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).

Required Texts

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.

Due the shorten semester for spring/summer courses, only one missed class will be approved. If you miss more than one class, you will need to speak with me immediately to complete a make-up assignment for the missed classes.

Papers are expected to be handed in on their due dates and papers must meet all academic standards for ethical documentation, which includes APA format. 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:

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: 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 class participation, three papers, and one group project:

<table>
<thead>
<tr>
<th>Graded Work</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Class Participation</td>
<td>10%</td>
</tr>
<tr>
<td>Group Project: (Due TBD)</td>
<td>25%</td>
</tr>
<tr>
<td>Personal Memoir: (Due June 10th)</td>
<td>20%</td>
</tr>
<tr>
<td>Reflection on Readings: (Due July 1st)</td>
<td>15%</td>
</tr>
<tr>
<td>Reviewing a case: (Due July 22nd)</td>
<td>30%</td>
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</table>
Group Project  
25% of Grade  
Due: TBD  

On the first day of class we will form small groups who will be responsible to present on assigned diagnostic category. Class time will be allocated for preparing for this presentation each week. Presentations are to be approximately 45-60 minutes long and should include:

First part of your presentation:

1. Detail the history of your diagnostic category.

2. Prevalence of this diagnostic category.

3. Describe the signs and symptoms of your diagnosis.

4. Subtypes.

5. Considerations for special populations that should be taken into account, (LGBT, Elderly, Women, People of color etc.).

6. Suggested treatment options for this disorder/s. (i.e CBT, DBT, Motivational Interviewing, etc. provide a brief overview of this treatment technique/model).

Second part of your presentation:

Use a case example of an actual past or present case you may be working with to illustrate this diagnostic category.

Format:

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. Initial treatment plan: 2 Goals, Objectives, Interventions as well as a sample progress note. This progress note should meet reporting/auditing requirements.

3. Your plan to engage the family/significant others, (Or an explanation of why this is not needed or not possible).

4. Your plan to coordinate with other services. (Or an explanation of why this is not needed or not possible)

5. 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.)

6. What group insights developed based on your work with the case and diagnosis.

**You will need to turn in a hard copy of your presentation, outlining who was responsible for each section. This is due the day of your presentation.

**

Paper 1

Looking at a personal memoir through a “cultural lens”

Length 7-9 pages

20% of Course Grade

Due: June 10th

Please select one of the memoirs (that is *) in the recommended readings list. 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, and 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?

E. Please include two discussion questions regarding your book of choice. We will use these discussion questions in class when we review the assigned books.

Paper 2

Self-Exploration in relation to the readings

Length: 4-6 pages. (2-3 pages per article)

15% of Course Grade

Due: July 1st
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 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.

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, 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 does the perspectives described make claims about health or illness that are adequately or inadequately inclusive, stigmatizing, and/or potentially empowering to clients?

Grading:
7 Points – how well did author genuinely share about and reflect on own experiences.
7 Points – how well did author tie in this sharing to the specific issues raised in the readings
1 Point – grammatically correct, referenced properly, flow of paper from one thought to another
Paper 3  
Reviewing a case – Diagnosis, assessment, treatment strategies and cultural implications for treatment  
30% of grade  
Length 8-10 pages  
Due: July 22nd (last day of class).

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 clients, you can use your 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 (DSM-IV or DSM 5 in the first section of the paper to describe your case. 1 page. (2 points)

2. Provide a cultural understanding of the case rooted in the following domains (10 points):

   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) **The organizational domain** (you can skip this domain if you have chosen a client or family who is not being seen in an actual agency): 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.

3. 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. **(10 points)** Use references here.

4. 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. **(4 points)**

5. Discuss who you are as a practitioner – your characteristics and what you bring as the ‘treater’ in this therapeutic relationship. 1 page. **(4 points)**

_Papers will be graded based upon the quality of the analysis and the quality of the writing. “A” papers will:_

1) Be well organized, orienting the reader as to the content of the paper, with one paragraph flowing logically from another and using headers as an organizational tool.

2) Contain very few, if any, grammatical mistakes (so please proofread more than once!)

3) Draw upon relevant, up to date, and reliable sources of evidence

**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 (Tuesday, May 13)**
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 (Tuesday, May 20)
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: Chapter 4 “Cultural Assessment”**

**Class 3 (Tuesday, May 27th)**
Social Justice and Psychiatric Disability/Transforming Behavioral Health Care-From a Disease Model to a Prevention/Wellness/Recovery Model

*Presentation: Spectrum Center: Oppression experienced by the LGBT community.*

**Readings:**


**Podcasts**

*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 (Tuesday, June 3rd)**
The “Systems of Care” Model/ Culturally Relevant Treatment/Intervention
Readings:


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


Class 5 (Tuesday, June 10th)
Dual Disorders Treatment/Motivational Interviewing

Presentation: Penney Acosta from NAMI on Family to Family Program

Readings:

Hofmann & Tompson Chap 11, Motivational Interviewing

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


Castillo Chap. 9, “Substance-Related Disorders


**Class 6 (Tuesday, June 17th)**

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

Presentation: *Psychiatrist from UM Child & Adolescent Center*

*Readings: Mood Disorders*


*Readings: Medication Management*


Class 7 (Tuesday, June 24th)
Treatment of Depression, Bipolar Disorder, and Anxiety

Readings:


Hoffman, Ch. 5, *CBT for Depression*


Class 8 (Tuesday, July 1st)
Family Therapy, Family Psychoeducation and Multi-Family Group Therapy/Suicidality

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


Goldenberg, Overview of Family Therapy


Robbins, R., Tonemah, S., Robbins, S., Project Eagle: techniques of multi-family psycho-educational group therapy with gifted American Indian Adolescents and their parents, Native Mental Health Research (online), 10:3 (2002), 56-74


**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 9 (Tuesday, July 8th)

Disruptive Behavior Disorders/Assertive Community Treatment/Wraparound

**Reading:**

SAMHSA Evidence-Based Practice Disruptive Behavior Disorders Kit


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


**Class 10 (Tuesday, July 15th)**
**Homelessness/Housing/Legal Issues/Mental Illness & Jail Psychosocial Rehabilitation**

*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 (Tuesday, July 22)**
**Complementary and Alternative Treatments for Mental Health Mind & Body Medicine**

*Readings:*


