

SW 698: Social Work Practice in Mental Health
Summer 2012 (Mon., 8:00AM-Noon)
Classroom: 3752 SSWB

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1. 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 (with special emphasis on relapse prevention), and the delivery of psychosocial treatments 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 in conjunction with mental illness (dual-diagnosis population) 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.

A second major focus is on culturally competent and gender-specific interventions and special issues for groups who have been subject to oppression. Privilege and social justice concerns will be a major emphasis of the course. Mental health disparities will be considered in relation to diagnoses, treatment options and case disposition within the mental health system.

2. 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 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 who have been subject to oppression, such as people of color, women, lesbian/gay/bi/transgendered people, the aged, and people with disabilities.

3. 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 in practice in mental health.
6. Plan or 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.

4. Course Design

The course will include lectures, discussion, simulations, small group exercises, individual and group projects, guest speakers, and written assignments.

5. Relationship to Four Curricular Themes

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.

Multiculturalism and 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 access to appropriate services are differentially affected by gender, poverty, race/ethnicity and sexual orientation. 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.

6. Relationship of This Course to Social Work Values and Ethics:

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.

7. Accommodation for Disability Statement

Any Student who has a disability or condition that may interfere with your participation in this course, please feel free to contact 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.

8. Writing Assistance

For further assistance with writing, you may go to the Writing Workshop 1139 Angell Hall 764-0429.

9. Statement on Plagiarism and Academic Integrity:

All academic dishonesty, including plagiarism, cheating, fabrication, and misrepresentation will be treated seriously. You will find a discussion of plagiarism and other violations academic integrity. Please consult your *Student's Guide to the Master's in Social Work Degree Program* (online).

Recommended Mental Illness Memoirs/Narratives/Texts:

Drinking: A Love Story by Caroline Knapp, 1997 Dial Press

A Million Little Pieces by James Frey 2005 Anchor books

Detour: My Bipolar Road Trip in 4-D by Lizzie Simon, 2003
Washington Square Press.

In Small Doses: A Memoir about Accepting and Living with Bipolar Disorder Mark Pollard , 2004 Vision Books International

Terry: My Daughter's Life-And-Death Struggle With Alcoholism
George McGovern, 1997, Plume Books

Under Observation: Life Inside McLean Psychiatric Hospital
Lisa Berger and Alexander Vuckovic, M.D., 1994, Penguin Press

We Heard the Angels of Madness: A Family Guide to Coping with Manic Depression, Diane and Lisa Berger, 1991, Quill Press.

Just Checking: Scenes From The Life of An Obsessive-Compulsive,
Emily Colas, 1998, Pocket Books

Willow Weep For Me: A Black Woman's Journey Through Depression,
Meri Nana-Ama Danquah, 1998, Norton Press.

Living With Prozac and Other Selective Serotonin Reuptake Inhibitors: Personal Accounts of Life on Antidepressants,
edited by Debra Elfenbein, 1995, Harper Collins Publishing.

A Guard Within, Sarah Ferguson, 1973, Pantheon Books (a “breakdown” narrative with exploration of the impact of therapy and the sudden loss of the psychotherapist), 1998, Farrar, Straus, Giroux.

Daughter of the Queen of Sheba: A Memoir, Jacki Lyden, 1997 Houghton-Mifflin Publishing. (a daughter’s manic depression memoir about her mother).

Undercurrents: A Therapist’s Reckoning With Her Own Depression, Martha Manning, 1994, Harper Collins.

Anne Sexton: A Biography, Diane Wood Middlebrook, 1991, Houghton Mifflin.

A Beautiful Mind: A Biography, Sylvia Nasar, 1998, Simon and Schuster, (a biography of John Nash, Nobel Laureate who suffered from schizophrenia).

Imagining Robert: My Brother, Madness, and Survival, Jay Neugeboren, 1997, Henry Holt Publishing.

The Hillside Diary and Other Writings, Robert Gary Neugeboren, 2004.

Natalie on the Street, Ann Nietzke, 1994, Calyx Books (a memoir about the author’s relationship with an elderly homeless woman).

Healing the Blues: A Success Story of a Patient and Her Therapist. Dorthea Nudelman & David Willingham, MSW, 1996, Health Information Press.

Sweet Mysteries: A Southern Memoir of Family Alcoholism, Mental Illness, and Recovery, Judith Hillman Paterson, 1997, Farrar, Straus & Giroux.

The Magic Daughter: A Memoir of Living with Multiple Personality Disorder, Jane Phillips, 1995, Penguin Books.

A Shining Affliction: A Story of Harm and Healing in Psychotherapy, Annie G. Rogers, Ph.D., 1995, Penguin Books.

Searching for Mercy Street: My Journey Back to My Mother, Anne Sexton, Linda Gray Sexton, 1994, Little Brown Publishing.

The Quiet Room: A Journey Out of The Torment of Madness, Lori Schiller and Amanda Bennett, 1994, Warner Books. (a schizophrenia memoir).

Call Me Crazy: Stories from the Mad Movement, Irit Shimrat, 1994, Press Gang Publishers (a memoir and history of the ‘mad movement’ or mental health consumers movement in Canada, written by a woman who was diagnosed schizophrenic but lives without medication and is a political activist).

Prozac Diary, Lauren Slater, 1998, Random House, (a memoir written by a woman who suffered from nightmarish mood swings, compulsions, phobias).

Darkness Visible: A Memoir of Madness, William Styron, 1990, Random House (an elegantly memoir of severe depression).

The Beast: A Journey Through Depression, Tracy Thompson 1996, Penguin Books.

Prozac Nation: A Memoir, Elizabeth Wurtzel, 1994, Riverhead Books.

Night Falls Fast: Understanding Suicide, Kay Redfield Jamison, 1999, Knopf

An Unquiet Mind: Memoir of Moods and Madness, Kay Redfield Jamison, 1997, Vintage.

Holy Hunger: A Memoir of Desire, Margaret Bullitt-Jonas, 1999, Knopf

First Person Plural: My Life as A Multiple, Cameron West, 1999, Hyperion

Mockingbird Years: A Life In And Out Of Therapy; Emily Fox Gordon, Basic Books, 2000.

Beyond Bedlam: Contemporary Women Psychiatric Survivors Speak Out, Third Side Press, 1995.

The Outsider: A Journey Into My Father's Struggle With Madness, Nathaniel Lachenmeyer, Broadway Books, 2000.

Passing For Normal: Living with Tourettes, Amy Wiletsky, Broadway Books, 2000

Twitch and Shout: A Touretter's Tale, Lowell Handler, Plume Books, 1999.

His Bright Light: The Story of Nick Traina, Danielle Steel, Delacourte Press, 1998. (Bipolar disorder)

Electroboy: A Memoir of Mania, Andy Behrman, Random House Trade Paperbacks, 2003

The Eden Express: A Memoir of Insanity, Mark Vonnegut, Kurt Vonnegut, Seven Stories Press, 2002 (schizophrenia)

Conquering Schizophrenia: A Father, His Son and a Medical Breakthrough, Peter Wyden, Knopf, 1998

My Mother's Keeper: A Daughter's Memoir of Growing Up in the Shadow of Schizophrenia, Tara Elgin Holley & Joe Holley, William Morrow, 1997

A Different Kind of Boy: A Father's Memoir about Raising a Gifted Child with Autism, Daniel Mont, Jessica Kingsley Publisher, 2001

Running with Scissors: A memoir, Augusten Burroughs, Picador, 2003.

Noonday Demon: An Atlas of Depression, Andrew Solomon, 2002, Scribner

On the Edge of Darkness: America's Most Celebrated Actors, Journalists & Politicians chronicle their most arduous journey, Kathy Cronkite, 1995, Delta.

Unholy Ghost: Writers on Depression, Nell Casey, 2002, Perennial.

Four of Us: A Family Memoir, Elizabeth Swados (1993). Plume.

Welcome Silence: My Triumph over Schizophrenia (1983). Carol North MD

Burn: A Bipolar Memoir by Shane Feldman (2004).

Bloodletting: A Memoir of Secrets, Self-Harm, & Survival by Victoria Leatham (2006).

Required Texts

1. Maruish, M.E. (2002). *Essentials of treatment planning*. New York: John Wiley & Sons.

Will use but do not need to buy – will be on reserve in the library

1. American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders DSM IV-TR*, Fourth Edition (Text Revision). Washington, DC, American Psychiatric Press (APA).
2. Castillo, Richard, (1997). *Culture and Mental Illness*. Brooks/Cole: Pacific Grove, CA.
6. Hughes, R. & Weinstein, D. (Eds). (2000). *Best Practices in Psychosocial Rehabilitation*. IAPSRs, Columbia, MD.
7. Mueser et al (2003). *Integrated Treatment for Dual Disorders*. Guilford
8. Hoffmann & Tompson (2002). *Treating chronic and severe mental disorders*. Guilford.
9. Gray, S.W. & Zide, M.R. (2006). *Psychopathology*. Thomson Learning Brooks/Cole.

Optional Texts

1. Cuellar, I & Paniagua, F. (2000). *Handbook of Multicultural Mental Health: Assessment and Treatment of Diverse Populations*
2. Williams, J.B.W., and Ell, K. (Eds.) (1998). *Advances in Mental Health Research: Implications for Practice. Washington, DC: NASW Press.*
3. Allness, D.J. & Knoedler, W.H. (1998). *The Pact Model of community based treatment for persons with severe and persistent mental illness. MD: NAMI*
4. Spaniol, L., Gagner, C., and Koehler, M., (1997) *Psychological and social aspects of psychiatric disability. Boston: Center for Psychiatric Rehabilitation Press, Boston University.*
5. Miklowitz, D.J. (2002) *Bipolar disorder survival guide: What you and your family need to know.* Guildford.
7. Dulmas & Rapp-Paglicci (Eds). (2005) *Handbook of Preventive Interventions for Adults (mental and physical disorders)*

Helpful Websites

<http://www.mentalhealthpractices.org/>

For article downloads

<https://www.socialworkers.org/nasw/default.asp>

For access to practice related documents

<http://www.nimh.nih.gov/>

<http://www.nami.org/>

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

<http://schizophrenia.com> - BLOG

Course Assignments, Requirements, and Grading

10% of your grade will be based on class participation. Class participation will be graded according to attendance, currency in reading, and participation in group discussions. Class attendance will be taken weekly. The major assignments for the course will be articulated below.

The fine print is for problems that hopefully won't arise. But just in case, here are the rules: If more than two sessions are missed—whatever the reason--the grade will be lowered five points for each session over two unless the session is made up. To make up a session find out from other students what was covered in the missed sessions and develop a make-up plan to be submitted via email for my approval. The plan should focus on the topic of the missed session, and should involve four or more hours of effort.

Papers are expected to be handed in on their due dates and papers must meet all academic standards for ethical documentation. Papers will be marked down 5% for every day late and are due at the beginning of class on the “due date.”

If you are unhappy with your grade, you can turn in a rewrite of Papers 1& 2 no later than 1 week after it is returned to you. All additions should be highlighted, deletions

underlined, and you should also turn in a copy of your original paper. Paper 3 cannot be rewritten.

The following criteria will be taken into account when papers are graded:

- Systematic and logical presentation of arguments;
- Appropriate use of evidence;
- Familiarity with and appropriate use of relevant literature and concepts;
- Clarity and coherence of presentation;
- Originality and creativity;
- Conformity with the requirements of the assignment;
- APA style for final paper

Course Overview

The course will be guided by four important themes:

A) Understanding people with mental illness from multiple perspectives (including gender, race, ethnicity, culture, privilege, oppression, social justice)

B) Understanding the mental health practitioner roles of social workers

C) Understanding the best evidence practice methods for our work with individuals with severe and persistent mental illness

D) Developing intolerance for poor practices or treatment of mentally ill persons and their families and to acquire the skills and muster the courage to “do things differently” if it will aid these courageous persons to have better lives (Mary Ann Test)

Graded Work

Course Grades will be based on three papers, one Group project and on class participation.

Clinical Simulation “Treatment Team” Group Work Case

Due: Last Day of class
10% of Grade

Starting the 2nd week of class, each student will participate in a simulated “treatment team,” which will function as a “home base group” for purposes of in-class exercises, problem-solving, and collaboration. Each group will work with an individual case which will require learning how to identify appropriate diagnoses; learning about the unique cultural and personal circumstances in the client’s life; noting unique challenges (or privileges) that affect provision of effective service delivery; and

identifying a range of possible intervention strategies and necessary resources. Most of the work on this project can be accomplished during class time

Throughout the semester, students will gain experience with a variety of skills that are critical for working in mental health settings, and each group will PRESENT their case on the last day of class. Presentations are to be NO LONGER than 15 minutes long and should include:

1. A brief introduction to your client – demographics, initial diagnostic impressions based on your intake (with explanation of what led you to these determinations.)
2. A revised diagnosis with explanation of what led you to this revision – was there any dissent in the treatment team, what discussion was there over the possible cultural influences in the choice of diagnosis, etc.
3. Goals, Objectives, and a sample Progress Note which meet reporting/auditing requirements.
4. Your plan to engage the family. (Or an explanation of why this is not needed or not possible)
5. Your plan to coordinate with other services. (Or an explanation of why this is not needed or not possible)
6. A discussion of which aspects of the case require additional self-education or research (e.g. utilizing journal articles, conferences, outside experts, agency contacts, etc.) in order for you to feel competent in providing effective treatment services to your client. This could include issues having to do with your client's cultural/ethnic background; applying non-western/alternative healing approaches to treatment; investigating the most efficacious modalities of treatment for a particular mental disorder (e.g. cognitive-behavioral therapy versus psychodynamic therapy for depression); the problems of violence and mental illness; problems related to dual diagnoses; services for families and caregivers; availability or access to community-based services for the mentally-ill; the impact of insurance and managed care on service delivery; the challenges of working in multidisciplinary teams on client needs and services (e.g. collaborating on treatments, including medications, psychotherapy, psychiatric emergencies; etc.)
7. What "self" insights you had based on your work with the case. What did you learn about yourselves?

Paper 1 (Looking at a personal memoir through a "cultural lens")

30% of grade.

Length 7-9 pages.

Due: June 4

Please select one or more of the memoirs in the recommended readings list or propose another. Address your reactions to the memoir(s) and consider the following questions:

- a. Why did you pick this memoir? What are your personal responses to this story and the author's construction of his/her illness/disability/disease and the methods of treatment he/she received?

- b. Using approaches to understanding the intersections of culture and mental illness in class, discuss how the author's experience, idioms of distress, and efforts to accept or resist labeling and treatment reflect cultural values, folkways, and attitudes about psychological suffering. Also discuss how this author's experience may differ from cultural values, folkways, etc.
- c. How do gender, race, class, historical context etc. influence the experience of illness by the author and others in connections with the author?
- d. Describe the impacts of the significant relationships on the author's experience of the illness/disability, particularly emphasizing therapeutic relationship(s) discussed in the book. What stands out to you as especially significant, helpful, not helpful? What is missing in her/his relational world? What are the challenges for the people in relationship to the author and how well were these challenges managed?

Grading:

5 Points – how well does author explain personal responses to the memoir

11 Points – how well does author explain the intersections of culture and psyche in the book

11 Points – how well does author explicate issues of gender, race, and/or class

3 Points – grammatically correct, referenced properly, comprehensible

Paper 2

Self-Exploration in relation to the readings

Paper 2 is in the form of a Readings Journal. This paper will provide an opportunity to consider the readings in light of your own experiences and should respond to at least three of the readings, in depth. You can consider personal and practice experience as well as current dilemmas you may now face in your work.

Length: 4-6 pages.

20% of Course Grade

Due: July 2

Throughout the semester we will attempt to become aware of the beliefs and biases that shape our intellectual and emotional responses to work with people who present symptoms of or have been diagnosed with mental illnesses. These beliefs and biases are deeply embedded in our culture's mythology and ideology regarding:

- acceptable feelings and behaviors
- what we define as civilized conduct
- what are appropriate expressions of one's gender identity, age, familial role, citizenship
- illness, disease, and impairment
- the role of the helper
- who may become a client/patient/consumer

- the long term consequences of being psychiatrically-labeled and treated in the mental health system

These same biases have influenced the ways in which psychiatry, social work, and psychology have organized systems of diagnosis, treatment, and care-giving. As we read, we will attempt to uncover some fundamental assumptions about normality, “humanness,” and illness/disease that underlie our practices as social workers in mental health care roles and settings, as well as speculate about who these practices may serve or disserve. You may want to use these ideas as ways to approach your own reading and journaling.

In general, try to answer the following:

- a--Describe your personal responses to the reading. What are the central ideas that seems most salient or significant to you? Why? Which are appealing, problematic, troubling?
- b--What questions do the readings pose for you or answer for you?
- c--How do the perspectives described make claims about health or illness that are adequately or inadequately inclusive, stigmatizing, and/or potentially empowering to clients?

Grading:

9 Points – how well did author genuinely share about and reflect on own experiences.

9 Points – how well did author tie in this sharing to the specific issues raised in the readings

2 Points – grammatically correct, referenced properly, comprehensible

Paper 3 – Reviewing a case – Diagnosis, assessment, treatment strategies and cultural implications for treatment

30% of grade

Length 7-10 pages

Due: Mon., July 23

Each student will choose an individual case which will involve thought about assessment, diagnosis, understanding cultural implications and identifying intervention strategies and resources. If you are not seeing individuals, you can use the person in the memoir. Examples of challenges related to treatment and service delivery in the case might include:

- Problem of violence and mental illness
- Problems related to dual disorders
- Challenges of working on an interdisciplinary team
- Incorporating alternative and complementary treatments
- Services for families and care-givers
- Innovative community-based treatments and restrictions to executing those evidence-based treatments

The paper will have 5 parts:

1. Define the severe and persistent mental health disorder represented in your case (Discuss disorder features and use the DSM multi-axial assessment in the first section of the paper to describe your case) – 1 page **3 points**
2. Choose an empirically focused treatment for that disorder – use something from class presentations or something we have not covered that you feel is a good fit. You may talk about complementary or alternative treatments for this case. You should justify your choices in terms of the disorder as you defined it. (2-3 pages) Use references here. **10 points**
3. Adjust and alter the delivery of the treatment for a particular ethnic group, gender, developmental life-stage, location, socio-economic group that is presented in your case (1 page) e.g. a Latino male in prison with severe depression and substance abuse) **10 points**
4. Discuss who you are as a practitioner – your characteristics and what you bring as the ‘treater’ in this therapeutic relationship (1 page) **5 points**
5. Grammatically correct, professionally written **2 points**

Class Schedule and Readings

The chapters and articles are to be read by the date under which they are listed in the schedule unless re-negotiated in class. For some weeks there are so many readings, that I have ***bolded and italicized*** readings that are recommended but not required.

Class 1 (Monday, May 7)

Evidence Based Practice/A Cultural Framework for Understanding Mental Illness and Mental Health

Ongoing cases: Telephone Intake

Readings:

Lopez, S.R. & Guarnaccia, P.J. (2000). Cultural Psychopathology: Uncovering the social world of mental illness. *Annual Review of Psychology*, 51, 571-598.

Cuellar & Paniagua Chap. 2 Cultural Models of Health and Illness

Chorpita, Bruce, (2011) Evidence-Based Treatments for Children and Adolescents: An Updated Review of Indicators of Efficacy and Effectiveness. *Clinical Psychology Science and Practice*, June 18, 154-172

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*. (Available through Proquest, Library Database)

Choose a memoir and begin reading

Class 2 (Monday, May 14)
**A Cultural/Strengths-based Framework for Assessing and Treating
Mental Illness**

Readings:

Snowden L. R. (2003). Bias in Mental Health Assessment and Intervention: Theory and Evidence. *American Journal of Public Health*, 93, 239-243.

Maruish, M.E. (2002). *Essentials of treatment planning*. New York: John Wiley & Sons., Chapter 1: Introduction (pp. 1-13), Chapter 2: Patient assessment (pp. 14-53)

Zide and Grey, Chapter 1, Competency-Based Assessment

Stanley G. McCracken and Jeanne C. Marsh, *Practitioner Expertise in Evidence-Based Practice Decision Making*

Castillo: Chpt 4 “Cultural Assessment”

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 (available through Proquest, Library Database)

Class 3 (Mon., May 21)
Social Justice and Psychiatric Disability/The Power of “Recovery”

Presentation: *Jim Toy and Jim Etzkorn speak on issues of oppression for the TLGB population*

Ongoing cases – Initial Assessment Data

Readings: Gone, 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.

Gone, J.P., & Alcantara, C. (2009). Identifying effective mental health interventions for American Indians and Alaska Natives: A review of the literature. *Cultural Diversity and Ethnic Minority Psychology, 13*(4), 356- 363.

Podcasts (the correct IP addresses are available through the Schedule section of Ctools)

Cultural Differences: How Culture can Affect Mental Health. Interview with Dr. Stephen McLeod-Bryant. (9 minutes; MUSC Health Audio Podcast)

Racial Disparities in Mental Health. Interview with Dr. Stephen McLeod-Bryant. (11 minutes; MUSC Health Audio Podcast)

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.

Class 4 (Mon., June 4)
Disorders of Mood (Depression and Bipolar Disorders)

Ongoing Cases: Additional Assessment information

Readings

Davis, L., Uezato, A., Newell, J.M., & Frazier, E. (2008). Major depression and comorbid substance use disorders. *Current Opinion in Psychiatry, 21*(1), 14-18.

Wolf, N.J., & Hopko, D.R. (2008). Psychosocial and pharmacological interventions for depressed adults in primary care: A critical review. *Clinical Psychology Review, 28*, 1331-161.

Kleinman, A. (2004). Culture and Depression. New England Journal of Medicine, 351 (10), 951-953.

Kasckow, J., Ingram, B. A., Differences in Treatment Attitudes Between African-American and Caucasian Veterans in Primary Care, Psychiatryonline.org, April 2011 Vol. 62 No. 4

Leahy, R. (2007). Bipolar Disorder: Causes, Contexts, and Treatments. *Journal of Clinical Psychology, Vol. 63*(5), 417–424.

O'Connor, C., et al. (2008). Service user perspectives of a psychoeducation group for individuals with a diagnosis of bipolar disorder: A qualitative study. The Journal of Nervous and Mental Disease, 197, 568-571.

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.

Paper 1 Due

Class 5 (June 11) Treatment of Depression, Bipolar Disorder, and Anxiety

Readings:

Miklowitz, D. J. (2006). A review of evidence-based psychosocial interventions for Bipolar Disorder. *Journal of Clinical Psychiatry*, 67(supp 11), 28-33.

Dulmas & Rapp-Paglicci, Chap 2 – Anxiety Disorders

Zide & Grey, Ch. 6, Anxiety Disorders

Hoffman, Ch. 5, CBT for Depression

Hoffman, Ch. 6, CBT for Bipolar

Chambers, R. et al. (2009). Mindful emotion regulation: An integrative review. *Clinical Psychology Review*, 560-572.

Behar, E. et al. (2009). Current theoretical models of generalized anxiety disorder (GAD): Conceptual review and treatment implications. *Journal of Anxiety Disorders* 23, 1011-1023.

McManus, F. et al. (2009). What does 'transdiagnostic' approach have to offer the treatment of anxiety disorders? British Journal of Clinical Psychology.

Foa, E. (2006). Social Anxiety Disorder Treatments: Psychosocial Therapies. *Journal of Clinical Psychiatry* 2006, 27-30.

Frank, E. (2005), Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy, Chapter 8, Symptom Management: Stabilizing Social Rhythms and Behavioral Activation.

Class 6 (June 18)

Medication Management in Psychiatry/Cultural Sensitivity in Medication Use

Presentation: Dr. Bakul Parikh presents.

ONC: Team With Psychiatrist, Develop Goals and Objectives

Readings:

Maruish, M.E. (2002). Essentials of treatment planning. New York: John Wiley & Sons. Chapter 3, 4, 5: Psychological Testing, Case Formulation, Developing a Treatment Plan (pp. 122-184)

Bentley, Walsh, Social Work Practice in Mental Health, Chapter 6: Medication Education, Chapter 7: Medication Adherence and Refusal, Chapter 9: Social Workers as Medication Facilitators

Himle, J. A. (2001). Medication consultation: The nonphysician clinicians perspective. *Psychiatric Annals*, 31, 623-628.

Chapter 8, Managing Medications from: Allness, D. J. & Knoedler, W. H. (1998). The PACT model of community-based treatment for persons with severe and persistent mental illnesses: A manual for PACT start-up. Arlington: NAMI.

Class 7 (June 25)

Psychotic Disorders/Schizophrenia/Suicidality

Readings:

Lehman, A., Kreyenbuhl, J., Buchanan, R. W., Dickerson, F. B., Dixon, L. B., Goldberg, R., Green-Paden, L. D., Tenhula, W. N., Boerescu, D., Tek, C., Sandson, N., & Steinwachs, D. (2004). The schizophrenia patient outcomes research team (**PORT**): Updated treatment recommendations 2003. *Schizophrenia Bulletin*, 30 (2), 193-217.

Kopelowicz, A., Liberman, R. P., & Zarate, R. (2002).. Psychosocial Treatments for Schizophrenia. In P. Nathan & J. Gorman (Eds.), *Treatments that work: Evidence-based treatments for psychiatric disorders* (2nd ed.), New York: Oxford University. pp. 201-228.

McEvoy, J. P. (2008). Functional outcomes in Schizophrenia. *Journal of Clinical Psychiatry*, 69(suppl 3), 20-24.

Marshall, M. et al. (2001). Systematic reviews of the effectiveness of day care for people with severe mental disorders

(Executive Summary): 1) Acute day hospital versus admission; 2) Vocational rehabilitation; 3) Day hospital versus outpatient care. Health Technology Assessment, 5(21).

Hoffman and Thompson, Chapter 10, Suicidality

ONC : Progress Note and Suicidality

Class 8 (July 2)

Personality Disorders/Dialectical Behavior Therapy/Family Psychoeducation

Guest Speaker: JoAnn Heap on Dialectical Behavioral Therapy

OGC Task of Family Coordination

Paper 2 is Due

Readings:

Hofmann & Tompson Chap 17 Multi-family Group Treatment

Brazier, J., Tumor, I., Holmes, M., Ferriter, M., Parry, G., Dent-Brown, K., & Paisley, S. (2006). Psychological therapies including dialectical behavioral therapy for borderline personality disorder: a systematic review and preliminary economic evaluation. [Executive Summary]. *Health Technology Assessment*, 10(35).

Kraus, G., & Reynolds, D. J. (2001). The "A-B-C's" of the cluster B's: Identifying, understanding, and treating cluster B personality disorders. *Clinical Psychology Review*, 21(3), 345-373.

Lynch, T. R., Trost, W. T., Salsman, N., & Linehan, M. M. (2007). Dialectical behavior therapy for borderline personality disorder. *Annual Review of Clinical Psychology*, 3, 181-205.

Lieb, K., Zanarini, M. C., Schmahl, C., Linehan, M. M., & Bohus, M. (2004). Borderline personality disorder. *The Lancet*, 364, 453-461.

SAMHSA (2003). Family psychoeducation workbook. Bethesda: (A great resource – you only need to skim over for class)

Class 9 (July 9)

Dual Disorders Treatment/Motivational Interviewing

On-Going Cases - *Task of service coordination*

Presentation - *Bruce Thomson speaks about Substance Abuse and Dual Disorders*

Readings:

Hofmann & Tompson Chap 11, Motivational Interviewing

Horan, Rude and Keillor, Chap. 14, Substance Use Disorders

Brunette, M. F., & Mueser, K. T. (2006). Psychosocial interventions for the long-term management of patients with severe mental illness and co-occurring substance use disorder. *Journal of Clinical Psychiatry*, 67 (suppl 7), 10-17.

Drake, Robert, O'Neal, Erica, "A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders" *Journal of Substance Abuse Treatment* 34 (2008) 123-138.

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.

Castillo Chap. 9, "Substance-Related Disorders

Class 10 (July 16)

Homelessness/Housing/Legal Issues/Mental Illness & Jail Psychosocial Rehabilitation/Assertive Community Treatment and others

On-Going Case: *Task of Self Education*

Presentation: *Dr. Tim Florence on Homelessness and mental illness*

Readings:

Weinstein and Hughes, Chap 2, What is PSR?
(2 separate documents)

Weinstein and Hughes, Chap 4, Psycho Social
Rehabilitation - Person Centered Planning & Practice

Weinstein and Hugest, Chap 11, Housing

History of ACT: Presentation by Mary Ann Test, Ph.D. (30
minutes) LINK:
video.google.com/videoplay?docid=-3636883055558008415

SAMHSA ACT Workbook/

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Class 11 (July 23)

**Complementary and Alternative Treatments for Mental Health
Mind/Body Medicine/Case Presentations**

Readings:

Finger, W., & Arnold, E. M. (2002). Mind-body interventions: applications for social work practice. *Social Work in Health Care, 35*(4), 57-78.

Wolf, D. B., & Abell, N. (2003). Examining the Effects of Meditation Techniques on Psychosocial Functioning. *Research on Social Work Practice, 13*(1), 27-42.

Emmons, R. A. and M. E. McCullough (2003). "Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life." *J Pers Soc Psychol 84*(2): 377-89.

Epstein, R. M. (2003). Mindful practice in action (II): cultivating habits of mind. *Families, Systems and Health, 21*, 11-17.

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.