



SW 698: Social Work Practice in Mental Health

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Class Meets on Thursdays from 2:00 a.m. until 5:00 p.m. in SEB 2302.

Course Description:

This course teaches practice models and methods of intervention for effective social work practice in mental health care, including the promotion of mental health, the prevention of mental illnesses, and the delivery of psychosocial treatment and rehabilitation services. A major focus is on enabling individuals with mental health problems to increase their functioning in the least restrictive environments, with the least amount of ongoing professional intervention, so these individuals maximize their success and satisfaction. This course has a specific emphasis on services to individuals who suffer from severe and persistent mental illness, substance abuse, and/or who are recovering from the effects of severe traumatic events. Interventions relevant to these conditions help individuals develop/restore their skills and empower them to modify their environments so as to improve their interactions with their environments. Culturally competent and gender-specific interventions are a major emphasis of the course, as are special mental health issues for groups who have been subject to oppression. Special attention will be devoted to evidence-based treatments for mental health problems.

Course Content:

The course will present practice methods for carrying out functional assessments, resource assessments, establishment of client preferences, development of plans to meet service needs, services to enhance client skill development, and the development and modification of relevant community and agency environments. The emphasis of the course is on approaches that enhance problem-solving and coping strategies and are empowering and supportive to consumers, both individually and in groups and families.

This course will provide students with models and methods for the promotion of mental health, the prevention of mental illness, the provision of effective evidence-based treatment of psychiatric disabilities, with an emphasis on promotion of optimal adaptation when psychiatric disabilities are long lasting. Assessment and intervention strategies will be included for use at the individual, family, group, organizational, community, and societal levels. A special issue is the integration of services for individuals with multiple problems. The course, therefore, will emphasize the integration of micro and macro methods through which students learn to make social, behavioral, environmental, organizational, administrative, and policy assessments, with an emphasis on risks/strengths assessment and capacity-building.

Students will develop knowledge of empirically-based interventions and will be able to select and implement appropriate methods based on assessments and service plans. A major focus of this course will be gender specific and culturally competent interventions with and for groups identified by the key diversity dimensions such as in ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation.

Course Objectives: Students who complete this course will be able to:

1. Assess the risks and strengths of individuals, families, groups, organizations, and/or communities for the purposes of promoting mental health, early intervention, treatment, and continuing service, with an emphasis on problems faced by people who suffer from severe and persistent mental illness, substance abuse, and/or who are recovering from the effects of severe traumatic events.
2. Plan or plan and conduct culturally competent, gender-specific individual, family, group, organizational, and community-based capacity building and preventive interventions
3. Identify and demonstrate understanding of the many components of the mental health system as team member, advocate, broker, community organizer, and program planner, in order to interact productively with the many components of the mental health system.
4. Build partnerships with key neighborhood and self-help organizations and institutions for the purpose of mental health promotion and disease prevention.
5. Incorporate social work values and ethical standards of practice in mental health.
6. Plan and engage in advocacy at both micro and macro levels to help individuals overcome oppression, discrimination, and other barriers to access and quality of mental health services.
7. Intervene to assist persons with mental health disorders.
8. Describe common psychopharmacological and evidence-based psychosocial interventions for mental health disorders.

Course Design:

The course will include lectures, discussion, skills/sessions/simulations, small group exercises, individual and group projects, and written assignments.

Relationship to the Four Curricular Themes

Multiculturalism & Diversity: are integrated throughout the course especially in view of the fact that mental health problems are experienced very differently in various cultures, each of which has its own indigenous responses to healing. In addition, the stresses associated with mental health problems and accesses to appropriate services are differentially affected by individuals identified by the key diversity dimensions. The students must be aware of these issues and helped to develop culturally competent and gender-specific interventions and interventions to overcome oppression and discrimination as barriers to access to and quality of care.

Social Justice Issues: have special relevance to the processes of psychosocial rehabilitation. Persons with psychiatric disabilities are often discriminated against with respect to access to education, employment, housing, and financial assistance. Health insurance plans often discriminate against persons with mental as opposed to physical disabilities. Social justice issues are often seen with respect to the processes of commitment, the rights of people in mental institutions, the rights to treatment (such as in the criminal justice system), access to

attorneys, and the determination of competence to stand trial or when mental illness is offered as a defense in a criminal proceeding. The student will learn about these issues in the course as well as the role of social work in fighting for these and other rights.

Promotion, Prevention, Treatment & Rehabilitation: are addressed throughout the course. Mental disabilities often occur or are exacerbated as a result of stressful environmental conditions and the ways of seeking changes in these conditions or preventing them will be stressed.

Behavioral and Social Science Research: Social Science and Behavioral Research is presented throughout the course and includes findings from evaluation studies and intervention research in social work, psychiatry, psychology, anthropology, and sociology.

Relationship to SW Ethics and Values: Virtually every topic of this course is related to issues of social work values and ethics, and these issues will be dealt with in this course. Examples of these issues are priorities assigned to various services and populations by mental health agencies and the role of social workers in molding these priorities, recognition of the right of self determination of consumers of mental health services, the principle of the utilization of the least restrictive environments for treatment of mental disorders, the values placed on preventive services, an understanding of the responsibility of workers to strive for less stressful environments in relationship to preventing mental problems, the creation of community respect for individuals in the community whose behavior, while lawful, departs from community norms, and promoting community awareness of the "not in my back yard" phenomenon.

Intensive Focus on PODS: This course integrates PODS content and skills with a special emphasis on the identification of theories, practice, and/or policies that promote social justice, illuminate social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

Attendance in Class Sessions: As a mental health field of practice course, it is important that you attend each class session. The class sessions involve small group work and skill development experiences that go beyond course readings. In fact, in this course there is a requirement that students participate in Consultation Teams that require your regular participation during class sessions. The class will periodically also use the clinical suite for practice demonstrations of evidence-based skills. *Missing class sessions will lower your grade since your participation as a co-learner is essential to meet the learning goals for this requirement. If you are not able to attend a particular class session, please notify the instructor prior to the class session so that arrangements can be made for you to address the material that you missed. If more than two class sessions are missed, the final grade at the end of the term will be lowered by 5 points for each session over two.*

Students in Need of Accommodations: If you have a documented disability or condition that may interfere with your participation in this course, please schedule a private appointment with me as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, (734) 763-3000. Also, if

religious observances conflict with class attendance or due dates for assignments, please notify me so we can discuss appropriate arrangements.

Incompletes: Incompletes are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course. The Student Guide, Vol. 1, Sec. 8.01 states that an I grade *is used when illness or other compelling reasons prevent completion of work, and there is a definite plan and date for completion of course work approved by the instructor.* The student must formally request an incomplete from the instructor prior to the final week of classes.

Grading: Letter grades ranging from “A” to “E” are earned, with “+” or “-” distinguishing the degree of performance. Specific expectations for each assignment are provided in a later section of this syllabus.

Both content and format will be considered in assigning grades. Failure to follow APA guidelines for referencing will result in a lower grade. Each assignment will be given points and a corresponding letter grade. The criteria for each grade are as follows:

A+ = 99-100	B+ = 88-90	C+ = 78-80	D = 65-70
A = 95-98	B = 85-87	C = 75-77	E = less than 65
A- = 91-94	B- = 81-84	C- = 71-74	

Please note: A grade of B indicates mastery of the subject content at a level of expected competency for graduate study. A B grade indicates that the work has met the expectations of an assignment for graduate student performance. A grade in the A range is based on demonstration of skills beyond expected competency and at an exemplary, outstanding or excellent degree. A C grade range indicates minimal understanding of subject content and significant areas need improvement.

Work Expectation: The University of Michigan expects a student to put in a minimum of two hours weekly preparation for each credit awarded in a graduate/professional school. Thus, you are expected to spend a minimum of six hours per week of preparation for this class. The assignments in this class have been developed to help the student systematically gain social work knowledge, to develop social work practice skills and values, and to enable the student to achieve successfully the goals and objectives of the course.

A Note on the Learning Environment:

While all of us come to this course with various experiences, skill sets and values, it is important that we respect diverse opinions and perspectives. The class is designed as a co-learning environment and one where class members are encouraged to try new skills and take risks. Your contribution as a “teacher and a learner” in the class will enhance the learning for all class members.

To facilitate the co-learning environment, the instructor will provide useful and constructive comments, facilitate a safe forum for discussion and learning and be responsive to students’ questions both in and out of class.

A student is expected to be on time, prepared with questions from readings, DVDs and assignments, respectful of diverse perspectives, open to learning and to complete assignments on time. All assignments are expected to be handed in on their due date on c-tools prior to the class session start time and late assignments will be marked down 5% for every day late.

Statement on Plagiarism and Academic Integrity: All academic dishonesty, including plagiarism, cheating, fabrication and misrepresentation will be treated seriously. Please consult the MSW Student Guide(online) for a discussion of plagiarism and other violations of academic integrity and professional standards.

Course Requirements and Assignments

All required course readings are located on c-tools and links to resources on web pages are also identified in c-tools. These readings and resources can be found under Resources Section and also on the class schedule in c-tools. There is no required textbook for this course.

Course Assignments and Grading Weight for Each Assignment

1. Resource Toolkit for Mental Health Practice (Ongoing)	30%
2. Completion of 1 of the Identified Online Program and Evaluation Summary	20%
3. Consultation Team Skill Sessions and Team Assignments	20%
4. Review of an Evidence-Based Practice Paper	30%

Assignment 1: Resource Toolkit for Mental Health Practice (Ongoing)

Throughout the semester you will need to develop a resource toolkit for mental health practice. This resource toolkit should be a collection of key learning resources and artifacts that you have compiled to help you in engaging in effective mental health practice.

In order to be an effective worker understanding the context for mental health practice and keeping current on emerging developments is a critical professional skill. In addition to course readings, there are several important documents prepared by the Institute of Medicine, NIH, SAMHSA and other government organizations that are focusing on transforming mental health practice. Also, several webinars on critical and cutting edge behavioral health practice issues have also been conducted over the past year and are linked to key websites: National Council for Community Behavioral Health, SAMHSA, NIMH, Kaiser Foundation, AHRQ and others.

The resource toolkit may be organized using the following themes:

- Transforming Behavioral Health Care-From a Disease Model to a Prevention/Wellness/Recovery Model
- The Context and Disparities in Access and Treatment in the Behavioral Health System
- Organizational Change Efforts and Integrated Health and Behavioral Health
- Evidence-Based Practice
- Emerging Models in Prevention/Intervention/Treatment

Each week you need to add key learning from readings, webinars viewed, and web site links and in class exercises to your toolkit. This is a toolkit that will become a key resource for you as you begin your professional social work practice.

As noted above, while your toolkit will highlight key learning from required readings and in class exercise, you are expected to add to the toolkit additional information from webinars, documents from government/professional mental health websites and any mental health professional development activities linked to your field internship. A list of some suggested webinars and websites with key documents that you might want to include in your toolkit are identified at the

end of the syllabus.. Please select a minimum of 3 key documents and 2 webinars that you will review and incorporate into your resource toolkit over the term.

The Resource Toolkit will be submitted through c-tools for review by the instructor on Oct. 6, Nov. 10 and Dec. 8. 30% of Final Grade

Assignment 2: Completion of an Identified Online Program and Evaluation Summary

Please complete one of the following online programs. These programs are designed for professionals to keep current and to learn new evidence-based or empirically supported interventions.

- 1.) IMPACT Online Training (This training introduces you to IMPACT, an evidence-based model of collaborative care management for depression).
<http://impact-uw.org/training/web.html>
- 2.) NIAAA Online Clinicians Guide and Video Case Studies: Helping Patients Who Drink Too Much
<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm>
- 3.) NIDA Toolkit Online Resources for Drug Abuse Counselors www.nidatoolbox.org
- 4.) Trauma Focused CBT Web Training <http://tfcbt.musc.edu/>
- 5.) CSAP Online Pathways Prevention Programs (topic areas: suicide prevention, bullying, alcohol abuse and violence against women, substance abuse and older adults and elder abuse)
<http://pathwayscourses.samhsa.gov/index.htm>

After you have completed the online program, you need to evaluate the experience as a “learner” and as a program design and training consultant. Please address the following areas in a 2 page evaluation summary of your online program experience:

- Identify the Online Program that You Completed (Indicate how long it took you to complete the program/attach a certificate of completion to this assignment if possible)
- As a “learner” summarize the key skills you acquired or enhanced based on this online program experience

Taking on a program design and training consultant role:

- Indicate the target population best served by the current program format.
- Identify the strengths of this online program related to content, formatting and types of media used.
- Identify areas for improvement in the online learning experience for this program related to content, formatting and types of media used
- Address how well this online training program takes into consideration the diversity present within consumer populations, geographic differences, training differences related to learning styles and other contextual factors that can impact on the usefulness of the online training program.

This assignment is due by November 3, 2011 and can be submitted anytime prior to Nov. 3rd. This assignment is 20% of your Final Grade.

Assignment 3: Peer Consultation Team and Reflection

In the first class session, you will be assigned to a peer consultation team. This consultation team will work on in-class exercises linked to course readings and will engage in skill development activities. Some of the in-class exercises will require a consultation team report out, assessment and intervention treatment planning documentation and brief report write-ups.

At the end of the semester, you will submit a 2 page reflection on your experience as a member of the peer consultation team. In this reflection, you will address key roles that you took on in the sessions, teamwork processes and strengths/challenges of using a peer team consultation model.

The grading for this component is based on your active participation in the peer consultation teams, your readiness to engage in the peer consultation work based on having completed readings prior to the class session and the 2 page reflection paper (this reflection paper is due on the last day of class-Dec. 8, 2011). This component is 20% of the Final Grade.

Assignment 4: Review of an Evidence-Based Intervention/Practice

- In this assignment you need to select an evidence-based intervention or behavioral health practice that you would like to study in more depth.
- You will review the literature on this intervention/practice focusing on primarily peer-reviewed publications and relevant training manuals and toolkits. Summarize the articles and manuals reviewed using an annotated bibliography format. You need to locate a minimum of 5 key sources. (1 page per annotated bibliography)
- Critically reflect on the intervention/practice (approximately 5 pages) addressing the following areas:
 - The degree that this intervention/practice fits with the recovery principles identified by SAMHSA
 - Core skills needed for the worker to successfully engage and intervene using this approach
 - The ways that this intervention/practice address diversity factors present in consumer populations
 - Supervisory or organizational supports needed to be in place to implement this evidence-based practice/intervention with fidelity
 - Potential barriers to implementation of this intervention/practice in routine care
 - Measurement of improvements and documented outcomes based on implementing this intervention/practice
- Prepare a 1 page summary to be shared on c-tools with class members and present in class highlighting key components of this review.

This assignment is due on Nov. 17, 2011 and will be presented on Dec. 1, 2011. This assignment is 30% of your Final Grade.

Class Schedule and Readings

Module 1: Transforming Behavioral Health Care-From a Disease Model to a Prevention/Wellness/Recovery Model

- Where we are, how we got there and where we need to go: Behavioral Health Care in Transition
- Evidence-Based Practices and Interventions
- Integrating Behavioral Health and Health Care
- Prevention/Wellness/Recovery Model

Sept. 8 Readings

Aarons, G. G. A. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health, 38*(1), 4-23.

APA Policy Statement on Evidence-Based Practice in Psychology 2005

Barth, R. P., Lee, B. R., Lindsey, M. A., Collins, K. S., Strieder, F., Chorpita, B. F., et al. (2011). Evidence-based practice at a crossroads: The emergence of common elements and factors. *Research on Social Work Practice,*

Cameron, M. & Keenan, E. (2010). The common factors model: Implications for transtheoretical clinical social work practice. *Social Work (New York), 55*(1), 63.

Mechanic, D. D. (2011). Behavioral health and health care reform. *Journal of Health Politics, Policy and Law, 36*(3), 527-531.

Nakamura, B. B. J., Higa-McMillan, O., Kamura, K. & Shimabukiho, S. (2011). Knowledge of and attitudes towards evidence-based practices in community child mental health practitioners. *Administration and Policy in Mental Health, 38*(4), 287-300.

Newnham, E. A. (2010). Bridging the gap between best evidence and best practice in mental health. *Clinical Psychology Review, 30*(1), 127-142.

Patel, V., Koschorke, M. & Prince, M. (2011) Closing the treatment gap: A global health perspective. In L. Cottler (Ed.) *Mental health in public health: the next 100 years*. NY:NY, Oxford pp. 3-22.

Substance Abuse and Mental Health Services Administration *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014 Executive Summary and Introduction*. HHS Publication No. (SMA) 11-4629 Summary. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

Wahl, O. O. & Aroesty-Cohen, E. (2010). Attitudes of mental health professionals about mental illness: A review of the recent literature. *Journal of Community Psychology*, 38(1), 49-62.

Sept. 15 Readings

Aarons, G., Cufri, G., Lugo, L. & Sawitzky, A. (2010). Expanding the domains of attitudes towards evidence-based practice: The evidence based practice attitude scale-50. *Administration and Policy in Mental Health*,

Chorpita, B. F., Becker, K. & Daleiden, E. (2007). Understanding the common elements of evidence-based practice: Misconceptions and clinical examples. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(5), 647.

Chorpita, B. Bernstein, A., & Daleiden, E.. (2011). Empirically guided coordination of multiple evidence-based treatments: An illustration of relevance mapping in children's mental health services. *Journal of Consulting and Clinical Psychology*, 79(4), 470-480.

Dawes, R., Faust, D. & Meehl, P.E. (1989) Clinical versus actuarial judgment. *Science* 243, 1668-1674.

Michie, S. S. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science : IS*, 6(1), 42.

Rubin, A. & Parrish, D. (2011). Validation of the evidence-based practice process assessment scale. *Research on Social Work Practice*, 21(1), 106-118.

Zayas, L., Drake, B. & Jonson-Reid, M. (2010) Overrating or dismissing the value of evidence-based practice: Consequences for clinical practice. *Clinical Social Work Journal*.

Module 2: The Context and Disparities in Access and Treatment in the Behavioral Health System

- Understanding the Context
- Diversity Factors and the Delivery of Behavioral Health Care Services
- Recovery Focus
- Disparities in Access and Treatment

Sept. 22 Readings

Alegría, M., Pescosolido, B., Williams, S. & Canino, G. (2011). Culture, Race/Ethnicity and disparities: Fleshing out the socio-cultural framework for health services disparities. In B. Pescosolido, J. Martin, J. McLeod & A. Rogers (Eds.) *Handbook of the Sociology of Health, Illness, and Healing : A Blueprint for the 21st Century*, , 363-382.

Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1-2), 48-60.

Knifton, L., Gervais, M., NewBigging, K., Mirza, N. et al. (2010). Community conversation: Addressing mental health stigma with ethnic minority communities. *Social Psychiatry and Psychiatric Epidemiology*, 45(4), 497-504

Lee, E. (2010). Revisioning cultural competencies in clinical social work practice. *Families in Society*, 91(3), 272.

Manderscheid, R. W., Ruff, C., Freeman, E., McKnight-Eily, L., Dhingra, S. & Strine, T. (2010). Evolving definitions of mental illness and wellness. *Preventing Chronic Disease*, 7(1), A19.

Sept. 29 Readings

Bao, Y., Alexopoulos, G., Casalino, L. TenHave, T., Donahue, J., Post, E., Schackman, B. & Bruce, M. (2011). Collaborative depression care management and disparities in depression treatment and outcomes. *Archives of General Psychiatry*, 68(6), 627-636.

- Carson, N., LeCook, B. & Alegria, M. (2010). Social determinants of mental health treatment among haitian, african american, and white youth in community health centers. *Journal of Health Care for the Poor and Underserved*, 21(2a), 32.
- Senreich, E. P. D. (2010). Differences in outcomes, completion rates, and perceptions of treatment between white, black, and hispanic LGBT clients in substance abuse programs. *Journal of Gay & Lesbian Mental Health*, 14(3), 176-200.
- Snowden, L. L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health (1971)*, 93(2), 239-243.
- Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J. & LeBoutillier, C. (2011). Social factors and recovery from mental health difficulties: A review of the evidence. *The British Journal of Social Work*, 1-18.
- Washington, D. D. L. (2008). Transforming clinical practice to eliminate Racial–Ethnic disparities in healthcare. *Journal of General Internal Medicine : JGIM*, 23(5), 685-691.
- Williams, E., Unutzen, J., Lee, S. & Noel, P. (2009) Collaborative depression care for the old-old – findings from the IMPACT Trial *Am. J. Geriatric Psychiatry* 17/12, 1040-1049.

Module 3: Organizational Change Efforts and Integrated Health and Behavioral Health

- Medical Homes
- Accountable Care Organizations
- Behavioral Health and Primary Care –Changing Practice Models
- Integrated Health Initiatives
- Evaluating Outcomes
- Mental health parity

Oct. 6 Readings

- Dwayne Simpson, D. D. (2009). Organizational readiness for stage-based dynamics of innovation implementation. *Research on Social Work Practice*, 19(5), 541-551.
- Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M.& Wallace (2005) Implementation Research: A Synthesis of

the Literature. Tampa, FL: University of South Florida Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Network, N. A. (2004). *The change book: A blueprint for technology transfer* 2nd Ed. And Workbook

Lyon, A., Stirman, S., Kerns, S. & Bruns, E. (2011). Developing the mental health workforce: Review and application of training approaches from multiple disciplines. *Administration and Policy in Mental Health, 38*(4), 238-253.

Stirman, S., Spokas, M., Creed, T., Farabaugh, D., Bhar, S et al. (2010). Training and consultation in evidence-based psychosocial treatments in public mental health settings: The access model. *Professional Psychology, Research and Practice, 41*(1), 48-56.

Oct. 13 Readings

Ferrante, J., Balassubramanian, B. Hudson, S. & Crabtree, B. . (2010). Principles of the patient-centered medical home and preventive services delivery. *Annals of Family Medicine, 8*(2), 108-116.

Hine, C., Howell, H., & Yonkers, K. (2008). Integration of medical and psychological treatment within the primary health care setting. *Social Work in Health Care, 47*(2), 122.

Kasckow, J., Ingram, E., Brown, C., Tew, J. et al. (2011). Differences in treatment attitudes between depressed african-american and caucasian veterans in primary care. *Psychiatric Services (Washington, D.C.), 62*(4), 426-429.

Peek, C., Baird, M. & Coleman, E. (2009). Primary care for patient complexity, not only disease. *Families Systems & Health, 27*(4), 287-302.

Pomerantz, A. A. S. Shiner, B., Watts, B., Detzer, M., Kutter, C., Street, B., et al. (2010). The white river model of co-located collaborative care: A platform for mental and behavioral health care in the medical home. *Families Systems & Health, 28*(2), 114-129.

Module 4: Evidence-Based Practice

- SAMHSA EBP Toolkits
- Integrating EB Clinical Skills in Working with Individuals and Families
- Supervision and management practice in behavioral health
- Technology Transfer

Oct. 20 Readings

Assertive Community Treatment EBP Kit

<http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>

Family Psychoeducation EBP Kit

<http://store.samhsa.gov/product/Family-Psychoeducation-Evidence-Based-Practices-EBP-KIT/SMA09-4423>

Illness Management and Recovery EBP Kit

<http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>

Integrated Treatment for Co-Occurring Disorders

<http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>

Permanent Housing and Supported Employment

<http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>

Supported Employment EBP Kit

<http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>

Oct. 27 Readings

Burke, N., Galen, J., Pasick, R. & Barker, J. (2009). Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior*, 36(5 suppl), 55S-70S

Carroll, K. M., Ball, S., Nich, C., Martino, S. et al. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and Alcohol Dependence*, 81(3), 301.

Gone, J. J. P. (2009). A community-based treatment for native american historical trauma: Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology, 77*(4), 751-762.

Lynch, D., Laws, K.R. & McKenna, P.J. (2010). Cognitive behavioral therapy for major psychiatric disorder: does it really work? A meta-analytical review of well-controlled trials. *Psychological Medicine 40*, 9-24.

Madson, M. B. (2009). Training in motivational interviewing: A systematic review. *Journal of Substance Abuse Treatment, 36*(1), 101.

Martins, R. K. & McNeil, D. (2009). Review of motivational interviewing in promoting health behaviors. *Clinical Psychology Review, 29*(4), 283.

Sterling, S., Chi, F., Hinman, A. (2011) Integrated care for people with co-occurring alcohol and other drug, medical and mental health conditions. *Alcohol Research and Health 33/4*, 338-349.

Walker, J. S., Bruns, E., Conlan, L. & LaForce, C. (2011). The national wraparound initiative: A community of practice approach to building knowledge in the field of Children's mental health. *Best Practices in Mental Health, 7/1*: 26-46.

Module 5: Emerging Models in Prevention/Intervention/Treatment/Sustainability of EBPs

- Implementation Issues and Sustaining EBPs over time
- Skills in Building Peer Support and Family Support Initiatives
- Rural Behavioral Health Practices
- Veteran and Military Behavioral Health
- Specialized Interventions
- Ethical Conundrums and Dilemmas

Nov. 3 Readings

Lee, M. Y., Ng, S., Leung, P. & Chan, C. (2009). *Integrative body-mind-spirit social work* NY:NY Oxford. Chapters 2 and 3 pp. 27-82.

Leung, P., Chan, C., Ng, S. & Lee, M. (2009). Towards Body–Mind–Spirit integration: East meets west

in clinical social work practice. *Clinical Social Work Journal*, 37(4), 303-311.

Harpaz-Rotem, I. & Rosenheck, R.A. (2011). Serving those who served: Retention of newly returning

veterans from Iraq and Afghanistan in mental health treatment. *Psychiatric Services*

(Washington, D.C.), 62(1), 22-27.

Lyons, M., Genderson, M. & Grant, M. (2011) Veterans' mental health-the effects of war. In L.B.

Cottler (Ed.) *Mental health in public health: the next 100 years*. NY, NY: Oxford pp. 79-103.

Nov. 10 Readings

Repper, J. J. (2011). A review of the literature on peer support in mental health services. *Journal of*

Mental Health (Abingdon, England), 20(4), 392-411.

Sledge, W. W. H., Lawless, M., Sells, D., Wieland, M., O'Connell, M. & Davidson, L. (2011).

Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services (Washington, D.C.)*, 62(5), 541-544.

SAMHSA NREPPs

<http://www.nrepp.samhsa.gov/>

Tondora, J. J., O'Connell, M., Miller, R., Dinzeo, T., Cellamy, C., Andres-Hyman, R. & Davidson, L.

(2010). A clinical trial of peer-based culturally responsive person-centered care for psychosis for African Americans and Latinos. *Clinical Trials (London, England)*, 7(4), 368-379.

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on assertive community treatment and intensive case management teams: Implications for

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Nov. 17 Readings

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Dec. 1 Readings

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Gold, P., Glynn, S.M. & Mueser, K. (2006). Challenges to implementing and sustaining comprehensive mental health service programs. *Evaluation & the Health Professions*, 29(2), 195-218.

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Magnabosco, J. J. L. (2006). Innovations in mental health services implementation: a report on state level data from the US Evidence-based Practices Project. *Implementation Science : IS*, 1(1), 13.

McHugh, R. & Barlow, D. (2010). The dissemination and implementation of evidence-based psychological treatments: A review of current efforts. *The American Psychologist*, 65(2), 73-84

O'Brien, M. (2011). Critical issues for psychiatric medication shared decision making with youth and families. *Families in Society*, 92(3), 310.

Swain, K. K., Whitley, R., McHugo, G. & Drake, R. (2010). The sustainability of evidence-based practices in routine mental health agencies. *Community Mental Health Journal*, 46(2), 119-129.

Velligan, D. et al. (2010). Strategies for addressing adherence problems in patients with serious and persistent mental illness: Recommendations from the expert consensus guidelines. *Journal of Psychiatric Practice*, 16(5), 306-324.

Module 6: Future of Social Work in Behavioral Health Care Settings

Dec. 8 Readings to be selected based on emerging issues and class member interest.

Some Suggested Webinars Relevant to Behavioral Health Care

1) HHS' Action Plan to Reduce Health Disparities [kaiserfoundation](#)

This program examined the new Department of Health and Human Services' Action Plan to Reduce Racial and Ethnic Health Disparities. It addressed the contents of the strategy and its timeline for implementation as well as its implications for providers. The panelists also discussed how the new strategy relates to other recently released HHS strategies including the National Strategy for Quality Improvement in Health Care, the National Prevention and Health Promotion Strategy, the Healthy People 2020 initiative and the National HIV/AIDS Strategy for the United States. Panelists also considered what the strategy's role as it relates to health reform implementation.

<http://www.youtube.com/watch?v=XGTuFO7dUfE>

2)2011 JMHCP Conference: Pamela Hyde of SAMHSA (Feb. 2011)

[thecsgjusticecenter](#)

Focus on Behavioral Health and Justice. Opening remarks by Pamela Hyde, Administrator, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, at the 2011 JMHCP National Training and Technical Assistance Event.

<http://www.youtube.com/watch?v=zIkYNoKDsh8>

3)SAMHSA Access to Recovery: Dr. Clark

Director for SAMHSA's Center for Substance Abuse Treatment Dr. H. Westley Clark, M.D., J.D., M.P.H., C.A.S., F.A.S.A.M. describes ATRs outcomes-driven approaches to care and working toward sustainability at the 2009 ATR Grantee Meeting.

This video is embedded at <http://atr.samhsa.gov/videos.aspx>

<http://www.youtube.com/watch?v=SyEdc8ytAbU>

4)SAMHSA's Recovery Support Strategic Initiative, CODI, & PATH and HMIS

This video features three presentations focusing on SAMHSA's Recovery Support Strategic Initiative, the Co-Occurring Mental Health and Substance Abuse Disorders Knowledge Synthesis, Product Development & Technical Assistance (CODI) contract, and finally concludes with a presentation on the alignment of PATH data with the U.S. Housing and Urban Development's Homeless Management Information System (HMIS).

<http://www.youtube.com/watch?v=tGwVzaAzMmM>

5) SMHSA HRSA Center for Integrated Health Solutions -Training: Webinars

Some of the Webinar Recordings and Presentations

Peer Support Wellness Respite Centers

Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Clinical Settings Webinar

Person-Centered Health Homes Webinar

Introduction to Effective Behavioral Health in Primary Care

Establishing Smoking Cessation Initiatives in Health Centers

http://www.thenationalcouncil.org/cs/resources_services/resource_center_for_healthcare_collaboration/training/webinars

6) National Council For Behavioral Health Care

Series of webinars on important topics and policy/practice changes.

http://www.thenationalcouncil.org/cs/national_council_live/upcoming_webinars

http://www.thenationalcouncil.org/cs/recordings_presentations

7) Justice Center -Webinar Archive: Child Trauma and Juvenile Justice: Prevalence, Impact and Treatment

This webinar reviewed the prevalence, impact, and treatment of trauma for youth involved in the juvenile justice system. The presenter was Dr. Gene Griffin, a professor in the Northwestern University medical school's department of psychiatry. During the webinar, Dr. Griffin reviewed the role of trauma screening and assessment and the current state of treatment responses in the recovery process for juvenile justice-involved youth who have experienced trauma. <http://consensusproject.org/features/webinar-archive-child-trauma-and-juvenile-justice-prevalence-impact-and-treatment>

Recommended Websites for Review of Key Documents

1) 2010 National Healthcare Quality & Disparities Reports

<http://www.ahrq.gov/qual/qdr10.htm>

2) Office of Minority Health HHS –Series of Reports

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=50>

3) Center for Linguistic and Cultural Competence

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlid=3>

4) Institute of Medicine <http://www.iom.edu/About-IOM.aspx>

Several Reports Including:

Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series

<http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx>

5) SAMHSA <http://www.samhsa.gov/> (Several Reports and Links to Other Sites)

6) NIMH <http://www.nimh.nih.gov/index.shtml>

7) National Network to Eliminate Disparities in Behavioral Health <http://www.nned.net/index-nned.php/resources>

8) Community Defined Evidence Project http://www.nned.net/index-nned.php/community_defined_evidence_project/

Additional websites include the HHS website (check out the plan for addressing health and health care disparities) and NIAA for more on substance abuse research and practices and the WHO (several publications focusing on global mental health).