

## **Social Work Practice in Mental Health**

**Section 002 Fall, 2016**

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Office Hours: By Appointment

### **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.

### **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.

### 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.

### 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.

### **Relationship to SW Ethics and Values**

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

### **Intensive Focus on 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.

### **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 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. 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-). If a student misses more than three classes, their grade will drop a ½ step for each class missed. If a student misses more than 45 minutes of class time during any given week, this will be considered an absence.
- Assignments are expected to be **on time**. Assignments that are turned in late will result in an automatic half-step reduction in the grade for the assignment. **Written assignments are expected to be submitted electronically on 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. Please bear in mind, participation involves more than just speaking in class. It involves active listening, attention during lectures, engagement in small group work, etc. If for personal reasons you find class participation to be difficult, please see me.

## Grading

The requirements listed below are the minimal expectations for class assignments, and if followed precisely will result in a “B+” grade for the assignment. A grade higher than “B+” will be given to work that has gone above and beyond the minimal qualifications. **This would reflect more thorough, thoughtful and thought-provoking work on your part.** As effective social work practice involves the humanity of the social worker, excellent work will include thorough, thoughtful discussion and reflection. This will be discussed in detail in class. Feel free to ask questions about this policy!

## Accommodations

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.

## Writing Assistance

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

## 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).

## Class Requirements

**Please use bullet points illustrating required information as headings within your papers.**

Progress in this course will be assessed by four assignments. The purpose of each assignment is to develop and enhance your skills in mental health practice. Each assignment is to be submitted electronically through Canvas by midnight on the due date.

### 1. Ongoing Case Study

For this ongoing assignment, you will select a person you are currently working with, have worked with in the past, or know personally. If you are not serving clients, you may select an organization, process, or situation, instead. There will be three individual parts to this assignment, which will result in submission of multiple papers examining the same subject.

Please always respect confidentiality, and disguise any identifying information.

#### a. Paper 1 – 3-5 pages - Due 10/13/16 – worth 20% of your total grade

- i. Introduction to the object of the case study.
  1. The context of your relationship with this subject.
  2. Demographic information
  3. Presenting Problem/why you chose this person
  4. Mental health history
  5. Trauma history
  6. Current engagement with services
    - a. If not engaged with services, circumstances/your thoughts about why
- ii. Why you are writing about this person – what are your thoughts about their mental health history, trauma history, etc. (this bullet can be woven throughout the ones above)
- iii. The extent to which mental health issues affect this person’s daily life. Where is this person/subject in their recovery journey?
- iv. Your initial hypothesis about what micro-, mezzo-, and macro-level interventions would be helpful/need to be considered for your chosen person/subject

#### b. Paper 2 – 4-6 pages – 11/10/16 – worth 30% of your total grade

- i. Describe what you see to be this person’s exiles.
  1. Use quotations to illustrate what you think the exiles actually say to this person – what the thoughts/words/messages is this person hearing from their exiles every day?
  2. Include your thoughts on where these exiles stem from/the connection to the person’s trauma and schemas

- ii. Describe the managers (behaviors) that this person uses to function on a daily basis.
    - 1. Include your thoughts about why they developed these particular coping strategies in light of their history.
    - 2. Include your thoughts about how these managers actually manage for this person/calm their exiles.
  - iii. Describe this person's firefighters, and what you perceive to be the triggers that ignite them.
    - 1. Include your thought about the ramifications of the presence of these behaviors in this person's life
- c. **Paper 3 – 7-9 pages – Due 12/8/16 – worth 40% of your total grade**
- i. Select three topics covered in class (other than Internal Family Systems)
    - 1. Each topic you write about can be a separate section, discussing the following points for each topic
  - ii. Write a 7-9 page paper discussing:
    - 1. Your chosen person/subject and how each topic applies to them/why you chose to write about this topic as it relates to your chosen subject.
    - 2. How will each topic:
      - a. Play a role in this person's recovery?
      - b. Inform service delivery?
      - c. Affect your role/actions as the social worker?
    - 3. If this topic has already been used as part of providing services to this person, what has been the outcome thus far? How has this topic affected the person, their daily life, their recovery process?
  - iii. Include a LOCUS assessment of the individual
    - 1. Provide rationale for why you chose each score in the various LOCUS dimensions, as well as a composite score.

## Course Schedule

### Week 1: September 8, 2016

- Introductions, Review of Syllabus, Course Expectations

### Week 2: September 15, 2016

- Mental Health Care in the US: Past, Present, Future

Sterling, E., VonEsenwein, S., Tucker, S., Fricks, L & Druss, B. (2010). Integrating wellness, recovery, and self-management for mental health consumers. *Community Mental Health Journal*, 46(2), 130-138.

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

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

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.

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

Gregory P. Knapik, Christine Heifner Graor. (2013). Engaging Persons with Severe Persistent Mental Illness into Primary Care. *The Journal for Nurse Practitioners*, 9 (5), 283-287

### Week 3: September 22, 2016

- Understanding Severe and Persistent Mental Illness

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

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

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

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

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>

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.

**Week 4: September 29, 2016**

Class Canceled

**Week 5: October 6, 2016**

- Trauma and Trauma-informed Care

Kolk, Bessel A. van der, MD. (1994). *Childhood abuse and neglect and loss of self-regulation*. *Menninger Clinic Bulletin*, 58 (2), 145-168.

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

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>

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 6: October 13, 2016 – Paper 1 Due**

- The Person in Mental Health Practice
- Guest Speaker: Ellen Chute, LMSW

Pedigo, T. B. (1996). Richard C. Schwartz: Internal family systems therapy. *The Family Journal*, 4(3), 268-277.

Schwartz, R. C. (2013). Moving From Acceptance Toward Transformation With Internal Family Systems Therapy (IFS). *Journal of clinical psychology*, 69(8), 805-816.

Gumber, S., & Stein, C. H. (2013). Consumer perspectives and mental health reform movements in the United States: 30 years of first-person accounts. *Psychiatric Rehabilitation Journal*, 36(3), 187-194. doi:10.1037/prj0000003

Tomes, N. (2006). The patient as A policy factor: A historical case study of the Consumer/Survivor movement in mental health. *Health Affairs*, 25(3), 720-9. Retrieved from <http://search.proquest.com.proxy.lib.umich.edu/docview/204649601?accountid=14667>

### **Week 7: October 20, 2016**

- Stigma, Social Justice, Suicide, and Mental Illness
- Guest Speaker Panel: The Spectrum Center

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.

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.

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.

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.

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

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

### **Week 8: October 27, 2016**

- Service Delivery in Mental Healthcare
- Assessments

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

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

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.

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.

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.

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

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 3, 2016**

- Co-Occurring Disorders and addiction, Integrated Dual Diagnosis Treatment, and Motivational Interviewing

Integrated Treatment for Co-Occurring Disorders

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

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.

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

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.

### **Week 10: November 10, 2016 – Paper 2 Due**

- Borderline Personality Disorder and Dialectical Behavior Therapy  
Guest Speaker: Mark Mitchell, LMSW – Community Network Services

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

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

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

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.

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

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.

### **Week 11: November 17, 2016**

- Family Psychoeducation

Dixon, L., Adams, C., Lucksted, A. (2000). Update on Family Psychoeducation for Schizophrenia. *Schizophrenia Bulletin*, 26(1), 5-20.

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

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

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

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.

Family Psychoeducation EBP toolkit

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

**Week 12: November 24, 2016 – No Class, Thanksgiving Holiday**

**Week 13: December 1, 2016**

- Recovery Enhancements

Tepper, M. C. (2007). Psychosocial rehabilitation: A newcomer's eye. *Psychiatric Services*, 58(8), 1116-8.

Baksheev, G. N., Allott, K., Jackson, H. J., McGorry, P. D., & Killackey, E. (2012). Predictors of vocational recovery among young people with first-episode psychosis: Findings from a randomized controlled trial. *Psychiatric Rehabilitation Journal*, 35(6), 421-427. doi:10.1037/h0094574.

McInnes, M.M., Ozturk, O.D., McDermott, S., Mann, J.R. (2010). Does Supported Employment Work?. *Journal of policy Analysis and Management*, 29(3).

Supported Employment EBP Toolkit

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

Sledge, W. W. H., Lawless, M., Sells, D., Wieland, M., O'Connell, M. & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services (Washington, D.C.)*, 62(5), 541-544.

Tondora, J. J., O'Connell, M., Miller, R., Dinzeo, T., Cellamy, C., Andres-Hyman, R. & Davidson, L. (2010). A clinical trial of peer-based culturally responsive person-centered care for psychosis for African Americans and Latinos. *Clinical Trials (London, England)*, 7(4), 368-379.

Swarbrick, M., Zechner, M. Spagnolo, A., Gill, K., & Murphy, A. M. (2011). Wellness coaching: A new role for peers. *Psychiatric Rehabilitation Journal*, 34(4), 328-331.

**Week 14: December 8, 2016 – Paper 3 Due**

- Conclusion and wrap-up