Clinical Social Work in Relation to Chronic Mental Illness (SWCL 730)
Monday 6-9PM
Room 2E02

1. Course Description

This is an advanced methods course within the clinical concentration. The focus is on social work treatment and care of adults with serious mental illnesses (SMI) using empirical knowledge of what we know works (recovery-oriented and evidence-based practices (EBPs) and evidence-based interventions (EBI) and noting where there is a paucity of evidence-based practices and interventions. This course teaches practice models and methods of intervention for effective social work practice in community mental health services, 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 across diverse populations. It will assist students with the ability to examine research literature and determine how to translate research into practice. A major focus of the course 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 across the lifespan and special issues for groups who have been subject to ongoing oppression. Privilege and social justice as they affect access to treatment will be a major emphasis of the course. Mental health disparities by race and social class 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 models 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 through better screening and changes in health habits, the provision of effective treatment of psychiatric disabilities, with an emphasis on promotion of optimal adaptation when psychiatric disabilities are chronic. 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 (e.g. substance use and physical illnesses). The course, therefore, will emphasize the integration of micro and macro methods through which students learn to make social, behavioral, spiritual, 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 in the assignments will be attention to 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/transgender people, the aged, and people with disabilities.

Students who complete this course will be able to demonstrate increased levels of knowledge, attitude and skills as articulated below:

3. Knowledge Objectives
Students will:
1. Understand the concepts, theories and symptoms of serious mental illness and the use of evidenced based practices for treatment across diverse populations.
2. 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.
3. Develop knowledge of important issues impacting people with chronic mental illness, such as managed care and financing, risk management (violence and suicide), civil liberties, mental health parity.
4. Incorporate social work values and ethical standards in practice within mental health.
5. Become familiar with components of recovery, self determination, stigma, advanced mental health directives, and informed consent.
6. Develop an appreciation for the breadth of factors involved in serious mental illness such as brain biology, family factors (heredity), attitudes, community supports, culture, ethnicity, politics, socio-economic status, poverty, ethics, stigma, and ideology as they affect people with serious mental illness.
7. Cultivate a basic understanding of the funding and payment system for mental health services.

4. Attitude Objectives
Students will:
1. Model a nonjudgmental attitude towards people and families affected by chronic mental illness and use person-first language throughout the class.
2. Explore own biases about mental disorders in papers and group discussions.
3. Communicate hope and motivation to clients through an understanding and conceptualization of recovery from first person accounts.
4. Develop sensitivity to and recognition of stigma and internalized stigma - its harm, and methods to diminish it.
5. Advocate for accessibility to services and protest when those services are not available.

5. Skills Objectives
Students will:
1. Refresh knowledge of warning signs of onset of symptoms and risk factors associated with major mental illnesses, building on knowledge from psychopathology.
2. 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.
3. Consider and use culturally competent, gender-specific individual, family, group, organizational and community-based capacity building and preventive interventions within field settings.
4. 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. This will be accomplished by participation one activity of National Alliance for Mental Illness (NAMI) – NAMI Walks (May).
5. Know how to search for, get training in and use evidence-based mental health interventions (includes appraising some EBP manuals in class and understanding of measurement of fidelity of the interventions).
6. Be introduced to the major classes of medication for persons with serious mental illness.

6. Course Design
The course will include lectures, films, discussion, simulations, small group exercises, reading reflections, individual and group projects, guest speakers, and written assignments.

7. 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 highlighted in this course. Examples of these issues include: working to diminish stigma wherever and whenever it arises, overuse of particular DSM diagnoses for those without a voice, the examination of 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, use the principle of using the least restrictive environments for treatment of mental disorders, enhancing the value placed on preventive services, developing an understanding of the responsibility of social workers to strive for less stressful environments in relationship to preventing mental problems, the creation of community respect (tolerance) for individuals in the community whose behavior, while lawful, departs from community norms, and promoting community awareness and disdain for the “not in my back yard” phenomenon, especially where housing is concerned.
8. ADA Disclosure and Accommodation Requests
If you would like to request classroom accommodations for a disability, please speak with me so we can initiate a plan to contact the UMB Office of Student Services, at 410-706-7117, or the School of Social Work’s Office of Student Services (Dean Rusty) at 410-706-5100. Both offices have staff who will explain the ADA process and the required documentation. It is important that you follow through with this process if you believe you are eligible for accommodations; accommodations may not be made retroactively but can be established at any time in the semester.

For detailed information pertaining to ADA Affairs (policies and procedures), students can access the 07-08 Student Handbook on the SSW web-site and access the Appendices Link and then click into the documents titled Policy & Procedures for Students with Disabilities and UMB Guidelines for Documenting a Disability.

9. Statement on Plagiarism and Academic Integrity: Academic integrity is a central value of the School of Social Work. Therefore, all academic dishonesty will be treated seriously, as described in the MSW Student Handbook and referenced below:

Academic Dishonesty includes, but is not limited to, the following behaviors:
- a. false reporting of practice in the field placement,
- b. false reporting of classroom work as it affects the evaluation of a student’s performance,
- c. bribery, seduction, or threats in relation to performance evaluation,
- d. cheating and/or plagiarism, whether by using work as one’s own and/or without citation regardless if taken from the WEB, printed materials, or work produced by others.

10. Personal Issues and Confidentiality: The course content is such that students with unresolved personal and family issues in the area of mental illness and addiction may get provoked by some of the content and have unpleasant personal reactions. Please arrange to speak with Dr. Gioia to discuss strategies around this. In addition, students may disclose personal reflections or their own diagnosis as part of the class discussion – we all need to maintain and hold this confidentiality even in this large class.

11. Classroom etiquette: Cell phones/pagers -- It is expected that students will turn off (or mute) any pagers or cell phones, and only respond to pages or calls during the break or after class. Professional behavior includes students refraining from sending text and email messaging during class on phones or laptops.

Recommended Mental Illness Memoirs/Narratives/Texts for first assignment:
The Bell Jar (1971). Sylvia Plath, Bantam Books. (Partially autobiographical novel about an author drifting into a deep depression)

Welcome Silence: My Triumph over Schizophrenia (1983). Carol North MD. (Story of one woman’s journey deep into mental illness and her return to sanity)

A Guard Within (1988). Sarah Ferguson, Pantheon Books. (Story of her analysis, and the abrupt ending of this relationship when her analyst died of a heart attack)


We Heard the Angels of Madness: A Family Guide to Coping with Manic Depression (1991). Diane and Lisa Berger, Quill Press. (The mother and sister of a manic-depressive teen relate the facts about the illness and describe how their family coped)

Four of Us: A Family Memoir (1993). Elizabeth Swados Plume. (Author describes her parents' unpredictable emotional states and her brother's schizophrenia)

Call Me Crazy: Stories from the Mad Movement (1994). Irit Shimrat, 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 with schizophrenia but lives without medication and is a political activist)


Prozac Nation: A Memoir (1994). Elizabeth Wurtzel, Riverhead Books. (Memoir of her bouts with depression and skirmishes with drugs)


Under Observation: Life Inside McLean Psychiatric Hospital (1994). Lisa Berger and Alexander Vuckovic, M.D., Penguin Press. (Authors describe life at one unit of McLean Hospital, a psychiatric facility near Boston, during a typical two-week period)

Undercurrents: A Therapist's Reckoning with Her Own Depression (1994). Martha Manning, Harper Collins. (Clinical therapist's account of her own depression)

Beyond Bedlam: Contemporary Women Psychiatric Survivors Speak Out (1995). Third Side Press. (A compilation of essays by women who have been in the psychiatric system)

Living With Prozac and Other Selective Serotonin Reuptake Inhibitors: Personal Accounts of Life on Antidepressants (1995). Elfenbein (Ed.), Harper Collins. (Those taking antidepressants explain what it's like to be on Prozac and related drugs, and how their lives have changed because of it)


(A journalist recounts her struggle with depression)

Healing the Blues: A Success Story of a Patient and Her Therapist (1996). Dorothea Nudelman & David Willingham, MSW, Health Information Press. (Written jointly by a former patient and her psychotherapist, a unique account about both sides of the therapeutic process)

(Describes her early life as the daughter of a mother suffering from manic depression)

Drinking: A Love Story (1997). Caroline Knapp, Dial Press. (The roots of alcoholism in the life of a brilliant daughter of an upper-class family are explored)

(Describes the tragedy of psychosis and illustrates the redemptive power of writing)


Sweet Mystery: A Southern Memoir of Family Alcoholism, Mental Illness, and Recovery (1997). Judith Hillman Paterson, Farrar, Straus & Giroux. (Memories of growing up in a Southern family during the 1940s, plagued by family's addictions and mental illnesses in addition to the trauma of her father's leaving to serve in World War II)

(The former senator presents a memorial service for his alcoholic daughter, Terry, who froze to death on the streets of Madison, WI, one pre-Christmas night in 1994)

(Author tells of her own manic depression, the bitter costs of her illness, and its paradoxical benefits)

(A biography of John Nash, Nobel Laureate who suffered from schizophrenia)

Conquering Schizophrenia: A Father, His Son and a Medical Breakthrough (1998). Peter Wyden, Knopf.  
(Author discusses his son's battle with schizophrenia)

(The best-selling novelist on the life and death of her manic depressive son)

(Memoir of a young woman's life with obsessive-compulsive disorder)


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

All American Boy: A Memoir (1999). Scott Peck. (Growing up gay in a military home)

First Person Plural: My Life as a Multiple (1999). Cameron West, Hyperion. (Narrative of his battle with dissociative identity disorder (DID))


Night Falls Fast: Understanding Suicide (1999). Kay Redfield Jamison, Knopf. (Explores the complex psychology of suicide, especially in people younger than 40: why it occurs, why it is one of our most significant health problems, and how it can be prevented)

Twitch and Shout: A Touretter’s Tale (1999). Lowell Handler, Plume Books. (An attempt to chronicle Tourette’s from the inside)

Mockingbird Years: A Life In and Out of Therapy (2000). Emily Fox Gordon, Basic Books. (Details of going through therapy for twenty years)

The Outsider: A Journey into My Father’s Struggle with Madness (2000). Nathaniel Lachenmeyer, Broadway Books. (A son reconstructs his father’s life as a schizophrenic after his death)


A Different Kind of Boy: A Father’s Memoir about Raising a Gifted Child with Autism (2000). Daniel Mont, Jessica Kingsley Publisher. (Story of a father raising a son with autism and great intelligence)

The Eden Express: A Memoir of Insanity (2000). Mark Vonnegut, Kurt Vonnegut, Seven Stories Press. (Son of famed author’s battle with schizophrenia)

The Day the Voices Stopped: A Schizophrenic’s Journey from Madness to Hope (2002). Ken Steele, Basic Books. (A 32-year struggle with schizophrenia)

Noonday Demon: An Atlas of Depression (2002). Andrew Solomon, Scribner. (Author exposes all the discordant views and "answers" offered by science, philosophy, law, psychology, literature, art, and history on depression)

Unholy Ghost: Writers on Depression (2002). Nell Casey, Perennial. (Collection of 22 modern essays about depression by writers (several well known) who know their subject intimately)


Running with Scissors: A Memoir (2003). Augusten Burroughs, Picador. (Memoir of living with an alcoholic mother, unstable father, and being adopted by the family psychiatrist)

Burn: A Bipolar Memoir (2004). Shane Feldman. (College-aged sufferer of bipolar disorder with social commentary)

Dry: A Memoir (2004). Augusten Burroughs, Picador. (Author’s story of alcoholism and going through treatment)


The Hillside Diary and Other Writings (2004). Robert Gary Neugeboren. (For the first six months of this first psychiatric hospitalization, Robert kept a diary of his daily life at Hillside Hospital)


72 Hour Hold (2005). Bebe Moore Campbell. (Story of a mother trying to cope with her daughter's bipolar disorder in the black community)


Down Came the Rain: My Journey through Postpartum Depression (2005). Brooke Shields. (Memoir of post-partum depression)

The Glass Castle (2005). Jeanette Walls. (Walls chronicles her upbringing at the hands of eccentric, nomadic parents--her frustrated-artist mother, and her brilliant, alcoholic father)

Lincoln’s Melancholy: How Depression Challenged a President and Fueled His Greatness (2005). Joshua Wolf Shenk. (A look into Lincoln’s life with possible serious depression)


Broken Glass: A Family's Journey through Mental Illness (2006). Robert Hine. (Story of raising a daughter with a serious personality disorder)

Ace of Spades: A Memoir (2007). David Matthews. (Story of a boy from mixed racial heritage coping with the emotionally unstable adults in his life)

(Saks, a professor of law and psychiatry, writes from perspective as both expert and sufferer of chronic paranoid schizophrenia)

**Crazy: A Father's Search through America's Mental Health Madness** (2007). Pete Early. (Investigation of the criminalization of the mentally ill)

**Mothering Mother: A Daughter's Humorous and Heartbreaking Memoir** (2007). (Portrays the experience of looking after a mother suffering from Alzheimer's and Parkinson's)

**Swallow the Ocean** (2008). Laura Flynn, Berkeley, CA: Counterpoint. (Daughter's story of how her mother became unhinged by what was later diagnosed as paranoid schizophrenia)


**Cracked Teacups** (2009). B.E. Moore. (Middle-aged woman’s struggle with depression – a fictional portrayal)

**Breaking Night** (2010). Liz Murray. (About generational homelessness, drug addiction, and effects of parental mental disorder on offspring – also a story of resilience and survival)


**Half in Love: Surviving the Legacy of Suicide** (2011). Linda Gray Sexton. (Author writes about her own struggles with the engulfing undertow of depression and the legacy of suicide that has consumed her family)

**Real Men Do Cry** (2011). E. Hipple. (Former NFL Detroit Lions player’s story of depression/suicide)

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**Course Assignments, Requirements, and Grading**

10% of your grade will be based on class participation. Class participation will be graded according to currency in reading and participation in group discussions and short in-class projects. **Weekly reading will be assessed in either a reading reflection or a short quiz about the reading consisting of 10 multiple choice items.** The major assignments for the course will be articulated below. 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 unless there has been an arrangement worked out with Dr. Gioia.

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

- Systematic and logical presentation of arguments;
- Appropriate use of evidence;
- Familiarity with and appropriate use of relevant literature and concepts;
- Clarity and coherence of presentation;
- Originality and creativity;
- Conformity with the requirements of the assignment;
- APA style for final paper – there are several websites on the web to assist you with APA as well as our own library. If you have not had any exposure to this, please let me know.  [http://www.uwsp.edu/psych/apa4b.htm](http://www.uwsp.edu/psych/apa4b.htm)
While papers are judged on their individual merit, in any class there is a “standard” around each assignment. The way I grade is to read all the papers first and make comments on each and then to think about where the individual papers fall in terms of the standard of excellence set by the class and then go back to each and place a letter grade.

**Paper 1 (Looking at a personal memoir of mental illness through a “cultural lens”)**

30% of grade.
Length 6-8 pages (single-spaced with headers). Provide the full reference for your book.
Due: **February 20th**

**Instructions:** Please select one or more (infrequently students have wanted to contrast a couple of books on a given topic) of the memoirs in the recommended readings list or propose another memoir to Dr. Gioia by email. This is NOT A BOOK REPORT. It is your interaction and reflection on the story of the author.

Address your reactions to the memoir(s) and consider the following questions in your first-person narrative (use “I” think, feel, etc.):

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? Your response might be because you have had some familiarity with this disorder but it can also be because you are learning about this for the 1st time.

b. Using approaches to understanding the intersections of culture and mental illness discussed in class (and from the Castillo and other readings), 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.

c. Pay attention to any expression of *internalized stigma* – this will be discussed in class. Include these passages in your paper as example if they arise in the book.

d. How do gender, race, class, historical context (when the book was written) influence the experience of illness by the author and others in connections with the author? If the person seems to have certain privileges (e.g. access to insurance or money for treatment) and that affects their illness outcome – write about that.

e. 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. Many of the books don’t talk about this unfortunately. Do they have friends, family that they discuss as support? What stands out to you as especially significant, helpful, not helpful, in their stories of support? What is missing in her/his relational world that if included would lead to a better outcome? What are the challenges for the people in relationship to the author (e.g. family’s needs) and how well were these challenges managed by the professionals?

f. If a therapist is mentioned in the book – discuss your reaction to the therapy or lack of therapy the individual received.

g. Does this seem like a book that encompasses the concept of recovery? Why or why not?

h. End with a brief recommendation for this book (positive or negative) and why. Would you recommend to a client, family member, not at all?
Paper 2 – Reviewing a case – Diagnosis, assessment, treatment strategies and cultural implications for treatment

30% of grade
Length: Approximately 10 pages (combination of single and double-spaced) plus references in APA format
Due: March 12th

Instructions: Each student will choose an individual case from your clinical work which will involve your ideas about individual assessment, diagnosis, understanding of cultural implications (between you and the client) and identifying EBP intervention strategies and resources that are tailored for that person. If you are not seeing individual adults with mental health concerns in the field, you can use the person from your memoir OR you might use someone you worked with in the past (discuss with Dr. Gioia).

Examples of challenges you might encounter that are raised in relation to diagnosis, treatment and service delivery in the case might include:

- Issues of gender, race, sexual orientation and ethnicity as related to access to care and medication
- Urban versus rural access to treatment
- Problem with intersection of violence, incarceration, and mental illness
- Problems related to co-occurring disorders (alcohol plus SMI) or co-morbid physical concerns (Health plus mental health issues)
- Challenges of working on an interdisciplinary team
- Incorporating alternative and complementary treatments into western medicine
- Access or lack of access to services for families and care-givers
- Innovative community-based treatments and restrictions to executing evidence-based treatments in standard settings.

The paper will have 6 parts:
1. Define the severe and persistent mental health disorder represented in your case (Discuss disorder features and use the DSM multi-axial assessment in the first section of the paper to describe your case) – 1 page (single spaced) DSM will be reviewed in class
2. Incorporate the Cultural Assessment page from the DSM IV-TR into your assessment – answer all questions (1 page single spaced)
3. Choose the empirically focused treatments (EBPs) showing the most efficacy for the disorder – use something from class presentations, Corrigan readings, or something we have not covered that you have researched and feel is a good fit for this client. You may talk about complementary or alternative treatments for this case if you feel it would be a good fit (e.g. stress reduction techniques, acupuncture) but spend the majority of time on the EBP and then move to these. You should justify all your treatment choices in terms of the disorder as you defined it. (3-4 pages) Use references here and cite EBP databases where you found this treatment.
4. Choose the social work role(s) that align best with delivery of this treatment from the Bentley book and discuss the SW role in relation to the case. (1-2 pages)
5. If the individual is the same race and gender as you, adjust and alter the delivery of the treatment to a different racial/ethnic group, gender, developmental life-stage, geographic location (rural vs urban), socio-economic group than is presented in your case (1 page) (make two or more adjustments - e.g. a Latino male in prison with severe depression and substance abuse) Use references here. Will discuss how this works in class.

6. Discuss who you are as a practitioner – your characteristics including race and gender and what you bring as the ‘practitioner’ to this therapeutic relationship (1 page)

7. What is your critical view of EBPs for serious mental illness (opinion and reflection)? Make sure you have looked at one manualized treatment in order to make this assessment.

Final - Poster presentation in last class

30% of grade
Date: April 30th

A poster is a means to generate a dialogue about a research topic and letting the visual format speak to others. It will be graded on two areas – coverage of the topic and clarity. You will choose mental health disorder and the EBPs that you have found through your research on the topic to be solid or promising interventions. You will read at least 2 studies in this area and the poster will be a critique of these studies. Since this poster is a review of other’s research and not your own research the format will be different than a typical scientific poster. It will include: (1) a title, (2) an abstract of the research question and subsequent findings, (3) a visual display of the findings from the study (e.g. table) (will review in class), (4) conclusions about the interventions that showed promise in the studies, (5) future directions for the research taken from the articles, (6) your thoughts as a future therapist (7) citations.

Remember that less is more and you will be standing by your poster to explain to others. Make the poster visually compelling and have fun with it!

Grading Scale
97-100 = A+
93 - 96.9 = A
90 - 92.9 = A-
87 - 89.9 = B+
83 - 86.9 = B
80 - 82.9 = B-
77 - 79.9 = C+
73 - 76.9 = C
70 - 72.9 = C-
67 - 69.9 = D+
63 - 66.9 = D
60 - 62.9 = D-
59 and under = F

For final grades, any grade below C- is registered as "F".

The following point equivalency is in effect:
A+= 4.33, A= 4.0, A-= 3.67, B+= 3.33, B= 3.0, B-= 2.67, C+= 2.33, C= 2.0, C-= 1.67
(F= failure/need to repeat class)

Assignments will be graded numerically, averaged at the end of the semester, other points for missing classes, and/or late papers will be factored in, subtracted from the final numerical grade. The final grade will be converted to the letter grade as above for the final grade. Grades will be posted on Blackboard.

Required texts:


Recommended but not required for purchase:


Topical NY Times articles and other articles will be placed on Blackboard during the semester for review and discussion.

Recommended texts for building your personal library:


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**SESSION 1 1/23**

Introduction to course and each other

When we refer to serious mental illness what are we talking about?

What are the current major documents in relation to mental illness?

Competency-based treatments & interventions for severe mental illness (EBPs)

Review of bio/psycho/social/spiritual model

Who are people with psychiatric disabilities?

What is recovery?

Film: People Say I’m Crazy or PBS series on This Emotional Life

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Required Readings:

Corrigan et al. (2008), Chapter 1

Review documents and agencies briefly online for next class:

President’s New Freedom Commission on Mental Health

http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/toc_exec.html
Click on the reports to get executive summary of final report


Substance Abuse and Mental Health Services Administration [http://www.samhsa.gov](http://www.samhsa.gov)

National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov)


Department of Mental Health and Mental Hygiene (Maryland) [http://www.dhmh.state.md.us/](http://www.dhmh.state.md.us/)


The Carter Center Mental Health Program: Combating the Stigma of Mental Illness

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**SESSION 2  1/30**

A Recovery Framework for Understanding and Treating Mental Illness

What is psychiatric rehabilitation?

Gender and Mental Illness

Culture and Stigma

Required Readings:
Corrigan et al. (2008), Chapter 2 on stigma and Chapter 3 on definition of psychiatric rehab

Castillo (1997), Chpt 1 “Why Culture?”

Recommended Readings (will assign for reading reflections):
Castillo (1997)

Chpt 2 “Culture and Clinical Reality”
Chpt 3 “Culture and Personality”
Chpt 4 “Cultural Assessment”


Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science and Medicine, 64*(7), 1524-1535. (Blackboard)


**SESSION 3  2/6**

Evidence-based Practice in Serious Mental Illness  
Cultural Competency in the delivery of services  
Culture and stigma (cont).

Required Readings:  
Corrigan et al. (2008), Chapter 20


Browse these recommended sites –


[http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf](http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf)


Cultural Competence Primer – National Medical Association  

**SESSION 4  2/13**  
Illness Self-Management  
Rehabilitation Assessment (standardized measures)  
Depression/Anxiety  
Cross-cultural Depression  
Use of CBT/Mindfulness Therapy  
Integrated wellness – alt and comp therapies for mood disorders
Required Readings:
Corrigan et al. (2008), Chapter 4 & 5
Greenberger & Padesky (1995) – selected workbook sections
Segal (2002) – MBCT Chapter 1 & 2

Read if you need a refresher on depression types:
Thyer & Wodarski (2007), Chapt 13 Major Depressive Disorder (Blackboard)
Chapter 14 Dysthmic Disorder (Blackboard)

Recommended Readings:
Bartels, S. J., Dums, A. R., Oxman, T. E., Schneider, L. S., Areán, P. A.,

Mental Health America – Not “Just the Blues” (take a look)
http://www.nmha.org/index.cfm?objectId=C7DF8C45-1372-4D20-C80E7F78C2F27791

St. John’s Wort and light therapy for depression (Articles on blackboard)

Mueser, K. T., Corrigan, P. W., Hilton, D. W., Tanzman, B., Schaub, A., Gingerich, S.,
*Psychiatric Services*, 53(10), 1272-1284. (Blackboard)

Introduction to SAMHSA toolkits
http://store.samhsa.gov/facet/Treatment-Prevention-Recovery

University of Michigan Depression Center http://www.depressioncenter.org/

Video – Depression on College Campuses

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**SESSION 5  2/20  Medication Management in Psychiatric Disorders**

**Family Interventions**

Required Readings:
Corrigan et al. (2008), Chapter 7 and Chapter 11

Bentley & Walsh (2006), Chap 3, “Basic Principles: Neurotransmission,
Pharmacokinetics, and Pharmacodynamics” (Blackboard)

Bentley & Walsh (2006), Chapters 6 & 7 Medication education and
adherence

Bentley (2002), Chap 9 Social Workers as Medication Facilitators
(Blackboard)
Session 6  2/27
Schizophrenia and schizoaffective disorder  
Assertive Community Treatment (manualized treatment)  
Clubhouse Model  
Self-care

Required Readings:  
Corrigan et al. (2008), Chapter 12  
Davidson et al. (2008), Remission & Recovery in Schizophrenia  
(Blackboard)


Recommended Readings:  
Castillo (1997), Chap 14, Psychotic Disorders – cultural perspective  
Thyer & Wodarski (2007), Chap 12, Schizophrenia and other psychotic disorders  
(Blackboard)

National Alliance on Mental Illness (www.nami.org) - look at national and state sites  
Look at Wikipedia – Assertive Community Treatment & follow links

SESSION 7  3/5
Case Management  
Cognitive decline and severe mental illness  
MBCT – the eight session program  
Military veterans and mental health concerns  
The Burden of Disease/Big Pharma

Required Readings:  
Corrigan et al. (2008), Chapter 6 and Chapter 14  
Greenberger & Padesky (1995) – selected workbook sections  
Segal (2002) – Part II of the book where the therapy is laid out (Chapters 5- 13)

Recommended Readings:  
Castillo (1997), Chapt 13, Dissociative Disorders (on blackboard)
Thyer & Wodarski (2007), Chapt 18, PTSD (prior edition – on blackboard)

Medicating social anxiety – Big Bucks, Big Pharma
http://www.democracynow.org/article.pl?sid=07/01/19/1432236 (will watch in class)

Hoffman & Tompson (2002), Chap 10 Treatment of Suicidality (blackboard)


SESSION 8  3/12 Supported Education/Supported Employment
Social Functioning
Experiences of gay, lesbian, bisexual and transgendered individuals and mental health

Required Readings:
Corrigan et al. (2008), Chapter 9 & 10


Look at website http://www.heartsandears.org/links.php

Read guidelines for psychotherapy under resources and Dr. Luckstead’s article on experiences of LGBT people (on Blackboard)

Video: Wisconsin supported employment

SPRING BREAK  3/19

SESSION 9  3/26 Co-Occurring Disorders: Integrated Dual Disorders Treatment
Physical Health Concerns
Motivational Interviewing/Stages of Change
Behavioral Treatment for Substance Abuse (manual for groups)

Required Readings:
Corrigan et al. (2008), Chapter 15 and 16


Recommended Readings:
DiClemente, C. (2003), selected chapters (Blackboard)

Hoffman & Tompson (2002), Chapter 11 Motivational interviewing (Blackboard)

Castillo (1997), Chap. 9, Substance-Related Disorders (Blackboard)

Thyer, Chap 8, Alcohol Abuse (3rd floor Reserves)
   Chap 9 Cannabis-related disorders
   Chap 10 Cocaine Abuse
   Chap 11 Opiate Abuse

SESSION 10  4/2  Personality Disorders with an emphasis on Borderline PD
Diagnostic/assessment/treatment issues
Trauma/PTSD/Suicide
Dialectical Behavior Therapy (introduction to a treatment manual)

Required Readings:
Castillo (1997), Chap 6 Personality Disorders and culture (Blackboard)

Thyer & Wodarski (2007), Chap 22 Borderline Personality Disorders (Blackboard)

Hoffmann and Tompson (2002), Chap 16 DBT (Blackboard)


Trauma Focused CBT - a web-based training  http://tfcbt.musc.edu/

SESSION 11  4/9  Homelessness/Housing/Legal Issues
Mental Illness & Jail/Outpatient Commitment

Required Readings:
Corrigan et al. (2008), Chapter 8 and 13

National Alliance to End Homelessness (look at website – Maryland state plan)
http://www.naeh.org/
http://www.endhomelessness.org/pages/rural
Listen to the webcast on rural homelessness (1 hour)
Annual homeless (unsheltered) counts

Speaker: Healthcare for the Homeless speaker and/or P. Baltimore video

Session 12  4/16 Peer Services and Supports
The electronic health record in mental health services

Required Readings:
Corrigan et al. (2008), Chapter 17


Session 13  4/23 Self Care/Stress management
Advocacy
Policy activist
Course wrap-up

Required Readings:
Corrigan et al. (2008), Chapter 21


Session 14  4/30 Final Poster presentation