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 is 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**

**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,**

**Living With Prozac and Other Selective Serotonin Reuptake Inhibitors:**
*Personal Accounts of Life on Antidepressants,*


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

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


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).


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

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


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


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


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


**Required Text**

**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.

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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>A+</td>
<td>99-100</td>
</tr>
<tr>
<td>A</td>
<td>95-98</td>
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<tr>
<td>A -</td>
<td>91-94</td>
</tr>
<tr>
<td>B+</td>
<td>88-90</td>
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<tr>
<td>B</td>
<td>85-87</td>
</tr>
<tr>
<td>B -</td>
<td>81-84</td>
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<tr>
<td>C+</td>
<td>78-80</td>
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<tr>
<td>C</td>
<td>75-77</td>
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<tr>
<td>C -</td>
<td>71-74</td>
</tr>
<tr>
<td>D</td>
<td>65-70</td>
</tr>
<tr>
<td>E</td>
<td>less than 65</td>
</tr>
</tbody>
</table>

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: 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 3rd 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 a child/family case which will require learning how to identify appropriate diagnoses (understanding that the whole context of “diagnosis” will be changing with the advent of the new DSM V); learning about the unique cultural and personal circumstances in the client/family’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.

The dates are as follows:
1. June 2, Task: Assessment
2. June 16, Task: Goal-setting, Treatment planning
3. June 23, Teaming 3 of the cases with the psychiatrist
4. July 7, Task: Utilizing family therapy, family psychoeducation, and considering suicidality
5. July 21, Task: Considering Community Resources, Interagency Coordination and Self-Education
6. An out-of-class consultation with the student who actually worked on the case to see how your” findings/understandings match or do not match with the student’s “real-time” work.

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 20 minutes long and should include:

1. A brief introduction to your client and family—demographics, initial diagnostic impressions based on your intake (with explanation of what led you to these determinations.)
2. A tentative diagnosis with explanation of what led you to the diagnosis – was there any dissention in the treatment team, what discussion was there over the possible cultural influences in the choice of diagnosis, etc.
3. Goals, Objectives that you developed to address your client/family’s issues.
4. Your plan to engage the family, and how you might intervene using structural family therapy principles.
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?

8. What additional understandings did you come to as a result of your case consultation?

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**Paper 1**

**Self-Exploration in relation to the readings**

Paper 1 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 two of the readings, in depth. You can consider personal and practice experience as well as current dilemmas you may now face in your work. Although this assignment is due early in the semester, you are welcome to use ANY of the readings on the syllabus.

Length: 4-6 pages.
20% of Course Grade
Due: June 9

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
- the role of the family, the agency, the larger community
- 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

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

Length: 6-8 pages
25% of Course Grade
Due: July 7

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

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.

As a “learner,” please address the following areas in a 3-4 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)
- Summarize the key skills you acquired or enhanced based on this online program experience
- Discuss either how you have used or can see yourself using (or both) these skills, using either concrete experiences or “imagining” scenarios based on either your ongoing cases or cases you have observed in the “field”

Taking on a program design and training consultant role (3-4 pages):

- 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.

Grading:
11 Points – how well does author communicate what she/he has learned from the Online Program, have these learning points been translated into concrete skills, and practicalized
11 Points – how well does the author share both the strengths/“areas for improvement” of the Program, are issues of diversity addressed
3 Points – organization, grammar

**Paper 3 – Reviewing a case – Diagnosis, assessment, treatment strategies and cultural implications for treatment**
Each student will choose an individual/family case which will involve thought about assessment, diagnosis, understanding cultural implications and identifying intervention strategies and resources. If you are not seeing individuals/families, you can use your ongoing case. 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. **(3 points)** 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

2. **(10 points)** Provide a cultural understanding of the case rooted in the following domains:
   a. **the individual domain**: looking at ascribed characteristics (race, biological sex, nationality, etc., achieved characteristics (education, gender, social position), and experiences related to this domain (experiences of oppression, privilege, etc.)
   b. **the family domain**: looking at family culture – roles, expectations of youth behaviors, identifications, affiliations, understandings about mental illness, mental health treatment- and the differences between “family culture” and the “treatment” culture
   c. (you can skip this domain if you have chosen a client or family who is not being seen in an actual agency) **the organizational domain**: what is the culture of the organization that is delivering treatment – is there a team approach, an openness to new therapeutic approaches, is there client-clinician
collaboration encouraged, clinician-clinician collaboration encouraged, agency-agency collaboration encouraged…

d. **the community, societal domain:** what are the structural, and policy-driven issues that impact the various systems in the community – health-care system, public safety system, legal system, etc., etc.

3. (10 points) 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.

4. (4 points) 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)

5. (5 points) Discuss who you are as a practitioner – your characteristics and what you bring as the ‘treater’ in this therapeutic relationship (1 page)

6. (3 points) Grammatically correct, professionally written

**Evidence Based Practice Kits** (As we will be referring to these issues/treatment models throughout the semester, please feel free to check out these resources when they are most relevant. These resources might also be helpful in the writing of the papers for the class.)

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


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

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 12)
Evidence Based Practice/A Cultural Framework for Understanding Mental Illness and Mental Health

Readings:


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

Class 2 (Monday, May 19)
A Cultural/Strengths-based Framework for Assessing and Treating Mental Illness

Readings:


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”

Class 3 (Mon., June 2)
Social Justice and Psychiatric Disability/Transforming Behavioral Health Care-
From a Disease Model to a Prevention/Wellness/Recovery Model

Presentation: Jim Toy and Jonah Thompson speak on issues of oppression for
the TLGB population

Ongoing Cases, Session 1: Assessment

Readings:


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)
Class 4 (Mon., June 9)

*The “Systems of Care” Model/ Culturally Relevant Treatment/Intervention*

**PAPER 1 IS DUE**

*Readings*


Class 5 (Mon. June 16)

**Dual Disorders Treatment/Motivational Interviewing**

**On-Going Cases - Session 2: Treatment planning, goal-setting, preparation for "teaming" with psychiatrist**

*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.


Castillo Chap. 9, “Substance-Related Disorders”.


Class 6 (Mon., June 23)

*Diseases of Mood/Medication Management in Psychiatry
Cultural Sensitivity in Medication Use*

**Presentation:**

*Dr. Bakul Parikh presents and “teams” cases*

**ONC:**

*Teaming Cases with Psychiatrist*

**Readings: Mood Disorders**


Readings: Medication Management

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


Class 7 (June 30)
Treatment of Depression, Bipolar Disorder, and Anxiety

Readings:


Hoffman, Ch. 5, CBT for Depression


Class 8 (July 7)

Family Therapy, Family Psychoeducation and Multi-Family Group Therapy/Suicidality

On-Going Cases - Session 3: Family Therapy, Intervening when there is a suicidal presentation

ASSIGNMENT 2 DUE

Readings:

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


Goldenberg, Overview of Family Therapy.


LINK: http://search.proquest.com.proxy.lib.umich.edu/docview/224873090?accountid=14667


LINK: http://search.proquest.com.proxy.lib.umich.edu/docview/224884274?accountid=14667


_Hoffman and Thompson, Chapter 10, Suicidality_

Hofmann & Thompson Chap 17 Multi-family Group Treatment

Nahum, D., Brewer, M., Multi-Family Group Therapy for Sexually Abusive Youth, Journal of Child Sexual Abuse, Vol. 13, Iss. 3-4, 2005


**Class 8 (July 14)**

**Disruptive Behavior Disorders/Assertive Community Treatment/Wraparound**

Readings

SAMHSA Evidence-Based Practice Disruptive Behavior Disorders Kit


Pardidni, Dennis, Phd., Symptoms of Conduct Disorder, Oppositional Defiant Disorder, Attention-Deficit/Hyperactivity Disorder, and Callous-Unemotional Traits as Unique Predictors of


LINK: http://search.proquest.com.proxy.lib.umich.edu/docview/220476008?accountid=14667

History of ACT: Presentation by Mary Ann Test, Ph.D. (30 minutes) LINK: video.google.com/videoplay?docid=-363668305558008415


**Class 10 (July 21)**

**Homelessness/Housing/Legal Issues/Mental Illness & Jail**

**Psychosocial Rehabilitation**

**On-Going Cases - Session 4:** Considering Community Resources, Interagency Coordination and Self-Education

Presentation: *Dr. Tim Florence and John Loring 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
Class 11 (July 28)

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

Readings:


