

**Social Work Practice in Mental Health**  
**Section 003 Fall, 2015**  
**Yatesha D. Robinson, LMSW, MA, CFLE**  
[yatesha@umich.edu](mailto:yatesha@umich.edu)  
Office Hours: By Appointment

### **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 and Attendance Expectations**

This course will use a combination of lecture, class discussion, case material, role-plays, group discussion and video material as appropriate.

### **5. Relationship of the Course to the 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 Ethics and Values:**

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

### **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).

### **10. Intensive Focus on Privilege, Oppression, Diversity and Social Justice (PODS)**

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

### **11. Attendance Expectations**

Students are expected to attend **all** class sessions. **The instructor must be notified in the event of a possible absence.**

- **Attendance at each class session is expected.** The learning in this class is experiential. More than two absences will result in a reduction in the final grade (½ step from A to A-).
- Assignments are expected to be **on time**. Assignments that are turned in late will result in an automatic reduction in the grade for the assignment. **Written assignments are expected to be submitted electronically in the assignments section in Canvas by midnight of the assigned date to be considered on time.**
- Class participation is strongly encouraged and is worth 10% of your final grade. If for personal reasons you find class participation to be difficult, please see me.

### **Required Texts**

1. Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition, American Psychiatric Association. (available online).
2. DSM-5 Clinical Cases, John W. Barnhill, M.D., 2013. (available online).

### **Optional Text**

1. DSM-5 Made Easy, The Clinician's Guide to Diagnosis. James Morrison, M.D., 2014 (available online).

### **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 Overview**

#### **The course will be guided by four important themes:**

1. Understanding people with mental illness from multiple perspectives (including gender, race, ethnicity, culture, privilege, oppression, social justice)
2. Understanding the mental health practitioner roles of social workers
3. Understanding the best evidence practice methods for our work with individuals with severe and persistent mental illness
4. 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)

### **Course Assignments, Requirements and Grading**

Course grades will be based upon class participation, group work, one paper, two group presentations and two mini reflection papers.

***\*Please use BOLDED headings in your papers to highlight assignment requirements.***

- 1. DSM-V Diagnostic Category Group Presentation & Case Study – Due November 19**  
**This assignment is 30% of your grade**

On the first day of class, you will form into groups and choose two diagnostic categories from the DSM-V. Students in each group will research the categories and share their results accompanied by supplementary materials (i.e. audio or video clips) to support and illustrate their findings in a 45 - 60 minute presentation. Class time will be allocated for preparing for this presentation each week.

***Part A: Background information on the diagnostic category***

1. Detail the history of your diagnostic category, including psychosocial and biological factors and subtypes.
2. What is the prevalence in the population and age of onset?
3. Describe common signs and symptoms
4. Discuss possible sociocultural factors and stigma that may be associated with the diagnosis.
5. Suggest treatment options for this disorder (i.e. CBT, DBT, Motivational Interviewing etc..)
6. Discuss complementary and alternative therapies that may support treatment.

***Part B: Case example illustrating the diagnosis***

Use a case example of an actual past or present case you may be working with to illustrate this diagnosis. Please disguise all personal information to protect confidentiality.

1. A biopsychosocial 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: 3 treatment goals with corresponding objectives, interventions and a sample Progress Note which all meet reporting/auditing requirements.
3. Your plan to engage family/Significant others, (Or an explanation of why this is not needed or not possible).
4. Your plan to coordinate with other services outside of your agency. (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... etc.

6. What Group insights developed based on your work with the case and diagnosis. What did you learn about yourself?

**2. Online Social Work Training Resources and Reflection Paper – Due October 1**  
**This assignment is 15% of your grade**

Complete one of the following online training programs listed below and write a 2-page reflection paper.

***IMPACT Online training – a training that introduces you to an evidence-based model of collaborative care management for depression***

<http://impact-uw.org/training/web.html>

***NIAAA Online Clinicians Guide to Video Case Studies: Helping Patients Who Drink Too Much***

<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training>

***Trauma Focused CBT***

<http://tfcbt.musc.edu>

Please identify the online program you completed provide the following information in your personal reflection using bolded headings for each topic:

1. *Provide an overview of the objectives for the training.*
2. *Describe new skills/knowledge that you acquired or that was enhanced after your participation in the training.*
3. *Considering case stories from your experiences in the field, your community and family or knowledge that you have gained in classes, how might you use the information from your online training to guide your approach in social work interventions?*

**3. A Sociocultural Analysis of *Healing Neen* – Due October 29**  
**This assignment is 25% of your grade**

In class, students will view the documentary *Healing Neen* and write an analysis which examines the sociocultural factors that lead to Tonier “Neen” Cain’s struggles with substance abuse, chronic incarceration, prostitution and mental health issues.

Please discuss each of the following factors in your analysis:

- Trauma; Poverty; Race/Culture; Access to support services; Public Service Systems; Familial and Community Relations.
- Possible Interventions; what worked; why did it work; lessons learned?

#### **4. Self-Exploration in Relation to the Readings -- Due December 3**

**This assignment is 15% of your grade**

This assignment will provide an opportunity for you to consider the readings in light of your own experiences. You can consider personal and practice experience as well as current dilemmas you may now face in your work. Please provide in depth reflection to how you relate to at least three of the readings.

Answer the following in a two-page reflection paper:

1. Describe your personal responses to the reading.
2. What are the central ideas that seems most salient or significant to you? Why? Which are appealing, problematic, troubling?
3. What questions do the readings pose for you or answer for you?
4. How do the perspectives described make claims about health or illness that are adequately or inadequately inclusive, stigmatizing, and/or potentially empowering to clients?
5. Feel free to add any additional commentary, concerns or ideas.

#### **5. Pop Cultural Case Review: Group Facilitation (15 minutes) – Due December 10**

**This assignment is 15% of your grade**

Students will work in groups of two and choose an audiobook, television show, film or video clip that highlight the intersections of poverty, sexual orientation and/or culture and mental illness in today's popular culture. Students will provide a brief overview and share a 2 – 5 minute media clip in class. Students will lead the class in a discussion.

Example topics are:

1. Personal reactions to the clip
2. Subtle cues of trauma
3. How marginalized groups are represented in the clip
4. Cultural values and attitudes that may impact psychological suffering.
5. Possible healing approaches OR barriers to treatment ... etc.

## Course Schedule (Flexible)

### **Week 1: September 17, 2015**

- Introductions, Review of Syllabus, Course Expectations
- Historical overview of Mental Health Care in America

#### Readings:

#### **DSM 5 – Section 1, pp. 5-25: Intro/How to use DSM**

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

Beidas, R. and Kendall, P. (2010), Training Therapists in Evidence-Based Practice: A Critical Review of Studies From a Systems-Contextual Perspective, *Clinical Psychology: Science and Practice*, V17, N1 (p.1-30)

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

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

McCracken, S.G., Marsh, J.C. (2008). Practitioner Expertise in Evidence-Based Practice Decision Making. *Research on Social Work Practice*, 18(4), 301-310.

Southam-Gerow, M., Rodriguez, A. Chorpita, B. (2012), Dissemination and Implementation of Evidence Based Treatments for Youth: Challenges and Recommendations, *Professional Psychology, Research and Practice*, (p.1-9)

### **Week 2: September 24, 2015**

- Evidence-Based Practice and a Cultural Framework to Understanding Mental Illness and Mental Health
- A Cultural/Strengths-based Framework for Assessing and Treating Mental Illness
- Assessment and Goal Setting

#### Readings:

#### **DSM 5 – pp. 123-188: Bipolar & Depressive Disorders**

Castillo: Chapter 4 “Cultural Assessment.”

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

Pumariega, A. J., Winters, N. C., Huffine, C., The evolution of systems of care for children's mental health: Forty years of community child and adolescent psychiatry, *Community Mental Health Journal*, (Oct 2003): 399-425. (available on Library Database – search Proquest)

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

Zide and Grey, Chapter 1, Competency-Based Assessment

### **Week 3: October 1, 2015 – Paper Due**

- Understanding Severe and Persistent Mental Illness
- Treatment Planning

#### Readings:

### **DSM 5 – pp. 87 – 122: Schizophrenia Spectrum/Psychotic Disorders**

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.

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

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

Mura, G., Petretto, D.R., Bhat, K.M., Carta, M.G. (2012). Schizophrenia: from epidemiology to rehabilitation. *Clinical Practice & Epidemiology in Mental Health*. 8, 52-66.

Myers, N. L. (2010). Culture, stress and recovery from schizophrenia: Lessons from the field for global mental health. *Culture, Medicine and Psychiatry*, 34(3), 500-28.  
doi:<http://dx.doi.org/10.1007/s11013-010-9186-7>

Van Os, J., & Kapur, S. (2009). Schizophrenia. *The Lancet*, 374(9690), 635-45. Retrieved from <http://search.proquest.com.proxy.lib.umich.edu/docview/199047908?accountid=14667>

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.

#### **Week 4: October 8, 2015**

- Stigma, Social Justice, Suicide, and Mental Illness
- Family/Community Support Systems

#### **Readings:**

#### **DSM 5 – pp. 709 – 732: Medication-Induced Movement Disorders/Other conditions**

Corrigan, P. (2004). How Stigma Interferes With Mental Health Care. *American Psychologist*, 59(7), 614-625. doi:10.1037/0003-066X.59.7.614

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.

Knifton, L. (2012). Understanding and addressing the stigma of mental illness with ethnic minority communities. *Health Sociology Review*, 21(3), 287-298.

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)

Muñoz, M., Sanz, M., Pérez-Santos, E., de los Ángeles Quiroga, M. (2011). Proposal of a socio-cognitive-behavioral structural equation model of internalized stigma in people with severe and persistent mental illness. *Psychiatry Research*, 186 (2-3), 402-408.

#### **Week 5: October 15, 2015**

- Trauma and Trauma-informed Care

#### **Readings:**

#### **DSM 5 – pp. 265 – 308: Trauma- and Stressor-related Disorders/Dissociative Disorders**

Bassett, D., Buchwald, D., & Manson, S. (2014). Posttraumatic stress disorder and symptoms among American Indians and Alaska natives: A review of the literature. *Social Psychiatry and Psychiatric Epidemiology*, 49(3), 417-33.

Corrigan, P. (2004). How Stigma Interferes With Mental Health Care. *American Psychologist*, 59(7), 614-625. doi:10.1037/0003-066X.59.7.614

E Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., Detraux, J., Gautam, S., Möller, H.-J., Ndeti, D. M., Newcomer, J. W., Uwakwe, R. And Leucht, S. (2011), Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, 10: 52–77

Fisher, Janina, Putting the Pieces Together: 25 Years of Learning Trauma, *Psychotherapy Networker*, 38.3 (May/June 2014).

Muñoz, M., Sanz, M., Pérez-Santos, E., de los Ángeles Quiroga, M. (2011). Proposal of a socio-cognitive-behavioral structural equation model of internalized stigma in people with severe and persistent mental illness. *Psychiatry Research*, 186 (2–3), 402-408.

### **Week 6: October 22, 2015**

- Co-Occurring Disorders and Integrated Dual Diagnosis Treatment
- Homelessness, Legal Issues, Incarceration, Psychosocial Rehabilitation

### Readings:

### **DSM 5 – pp. 481 – 590: Substance-related and Addictive Disorders SAMHSA ACT Workbook**

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

Coldwell, C. M., & Bender, W. S. (2007). The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis. *The American Journal of Psychiatry*, 164(3), 393-9.

### Integrated Treatment for Co-Occurring Disorders

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

Perry, BD, Pollard, RA, Blakley, TL, Baker, WL, Vigilante, D. (1995). *Childhood Trauma: The neurobiology of adaptation and “use-dependent” development of the brain: How states become traits*. *Infant Mental Health Journal*, 16(4), 271-291.

Rosenberg, L. (2011). Addressing trauma in mental health and substance use treatment. *The Journal of Behavioral Health Services & Research*, 38(4), 428-431.  
doi:<http://dx.doi.org/10.1007/s11414-011-9256-9>

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.

### **Week 7: October 29, 2015 – Paper Due**

- Treatment Modalities and interventions for Mental Health Disorders
- Motivational Interviewing
- DBT/CBT

#### Readings:

### **DSM 5 – pp. 645 – 684: Personality Disorders**

Daros, A. R., Zakzanis, K. K., & Ruocco, A. C. (2013). Facial emotion recognition in borderline personality disorder. *Psychological Medicine*, 43(9), 1953-63.  
doi:<http://dx.doi.org/10.1017/S0033291712002607>

Gunderson, J. G. (2011). Borderline personality disorder. *The New England Journal of Medicine*, 364(21), 2037-2042.

Kutash, K, Greenbaum, P., Wang, W., Boothroyd, R. & Friedman, R. (2011). Levels of system of care implementation: A national benchmarking study. *The Journal of Behavioral Health Services & Research*, 38(3) 342-356.

Linehan, M. M, Schmidt, H, Dimeff, L. A., Craft, J. C., Kanter, J, Comtois, K.A. (1999). Dialectical Behavior Therapy for Patients with Borderline Personality Disorder and Drug-Dependence. *The American Journal on Addictions*, 8(4), 279-292

Linehan, M. M. (2013). What psychiatrists should know about dialectical behavior therapy. *Psychiatric Annals*, 43(4), 148. doi:<http://dx.doi.org/10.3928/00485713-20130403-02>

Lis, S., Bohus, M. (2013). Social interaction in borderline personality disorder. *Current Psychiatry Reports*, 15, 338.

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

Rizvi, S. L., Dimeff, L.A., Skutch, J, Carroll, D, Linehan, M.M. (2011). A Pilot Study of the DBT Coach: An Interactive Mobile Phone Application for Individuals With Borderline Personality Disorder and Substance Use Disorder. *Behavior Therapy*, 42(4), 589-600.

### **Week 8: November 5, 2015**

- Complementary and Alternative Treatments for Mental Health

Readings:

### **DSM 5 – pp. 423 – 459: Sexual Dysfunctions and Gender Dysphoria**

Anthony, W. A. (2010). Shared decision making, self-determination and psychiatric rehabilitation. *Psychiatric Rehabilitation Journal*, 34(2), 87-88.  
doi:10.2975/34.2.2010.87.88

Barrett, B., Young, M., Teague, G. B., Winarski, J. T., Moore, K. A., & Ochshorn, E. (2010). Recovery orientation of treatment, consumer empowerment, and satisfaction with services: A mediational model. *Psychiatric Rehabilitation Journal*, 34(2), 153-156.

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

Fisher, Janina, Ogden, Pat, Case Study, Breaking Free: A mind-body approach to retraining the brain, *Psychotherapy Networker*, 35.2, (March/April 2011)

Helpful Information: Assertive Community Treatment EBP Kit

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

### **Week 9: November 12**

#### **Group Presentations**

Readings:

### **DSM 5 – pp. 461 – 480: Disruptive, Impulse-Control and Conduct Disorders**

Aguilera, A., Lopez, S.R., Breitborde, N.J.K., Kopelowicz, A., Zarate, R. (2010). Expressed Emotion and sociocultural moderation in the course of schizophrenia. *Journal of Abnormal Psychology*, 119(4), 875-885.

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.

E Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., Detraux, J., Gautam, S., Möller, H.-J., Ndeti, D. M., Newcomer, J. W., Uwakwe, R. And Leucht, S. (2011), Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, 10: 52–77

## **Week 10: November 19 – Semester Review, Strategies and Resources**

### **Group Presentations**

#### 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

Kondrat, D. C., & Early, T. J. (2010). An exploration of the working alliance in mental health case management. *Social Work Research*, 34(4), 201-211.

Lonnie R. Snowden. Bias in Mental Health Assessment and Intervention: Theory and Evidence. *American Journal of Public Health*: February 2003, Vol. 93, No. 2, pp. 239-243.

Teicher, M. (2002). *Scars that won't Heal: The Neurobiology of Child Abuse*. *Scientific American*, 286(3), 68-75.

Washington, D. D. L. (2008). Transforming clinical practice to eliminate Racial–Ethnic disparities in healthcare. *Journal of General Internal Medicine*, 23(5), 685-691.

Wheeler, D. P., & Bragin, M. (2007). Bringing it all back home: Social work and the challenge of returning veterans. *Health & Social Work*, 32(4), 297-300. Retrieved from <http://search.proquest.com.proxy.lib.umich.edu/docview/210570289?accountid=14667>

## **Week 11: November 26, 2015 – No Class – Thanksgiving Holiday**

### **December 3, 2015 – Paper Due**

- Family Therapy and Psychoeducation
- Medication Management

Dixon, L., Adams, C., Lucksted, A. (2000). Update on Family Psychoeducation for Schizophrenia. *Schizophrenia Bulletin*, 26(91), 5-20.

Family Psychoeducation EBP toolkit

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

Jewell, T. C., Downing, D. and McFarlane, W. R. (2009), Partnering with families: multiple family group psychoeducation for schizophrenia. *Journal of Clinical Psychology*, 65, 868–878. doi: 10.1002/jclp.20610

Kolk, Bessel A. van der, MD. (1994). *Childhood abuse and neglect and loss of self-regulation*.

Lucksted, A., McFarlane, W., Downing, D. and Dixon, L. (2012), Recent Developments in Family Psychoeducation as an Evidence-Based Practice. *Journal of Marital and Family Therapy*, 38, 101–121. doi: 10.1111/j.1752-0606.2011.00256.x  
*Menninger Clinic Bulletin*, 58 (2), 145-168.

Smerud, P. E., & Rosenfarb, I. S. (2011). The therapeutic alliance and family psychoeducation in the treatment of schizophrenia: An exploratory prospective change process study. *Couple And Family Psychology: Research And Practice*, 1(S), 85-91. doi:10.1037/2160-4096.1.S.85

**Week 12: December 10, 2015**

**Group Presentations**