USC | School of Social Work

Social Work 618

Systems of Recovery from Mental Illness in Adults
(*Homelessness Certificate Eligible)

3 Units

Spring 2024

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I. COURSE PREREQUISITES

This course is open to any MSW student as well as students from other disciplines. This course fulfills credits towards the "Ending Homelessness" certificate program.

II. CATALOGUE DESCRIPTION

This 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. Interactions between serious mental illness and structural factors that contribute to poverty and homelessness are addressed.

III. COURSE DESCRIPTION

This course offers evidence- and strengths-based 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. This course has a specific focus on homelessness as people with serious mental illnesses are overrepresented in among people experiencing homelessness. 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.

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.
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

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays may also be used to facilitate the students' learning. Material from the field will be used to illustrate class content and to provide integration between class and practicum. Confidentiality of material shared in class will be maintained as needed. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies
1   **Demonstrate Ethical and Professional Behavior ***
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 ***
5   **Engage in Policy Practice ***
6   **Engage with Individuals, Families, Groups, Organizations, and Communities ***
7   **Assess Individuals, Families, Groups, Organizations, and Communities ***
8   **Intervene with Individuals, Families, Groups, Organizations, and Communities ***
9   **Evaluate Practice with Individuals, Families, Groups, Organizations and Communities ***

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice Social workers understand that every individual, regardless of position in society, has fundamental rights such as freedom, safety, privacy, an adequate standard of living, healthcare and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need, social justice and strategies to promote social and economic justice and human rights. Social workers practicing in health, behavioral health and integrated care settings understand the potentially challenging effects of economic, social and cultural factors in the lives of clients and client systems. They also understand stigma and shame on an individual, community and society-wide basis. Social workers use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention; and advocate at multiple levels for mental	Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels. Engage in practices that advance social, economic, and environmental justice.	**3a**. Understand how to integrate theory, research, and economic, social and cultural factors when engaging in advocacy strategies to promote social justice, economic justice and human rights.	Knowledge	Strengths-based Plan of Recovery Project Class Discussion
		3b. Use advocacy and policy analysis skills to inform advocacy efforts at multiple levels for mental and physical healthcare parity and reduction of parity and disparities for diverse populations.	Skills	

and physical healthcare parity and reduction of disparities for diverse populations.				

Competency	Objectives	Behaviors	Dimensions	Content
Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities Social workers 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 and groups in health, behavioral health and integrated care settings. Social workers working with adults and older adults identify issues related to losses, changes, and transitions over their life cycle in designing intervention. Social workers understand methods of identifying, analyzing, modifying and implementing	Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies.

Apply knowledge of human behavior and the social environment, person in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies.

Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes

Negotiate, mediate, and advocate | **8a**. Skillfully choose and implement culturally competent interventions to achieve practice goals and enhance capacities of clients.

8b. Are self-reflective in understanding transference and countertransference in client interactions as well as practice self-care in the face of disturbing personal reactions. | Exercise of judgment

Reflection | Brief Reaction Paper

Crisis Intervention Demonstration

Application Exercise of Brief Therapy

Brief Therapy Demonstration

Class Discussions |

evidence-informed interventions to achieve client goals, taking into account influences such as cultural preferences, strengths and desires. Social workers in working with adults and older adults value and readily negotiate, mediate, and advocate for clients. Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.	with and on behalf of diverse clients and constituencies. Facilitate effective transitions and endings that advance mutually agreed-on goals.			

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Class Participation	Each class session	10%
Course Article and/or Current Event Presentation	Sign up for class session	10%
Wellness Recovery Action Plan	Session 10	40%
Final paper	3 days post session 15	40%

Each of the major assignments is described below.

Article Presentations – 10%

Student are expected to present at least once during the semester on either an article from the syllabus to present the main conclusions to the class or a current event news article related to mental illness and/or homelessness. Students should sign up on the first-class session for the weeks they would like to present.

Due: Presentation will occur during the class session where article is listed on syllabus or on the week a student chooses for current events

This assignment relates to student learning outcome 4, 7, 8, 9.

Wellness Recovery Action Plan = 40%

The Wellness Recovery Action Plan (WRAP) is a framework with which you can develop an effective approach to overcoming distressing symptoms, and unhelpful behavior patterns. In order to assist others with creating their own WRAP plan, students are asked to complete one on their own. We will be discussing WRAP as part of the week 10 lesson plan but students can work independently throughout the semester and start anytime (see WRAP workbook). Students do not need to turn in their WRAP but need to complete a 2-page reflection paper on the process of completing a WRAP and the degree to which they think WRAP would be useful to those they work with.

Due: Week 10 at 11:59pm PST

Final Paper = 40%

Students will complete a 4-5 page paper that explores historical and/or present day barriers to recovery that are outside of an individual's personal characteristics or traits and have more to do with societal and structural issues. Consideration of poverty, racism, and stigma would all be appropriate. Students are required to cite at least 5 academic references outside of the articles assigned as part of this course.

Due: 3 days after week 15 at 11:59pm PST

Class Participation (10% of Course Grade)

Student is expected to come to and remain in class for entire sessions. Student is expected to participate in class discussions. Texting and working on anything other than course material are considered not participating and participations points will be deducted accordingly.

Guidelines for Evaluating Class Participation

10: Outstanding Contributor: Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished markedly. Exemplary social work behavior in experiential exercises and demonstrating on target behavior in role-plays, small group discussions, and other activities.

9: Very Good Contributor: Contributions in class reflect thorough preparation and frequency of participation is high. Ideas offered are usually substantive and provide good insights and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role-plays, small group discussions, and other activities.

8: Good Contributor: Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights but seldom offer a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role-plays, small group discussions, and other activities.

7: Adequate Contributor: Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role-plays, small group discussions, and other activities.

6: Inadequate: This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever present material to the class from exercises. Does not appear to be engaged.

5: Non-Participant: Attends class only.

0: Unsatisfactory Contributor: Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provides few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. If this person were not a member of the class, valuable airtime would be saved. Is unable to perform exercises and detracts from the experience.

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-

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School: (1) Grades of A or A- are reserved for student work which 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. (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment. (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations. (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations. (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement. (6) 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.

VIII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES

Required Textbooks

Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2016). *Housing First: Ending homelessness, transforming systems, and changing lives*. Oxford University Press, USA.

Recommended Guidebook for APA Style Formatting

American Psychological Association (2019). *Publication manual of the American Psychological Association, 7th Edition.*

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

Course Overview

Unit	Topics
1	■ Introduction
	〉 Introduction to course
	〉 Format, syllabus, assignments, objectives and overview of course material
	〉 Choose article for presentation
	■ How has COVID-19 impacted mental health and mental health treatment?
	■ Wellness Recovery and Action Plan (WRAP) assignment
2	■ Deinstitutionalization
	〉 What was it? How did it unfold? Did it cause a homelessness crisis?
3	■ Serious mental illness and homelessness today
	〉 *What do we know about SMI today?*
	〉 *What do we know about overlap between SMI and homelessness?*
	〉 *Do we have effective interventions for people with SMI who are homeless? (Introduction to housing first)*
4	■ Definitions and diagnoses
	〉 What is a serious mental illness?
	〉 Do DSM classifications help?
	〉 Diagnoses and stigma
5	■ Moving from the medical model to recovery
	〉 Fit between social work and recovery movement
	〉 Reconciling Evidence Based Interventions and Recovery
	〉 Recovery-oriented Assertive Community Treatment for people experiencing mental illness and homelessness
6	■ Recovery from dual diagnosis?
	〉 Harm reduction/MI
	〉 AA/NA
	〉 Residential care
	〉 First-person accounts
7	■ The California experiment: Mental Health Services Act & Full Service Partnerships
	〉 What happened and where do we stand?

Unit	Topics
8	■ Consumer voice/involvement
9	■ Psychiatric rehab and EBPs › Supported housing, employment, education › Disability benefits and recovery
10	■ Treatment planning as an intervention › Shared decision making › Wellness Recovery and Action Plan (WRAP) › Person-centered planning › Illness management and recovery (IMR)
11	■ Housing First in action: Home visits
12	■ Aging in place versus moving on
13	■ Integrated care
14	■ Mental health law and advocacy › Involuntary commitment
15	■ Alternative for achieving community integration ■ Wrap-Up ■ Course Evaluations

Course Schedule—Detailed Description

Course Schedule

Unit 1:	1/11

Topics

- Introduction

Required Readings

Kopelovich, S. L., Monroe-DeVita, M., Buck, B. E., Brenner, C., Moser, L., Jarskog, L. F., ... & Chwastiak, L. A. (2021). Community mental health care delivery during the COVID-19 pandemic: practical strategies for improving care for people with serious mental illness. *Community Mental Health Journal*, *57*(3), 405-415.

Unit 2:	1/18

Topics

- Deinstitutionalization and its aftermath
  - What drove deinstitutionalization?
  - Did deinstitutionalization cause homelessness
- Working definition of recovery
  - Is institutionalization consistent with recovery?

Required Readings

Mechanic, D., & Rochefort, D. A. (1990). Deinstitutionalization: An appraisal of reform. *Annual Review of Sociology*, 301-327.

SAMHSA's Recovery Principles: https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

Recommended Readings

Lamb, H. R., & Bachrach, L. L. (2001). Some perspectives on deinstitutionalization. *Psychiatric services*, *52*(8), 1039-1045.

Unit 3:	1/25

Topics

- What do we know about serious mental illnesses (SMI)?
  - NIMH website
- Prevalence of SMI among homeless population?
  - Existing studies and homeless counts
- Do we have effective interventions for people experiencing SMI and homelessness?
  - Introduction to *Housing First*

Required Readings

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American journal of public health*, *94*(4), 651-656.

Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2016). *Housing First: Ending homelessness, transforming systems, and changing lives.* Oxford University Press, USA. Chapters 1-3.

Recommended Readings

Stanhope, V., & Dunn, K. (2011). The curious case of Housing First: The limits of evidence based policy. *International journal of law and psychiatry*, *34*(4), 275-282.

Unit 4:   2/1

Topics

- Definitions and diagnoses
  - Serious mental illness - DSM
  - Homelessness – federal definitions
  - Diagnoses and stigma

Required Readings

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *The Canadian Journal of Psychiatry*, *57*(8), 464-469.

Pescosolido, B. A., Manago, B., & Monahan, J. (2019). Evolving public views on the likelihood of violence from people with mental illness: stigma and its consequences. *Health Affairs*, *38*(10), 1735-1743.

Wakefield, J. C. (2005). Disorders versus problems of living in DSM: Rethinking social work's relationship to psychiatry. In Kirk (Ed). *Mental disorders in the social environment: Critical perspectives* (pp. 83-95). Columbia University Press.

Recommended Readings

Cohen, P., & Cohen, J. (1984). The clinician's illusion. *Archives of general psychiatry*, *41*(12), 1178-1182.

Unit 5:   2/8

Topics
- Moving from the medical to recovery model: What's at stake?
- Evidence based practice and mental health recovery

Required Readings

Carpenter, J. (2002). Mental health recovery paradigm: Implications for social work. *Health & Social Work*, *27*(2), 86-94.

Phillips, S. D., Burns, B. J., Edgar, E. R., Mueser, K. T., Linkins, K. W., Rosenheck, R. A., ... & McDonel Herr, E. C. (2001). Moving assertive community treatment into standard practice. *Psychiatric services*, *52*(6), 771-779.

Torrey, W. C., Rapp, C. A., Van Tosh, L., McNabb, C. R., & Ralph, R. O. (2005). Recovery principles and evidence-based practice: Essential ingredients of service improvement. *Community mental health journal*, *41*(1), 91-100.

Unit 6:	2/15

Topics

- Recovery and dual diagnosis
  - Dual diagnosis services
  - Group work

Required Readings

Drake, R. E., Essock, S. M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., ... & Rickards, L. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric services*, *52*(4), 469-476.

Roush, S., Monica, C., Carpenter-Song, E., & Drake, R. E. (2015). First-person perspectives on Dual Diagnosis Anonymous (DDA): A qualitative study. *Journal of Dual Diagnosis*, *11*(2), 136-141.

Topor, D. R., Grosso, D., Burt, J., & Falcon, T. (2013). Skills for recovery: A recovery-oriented dual diagnosis group for veterans with serious mental illness and substance abuse. *Social work with groups*, *36*(2-3), 222-235.

Recommended Readings

Padwa, H., Larkins, S., Crevecoeur-MacPhail, D. A., & Grella, C. E. (2013). Dual diagnosis capability in mental health and substance use disorder treatment programs. *Journal of Dual Diagnosis*, *9*(2), 179-186.

Unit 7:	2/22

Topics

- California experiment: Mental Health Services Act (MHSA) & Full Service Partnerships (FSPs)

Required Readings

Cashin, C., Scheffler, R., Felton, M., Adams, N., & Miller, L. (2008). Transformation of the California mental health system: Stakeholder-driven planning as a transformational activity. *Psychiatric Services*, *59*(10), 1107-1114.

Gilmer, T. P., Katz, M. L., Stefancic, A., & Palinkas, L. A. (2013). Variation in the implementation of California's Full Service Partnerships for persons with serious mental illness. *Health services research*, *48*(6pt2), 2245-2267.

Goering, P., Veldhuizen, S., Nelson, G. B., Stefancic, A., Tsemberis, S., Adair, C. E., ... & Streiner, D. L. (2016). Further validation of the pathways housing first fidelity scale. *Psychiatric services*, *67*(1), 111-114.

Recommended Readings

Gilmer, T. P., Stefancic, A., Katz, M. L., Sklar, M., Tsemberis, S., & Palinkas, L. A. (2014). Fidelity to the housing first model and effectiveness of permanent supported housing programs in California. *Psychiatric Services*, *65*(11), 1311-1317.

Unit 8:   3/1

Topics

■ Consumer/Survivor Movement

Required Readings

Deegan, P. E. (2002). Recovery as a self-directed process of healing and transformation. *Occupational Therapy in Mental Health*, *17*(3-4), 5-21.

Tomes, N. (2006). The patient as a policy factor: a historical case study of the consumer/survivor movement in mental health. *Health Affairs*, *25*(3), 720-729.

Unit 9:   3/8

Topics

■ Evidence based practices and psychiatric rehabilitation
  › Supported housing, employment, and education
  › SSI/SSDI and recovery

Required Readings

Bond, G. R., & Drake, R. E. (2014). Making the case for IPS supported employment. *Administration and policy in mental health and mental health services research*, *41*(1), 69-73.

Mowbray, C. T., Collins, M. E., Bellamy, C. D., Megivern, D. A., Bybee, D., & Szilvagyi, S. (2005). Supported education for adults with psychiatric disabilities: An innovation for social work and psychosocial rehabilitation practice. *Social Work*, *50*(1), 7-20.

Ridgway, P., & Zipple, A. M. (1990). The paradigm shift in residential services: from the linear continuum to supported housing approaches. *Psychosocial Rehabilitation Journal*, *13*(4), 11.

Recommended Readings

Donaldson, L. P., Streeter, C. L., Larkin, H., Briar-Lawson, K., Meyer-Adams, N., Lupfer, K., ... & Grimshaw, A. (2020). The SOAR model as an effective mechanism for university–community partnerships to end homelessness. *Journal of Social Work Education*, *56*(sup1), S99-S110.

Unit 10:   3/22

Topics

■ Treatment planning as an intervention?
  › Shared decision making
  › Wellness Action and Recovery Plan (WRAP)
  › Person-Centered Planning
  › Illness Management & Recovery (IMR)

Required Readings

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

Cook, J. A., Copeland, M. E., Corey, L., Buffington, E., Jonikas, J. A., Curtis, L. C., ... & Nichols, W. H. (2010). Developing the evidence base for peer-led services: changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. *Psychiatric Rehabilitation Journal*, *34*(2), 113.

Stanhope, V., Ingoglia, C., Schmelter, B., & Marcus, S. C. (2013). Impact of person-centered planning and collaborative documentation on treatment adherence. *Psychiatric Services*, *64*(1), 76-79.

Recommended Readings

Mueser, K. T., Meyer, P. S., Penn, D. L., Clancy, R., Clancy, D. M., & Salyers, M. P. (2006). The Illness Management and Recovery program: rationale, development, and preliminary findings. *Schizophrenia bulletin*, *32*(suppl_1), S32-S43.

Unit 11:	3/29

Topics
- Housing First home visits
  - › Revisiting harm reduction
  - › CBT and psychoeducation
  - › Crisis interventions

Required Readings

Watson, A. C., Compton, M. T., & Draine, J. N. (2017). The crisis intervention team (CIT) model: An evidence-based policing practice?. *Behavioral Sciences & the Law*, *35*(5-6), 431-441.

Tiderington, E., Stanhope, V., & Henwood, B. F. (2013). A qualitative analysis of case managers' use of harm reduction in practice. *Journal of substance abuse treatment*, *44*(1), 71-77.

Brabban, A., Byrne, R., Longden, E., & Morrison, A. P. (2017). The importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis. *Psychosis*, *9*(2), 157-166.

Unit 12:	4/5

Topics
- Aging in place and/or moving on from PSH

Required Readings

Henwood, B. F., Semborski, S., Pitts, D., Schepens Niemiec, S., Yay, O., Paone, D.L., & Szanton, S.L. (in press). A pilot randomized controlled trial of CAPABLE in permanent supportive housing for formerly homeless adults. *Journal of the American Geriatrics Society*. 1-16

Tiderington, E., Aykanian, A., & Herman, D. (2021). Developing an implementation typology of Moving On Initiatives. *Housing Policy Debate*, 1-15.

Recommended Readings

Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of social issues and public policy*, *13*(1), 228-244.

Topics

- Integrated physical and behavioral healthcare
  - 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

Brekke, J. S., Siantz, E., Pahwa, R., Kelly, E., Tallen, L., & Fulginiti, A. (2013). Reducing health disparities for people with serious mental illness. *Best Practices in Mental Health*, *9*(1), 62-82.

Henwood, B. F., Siantz, E., Hrouda, D. R., Innes-Gomberg, D., & Gilmer, T. P. (2018). Integrated primary care in assertive community treatment. *Psychiatric Services*, *69*(2), 133-135.

Stefancic, A., Bochicchio, L., Svehaug, K., Alvi, T., & Cabassa, L. J. (2021). "We die 25 years sooner:" Addressing physical health among persons with serious mental illness in supportive housing. *Community Mental Health Journal*, *57*(6), 1195-1207.

Recommended Readings

Bochicchio, L., Stefancic, A., McTavish, C., Tuda, D., & Cabassa, L. J. (2021). "Being there" vs "Being direct:" Perspectives of persons with serious mental illness on receiving support with physical health from peer and non-peer providers. *Administration and Policy in Mental Health and Mental Health Services Research*, *48*(3), 539-550.

Unit 14:   4/19

Topics

- Mental health law and advocacy

Required Readings

Allen, M., & Smith, V. F. (2001). Opening Pandora's box: The practical and legal dangers of involuntary outpatient commitment. *Psychiatric Services*, *52*(3), 342-346.

Shdaimah, C., & O'Reilly, N. (2016). Understanding US debates surrounding standards in involuntary inpatient psychiatric commitment through the Maryland experience. *Social Work in Mental Health*, *14*(6), 733-751.

Recommended Readings

Henwood, B. (2008). Involuntary inpatient commitment in the context of mental health recovery. *American Journal of Psychiatric Rehabilitation*, *11*(3), 253-266.

Unit 15:   4/26

Topics

- Revisiting recovery and community integration
  - Trieste, Gheel, and Mental Health Courts.
- Wrap-Up
- Course Evaluations

Required Readings

Chinchilla, M., Gabrielian, S., Glasmeier, A., & Green, M. F. (2020). Exploring community integration among formerly homeless veterans in project-based versus tenant-based supportive housing. *Community Mental Health Journal*, *56*(2), 303-312.

Hopper, K. (2012). Commentary: The counter-reformation that failed? A commentary on the mixed legacy of supported housing. *Psychiatric Services*, *63*(5), 461-463.

Recommended Readings

Marr, M. D., & Silva, N. M. D. (2022). Religion's roles in community integration after homelessness: supportive housing residents' uses of spiritual practices amid trauma, discrimination, and stigma. *Housing Studies*, 1-22.

STUDY DAYS / NO CLASSES

FINAL EXAMINATIONS

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 (mcmacias@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 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. 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 Part B, Section 11, "Behavior Violating University Standards" https://policy.usc.edu/scampus-part-b/. 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.

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. https://engemannshc.usc.edu/counseling/

National Suicide Prevention Lifeline - 1-800-273-8255

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. http://www.suicidepreventionlifeline.org

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. https://engemannshc.usc.edu/rsvp/

Sexual Assault Resource Center

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: http://sarc.usc.edu/

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086 Works with faculty, staff, visitors, applicants, and students around issues of protected class. https://equity.usc.edu/

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. https://studentaffairs.usc.edu/bias-assessment-response-support/

Student Support & Advocacy – (213) 821-4710

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. https://studentaffairs.usc.edu/ssa/

Diversity at USC – https://diversity.usc.edu/

Tabs for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students

XII.   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."

XIII.   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.

XIV. 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.

XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

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.

XVI. 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 [xxx]. If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

XVII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)

- ✓ 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.