

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

19:910:517

Section XX

Clinical Social Work: Mental Health

Term:

Time:

Location:

Instructor:

E-mail:

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.

As students read through this syllabus, they should also remember to **closely review the School-Wide Syllabus in Canvas** or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

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

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. Required Readings and Film

You will be required to purchase the following materials for this course:

- Corrigan, P.W. & Mueser, K.T. (2016, 2nd ed) *Principles and Practice of Psychiatric Rehabilitation: An Empirical Approach*. New York: Guilford. Abbreviated on this shell as "PPPR."
- [West 47th Street \(2011\), a film available in streaming video format](#)

Before purchasing the book, please ensure that you have selected the correct edition/year.

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](#)

VII. Course Attendance and Participation Policies

Attendance

Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program.

Late Assignments

Late assignments will not be accepted, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late 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.

1. In all of your interactions, remember there is a person behind the written post.
2. Pause and reflect on a post that is uncomfortable before responding. Consider the root of your emotional reaction.
3. Remember, we are discussing ideas and disagreements that are not personal in nature. Take care in crafting your response to demonstrate your disagreement with the idea, not the person.
4. Do not participate in "flaming." Flaming is inflammatory comments that are hostile and insulting and do not contribute to the learning process. Choose not to respond to "flames" to support a better learning experience for everyone.
5. Be careful with humor and sarcasm. Because the visual cues are absent, many people cannot tell if your comments are meant seriously or facetiously.
6. Contribute to a meaningful discussion by presenting your "best self" in the course environment: Take the time to explain your ideas respectfully and completely. However, also keep brevity in mind. You want to make your point clearly, but also make it concisely.
7. If a peer misinterprets your meaning, acknowledge this without being rude or defensive. It can be challenging to communicate some ideas in writing. This is your opportunity to practice clarifying your ideas to others.
8. Do not post in all caps. This is the equivalent of SHOUTING at someone and is not acceptable.

VIII. Assignments and Grading

Assignments

All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not conform to APA format.

Your final grade will be based on your Participation, several Written Assignments, a Group Presentation, and a Final Paper. Participation includes all activities that involve interaction with your classmates and/or your instructor.

Details of the Participation activities and the Written Assignments can be found under the modules in

which they are due. Final Paper Guidelines and information on Group Placement and Presentations can be found on the Modules page under Major Assignments.

Assignment: Asynchronous Activities – 30 points

Asynchronous activities for this course will be developed and posted by the individual instructor. These assignments will be worth 30 points total. They will be used to guide readings, student/teacher interaction and critical thinking around course material and application to practice. Possible weekly discussion topics include:

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

Assignment: Group Presentation – 30 points

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 in class on Weekend 2. 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 Weekend 1, 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 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 before the presentation? (3 points)

Assignment: Person-Centered Assessment and Treatment Plan– 30 points

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

This paper is due Sunday, 2 weeks after Weekend 2. The final version of this paper will be graded using the rubric below.

Final Paper Grading Rubric

	Point range	Areas to be assessed
PART 1 – Goals, Needs, and Strengths Assessment	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>
PART 2 – Intervention Review	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>

		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.
PART 3 - Treatment Plan	0-10	The treatment plan includes: - Millie's goal statement - Three short-term S.M.A.R.T objectives - And one intervention statement for each objective using the 5 W's.

TOTAL POINTS out of 30

Grade Breakdown

The grade breakdown in terms of point value and percentage of the final grade accorded to each assignment are shown in the following list.

- *Participation 10%*
- *Weekly Discussions & Asynchronous Activities: 30%*
- *Group Presentation: 30%*
- *Person-Centered 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.

IX. 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

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:

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.

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

[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

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

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

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

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

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

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

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>

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

Week 14:

Peer support and consumers as providers

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

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