care, assessment, support, and suicide)
- Transitional-age youth/emerging adults (e.g., aging out of foster care, homelessness, HIV/STD risk, first-break psychosis)

This unit relates to course objectives 1–5.

Required Readings

Adams, Chapter 2

Recommended Readings

Lu, M. C. (2014). Improving maternal and child health across the life course: Where do we go from here? *Maternal and Child Health Journal*, *18*(2), 339–343.

Umberson, D., Williams, K., Thomas, P. A., Liu, H., & Thomeer, M. B. (2014). Race, gender, and chains of disadvantage childhood adversity, social relationships, and health. *Journal of Health and Social Behavior*, *55*(1), 20–38.

Unit 5: Primary Prevention

Topics
- Skills in primary prevention from evidence-based models

This unit relates to course objectives 1–5.

Required Readings

Module 3:
You can choose one of the following recorded lectures:

Secondary prevention with HIV-positive couples
http://socialworkpodcast.blogspot.com/2013/08/gail-wyatt.html

Psychoeducation with families dealing with schizophrenia
http://socialworkpodcast.blogspot.com/2007/10/family-psychoeducation-interview-with.html

Bush, I. (2000). Prevention: A viable and critical component of intervention. In A. A. Abbott (Ed.), *Alcohol, tobacco, and other drugs: Challenging myths, assessing theories, individualizing interventions* (pp. 341–379). Washington, DC: NASW Press.

National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.

And one of the following:

Helm, S., & Baker, C. K. (2011). The need to consider ethnocultural context in prevention programming: A case example from Hawai'i. *Journal of Ethnic and Cultural Diversity in Social Work*, *20*(2), 131–149.

Okamoto, S. K., Kulis, S., Marsiglia, F. F., Steiker, L. K. H., & Dustman, P. (2014). A continuum of approaches toward developing culturally focused prevention interventions: From adaptation to grounding. *Journal of Primary Prevention*, *35*(2), 103–112.

Recommended Readings

Okamoto, S. K., Helm, S., Pel, S., McClain, L. L., Hill, A. P., & Hayashida, J. K. (2014). Developing empirically based, culturally grounded drug prevention interventions for indigenous youth populations. *Journal of Behavioral Health Services and Research*, *41*(1), 8–19.

Rehuher, D., Hiramatsu, T., & Helm, S. (2008). Evidence-based youth drug prevention. A critique with implications for practice-based contextually relevant prevention in Hawai 'i. *Hawai 'i Journal of Public Health*, *1*(1), 52–61.

Each of these sites has links to other prevention related sites that may be useful:

- Society for Prevention Research: http://www.preventionscience.org/
- The National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov
- Prevline: http://www.samhsa.gov
- The Oregon Research Institute: http://www.ori.org

Unit 6: Secondary Prevention

Topics

- Prevention: skills in secondary prevention

This unit relates to course objectives 1–5.

Required Readings

Adams, Chapter 3

Lane, K. L., Capizzi, A. M., Fisher, M. H., & Ennis, R. P. (2012). Secondary prevention efforts at the middle school level: An application of the behavior education program. *Education and Treatment of Children*, *35*(1), 51–90.

Unit 7: Continuum of Care

Topics

- Prevention: skills in tertiary prevention

This unit relates to course objectives 1–5.

Required Readings

https://www.pbis.org/school/tertiary-level/tertiary-faqs

Skim Adams, Chapter 4

Brooks, A., Todd, A. W., Tofflemoyer, S., & Horner, R. H. (2003). Use of functional assessment and a self-management system to increase academic engagement and work completion. *Journal of Positive Behavior Intervention, 5,* 144–152.

Recommended Readings

Newcomer, L. L., & Lewis, T. J. (2004). Functional behavioral assessment: An investigation of assessment reliability and effectiveness of function-based interventions. *Journal of Emotional and Behavioral Disorders 12*(3), 168–181.

Preciado, J., Horner, R. H., & Baker, S. (2009). Using a function-based approach to decrease problem behavior and increase academic engagement for Latino English language learners. *Journal of Special Education, 42*(4)227–240.

Unit 8: Mindfulness-Based Treatment Approaches

Topics

- Interventions that foster wellness
  - Mind-body connections
  - Mindfulness-based approaches
  - Meditation-based approaches
  - Faith-based approaches
  - Prevention

This unit relates to course objectives 1–5.

Required Readings

Berent, G. R., Zeck, J. M., Leischner, J. A., & Berent, E. A. (2014). Yoga as an alternative intervention for promoting a healthy lifestyle among college students. *Journal of Addictions Nursing*, *25*(4), 167–171.

Galla, B. M., O'Reilly, G. A., Kitil, M. J., Smalley, S. L., & Black, D. S. (2014). Community-based mindfulness program for disease prevention and health promotion: Targeting stress reduction. *American Journal of Health Promotion*.

Skim Adams, Chapter 6

Recommended Readings

Skovholt, T. M., & Trotter-Mathison, M. J. (2014). Sustaining the professional self. In *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professional* (pp. 169–191). New York, NY: Routledge.

Unit 9: Short-Term Groups

Topics

- Interventions that build resilience and foster hardiness
  - Maintaining wellness: staying healthy across the life span
  - Indigenous practices for bio/psycho/social/spiritual balance

This unit relates to course objectives 1–5.

Required Readings

Khanlou, N., & Wray, R. (2014). A whole community approach toward child and youth resilience promotion: A review of resilience literature. *International Journal of Mental Health and Addiction*, *12*(1), 64–79.

Kuh, D., Karunananthan, S., Bergman, H., & Cooper, R. (2014). A life-course approach to healthy ageing: Maintaining physical capability. *Proceedings of the Nutrition Society*, *73*(2), 237–248.

Recommended Readings

Varambally, S., & Gangadhar, B. N. (2012). Yoga: A spiritual practice with therapeutic value in psychiatry. *Asian Journal of Psychiatry*, *5*(2), 186–189.

Unit 10: Roles in Groups (and Your Role in a Group)

Topics

- Interventions that make use of wellness concepts
  - Practices for health promotion
  - Practices for decreasing impairment associated with chronic illnesses

This unit relates to course objectives 1–5.

Required Readings

Stanhope, V., & Henwood, B. F. (2014). Activating people to address their health care needs: Learning from people with lived experience of chronic illnesses. *Community Mental Health Journal*, *50*(6), 656–663. doi:10.1007/s10597-013-968

Unit 11: Complex Problems and Prioritizing Populations and Needs

Topics

- Overcoming individual and systemic barriers to health and wellness
- Trends and promising practices to address prioritized populations and complex service needs
  - Integrated model exemplar (e.g., IMPACT, PCARE)
  - Depression in patients in primary care
  - Single parents
  - Urban inner city/low-income neighborhoods
  - Homeless: Housing First (HF) intervention
  - Trauma interventions
    - Selection of appropriate intervention
    - Seeking safety
    - Exposure therapy
    - Trauma-focused coping
  - CPT

This unit relates to course objectives 1–5.

Required Readings

Gaetz, S. (2014). *A safe and decent place to live: Towards a Housing First framework for youth*. Toronto, Canada: Homeless Hub Press.

Warr, D. J., Mann, R., & Kelaher, M. (2013). "A lot of the things we do… people wouldn't recognise as health promotion": Addressing health inequalities in settings of neighbourhood disadvantage. *Critical Public Health*, *23*(1), 95–109.

Unit 12: Recovery From Serious Mental Illness

Topics

- Practices for serious mental illness
  - Overview of recovery interventions
    - Assertive community treatment (ACT)
    - Full service partnerships (FSP) and field capable clinical services (FCCS)
    - Care coordination
    - Wellness recovery and action plan (WRAP)
    - Integrated illness management and recovery (I-IMR)
    - Critical time intervention (CTI)
  - Overview of peers and lived experience interventions model (consumer, survivor, ex-patient movement)
    - Peer respite
    - Bridges
    - Client-run centers

This unit relates to course objectives 1–5.

Required Readings (two of the following)

Dixon, L., & Schwartz, E. C. (2013). Fifty years of progress in community mental health in US: The growth of evidence-base practice. *Epidemiology and Psychiatric Sciences*, 1–5. doi:10.1017/S20457960130000620

Herman, D. B. (2013). Transitional support for adults with severe mental illness: Critical time intervention and its roots in assertive community treatment. *Research on Social Work Practice*. doi:10.1177/1049731513510976

Kelly, E., Fulginiti, A., Pahwa, R. Tallen, L., Duan, L., & Brekke, J. S. (2014). A pilot test of a peer navigator intervention for improving the health of individuals with serious mental illness. *Community Mental Health Journal, 50*(4), 435–446. doi:10.1007/s10597-013-9616-4

Recovery to Practice: Developing Mental Health Recovery in Social Work, pp. 1–25 (required reading for CSWE webinar post test—PDF file is posted on Blackboard)

CSWE Webinar: Introduction to Mental Health Recovery in Social Work (see Blackboard for link)

Trawer, K. (2010). Assertive community treatment. In A. Rubin & D.W. Springer (Eds.), *Psychosocial treatment of schizophrenia*. Hoboken, NJ: Wiley.

United States Department of Health and Human Services, Substance Abuse Mental Health Services Administration. (2004). *National Consensus Statement on Mental Health Recovery* http://store.samhsa.gov/shin/content//SMA05-4129/SMA05-4129.pdf

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Unit 13: Understanding Drug Abuse and Addiction: What Science Says

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Topics
- Substance abuse best-practice interventions
  - Prevention for adolescents
  - AA
  - Screening, brief interventions, and referral to treatment (SBIRT)
  - Harm reduction
  - Managing comorbid chronic health of conditions
  - Dual-diagnosis considerations (stigma, AA, housing/shelters)

This unit relates to course objectives 1–5.

Required Readings

Center for Integrated Health Solutions. (2013). *Innovations in addictions treatment: Addiction treatment providers working with integrated primary care services.* Rockville, MD: SAMSHA-HRSA.

Center for Integrated Health Solutions. (2012). *Behavioral health homes for people with mental health and substance abuse conditions: The core clinical features*. Rockville, MD: SAMHSA-HRSA.

Cochran, G., & Field, C. (2013). Brief intervention and social work: A primer for practice and policy. *Social Work in Public Health, 28*(3-4), 248–263.

Waegemakers Schif, J. (2015). *Working with homeless and vulnerable people: Basic skills and practices*. Chicago, IL: Lyceum Press. Chapter 8

Watch and Complete Module:

The Substance Abuse Research Education and Training (SARET) Program: Screening Webinar
http://vp21.nyu.campusinformatics.org/category/saret/

Recommended Readings

Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and co-morbidities among Asian Americans and Native Hawaiians/Pacific Islanders. *Psychological Medicine*, 1–14.

Unit 14: Putting It All Together: The Hard Part

Topics
- Peer and family support
  - NAMI
  - NA ALANON support
  - Online support options
  - Group family/multifamily psychoeducational practices
  - Using friendship and kin systems

This unit relates to course objectives 1–5.

Group Presentations

Required Readings

Center for Substance Abuse Treatment. (2009). *What are peer recovery support services?* HHS Publication number (SMA) 09-4454. Rockville MD: Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services.

Unit 15: Presentation Week

Topics
- Group presentations

Required Readings

Kelly, M. S., & Lueck, C. (2011). Adopting a data-driven public health framework in schools: Results from a multi-disciplinary survey on school-based mental health practice. *Advances in School Mental Health Promotion*, *4*(4), 5–12.

Solomon, M. (2007). Regional health information organizations: A vehicle for transforming health care delivery? *Journal of Medical Systems, 31*, 35–47.

University Policies and Guidelines

VIII. 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 (joosten@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled 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.

IX. STATEMENT ON ACADEMIC CONDUCT

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards*https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, http://policy.usc.edu/scientific-misconduct/. Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* http://equity.usc.edu/ or to the *Department of Public Safety* http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us. This is important for the safety whole USC community. Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The Center for Women and Men* http://www.usc.edu/student-affairs/cwm/ provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

X. SUPPORT SYSTEMS

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* http://dornsife.usc.edu/ali, which sponsors courses and workshops specifically for international graduate students. The *The Office of Disability Services and Programs* http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.htmlprovides certification for students with disabilities and helps arrange the relevant accommodations. If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information http://emergency.usc.edu/*will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

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.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII.   EMERGENCY RESPONSE INFORMATION

Note: The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the 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.

Students may also sign up for a USC Trojans Alert account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at https://trojansalert.usc.edu.

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.

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 you cannot discuss it with the instructor, contact the chair of the department, Suzanne Wenzel, PhD, swenzel@usc.edu do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu 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.

Assignments

Assignment 1: A Critique of a Wellness Reading (30% of Course Grade)

This assignment will take place between Week 2 and Week 8 of the semester. Choose to work individually or in a group of no more than three. During the first class session, each group or individual will choose one week on the syllabus and present on the required readings provided above. The presentation will be informative and explanatory of the concepts, but will also focus on the critique/evaluation of the concepts outlined. Critiquing is not just finding the negative but really breaking it down into an evaluation of what and how it might be useful or not to the social worker and the client. Each student group will choose a week and inform the instructor by signing up. The assignment will then be due the same week as the readings.

Instructions are as follows:

- Choose to work individually or in a group of no more than three.

- Sign up for your desired week.

- Prepare a presentation (with PowerPoint/Prezi or a brief handout). Each student will submit a copy of his or her presentation file 24 hours prior to presenting. Students will be expected to present for 5 minutes.

- Summarize each reading for the week chosen. For each reading, prepare and present each of the following points:
  - Name each author(s) and title of reading.
  - Identify context of each reading.
  - Identify findings.
  - Give your perspective/critique of each issue presented. For example:
    - Do you agree with the theory/findings? Why or why not?
    - Is this article integrating the tenets of integrative care for health and mental health?
    - Is there anything related to cultural competency that you can speak to (in support of or in contrast to the author?

Assignment 2: Reflection of Self-Care (Wellness) (15% of Final Grade)

For this assignment, the student will write a three- to five-page paper, citing academic literature, on a wellness or self-care practice in which he or she is engaged. Ideally, this is one in which you yourself are partaking, but it could also be something you deliver to clients at your agency.

- Name the intervention/practice

- Give history (use academic references)

- Authors

- Context

- Theoretical underpinnings/values

- Describe the reasons you are interested in the practice

- Describe what the practice entails (steps, process)

- Your perception of its effectiveness

- How you might educate and interest others in using (or avoiding) this practice

Due Week 8 (24 hours prior to the live session)

Assignment 3: Group Presentation (30% of Course Grade)

The third assignment of this class is to work in a group (no more than three) and present on a social work practice that is a part of wellness and prevention in the community. Your group must identify something in the literature,** outside of this class syllabus, and present the article's description of the wellness activity, and the research supporting the wellness activity.

Some ideas of community-based social work wellness and prevention activities include:

- Community Needle Exchange Program (primary prevention)

- HCommunity Needle Exchange Program (primary prevention

- Therapy Group for Recovering Drug Users (secondary prevention)

- HIV PEP Medication Support Program (tertiary prevention)

The following issues must be addressed in your group presentation:

1. How and why is this program addressing wellness in the community? (15 points)

2. A handout on a local organization (if nothing local, regional) where this is currently taking place (5 points)

3. A 20-minute presentation with multimedia (video, images, PowerPoint, etc.) that explains, illustrates, or showcases this prevention program. Each student must submit a copy of his or her presentation exhibit 24 hours prior to the live session in which they present. (5 points)

4. Each presenter must speak clearly, professionally, without reading notes, and engages the class in the presentation. (5 points)

The research must come from one peer-reviewed social work article that is NOT on the class syllabus.

Sign up for presentation dates in class 7.

Due: Weeks 14 and 15 (presentations due 24 hours prior to presenting)

Assignment 4: Completing the Modules (15% of Final Grade)

There are three modules in the syllabus, which are supplemental multimedia learning tools (videos, podcasts, presentations) that the student will complete. These are important for giving you a sense of what exists in the social work field to address integrated care that focuses on wellness and recovery. Please write a one- to a one and a half-page reflection paper for each module.

Reflection Papers Due: Week 13 (24 hours prior to the live session)

Module 1

You can choose one of the following recorded lectures:

http://practiceinnovations.org/ACTTalkPodcasts/ACTPodcastArchives/tabid/286/Default.aspx

Option 1: ACT Talk podcast on 1/13/2015: Dr. Ellen Lukens discusses health literacy and

psychoeducation

Option 2: A conversation with Rusty Foster and Luis Lopez on harm reduction

Option 3: A conversation with Leopoldo J. Cabassa on contextual factors that influence physical health and health care

Option 4: Bradley Jacobs, LMSW, talks about ACT consumers who have criminal justice involvement and the challenges and opportunities that emerge in this work

Option 5: Gary Clark engages in a discussion about the challenges and opportunities facing ACT teams in the current health care environment in 2015

Module 2

Alcohol abuse prevention:

http://pubs.niaaa.nih.gov/publications/Social/Module3Prevention/mODULE3.HTML

Module 3

You can choose one of the following recorded lectures:

Secondary prevention with HIV-positive couples:

http://socialworkpodcast.blogspot.com/2013/08/gail-wyatt.html

Psychoeducation with families dealing with schizophrenia:

http://socialworkpodcast.blogspot.com/2007/10/family-psychoeducation-interview-with.html