

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

19:910:517

Clinical Social Work: Mental Health

Instructor:

Phone:

E-mail:

Course Website:

Office Hours:

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. 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

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competencies 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. 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. 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

Texts: available at the Rutgers Bookstore

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

Other required readings can be accessed through the RU Libraries electronic reserve system at <https://www.libraries.rutgers.edu/>. In the QuickSearch box on the [Libraries homepage](#), type the Course NAME or the Course Number (Clinical Social Work: Mental Health 19:910:517) and select Course Reserves in the autofill drop down).

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, 6th 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 Canvas website by 6:00pm on the day due.

Assignment 1: Instructors choose 1a or 1b

1a. Reading Reaction Papers (1/3 of course grade):

Due one the first week and your choice of 4 additional times during the semester. You choose which of the other units you will write about. The papers are due the day the unit is scheduled to be discussed in class.

These papers should represent a summary of key ideas and your reaction to the assigned readings/video. 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. **(approx. 2 pages)**

Reading Reaction Papers – 30 points

Graded Pass/Fail based on the criteria below.

Pass = 6 points; Fail = 0 points

6 points possible for each of the 5 papers = 30 points total

Covers all aspects of assignment

- Key ideas from each of the readings are *briefly* summarized, connected and/or contrasted
- Reflections on the content area are made and related to professional and/or personal experience

Literature is cited appropriately; Written in clear/organized manner; Free of grammatical, spelling, punctuation errors

1b. Book Review Essay (5-7 pages), 1/3 of course grade

For this assignment, you are asked to read a memoir written by an individual affected by serious mental illness (either as a consumer or family member) and to write an essay that is both a review and a critical response. The purpose of this assignment is to enhance your understanding of the subjective experience of SMI, and to encourage you to consider the challenges to practice and service delivery exemplified by these narratives.

Prepare your essay in a style you prefer (you may wish to peruse examples of book reviews or other writings in professional journals), however, keep in mind the following points. Although a summary of the book is necessary to set a context for the reader, you should accomplish it succinctly so as to allow sufficient room for critical response and analysis. Your analysis should a) describe the utility of the text for broadening your knowledge about SMI; and b) explore the ways in which course material and topics intersect with issues raised in the memoir. You may choose to focus on a specific issue (for example, housing or medication adherence) or to highlight several issues that are of importance or particular interest to you. In discussing your chosen issue(s), please include practice implications. What interventions and practice issues are discussed in the book? Are there important practice issues and interventions that are omitted or neglected? If you were a service provider for the person with SMI or his or her family, what would be your focus and how would you intervene?

A list of possible memoirs to use for this assignment will be provided. Alternative memoirs may be used with permission of instructor.

Book Review Essay Rubric – 30 points

| |
|--|
| Summary summarizes the account in a way that displays knowledge and expression of the key events, while avoiding excessive detail. 10 points. |
| Critical analysis raises important issues regarding practice application, limitations of the account, and alignment with other course themes. 10 points. |
| Literature is cited appropriately; Written in clear/organized manner; Free of grammatical, spelling, punctuation errors. 10 points. |

Assignment 2: Group Presentation (1/3 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
- 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, signed by all group members. These materials are due on the day of your scheduled 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 the day of the presentation? (3 points)

Assignment 3: Evidence-Based Assessment and Treatment Plan (approx. length 12-15 pages), 1/3rd 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.

1. First, introduce your client. 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.
2. Next, describe the problem area you plan to address with the client. Be as specific as possible in your description (behaviors, context, frequency, duration, 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?
3. Third, you are asked to 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?
4. 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?
5. Finally, 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 Paper Grading Rubric

| | Point range | Areas to be assessed |
|----------------------------|-------------|--|
| Introduction of client | 0-6 | 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. |
| Assessment of problem area | 0-6 | 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. |
| Evidence-based review | 0-6 | 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 (age, gender, cultural background) of each intervention to clients similar to the focal subject of your paper. |
| Treatment plan | 0-6 | 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. 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. In keeping with the social work value of client self-determination, the treatment plan should demonstrate recovery-oriented practices of collaboration and client-centeredness. |
| Writing Quality | 0-6 | 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. |

IX. Grading Standards

A = Exceptional or outstanding work; student demonstrates full understanding of material, displays unusual analytical and/or creative ability; extremely thorough work; must be well organized and conform to accepted standards of writing including correct grammar, accurate spelling, etc.; cites material correctly. Work is completed by the due date.

B+ = Above average work in terms of understanding material and ability to apply material from lectures and readings to own proposed project. Work must be organized and conform to accepted standards of writing; cites material correctly. Work is completed by the due date.

B = Good work; demonstrates understanding of material; written materials well organized and conforms to accepted standards of grammar, spelling punctuation, etc.; cites material correctly. Work is completed by the due date.

C = Acceptable work, similar to C+ but reveals greater problems in applying the concepts and techniques to own work, fails to cover some important point(s). Some problems in organizing and presenting written materials; cites material incorrectly; too many direct quotes; fails to paraphrase and cite appropriately.

Grade cut-offs for all courses offered by the Rutgers Graduate School of Social Work (MSW) as follows:

| | |
|----|--------|
| 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

X. Class participation and final grading

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. University Policies and Resources

Library Research Assistance

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

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

APA Style Guide <http://www.apastyle.org/learn/faqs/index.aspx>

Purdue OWL Mechanics, grammar, organization

<https://owl.english.purdue.edu/owl/section/1/>

Email Etiquette for Students

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

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.

Academic Integrity

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 APA citation style which is described in the Publication manual of the American Psychological Association, 6th edition.

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 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 as described in the University's Academic Integrity Policy is as follows:

"Plagiarism: Plagiarism is the use of another person's words, ideas, or results without giving that person appropriate credit. To avoid plagiarism, every direct quotation must be identified by quotation marks or appropriate indentation and both direct quotation and paraphrasing must be cited 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.
- Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement.
- Incorporating into one's work graphs, drawings, photographs,

diagrams, tables, spreadsheets, computer programs, or other nontextual material from other sources without proper attribution”.

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 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 Laura Curran, at lacurran@ssw.rutgers.edu. 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/academic-integrity-at-rutgers>.

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>.

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.

Active Shooter Resources: Over the years, there has been an increase in the number of active shootings on campus. It is important that you know what to do in cases there is an active shooter

on campus. Please go to this site to retrieve information that will reduce your personal risk in case of an active shooting on campus-[**http://rupd.rutgers.edu/shooter.php**](http://rupd.rutgers.edu/shooter.php).

Schedule of Topics and Readings

Week 1:

Introduction to Course

Service delivery context and key themes

Corrigan, Chapter 3: Definition of 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:

Review of diagnostic issues

Psychiatric interviewing/risk assessment

Early identification and intervention

Palit, S. (2016). Schizophrenia and vision of my life. *Schizophrenia Bulletin*, 42(4), 867-869.

Ramirez, M. (2012). I wish I had gotten help sooner: My struggle with postpartum depression. In C.L. McCroy & J. Holschuh (eds.), *First person accounts of mental illness and recovery*. New York: Wiley.

Amsel, P. (2010). Living with the dragon (Links to an external site.) Links to an external site.: The long road to self management of Bipolar II. In T. Basset & T. Stickley (eds.), *Voices of Experience: Narratives of Mental Health Survivors* (pp. 58–60, 62–71, 74). New York: John Wiley.

CORRIGAN, Chapter 1: Who Are People with Psychiatric Disabilities

Granello, D. H. (2010). The process of suicide risk assessment: Twelve core principles. *Journal of Counseling & Development*, 88(3), 363-370.

McGorry, P. D., Killackey, E., & Yung, A. (2008). Early intervention in psychosis: concepts, evidence and future directions. *World Psychiatry*, 7(3), 148-156.

Week 3:

Therapeutic skills, engagement, and alliance building

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

Coursey, R. D. (1989). Psychotherapy with persons suffering from schizophrenia: the need for a new agenda. *Schizophrenia Bulletin*, 15(3), 349-353.

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

Buck, P. W., & Alexander, L. B. (2006). Neglected voices: Consumers with serious mental illness speak about intensive case management. *Administration and Policy in Mental Health and Mental Health Services Research*, 33(4), 470-481.

Week 4:

Assessment and treatment planning

CORRIGAN Chapter 4: Rehabilitation assessment

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.

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

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 4: Practice Standards for Recovery Oriented Care.

Week 5:

Work on Group Presentations

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

Week 6:

Psychopharmacology and medication management

Adherence

CORRIGAN, Chapter 7: Medications and psychiatric rehabilitation

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.

Francey, S. M., Nelson, B., Thompson, A., Parker, A. G., Kerr, M., Macneil, C., ... & McGorry, P. D. (2010). Who needs antipsychotic medication in the earliest stages of psychosis? A reconsideration of benefits, risks, neurobiology and ethics in the era of early intervention. *Schizophrenia Research*, 119(1), 1-10.

Recommended:

Medication overview chapters from: Chew RH, Hales RE, Yudofsky SC: *What Your Patients Need to Know About Psychiatric Medications*, Second Edition. Washington,DC, American Psychiatric Publishing, 2009 (on sakai site)

Week 7:

Housing and case management

CORRIGAN Chapter 6: Case management

Corrigan, Chapter 8: Housing

Padgett, D.K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science and Medicine*, 64(9), 1925-1936.

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.

Week 8:

Ethical and social justice issues

CORRIGAN Chapter 2: Stigma

CORRIGAN Chapter 19: 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.

Ware, N. C., Hopper, K., Tugenberg, T., Dickey, B., & Fisher, D. (2007). Connectedness and citizenship: Redefining social integration. *Psychiatric Services*, 58(4), 469-474.

Henwood, B. F., Derejko, K. S., Couture, J., & Padgett, D. K. (2014). Maslow and mental health recovery: A comparative study of homeless programs for adults with serious mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(2), 220-228.

Week 9

Family interventions

CORRIGAN Chapter 11: Family Interventions

Aschbrenner, K. A., Mueser, K. T., Bartels, S. J., & Pratt, S. I. (2013). Perceived social support for diet and exercise among persons with serious mental illness enrolled in a healthy lifestyle intervention. *Psychiatric Rehabilitation Journal*, 36(2), 65.

Guada, J., Brekke, J.S., Floyd, R., Barbour, J. (2009). The relationships among perceived criticism, family contact, and consumer clinical and psychosocial functioning for African-American consumers with schizophrenia. *Community Mental Health Journal*, 45, 106-116.

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

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