

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
SCHOOL OF SOCIAL WORK  
COURSE SYLLABUS**

**19:910:517**

**Section XXXXXX**

**Clinical Social Work: Mental Health**

Course: 19:910:517 Clinical Social Work: Mental Health – **Section XXXXX**

**Time:**

**Location:**

**Instructor:**

**E-mail:**

**Course Website:**

**Office Hours:**

### **I. Catalog Course Description**

Contemporary interventions with adults and adolescents with severe psychiatric disorders and their families, primarily in community settings. Topics include: experience of and effects of serious mental illness on individuals and families; current approaches to treatment and rehabilitation; intervention techniques with the more severe and chronic forms of psychiatric disorder as defined in DSM 5; psychotropic medications; case management and housing approaches.

### **II. Course Overview**

This course is designed to prepare students for working with adults with serious mental illness (SMI) in institutional and community settings. It begins by setting a context for contemporary mental health care delivery by describing our current understanding of SMI—both from the objective perspective of the field and from the subjective perspective of persons and their families struggling with SMI. After describing major models of community-based services and the policy environment that shapes them, the course turns its attention to the central tasks of relationship development, ethical decision-making, assessment of client needs and strengths, and treatment planning. The second half of the course focuses on specific types of intervention, such as skills training, vocational rehabilitation, and medication management. Additionally, the course attends to the needs of persons with SMI who also struggle with problematic substance use and/or trauma histories and examine perspectives of and interventions for families of persons with SMI. Throughout the course, relevant theoretical orientations will be used to examine problems, issues, and interventions, and attention will be paid to maximizing treatment collaboration and client self-determination as well as working with clients from diverse cultural backgrounds.

### **III. Place of Course in Program**

This is an elective in the Advanced Year program. Enrollment in Advanced Direct Practice I (19:910:511) is a pre- or co-requisite. Students will have successfully completed the Professional Foundation year as prerequisite. A psychopathology (Clinical Assessment and Diagnosis) course is also recommended as a prerequisite.

#### **IV. Program Level Learning Goals and the Council of Social Work Education's Social Work Competencies**

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at [www.cswe.org](http://www.cswe.org)

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competences serve as program level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education students will be able to: demonstrate ethical and professional behavior; engage in diversity and difference in practice; advance human rights and social, economic and environmental justice; engage in practice informed research and research informed practice; engage with individuals, families, groups organizations and communities; intervene with individual, families, groups organizations and communities; and evaluate practice with individuals, families, groups, organizations and communities.

This course will assist students in developing the following competencies:

Competency	Brief Definition
Engage In Practice-informed Research and Research-informed Practice	Clinical social workers rely on the scholarly literature to guide their practice, and they are aware of the most current evidence-informed practices. Practitioners of clinical social work are able to identify the strengths and limitations of these practices and examine their applicability to marginalized populations.
Assess Individuals, Families, Groups, Organizations, and Communities	Clinical social workers understand the importance of the assessment process and recognize that it is ongoing and that it directly informs their interventions. Clinical social workers value holistic assessment and therefore use the bio-psycho-social-spiritual assessment process as well as analysis of clients' strengths and resiliencies, their coping skills, and their adaptation to traumatic and stressful life events in a full assessment.
Intervene with Individuals, Families, Groups, Organizations, and Communities	Clinical social workers select effective modalities for intervention based on the extant research as well as the client's cultural background. Practitioners in clinical social work critically select, apply, and evaluate best practices and evidence-informed interventions; they value collaboration with the client and other professionals to coordinate treatment plans.

#### **V. Course Learning Goals**

Course level learning goals primarily relate to the aforementioned competencies/program level learning goals as this course prepares students for assessing and intervening with adults with serious mental illness (SMI) in institutional and community settings and it does so via engagement with practice-informed research and research-informed practice.

This course will enable students to:

1. Recognize the ways in which biological, psychological, and social factors can impact the functioning and outcomes of people with serious mental illness
2. Demonstrate the ability to formulate a person-centered assessment and treatment plan that incorporates a person's own goals, needs, and strengths.

3. Evaluate and select appropriate intervention modalities based on empirical evidence, cultural relevance, availability of resources, and person-centered assessment.
4. Apply intervention modalities for people with serious mental illness.
5. Understand ethical issues involved in intervention.

## **VI. School of Social Work Mission Statement and School Wide Learning Goals**

The mission of the School of Social Work is to develop and disseminate knowledge through social work research, education, and training that promotes social and economic justice and strengths individual, family, and community well-being, in this diverse and increasingly global environment of New Jersey and beyond.

School Wide Learning Goals: Upon graduation all students will be able to:

1. Demonstrate Ethical and Professional Behavior;
2. Engage Diversity and Difference in Practice; and
3. Engage, Assess, and Intervene with Individuals, Families, Groups, Organizations, and Communities

## **VII. Required Readings and Film**

The required text, below, is available at the Rutgers Bookstore. Before purchasing the book, please ensure that you have selected the correct edition/year.

Corrigan, P.W. (2016, 2<sup>nd</sup> edition) *Principles and Practice of Psychiatric Rehabilitation: An Empirical Approach*. New York: Guilford. [Abbreviated henceforth as “CORRIGAN”]

Other required readings (separate from textbook) are available through the Rutgers University Library “Reading List” that is integrated into your Canvas course. To find your readings: Click on the “Reading List” tab in the Canvas navigation bar to the left hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media). For further instructions [please click here for a video tutorial](#)

[The required film “Out of the Shadow” is available for free](#) through Rutgers Streaming Media Service and posted in Canvas. **Note:** The case featured in this film is the case you will use in the final paper, so it would be worthwhile to review the assignment and take notes while viewing the film.

## **VIII. Course Attendance and Participation Policies**

Professional social workers are expected to be reliable, informed, vocal advocates for those they serve. As such, students in this course will be expected to demonstrate those professional skills by attending class regularly and completing all readings on a timely basis so that they can participate effectively in class discussions. All readings are considered **required** unless they are listed as “Recommended Readings for Review”. Students are also expected to take an active role in class discussions and exercises to demonstrate their understanding of the course content.

Students must arrive to class on time and stay for the entire duration of class. More than three absences may result in the failure of the class. Students are expected to arrive to class on time and stay for the entire duration of class. More than 3 late arrivals or early departures will result in grade deductions.

Students are expected to read all course-related emails sent to their Rutgers email account and course announcements/messages posted in Canvas to stay informed of any changes in the course schedule, readings, or assignments.

***Respect for Others and Internet Etiquette.***

This course has room for multiple and diverse perspectives, and it is essential for us to treat each other with respect when opinions are shared. The RU SSW supports an inclusive learning environment where diversity, individual differences and identities (including race, gender, class, sexuality, religion, ability, etc.) are respected and recognized as a source of strength. Students and faculty are expected to respect differences and contribute to a learning environment that allows for a diversity of thought and worldviews. Please feel free to speak with me if you experience any concerns in this area.

Language should be used which recognizes diversity and is respectful of others. This includes gender inclusive language. Students, faculty, and staff may share their pronouns and names, and these gender identities and gender expressions should be honored.

During this course, it may be difficult to disguise references to specific organizations and people, so such information must stay in the classroom. Confidentiality is vital.

Please be respectful of the learning environment and do not use devices during class for purposes unrelated to the course. Laptops are only permitted for taking notes or reviewing course materials and should not be used to check email, social media, or search the internet for content unrelated to the course. Use of cell phones (including text messaging) or any similar type of electronic device is also not permitted in class. If there is a serious emergency and you need to take a call, please do so outside of the classroom so as not to disturb your colleagues.

**IX. Assignments and Grading**

*SSW MSW Grading Scale:* Below is the grading scale for the MSW program

A	92-100
B+	87-91
B	82-86
C+	77-81
C	70-76
F	0-69

\*Scores to be rounded up at .5

*Late Assignments:* Late assignments will not be accepted. (Exceptions will be made only in extreme circumstances and must be discussed with Student Services and the professor). If a due

date conflicts with a religious observance, please inform the instructor prior to the assignment's due date. If you are unclear about any part of an assignment, please discuss this with the instructor well before the assignment is due. In fairness to all students, assignment deadlines are firm.

*Incomplete grades:* Incompletes will only be granted at the discretion of the instructor under special circumstances. It is the student's responsibility to request an Incomplete from the instructor before the end of the semester. A request signed by the student and the faculty member must be on file when grades are submitted.

#### *Assignment Value*

- *Participation 15%*
- *Reading Reaction Papers: 25%*
- *Group Presentation: 30%*
- *Evidence-Based Assessment and Treatment Plan: 30%*

Written and oral assignments are described below. In all assignments it is expected that you will:

- Address each aspect of the assignment.
- Present a thoughtful analysis.
- Present your ideas in a clear and organized manner.
- Submit assignments that are free of spelling, punctuation, and grammatical errors.
- Support and substantiate your ideas by outside literature where appropriate.

To document references cited in a paper, please use the guidelines of the American Psychological Association (see Publication Manual of the APA, 7<sup>th</sup> edition). Please double space, use a 12-point font, 1-inch margins, and follow page guidelines.

#### **Assignment 1: Reading Reaction Papers**

To facilitate a deeper reflection on the course readings, you will complete 5 reading reaction papers during the semester. **The first paper must discuss the readings from Week 1 and should be submitted before class begins on Week 2.** The other four papers will reflect on the readings from four other weeks of your choice. Each paper must address the Reading Reaction (RR) question listed in the syllabus for that week and appropriately reference and cite all of that week's readings in the paper. Papers should be **2-3 pages doubled-spaced** and must be uploaded to Canvas before class begins on the day the readings are scheduled to be discussed. No late papers will be accepted. Papers will be graded Pass/Fail using the rubric below.

- Paper addressed all aspects of the Reading Reaction question for that week
- Readings are appropriately cited using APA style and are explicitly used to support the points made in the paper
- Paper is written in a clear, organized manner and is free of grammatical, spelling, and punctuation errors.

## **Assignment 2: Group Presentation**

You will be assigned to a small group and with your group plan a 45-minute class discussion and activity based on an evidence-based intervention topic covered in the latter half of the course. The presentation will take place on the day the topic is scheduled to be discussed in class. Topics include:

- Family Psychoeducation and Support Interventions
- Psychological/Cognitive Interventions
- Treatment of Co-Occurring Substance Use
- Illness and Wellness Self-Management
- Supported Employment and Supported Education

Directions for the presentation are:

a. Together with your assigned group, choose a specific intervention or treatment model that is covered in Week 6 readings and falls within your assigned topic area. For example, Multifamily Groups are one type of family psychoeducation and support intervention. Motivational Interviewing is one type of intervention for the treatment of co-occurring substance use. At the end of class in Week 6, one person from your group should email the instructor the specific intervention that you all have chosen to cover for your presentation.

b. Provide a brief overview of the intervention, an explication of its theorized mechanism of action (i.e. how does this intervention help people recover from serious mental illness and why is it thought to be effective?) and a review of the empirical evidence in support of its effectiveness with people who have serious mental illness (including its applicability to different cultural groups). Length Guideline: no more than 20 minutes

c. Present a case example, exercise, or role-play that helps demonstrate the use of the intervention for the class. Length Guideline: 25-30 minutes

d. One member of the group should upload a description of each group member's role in preparing the presentation, signed by all group members, as well as a bibliography of the empirical sources used to prepare the presentation to Canvas before class begins on the day of the presentation.

### Grading Rubric - Group Presentation – 30 points

- 1) Specific intervention chosen? (2 points)
- 2) Brief overview of intervention given? (5 points)
- 3) Theorized mechanism of action explicated? (5 points)
- 4) Sufficient review of the evidence in support of effectiveness with SMI population provided? (5 points)
- 5) Addressed applicability to different cultural groups? (5 points)
- 6) Provided case example/exercise/role play that demonstrates the use of the intervention? (5 points)
- 7) Copies of materials used/bibliography/description of each members' role in preparing presentation uploaded to Canvas by 11:59pm the night before the presentation? (3 points)

## **Assignment 3: Person-Centered Assessment and Treatment Plan (approx. length 8-10 pages)**

For this assignment, you will practice developing a person-centered assessment and treatment plan for an individual with a serious mental illness using the “core values and qualities of good assessment” described in Corrigan (2016, Chapter 4) and the treatment planning strategies described in Chapters 4-6 in Adams & Grieder (2014). For the purposes of this assignment, you are a mental health social worker assigned to work with Millie, the central figure in the film *Out of the Shadow*. [This film is available for free through Rutgers Streaming Media Service and posted in Canvas.]

## PART 1 – ASSESSING MILLIE’S GOALS, NEEDS, & STRENGTHS (3-4 pages)

Choose a point in the film on which you will base this assessment and plan.

- Listen closely to Millie in the film. Based on her wishes for her own health and wellness at this point, identify her primary goal for her recovery—what does she want to change or accomplish? Directly quote her words as the goal statement in this assessment and in the treatment plan in Part 3.
- In the film, Millie moves through various “stages of change” in her recovery (i.e. the degree to which she is motivated to make particular changes to improve her health and wellness). Using evidence from the film to support your points, describe Millie’s stage(s) of change at the point in the film you chose for this assessment. Remember, a person can be in multiple stages at one time (e.g. they can be in Preparation and want to move into supportive housing, but also unaware of their mental illness and Pre-contemplative about taking medications). Briefly discuss how you would adapt your approach to engaging Millie in the planning process based on her particular stage(s) of change.
- Drawing upon any sources of information that are available to you (client’s perspective, your observations, the perspective of family members and others) assess and describe Millie’s biological, psychological, and social strengths that could be used to help her achieve her primary recovery goal. Consider both her personal and her environmental strengths in this assessment.
- Assess and describe Millie’s biological, psychological, and social needs and any challenges that could impact her ability to accomplish her goal. Identifying personal and environmental challenges/needs is key to specifying the objectives for your work together, and the services or interventions that could be used to help her overcome these challenges and address her needs.

## PART 2 – REVIEWING THE EMPIRICAL EVIDENCE, AVAILABILITY, AND CULTURAL RELEVANCE OF 3 POSSIBLE INTERVENTIONS (4-5 pages)

As Millie’s social worker it is your job to help her locate the best possible resources, supports and interventions that she and others can use to help her achieve her recovery goals. Ideally, these interventions are evidence-based, culturally relevant, and readily available. But in today’s social service world, this is not always the case. You and your client then have to work together to find the best available options and engage in shared decision-making in deciding which interventions to use. Considering the assessment that you conducted in Part 1 and Millie’s goal for her recovery, use the course readings and outside research to identify and compare 3 potentially appropriate interventions that could help Millie get closer to achieving her recovery goal.

Conduct a review of the empirical evidence, local availability, and cultural relevance of these interventions. Is there a resource, support, or treatment modality that is most effective or “best

practice” for getting Millie closer to her identified goal? What does the empirical research show about this intervention’s effectiveness and use with people with serious mental illness and with people of Millie’s cultural background? Is this support/intervention available in your community and how would you go about linking or referring Millie to this support?

Remember, effective interventions can include biological (e.g. psychotropic medications), psychological (e.g. psychotherapies), or social (e.g. housing, employment) interventions. They can involve peer support, natural/community supports, or self-directed activities. But they should always be appropriately matched to the person’s own goal and their particular stage of change. A minimum of 10 empirical sources, outside of the course readings and websites, should be used to support this review.

**PART 3 – DEVELOPING THE PERSON-CENTERED TREATMENT PLAN (1 page)**

Considering your assessment and review of possible interventions, use the instructions in Adams & Grieder (Chapters 4-6) and the New York Office of Mental Health (2013) Quick Guide to develop a person-centered treatment plan like the one below for Millie. The plan should contain her longer-term recovery goal and three shorter-term S.M.A.R.T. objectives that specify the smaller steps that will get her closer to her long-term goal. For each objective, provide one intervention statement (i.e. what the individual needs in terms of services and community resources to meet the objectives) that uses the 5 W’s.

Goal: “I want to get a job.”

Objective 1: Taiisa will be able to take the bus downtown within the next 30 days so that she can locate possible work sites within commuting distance as evidenced by her self-report of a bus trip.

Intervention 1: The supported employment specialist will meet weekly for one month with Taiisa at her apartment to provide supported employment assistance to help her locate the bus schedule and develop her bus travel plan.

Objective 2: XXXX

Intervention 2: XXXX

Objective 3: XXXX

Intervention 3: XXXX

Please upload a draft of Part 1 to Canvas **before class meets on Week 13**. The final version of Part 1 and Parts 2-3 should be uploaded to Canvas as a single document **before class meets on Week 15**. The final version of this paper will be graded using the rubric below.

**Final Paper Grading Rubric**

	Point range	Areas to be assessed
<b>PART 1 – Goals, Needs, and Strengths Assessment</b>	0-10	<p>Millie’s personal recovery goal is identified and stated <i>in her own words</i>.</p> <p>Millie’s stage(s) of change are identified and a discussion of how the planning approach should be adapted to these stage(s) is provided.</p> <p>The strengths in her person and environment are assessed and described in detail.</p>



		<p>Millie’s needs and any challenges that could impact her ability to accomplish her goal are assessed and described in detail.</p> <p>The section is clearly written, with logical transitions, and is free of grammatical, punctuation, and spelling errors. APA citation style is used correctly and consistently.</p>
<b>PART 2 – Intervention Review</b>	0-10	<p>Course readings and outside research are used to identify and compare 3 potentially appropriate interventions.</p> <p>A thorough and well-researched discussion of the empirical support for these interventions is provided.</p> <p>A thorough and well-researched discussion of the local availability for these interventions is provided.</p> <p>A thorough and well-researched discussion of the cultural relevance for these interventions is provided.</p> <p>A minimum of 10 empirical sources, outside of the course readings and websites, are used to support this review.</p> <p>The interventions discussed are appropriately matched to the person’s own goal and their particular stage of change.</p> <p>The section is clearly written, with logical transitions, and is free of grammatical, punctuation, and spelling errors. APA citation style is used correctly and consistently.</p>
<b>PART 3 - Treatment Plan</b>	0-10	<p>The treatment plan includes:</p> <ul style="list-style-type: none"> <li>- Millie’s goal statement</li> <li>- Three short-term S.M.A.R.T objectives</li> <li>- And one intervention statement for each objective using the 5 W’s.</li> </ul>

**TOTAL POINTS out of 30:**

## **X. Academic Resources**

### **Library Research Assistance**

**Dr. Karen Hartmann** is the social work the social work librarian on the New Brunswick Campus [karen.hartman@rutgers.edu](mailto:karen.hartman@rutgers.edu) p. 848-932-6104 ; **Natalie Borisovets** is at Newark, Dana Library [natalieb@rutgers.edu](mailto:natalieb@rutgers.edu)973-353-5909; **Katie Anderson** is at Camden, Robeson Library:

[Katie.anderson@rutgers.edu](mailto:Katie.anderson@rutgers.edu) 856-225-2830. They are all available to meet with students.

## **Writing Assistance**

Success in graduate school and within the larger profession of social work depends on strong writing skills. Several resources are available to help students strengthen their professional and academic writing skills. Writing assistance is available to all MSW students as described below.

### **New Brunswick Campus**

All MSW SSW students (New Brunswick, Camden, Newark, Intensive Weekend, online and blended) are eligible to access writing assistance at the New Brunswick Learning Center. Online tutoring may also be available.

<https://rlc.rutgers.edu/student-info/group-and-individual-academic-support/writing-coaching>

### **Newark Campus**

The Newark writing center is available for MSW students on the Newark campus by appointment.

<http://www.ncas.rutgers.edu/writingcenter>

### **Camden Campus**

The Camden learning center provides writing assistance for MSW students on the Camden campus. <http://learn.camden.rutgers.edu/writing-assistance>

## **Additional Online Resources**

### ***APA Style***

All students are expected to adhere to the citation style of the *Publication Manual of the American Psychological Association*, 7<sup>th</sup> edition (2020). It can be purchased at [APA Manual 7th Edition](#). The Purdue OWL website also provide assistance with APA style

<https://owl.english.purdue.edu/owl/resource/560/01/>

### ***Email Etiquette for Students***

<https://owl.english.purdue.edu/owl/resource/694/01/>

## **XI. Course Evaluation**

Rutgers University issues a survey that evaluates both the course and instructor. This survey is completed by students toward the end of the semester, and all answers are confidential and anonymous. The instructor may also choose to conduct a mid-point evaluation.

## **XII. Academic Integrity**

As per Rutgers University Academic Integrity Policy, “Students are responsible for understanding the principles of academic integrity and abiding by them in all aspects of their work at the University. Students are also encouraged to help educate fellow students about academic integrity and to bring all alleged violations of academic integrity they encounter to the attention of the appropriate authorities.” All SSW students are expected to review and familiarize themselves with the [RU Academic Integrity Policy](#) in its’ entirety.

As per Rutgers University Academic Integrity Policy, “The principles of academic integrity require that a student: make sure that all work submitted in a course, academic research, or other activity is the student’s own and created without the aid of impermissible technologies, materials, or collaborations; properly acknowledge and cite all use of the ideas, results, images, or words of others; properly acknowledge all contributors to a given piece of work; obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student’s interpretation or conclusions; treat all other students ethically, respecting their integrity and right to pursue their educational goals without interference. This principle requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress; uphold the ethical standards and professional code of conduct in the field for which the student is preparing.”

Students should review all types of Academic Integrity Violations per the RU Academic Integrity Policy. Below are some of the more common violations, as articulated in Rutgers University Academic Integrity Policy:

**“Plagiarism:** Plagiarism is the use of another person’s words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit. To avoid plagiarism, a student must identify every direct quotation using quotation marks or appropriate indentation and cite both direct quotation and paraphrasing properly according to the accepted format for the particular discipline or as required by the instructor in a course. Some common examples of plagiarism are: Copying word for word (i.e. quoting directly) from an oral, printed, or electronic source without proper attribution; Paraphrasing without proper attribution, i.e., presenting in one’s own words another person’s written words or ideas as if they were one’s own, regardless of the nature of the assignment; Incorporating into one’s work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other non-textual material from other sources, regardless of format, without proper attribution.”

**“Cheating:** Cheating is the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one’s own work when others prepared them. Some common examples are: Prohibited collaboration: receiving research, programming, data collection, or analytical assistance from others or working with another student on an assignment where such help is not permitted; Copying another student’s work or answers on a quiz or examination; Using or having access to books, notes, calculators, cell phones, technology, or other prohibited devices or materials during a quiz or examination; Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructors involved; Preprogramming a calculator or other device to contain answers, formulas, or other unauthorized information for use during a quiz or examination.; Acquiring a copy of an examination from an unauthorized source before the examination; Having a substitute take an examination in one’s place;

Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement; Submitting as one's own work a term paper or other assignment prepared, in whole or in part, by someone else.”

Any faculty member or academic administrator who becomes aware of a possible academic integrity violation must initiate a formal complaint with the Office of Student Conduct and the SSW's Academic Integrity Facilitator (Laura Curran at [lacurran@ssw.rutgers.edu](mailto:lacurran@ssw.rutgers.edu)). The AIF deciding the case (the “adjudicator”) shall notify the accused student of the allegation in writing or by electronic communication within fifteen working days of the time the faculty member becomes aware of the alleged violation.

Once the student has been notified of the allegation, the student may not drop the course or withdraw from the school until the adjudication process is complete. A TZ or incomplete grade shall be assigned until the case is resolved. For more information, see [RU Academic Integrity Policy](#) and [Procedures for Adjudicating Academic Integrity Violations](#)

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: ***On my honor, I have neither received nor given any unauthorized assistance on this examination/assignment.***

## **Turnitin**

*Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Sakai, Blackboard, Canvas, Moodle) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site.*

*Students who do not agree should contact the course instructor immediately.*

## **XIII. Disability Accommodation**

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation: <https://ods.rutgers.edu/students/documentation-guidelines>.

If the documentation supports your request for reasonable accommodations, your campus' disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at: <https://ods.rutgers.edu/students/registration-form>.

## **XIV. Other Resources**

Our school is committed to fostering a safe, productive learning environment. Title IX and our school policy prohibit discrimination on the basis of sex, which regards sexual misconduct — including harassment, domestic and dating violence, sexual assault, and stalking. We understand that sexual violence can undermine students’ academic success and we encourage students who have experienced some form of sexual misconduct to talk to someone about their experience, so they can get the support they need.

Confidential support and academic advocacy are available through the Rutgers Office on Violence Prevention and Victim Assistance, 732.932.1181, <http://vpva.rutgers.edu>. Services are free and confidential and available 24 hrs/day, 7 days a week.

## **XV. Course Outline**

### **Schedule of Topics and Readings**

#### **Week 1:**

##### **Introduction to Course**

##### **Mental health recovery, the principles of psychiatric rehabilitation, and a changing system of care**

**RR Question:** Provide a brief definition of psychiatric rehabilitation. How do the principles of psychiatric rehabilitation “challenge ‘old-school’ notions of rehabilitation” according to Corrigan and relate to recovery-oriented practice as described by Davidson et al.? In what ways were these principles relevant to Celeste (the case described in Davidson, 2009) in their mental health recovery?

CORRIGAN, Chapter 1: Who Are People with Psychiatric Disabilities  
CORRIGAN, Chapter 3: What is Psychiatric Rehabilitation?

Davidson, L., Tondora, J., Lawless, M., O’Connell, M., & Rowe, M. (2009). *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care*. Chapter 1: The Recovery Movement: Implications for Practice.

#### **Week 2:**

##### **READING REACTION PAPER #1 DUE**

##### **Therapeutic skills, engagement, and alliance building**

**RR Question:** Drawing on each of the readings for this week, discuss some of the ways a social worker can show empathy to and communicate effectively with a client who is actively psychotic?

Walsh, J. (2013). *The Recovery Philosophy and Direct Social Work Practice*. Chicago: Lyceum Press. Chapter 5: Relationship-based intervention with recovering consumers.

Hasson-Ohayon, I., Kravetz, S., & Lysaker, P. H. (2017). The special challenges of psychotherapy with persons with psychosis: Intersubjective metacognitive model of agreement

and shared meaning. *Clinical psychology & psychotherapy*, 24(2), 428-440.

Corstens, D., Longden, E., McCarthy-Jones, S., Waddingham, R., & Thomas, N. (2014). Emerging perspectives from the Hearing Voices Movement: Implications for research and practice. *Schizophrenia Bulletin*, 40(Suppl 4), S285–S294. doi:10.1093/schbul/sbu007

Riess, H., & Kraft-Todd, G. (2014). EMPATHY: a tool to enhance nonverbal communication between clinicians and their patients. *Academic Medicine*, 89(8), 1108-1112.

### **Week 3:**

#### **Risk assessment and crisis intervention**

**RR Question:** What are some of the challenges to providing effective and humane suicide/homicide risk assessment and mental health crisis response discussed in the readings?

White, C. J. (2020). An inevitable response? A lived experienced perspective on emergency responses to mental health crises. *Journal of Psychiatric and Mental Health Nursing*.

Fowler, J. C. (2012). Suicide risk assessment in clinical practice: Pragmatic guidelines for imperfect assessments. *Psychotherapy*, 49(1), 81.

Suicide Prevention Resource Center. 2009. Suicide Assessment Five-Step Evaluation and Triage SAFE-T Pocket Card. <https://sprc.org/resources-programs/suicide-assessment-five-step-evaluation-and-triage-safe-t-pocket-card>

[https://socialwelfare.berkeley.edu/sites/default/files/assessing\\_client\\_dangerousness\\_to\\_self\\_and\\_others\\_stratified\\_risk\\_management\\_approaches\\_fall\\_2013.pdf](https://socialwelfare.berkeley.edu/sites/default/files/assessing_client_dangerousness_to_self_and_others_stratified_risk_management_approaches_fall_2013.pdf)

[Review Key Suicide Risk Assessment Questions on pages 8-9; Key Homicide Risk Assessment Questions on pages 11-12; and Stratified Clinical Responses to Risk on page 13]

### **Week 4:**

#### **Psychopharmacology and medication management**

**RR Question:** Deegan (2007) says that “pill medicine must complement and support personal medicine” – what does this mean and how might you support a client in developing their own “personal medicine”? What tools/approaches discussed in the readings could you use to enhance their self-determination in making medication and treatment decisions?

CORRIGAN, Chapter 8: Medications

Deegan, P. E. (2007). The lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support it. *Psychiatric Rehabilitation Journal*, 31(1), 62.

Khazaal, Y., Manghi, R., Delahaye, M., Machado, A., Penzenstadler, L., & Molodynski, A. (2014). Psychiatric advance directives, a possible way to overcome coercion and promote

empowerment. *Frontiers in public health*, 2, 37.

<https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml>

[Review the types of psychotropic medications, popular medications in these categories, side effects and expected responses to the medications listed on the website]

## **Week 5:**

### **Ethical and social justice issues**

**RR Question:** In what ways have structural and other forms of stigma negatively impacted people with mental illness and led to racial disparities in mental health diagnoses?

CORRIGAN Chapter 2: Stigma and Mental Illness

CORRIGAN Chapter 5: Erasing Stigma and Promoting Empowerment

Dunn, M., Sinclair, J. M., Canvin, K. J., Rugkåsa, J., & Burns, T. (2014). The use of leverage in community mental health: Ethical guidance for practitioners. *International Journal of Social Psychiatry*, 0020764013519083.

Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World journal of psychiatry*, 4(4), 133–140.  
<https://doi.org/10.5498/wjp.v4.i4.133>

## **Week 6:**

### **Work on group presentations**

Come to class prepared to work on group presentations. Review the following articles to identify specific evidence-based interventions for your group's topic area of study. At the end of class, one person from your group should email the instructor the specific intervention that you all have chosen to cover for your presentation.

Mueser, K. T., Deavers, F., Penn, D. L., & Cassisi, J. E. (2013). Psychosocial treatments for schizophrenia. *Annual Review of Clinical Psychology*, 9, 465-497.

Vita, A., & Barlati, S. (2019). The implementation of evidence-based psychiatric rehabilitation: Challenges and opportunities for mental health services. *Frontiers in psychiatry*, 10, 147.  
<https://doi.org/10.3389/fpsy.2019.00147>

## **Week 7:**

### **Housing and care coordination**

**RR Question:** In what ways are the principles of psychiatric rehabilitation applied in the provision of supportive housing and care coordination for people with serious mental illness? What are some of the challenges that frontline providers encounter to honoring these principles in practice?

CORRIGAN Chapter 7: Care Coordination  
CORRIGAN Chapter 9: Housing and Citizenship

Davidson, L., Tondora, J., Lawless, M., O'Connell, M., & Rowe, M. (2009). *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care*. Chapter 5: The Role of the Recovery Guide: A Recovery-Oriented Alternative to Clinical Case Management.

Henwood, B. F., & Tiderington, E. (2017). Frontline practice in housing first programs. In *Housing, citizenship, and communities for people with serious mental illness: theory, research, practice, and policy perspectives* (pp. 338-350). Oxford University Press, New York.

**Week 8:** **GROUP 1 presentation**  
**Family psychoeducation and support interventions**

**RR Question:** What are some of the benefits and challenges of using family interventions in the treatment of serious mental illness? Why is it important to ensure that these interventions are culturally informed?

CORRIGAN Chapter 11: Family Interventions

Weisman de Mamani, A., Weintraub, M. J., Gurak, K., & Maura, J. (2014). A randomized clinical trial to test the efficacy of a family-focused, culturally informed therapy for schizophrenia. *Journal of family psychology, 28*(6), 800–810. doi.org/10.1037/fam0000021

Cohen, A. N., Drapalski, A. L., Glynn, S. M., Medoff, D., Fang, L. J., & Dixon, L. B. (2014). Preferences for family involvement in care among consumers with serious mental illness. *Psychiatric Services*.

**Week 9:** **GROUP 2 presentation**  
**Psychological/cognitive interventions**

**RR Question:** What specific deficits in cognitive processes often accompany schizophrenia? How can cognitive interventions be used to address these deficits? In what ways does Cognitive Behavioral Therapy for Psychosis (CBTp) differ from Cognitive Behavioral Therapy (CBT)?

CORRIGAN Chapter 12: Psychosis and Cognitive Challenges

Hardy, K. (n.d.) Cognitive Behavioral Therapy for Psychosis (CBTp).  
[https://www.nasmhpd.org/sites/default/files/DH-CBTp\\_Fact\\_Sheet.pdf](https://www.nasmhpd.org/sites/default/files/DH-CBTp_Fact_Sheet.pdf)

Yanos, P. T., Roe, D., & Lysaker, P. H. (2011). Narrative enhancement and cognitive therapy: a new group-based treatment for internalized stigma among persons with severe mental illness. *International journal of group psychotherapy, 61*(4), 576.



**Week 10:                                   GROUP 3 presentation**  
**Treatment of co-occurring substance use**

**RR Question:** Drawing on the both the articles by DiClemente et al. (2008) and Mueser et al. (2003), identify where Steven is in the stages of change described by DiClemente et al. (2008). In light of his readiness level, which techniques described in the Mueser chapter (2003) appear appropriate to use with Steven?

CORRIGAN Chapter 16: Co-Occurring Mental Illness and Substance Abuse

DiClemente, C.C., Nidecker, M., & Bellack, A.S. (2008). Motivation and the stages of change among individuals with co-occurring disorders. *Journal of Substance Abuse Treatment*, 34, 25-35.

Mueser, K.T., Noordsy, D.L., Drake, R.E., & Fox., L. (2003). Integrated treatment for dual disorders: A guide to effective practice. Chapter 8: Cognitive-behavioral counseling. (pp. 121–136).

Mays, D. (1995). Steven: Testing the limits of assertive community treatment. In J. Kanter (Ed.), *Clinical Studies in Case Management*. New Directions for Mental Health Services, No. 65. San Francisco: Jossey-Bass.

**Week 11:                                   GROUP 4 presentation**  
**Illness and wellness self-management**

**RR Question:** What are some of the benefits and drawbacks to using self-management programs for serious mental illness? What are some of the benefits and drawbacks to using mobile technology, as opposed to in-person programming to deliver self-management interventions?

CORRIGAN Chapter 6: Illness and Wellness Self-Management

Federici, M. R. (2013). The importance of fidelity in peer-based programs: the case of the Wellness Recovery Action Plan. *Psychiatric rehabilitation journal*,36(4), 314.

Williams, A., Farhall, J., Fossey, E., & Thomas, N. (2019). Internet-based interventions to support recovery and self-management: A scoping review of their use by mental health service users and providers together. *BMC psychiatry*, 19(1), 191.

**Week 12:                                   GROUP 5 presentation**  
**Supported education and supported employment**

**RR Question:** Drawing on the both the case in Walsh (2013) and the other readings...

- Identify two factors that present challenges to Jason's development of a work identity and pathway to employment.
- Discuss at least one potential means by which Jason might overcome those challenges.

CORRIGAN Chapter 10: Employment and Education

Becker, D.R., & Drake, R.E. (2003), *A working life for people with severe mental illness*. New York: Oxford. Pp. 80-136.

Salzer, M.S. (2012). A Comparative Study of Campus Experiences of College Students with Mental Illnesses Versus a General College Sample. *The Journal of American College Health*, 60, 1-7.

Walsh, J. (2013). The cyclist. In *The recovery philosophy and direct social work practice* (pp. 163–173). Chicago: Lyceum. (**This is the case for this module.**)

Saks, E. (2013, January 25). Successful and schizophrenic. *The New York Times*. Retrieved from <http://www.nytimes.com/2013/01/27/opinion/sunday/schizophrenic-not-stupid.html?pagewanted=1>

### **Thanksgiving Recess – NO CLASS**

#### **Week 13: ASSIGNMENT #3 – PART 1 DRAFT DUE Assessment and treatment planning**

CORRIGAN Chapter 4: Assessment

Adams, N. & Grieder, D.M. (2014). Treatment planning for person-centered care. (2nd ed.) New York: Elsevier. (pp. 109–185.)

McGuire, A. B., Oles, S. K., White, D. A., & Salyers, M. P. (2015). Perceptions of treatment plan goals of people in psychiatric rehabilitation. *The Journal of Behavioral Health Services & Research*, 1-10.

New York State Office of Mental Health. (January 2013). Quick guide to developing goals, objectives, and interventions.  
[https://omh.ny.gov/omhweb/pros/person\\_centered\\_workbook/quick\\_guide\\_to\\_developing\\_goals.pdf](https://omh.ny.gov/omhweb/pros/person_centered_workbook/quick_guide_to_developing_goals.pdf)

#### **Week 14: Peer support and consumers as providers**

**RR Question:** According to the readings, what are some of the benefits and challenges associated with using peer support for mental health care?

CORRIGAN Chapter 17: Peer supports and services

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with

severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123-128.

Barrenger, S. L., Stanhope, V., & Miller, E. (2019). Capturing the value of peer support: measuring recovery-oriented services. *Journal of Public Mental Health*.

**Week 15:** **ASSIGNMENT #3 –PARTS 1-3 FINAL VERSION DUE**

**Termination issues**

**Course synthesis and wrap-up**

**RR Question:** What are your main takeaways from this course? How might you apply the principles of psychiatric rehabilitation and recovery-oriented practice to your practice, field work, or personal life?

Walsh, J. (2013). *The Recovery Philosophy and Direct Social Work Practice*. Chicago: Lyceum. Chapter 11: Endings in recovery practice.