I. Catalog Course Description
Contemporary interventions with clients with severe psychiatric disorders and their families, in institutional and community settings. Topics include: intervention techniques with the more severe and chronic forms of psychiatric disorder as defined in DSM 5; psychotropic medications; case management; the treatment orientations to care; and special issues in work with children and adolescents.

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 course is also recommended as a prerequisite.

IV. The Council on Social Work Education (CSWE) Accreditation Standards
The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE uses the Education Policy and Accreditation Standards (EPAS) to accredit and reaffirm baccalaureate and master-level social programs in the United States. These accreditation
standards can be reviewed at cswe.org or by accessing the link on the Rutgers School of Social Work homepage.

The Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. This course will assist students in developing the following competencies:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Brief Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage In Practice-informed Research and Research-informed Practice</td>
<td>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.</td>
</tr>
<tr>
<td>Assess Individuals, Families, Groups, Organizations, and Communities</td>
<td>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.</td>
</tr>
<tr>
<td>Intervene with Individuals, Families, Groups, Organizations, and Communities</td>
<td>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.</td>
</tr>
</tbody>
</table>

V. Course Objectives
This course will enable students to:
1. Understand and apply relevant and effective intervention strategies for clients with serious mental illness.
2. Recognize the ways that biological, psychological, and social factors affect the experience and severe mental disorder and to understand how these factors affect client functioning and outcomes.
3. Demonstrate understanding of how mental illness is experienced by individuals affected by it.
4. Demonstrate the ability to formulate assessments of clients with serious mental illness, incorporating clinical aspects, contextual factors, and client strengths in addition to the conceptualization of problems and dysfunction.
5. Understand ethical issues involved in intervention.

VI. Required Readings
Texts: available at the Rutgers Bookstore


All other readings are available for download on course site at Sakai.

**VIII. Assignments**

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, 5th edition*). Please double space, use a 12-point font, 1-inch margins, and follow page guidelines.

Assignments will be graded according to all aspects outlined above. If you are unclear about any part of an assignment, I encourage you to discuss it with me well before the assignment is due. In fairness to all students, assignment deadlines are firm. Please contact the instructor if there are extenuating circumstances that justify an extension.

Please upload an electronic copy of the assignment to the Sakai website by 6:00pm on the day due.

**1a. Reading Reaction Papers** (Approximately 2 pages each) 30% of course grade:

*Your choice of 5 times during the semester.* You choose which 5 units you will write about. The papers are due the day the unit is scheduled to be discussed in class.

Reaction papers should include a summary of key ideas and your reaction to the assigned readings/video (ex, things that surprised you, ways in which you agree/disagree, etc.). If the assigned readings include a personal experience/memoir, incorporate your reaction to the memoir in the analysis as well as how it relates to other reading in that unit. The memoirs/personal experience will noted with an asterisk * on the syllabus. Please be sure to discuss all of the week’s assigned readings/videos in your reaction paper.

**Reaction papers must be uploaded to the Saki website by 11:59 pm Tuesday night (the day before class).**

**Reading Reaction Papers – 30 points**

Graded Pass/Fail based on the criteria below.

- Pass = 6 points
- Needs Improvement= 3 Points
- Fail = 0 points

6 points possible for each of the 5 papers = 30 points total
2. **Group Presentation: 30% of course grade**

You will be assigned to a small group in order to 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 and accompanying documentation are due the day the topic is scheduled to be discussed in class. Topics include:

- Family Psychoeducation and Support Interventions
- Psychological Interventions and Cognitive Therapy
- Treatment of Co-Occurring Substance Use
- Illness Self-Management
- Vocational rehabilitation and supported education

Directions for the presentation are:

a. Together with your assigned group, choose a specific intervention or treatment model that 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.

b. Provide a brief overview of the intervention, an explication of its theorized mechanism of action and a review of the 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. Be sure to discuss how the intervention would be evaluated if used with an individual, group, or family. Length Guideline: 25-30 minutes

d. Following your presentation, please submit copies of any materials used, a bibliography, and a description of each group member’s role in preparing the presentation.

Please upload these materials to Sakai by Wednesday at 6:00 pm

**Grading Criteria**

30 points Total
A. Specific intervention chosen? (2 points)
B. Brief overview of intervention given? (5 points)
C. Theorized mechanism of action explicated? (5 points)
D. Sufficient review of the evidence in support of effectiveness with SMI population provided? (5 points)
E. Addressed applicability to different cultural groups? (5 points)
C. Provided case example/exercise/role play that demonstrates the use of the intervention? (5 points)
D. Copies of materials used/bibliography-description of each members’ role in preparing presentation uploaded the day of the presentation? (3 points)

3. Assessment and Treatment Plan: (approx. length 12-15 pages), 30% of course grade

For this assignment, you are asked to choose a client* with whom you are currently working or who is described in a case scenario (I will give you some possible suggestions for where to find case scenarios). Please select a problem area (e.g., social isolation, problematic substance use, obesity/weight gain, estrangement from family) that is of importance to the client (e.g. it represents a goal that he or she cares about) and represents a substantive topic about which you are interested in learning more.

The written assignment contains several components, all presented in paper form (not bullets or a numbered form). Using headings may be a useful way to organize the sections, however. This assignment will be completed throughout the semester in the form of 5 Milestone assignments, culminating with the final assignment, due December 14th by 6:00 pm.

Milestone 1: Background (1-2 Pages)
DRAFT Due September 21st by 6 pm
Introduce your client and provide some background about the client and his or her psychiatric history to set up your assessment. In what capacity are you working with him or her, and how long have you been working together? It may be helpful to give a brief history of your client’s experience in the mental health system, to provide context.

Milestone 2: Strengths and Problem Area Assessment (2-4 Pages)
DRAFT Due October 5th by 6 pm
Describe the problem area you plan to address with the client. Be as specific as possible in your description (antecedents, consequences, frequency, and duration of problem areas/behaviors, etc.), drawing upon multiple sources of information that may be available: client’s perspective, your observations, case records, colleagues’ observations, and the perspective of family members and close friends. In other words, this section component is a detailed behavioral assessment of a particular problem area of the client. In addition, you should also assess and describe the client’s strengths. What resources (intrapersonal, interpersonal, social, community) are available to the client that may be of assistance in addressing the described problem?

Milestone 3: Review of Evidence-based Interventions (3-4 Pages) & Discussion of Interventions in Context (3-4 pages)
DRAFT Due November 16\textsuperscript{TH} by 6 pm
Examine possible interventions for this problem area from an evidence-based perspective. This requires that you do a relatively detailed literature search on various appropriate treatments and discuss the empirical evidence supportive of each intervention you found. Is there a particular intervention or treatment modality that is considered most effective or “best practice” for this problem area? To what extent are the interventions based on a behavioral foundation, in contrast to or in conjunction with other theoretical approaches? The quality of the evidence base as described in the literature should be summarized and taken into account in your assessment of the literature.

Now, bring this back to the your case. Discuss the applicability of the interventions you have described for a) your particular client; and b) the particular agency context in which you work with the client. Would your client be accepting of and engage in the treatment? Does he or she experience impairments or difficulties that would impede the success of the intervention? What about environmental barriers (agency culture and philosophy, resource limitations, etc.)? Balancing the ideal (as depicted by the research literature) and the reality of your situation, which intervention(s) would you recommend? Applicability (age, gender, cultural background) of each intervention to clients similar to the focal subject of your paper should also be discussed.

Milestone 4: Treatment Plan (1-2 Pages)
DRAFT Due November 30\textsuperscript{TH} by 6 pm
Conclude with a specific treatment plan, implementing the chosen intervention for the problem area for this client. It should include: a) short-term goals; b) long-term goals; and c) specific methods to be used for attaining these goals. Importantly, your goals and interventions must be written with enough specificity to enable others (for example, co-workers) to be able to implement the interventions and to evaluate their success.

*If you are not currently in a field placement or are not working with an appropriate client, please discuss alternative options with your instructor.

FINAL DRAFT SUBMISSION: DECEMBER 14\textsuperscript{st} BY 6:00 PM.

Grading for Final Paper

<table>
<thead>
<tr>
<th>Section</th>
<th>Point range</th>
<th>Areas to be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of client</td>
<td>0-6</td>
<td>The case, including basic data about the client and his or her psychiatric history, is clearly laid out but avoids exhaustive or unnecessary detail. Your role and/or your agency’s role in working with the client should also be described.</td>
</tr>
<tr>
<td>Assessment of problem area</td>
<td>0-6</td>
<td>The focal problem of interest to this paper should be detailed using principles of functional analysis (frequency, duration, antecedents, consequences). The client’s perspective (if known) on the problem should be discussed, as should the strengths and resources of the client and/or the client’s situation.</td>
</tr>
<tr>
<td>Evidence-based review &amp; discussion of interventions in context</td>
<td>0-6</td>
<td>This section should demonstrate effort in searching the literature for appropriate interventions for the problem area. The quality of the evidence base as described in the literature should be summarized and taken into account in your assessment of the literature. Attention is paid to the applicability of each intervention to clients similar to the focal subject of your paper. This section should discuss to what degree the identified interventions are suitable, culturally congruent, and acceptable to the focal client, and which ones are feasible in the context of this case.</td>
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<tr>
<td>Treatment plan</td>
<td>0-6</td>
<td>The treatment plan should be clearly laid out to take these contextual factors into account and should distinguish between: 1) overall goals; 2) objectives or short term goals; 3) interventions and methods that will be used to achieve goals. The resulting treatment plan should reflect the proposed interventions you discussed in your previous sections of the paper. In keeping with the social work value of client self-determination, the treatment plan should demonstrate recovery-oriented practices of collaboration and client-centeredness.</td>
</tr>
<tr>
<td>Writing Quality</td>
<td>0-6</td>
<td>The paper should be clearly written, with logical transitions, and should be free of grammatical, punctuation, and spelling errors. APA citation style should be used correctly and consistently. Students should take care to avoid direct quotation of material without appropriate source attribution.</td>
</tr>
</tbody>
</table>

IX. Academic Integrity Policy

All work submitted in a graduate course must be your own. It is unethical and a violation of the University’s Academic Integrity Policy to present the ideas or words of another without clearly and fully identifying the source. Inadequate citations will be construed as an attempt to misrepresent the cited material as your own. Use the citation style preferred by the discipline.

Plagiarism is the representation of the words or ideas of another as one’s own in any academic exercise. To avoid plagiarism, every direct quotation must be identified by quotation marks or by appropriate indentation and must be properly cited in the text or in a footnote. Acknowledgement is required when material from another source is stored in print, electronic, or other medium and is paraphrased or summarized in whole or in part in one’s own words. To acknowledge a paraphrase properly, one might state: “to paraphrase Plato’s comment...” and conclude with a footnote identifying the exact reference. A footnote acknowledging only a directly quoted statement does not suffice to notify the reader of any preceding or succeeding paraphrased material. Information which is common knowledge, such as names of leaders of prominent nations, basic scientific laws, etc., need not be footnoted;
however, all facts or information obtained in reading or research that are not common knowledge among students in the course must be acknowledged. In addition to materials specifically cited in the text, only materials that contribute to one’s general understanding of the subject may be acknowledged in the bibliography. Plagiarism can, in some cases, be a subtle issue. Any question about what constitutes plagiarism should be discussed with the faculty member.

Plagiarism along with any and all other violations of academic integrity by graduate and professional students will normally be penalized more severely than violations by first-year undergraduate students. Since all violations of academic integrity by a graduate or professional student are potentially separable under the Academic Integrity Policy, faculty members should not adjudicate alleged academic integrity violations by graduate and professional students, but should refer such allegations to the appropriate Academic Integrity Facilitator (AIF) or to the Office of Student Conduct. The AIF that you should contact is Antoinette Y. Farmer, 732.932.2621. The student shall be notified in writing, by email or hand delivery, of the alleged violation and of the fact that the matter has been referred to the AIF for adjudication. This notification shall be done within 10 days of identifying 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 regarding the Rutgers Academic Integrity Policies and Procedures, see: http://academicintegrity.rutgers.edu/integrity.shtml.

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X. Class participation (10% of final grade)

This class will meet one time per week (any exception will be noted on the syllabus) and will consist of lectures, discussions, and other learning activities such as videos and role plays. The success and quality of time spent in class is a responsibility shared by all participants. Attendance is required; leaving class early (without negotiating this with the instructor) does not meet the attendance requirement. If circumstances necessitate that a student miss a class or leave before the end of class, he/she must inform the instructor (by email or phone message) prior to that class. Students are expected to avoid distractions such as cell phones, instant/text messaging, email, websurfing, facebooking, or other electronic media during class time. Cell phones are not permitted to be used during class. All cell phones must be put away with no
audible alarms or notifications.

Students are expected to complete assigned readings prior to class and to come prepared to actively participate. Arriving to class late or leaving early will be considered half attendance. In other words, coming to class late two times, leaving early two times or combination of coming late or leaving early will equal one absence. **Three absences will lead to dropping one letter grade, 4 can lead to course failure.**

### XI. Grading Assignments

**Reaction Papers**

Discussion about the course reading material is an integral part of your learning experience in this course. Reaction papers play an important role in fostering class discussion about the course material, and helps ensure students come to class prepared. For this reason, reaction papers not submitted by the beginning of class will be awarded zero (0) points. Late submissions (after 11:59 pm on Tuesday) will be awarded partial points. Students are free to choose the weeks they submit response papers, and will therefore be responsible for ensuring they have completed five (5) reaction papers by the end of the semester.

**Written Assignments**

Extensions may be negotiated with the professor if requested at least 24 hours before the due date of the assignment. Accommodations will be made on a case by case basis. Assignments submitted late without prior discussion with the instructor will be penalized according to the following criteria:

- 24 Hours late: 3 points deducted
- 24-48 hours late: 5 points deducted
- >48 Hours date: At discretion of instructor

**Special Accommodations and Students with Disabilities**

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 taking your courses, participate in an intake interview, and provide documentation: [https://ods.rutgers.edu/students/documentation-guidelines](https://ods.rutgers.edu/students/documentation-guidelines). If the documentation supports your request for reasonable accommodations, your campus's 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](https://ods.rutgers.edu/students/registration-form). Please make sure you indicate the campus where you are taking your courses on this form.
Schedule of Topics and Readings

**Week 1: September 7th**
Introduction to Course
Service Delivery context and key themes

**Week 2: September 14th**
**FINAL PAPER MILESTONE 1 DUE WEEK 3!**
Review of diagnostic issues

Readings

*LeCroy:


CMBDS, Chapter 1: Who Are People with Psychiatric Disabilities


Other Assignments
Please complete your Group Preference survey located in the ‘Text and Quizzes” section of Sakai.

**Week 3: September 21st**
Early Intervention
Psychiatric interviewing/risk assessment
Therapeutic skills, engagement, and alliance building

Readings

CMBDS, Chapter 3: Definition of Psychiatric Rehabilitation


**Additional Assignments**
Review Shea’s Multimedia Suicide Risk Assessment (available under Week 3 Resources on Sakai)

https://lmscontent.embanet.com/Rutgers/MSW/MSW517/media/MSW517-w01-m01/MSW517-w01-m01.html

**Week 4: September 28th**
**FINAL PAPER MILESTONE 2 DUE WEEK 5**
Assessment and treatment planning

**Readings**
CMBDS Chapter 4: Rehabilitation Assessment or
CMBDS, 2nd Ed: Chapter 4: Assessment


**Week 5: October 5th**
Work on Group Presentations
Housing and case management

**Readings**
CMBDS Chapter 6: Case management or
CMBDS, 2nd Ed: Chapter 7: Care Coordination

CMDBS Chapter 8: Housing or
CMDBS, 2nd Ed: Chapter 9: Housing and Citizenship


Stanhope, V. (2012). The ties that bind: Using ethnographic methods to understand service
engagement. *Qualitative Social Work*, 1473325012438079.

**Other Assignments**

Come to class prepared to work on group presentations. Bring articles relevant to your group’s specific topic of study.

**Week 6: October 12th**

**Work on Group Presentations**

**Psychopharmacology and medication management**

**Adherence**

**Readings**

In LeCroy:


CMBDS, Chapter 7: Medications and psychiatric rehabilitation or

CMBDS, 2nd Ed: Chapter 8; Medications


**Recommended:**


**Other Assignments**

Come to class prepared to work on group presentations. Bring articles relevant to your group’s specific topic of study.

**Week 7: October 19th**

**Stigma**

**Ethical and social justice issues**

**Boundaries in Treatment**
Readings
CMBDS Chapter 2: Stigma or
CMBDS, 2nd Ed: Chapter 2: Stigma and Mental Illness

CMBDS Chapter 19: Erasing stigma and promoting empowerment or
CMBDS, 2nd Ed: Chapter 5: Erasing stigma and promoting empowerment


Week 8: October 26th
Group 1 Presentations
Family interventions

Readings
CMBDS Chapter 11: Family Interventions


Week 9: November 2nd
Group 2 Presentations
Psychological interventions: Applications of cognitive therapy

Readings
CMBDS Chapter 12: Psychosis and cognitive impairment or
CMBDS 2nd Ed: Chapter 12: psychosis and cognitive challenges


**Week 10: November 9th**

**FINAL PAPER MILESTONE 3 DUE WEEK 11**

**Group 3 Presentations**

Treatment of co-occurring substance use

Readings

CMBDS Chapter 15: Dual diagnosis or
CMBDS Chapter 15: Co-Occurring Mental Illness and Substance Use


**Week 11: November 16th**

**Group 4 Presentations**

Illness self-management

Readings

CMBDS Chapter 5: Illness self-management or
CMBDS 2nd Ed: Illness and Wellness Self-Management


Week 12- November 30th
Group 5 Presentations
Supported education and vocational rehabilitation

Readings
CMBDS Chapter 9: Employment and Education or
CMBDS 2nd Ed: Chapter 10: Employment and Education


Week 13- December 7th
Peer support and consumers as providers
**FINAL PAPER DUE WEEK 14**

Readings
CMBDS Chapter 17: Peer services and supports or
CMBDS 2nd Ed: Peer Supports and Services


Week 14- December 14th
Termination issues
Course synthesis and wrap-up


Week 15: December 21st- Remote Work Session- Wrap Up Post on Sakai