



SWK-S 683 Community-based Practice in Mental Health and Addiction (3 cr.)

Course Information

Semester Year: XXXXX
Section Number: XXXXX
Location: XXXXX
Day: XXXXX
Time: XXXXX

Instructor: XXXXX XXXXXXXXXXXX
Office: XXXX
Email: XXXX
Phone: XXXX
Office Hours: XXXX

Course Description

Students enrolled in this course will examine a wide range of community-based services provided for people with severe mental health and substance use disorders including co-occurring mental and substance use disorders. Special attention is given to strengths-based, consumer informed, and evidence-based prevention and treatment models. Content includes, but is not limited to, community-based services in areas of prevention, case management, supported employment, housing, illness management, family support services, dual disorder treatment, and peer support services. Students also examine a variety of issues involved in the provision of community-based services such as ethical and legal issues, quality and continuity of care, health disparities, cultural competency, organizational and financial factors, and other relevant policy and practice issues. Students will examine linkages between community based services and the advancement of human rights and social and economic justice for persons with mental illnesses and substance use disorders.

Course Competencies

- 2: Engage Diversity and Difference in Mental Health and Addictions Practice.
- 6: Engage with Organizations and Communities in Mental Health and Addictions settings.
- 7: Assess Organizations and Communities in Mental Health and Addictions settings.
- 8: Intervene with Organizations and Communities in Mental Health and Addictions settings.

Course Objectives

Through active participation in the learning experiences and completion of the readings, assignments, and learning projects offered throughout this seminar, learners are expected to demonstrate the ability to:

- S683-01** Recognize the person “behind the illness” and demonstrate respect for the strength and courage of persons and families affected by mental illness and substance use disorders.
- S683-02** Apply person-in-environment, consumer-focused, and recovery-oriented perspectives to understand the diverse and complex issues involved in serving people affected by severe mental illness and substance use disorders.
- S683-03** Apply social work values and ethics and relevant legal considerations within the context of community-based service to people affected by severe mental illness and addictions.



- S683-04** Critically analyze, synthesize, evaluate, and apply theoretical and empirical knowledge to community-based mental health and substance use disorder services to persons affected by or at risk of severe mental illness and addictions, their families, and their communities.
- S683-05** Further develop cultural competence in understanding human diversity and difference and the lived experiences of diverse population groups who struggle with severe mental illnesses and substance use disorders.
- S683-06** Apply advanced engagement, assessment and intervention and evaluation skills in a variety of social work roles such as case manager, resource developer, counselor, educator, advocate, and planner in service to persons affected by or at risk of severe mental illness and substance use disorders.
- S683-07** Select and implement effective and relevant evidence based services that serve to reduce stigma, marginalization, oppression, disempowerment and alienation for those who are impacted by severe mental illness and substance use disorders.
- S683-08** Apply knowledge of state and federal mental health and addictions policies, laws, and administrative and fiscal practices in community based service to persons affected by severe mental illness and substance use disorders.

Recommended Texts:

- Karp, D., Sisson, G. (2009). *Voices from the Inside: Readings on the Experiences of Mental Illness*. New York: Oxford University Press.
- Rosenberg, S., Rosenberg, J., (2018). *Community Mental Health: Challenges for the 21st Century*, 3rd Ed. New York: Routledge.
- Vandiver, V. (2013). *Best Practices in Community Mental Health: A pocket Guide*. New York: Oxford University Press.
- Yeager, K., Cutler, D., Svendsen, D., Sills, G.M., (2013). *Modern Community Mental Health: An Interdisciplinary Approach*. New York: Oxford University Press.

Recommended Additional Readings:

- Bathje, G. J., & Pryor, J. B. (2011). The Relationships of Public and Self-Stigma to Seeking Mental Health Services. *Journal of Mental Health Counseling*, 33(2), 161-176.
- Betancourt, T. S., Frounfelker, R., Mishra, T., Hussein, A., & Falzarano, R. (2015). Addressing Health Disparities in the Mental Health of Refugee Children and Adolescents through Community-Based Participatory Research: A Study in 2 Communities. *American Journal of Public Health*, 105S475-S482.
- Clark, W., Welch, S.N., Berry, S.H., Collentine, A.M., Collins, R., Lebron, D., & Shearer, A. L (2013). California's Historic Effort to Reduce the Stigma of Mental Illness: The Mental Health Services Act. *American Journal of Public Health*, 103(5), 786-794.
- Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian journal of psychiatry*, 57(8), 464-469.
- Eack, S. M. (2012). Cognitive Remediation: A New Generation of Psychosocial Interventions for People with Schizophrenia. *Social Work*, 57(3), 235-246.
- Estroff, S. E. (1989). Self, identity, and subjective experiences: In search of the subject. *Schizophrenia Bulletin*, 15, 189-196.



- Gaumond P., and Whitter M., Access to Recovery (ATR) Approaches to Recovery-Oriented Systems of Care: Three Case Studies. HHS Publication No. (SMA) 09-4440. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009. [ATR Case Study](#).
- Halvorson A., and Whitter M., Approaches to Recovery-Oriented Systems of Care at the State and Local Levels: Three Case Studies. HHS Publication No. (SMA) 09-4438. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009. [Recovery Oriented Case Studies](#).
- Isok, K., & Wooksoo, K. (2014). Post-resettlement Challenges and Mental Health of Southeast Asian Refugees in the United States. *Best Practice in Mental Health, 10*(2), 63-77.
- Kang, H., & Burton, D. L. (2014). Effects of Racial Discrimination, Childhood Trauma, and Trauma Symptoms on Juvenile Delinquency in African American Incarcerated Youth. *Journal of Aggression, Maltreatment & Trauma, 23*(10), 1109.
- Longden, E., Madill, A., & Waterman, M. G. (2012). Dissociation, trauma, and the role of lived experience: toward a new conceptualization of voice hearing. *Psychological bulletin, 138*(1), 28-76.
- Manuel, J. I., Hinterland, K., Conover, S., & Herman, D. B. (2012). "I Hope I Can Make it Out There": Perceptions of Women with Severe Mental Illness on the Transition from Hospital to Community. *Community mental health journal, 48*(3), 302-308.
- Maranzan, K. A. (2016). Interprofessional education in mental health: An opportunity to reduce mental illness stigma. *Journal of Interprofessional Care, 30*(3), 370-377.
- Elliott, M., & Doane, M. J. (2015). Stigma Management of Mental Illness: Effects of Concealment, Discrimination, and Identification on Well-Being. *Self & Identity, 14*(6), 654-674.
- Moore, S. E., Boamah, D., Robinson, M. A., Adedoyin, A. C., Brooks, M., & Harmon, D. K. (2016). Hands up—Don't shoot: Police shooting of young Black males: Implications for social work and human services. *Journal of Human Behavior in the Social Environment, 26*(3/4), 254-266.
- Ritsher, J., Lucksted, A., Otlinghan, P., & Grajales, M. (2004). Hearing voices: Explanations and implications. *Psychiatric Rehabilitation Journal, 27*(3), 219-227.
- Roehrig, J. P., & McLean, C. P. (2010). A comparison of stigma toward eating disorders versus depression. *International Journal of Eating Disorders, 43*(7), 671-674.
- Samuel R. Aymer (2016) "I can't breathe": A case study—Helping Black men cope with race-related trauma stemming from police killing and brutality. *Journal of Human Behavior in the Social Environment, 26*(3/4), 367-376.
- Sim, R. (2016). Into the Mind of the Refugee. *Harvard International Review, 37*(4), 46-48.
- Upadhyay, R., Srivastava, P., Singh, N. K., & Poddar, S. (2016). Community Attitude and Stigma towards Mental Illness: A Gender Perspective. *Journal of Psychosocial Research, 11*(2), 335-341.
- Substance Abuse and Mental Health Services Administration, *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018*. HHS Publication No. (PEP) 14-LEADCHANGE2. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Substance Abuse and Mental Health Services Administration. *Illness Management and Recovery: The Evidence*. HHS Pub. No. SMA-09-4462. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009 (store.samhsa.gov/shin/content//SMA09-4463/TheEvidence-IMR.pdf).



Course Content

This course examines various community-based services for people with severe mental illness and substance use disorders, focusing on evidence-based and consumer informed practice models. As a part of the class, students will examine ethical, legal, financial, organizational, and cultural factors along with continuum of care in community-based services. Class meetings will consist of a combination of lectures, videos, and active student participation and discussion of the topics and assigned readings. Several guest speakers will share their knowledge, experience, and insight on issues related to providing services in a variety of community settings.

Resources

- Canvas email will also be used a way to communicate between instructor and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas. Students are expected to read at least 3 readings each week from the lists provided per class session.

Course Outline

Preview

Dates: Class #1

Overview

- A. Syllabus review
- B. Assignments review
- C. Expectations regarding readings

Assignments

Readings

1. Syllabus

Module 1: Understanding Severe Mental Illness, Stigma and Diversity Factors in Mental Health.

Dates: Class #2

Overview

- A. Understanding Severe Mental Illness & Stigma

Assignments

Readings

1. Bowland, S., Hensley, M., Johnson, B., & Fleming, A. (2010). Consumer Focus Groups: A Key to Transforming Behavioral Health Systems? *International Journal of Mental Health, 39*(1), 16-28.
2. Larkings, J. S., Brown, P. M., & Scholz, B. (2017). "Why am I like this?" Consumers discuss their causal beliefs and stigma. *International Journal of Mental Health, 46*(3), 206-226.



3. Pescosolido, B. A., Medina, T. R., Martin, J. K., & Long, J. S. (2013). The “Backbone of Stigma: Identifying the Global Core of Public Prejudice Associated with Mental Illness. *American Journal of Public Health, 103*(5), 853-860.
4. Wisdom, J.P., Bruce, K., Saedi, G., Weis, T., & Green, C.A. (2008). ‘Stealing me from myself: identity and recovery in personal accounts of mental illness. *Australian & New Zealand Journal of Psychiatry, 42*(6), 489-495.
5. Yeager, K., Cutler, D., Svendsen, D., Sills, G.M., (2013). *Modern Community Mental Health: An Interdisciplinary Approach*. New York: Oxford University Press. Chapters 1, 2, 3.

Individual Assignment

1. Readings above.

Dates: Class #3

Overview

- A. Diversity Factors in Community Mental Health Practice

Assignments

Readings

1. Yeager, Chapter 11.
2. Edwards, J. (2016). Cultural Intelligence for Clinical Social Work Practice. *Clinical Social Work Journal, 44*(3), 211-220.
3. Delphin, M. E., & Rowe, M. (2008). Continuing Education in Cultural Competence for Community Mental Health Practitioners. *Professional Psychology: Research & Practice, 39*(2), 182-191.
4. Livingston, J., Holley, J., Eaton, S., Cliette, G., Savoy, M., & Smith, N. (2008). Cultural Competence in Mental Health Practice. *Best Practice in Mental Health, 4*(2), 1-14.
5. Hardy, K. V. (2013). Healing the Hidden Wounds of Racial Trauma. *Reclaiming Children & Youth, 22*(1), 24-28.
6. Bemak, F., & Chung, R. C. (2017). Refugee Trauma: Culturally Responsive Counseling Interventions. *Journal of Counseling & Development, 95*(3), 299-308.
7. Stacciarini, J., Smith, R., Wiens, B., Pérez, A., Locke, B., & LaFlam, M. (2015). I Didn't Ask to Come to this Country...I was a Child: The Mental Health Implications of Growing Up Undocumented. *Journal of Immigrant & Minority Health, 17*(4), 1225-1230.
8. Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*(1), 13-105.
9. Helms, J. E., Nicolas, G., & Green, C. E. (2012). Racism and ethnoviolence as trauma: Enhancing professional and research training. *Traumatology, 18*, 65-74.

Individual Assignment

1. Readings above.

Module 2: Evidence Based Practices

In Community Mental Health, Consumer and Family Assessment and Treatment Planning

Dates: Class #4



Overview

- A. Overview of evidence based practices in community mental health including services for persons with severe mental illnesses and their families.

Assignments

Readings

1. Bond, G. R., & Campbell, K. (2008). Evidence-Based Practices for Individuals with Severe Mental Illness. *Journal of Rehabilitation*, 74(2), 33-44.
2. Cohen, et al. (2008). The family forum: Directions for the implementation of family psychoeducation for severe mental illness. *Psychiatric Services*, 59(1), 40-48.
3. Deegan, P. (2003). Discovering recovery. *Psychiatric Rehabilitation Journal*, 26(4), 368-376.
4. Drake, R., et al (2010). The promise of shared decision making. *Psychiatric Rehabilitation Journal*, 34(1) 7-17.
5. Friedrich, R., Lively, S., & Rubenstein, L. (2008). Siblings' coping strategies and mental health services: A national study of siblings of persons with schizophrenia. *Psychiatric Services*, 59(3), 261-267.
6. Frost, B. G., Tirupati, S., Johnston, S., Turrell, M., Lewin, T. J., Sly, K. A., & Conrad, A. M. (2017). An Integrated Recovery-oriented Model (IRM) for mental health services: evolution and challenges. *BMC Psychiatry*, 171-17.
7. Glynn, S., Cohen, A., Dixon, L., & Niv, N. (2006). The potential impact of the recovery movement on family interventions for schizophrenia: Opportunities and obstacles. *Schizophrenia Bulletin*, 32(3), 451-463
8. Huguelet, P. (2014). The Contribution of Existential Phenomenology in the Recovery-Oriented Care of Patients with Severe Mental Disorders. *Journal of Medicine & Philosophy*, 39(4), 346-367.
9. Kim, H.W., & Salyers, M. (2008). Attitudes and perceived barriers to working with families of persons with severe mental illness: Mental health professional's perspectives. *Community Mental Health Journal*, 44, 337-348.
10. Kola, L., Biegel, D., and Ronis, R. (2013) Evidence Based Practice in Community Mental Health in Yeager, K., Cutler D, Svendsen, D. & Sills, G., *Modern Community Mental Health An Interdisciplinary Approach* (pp. 231-242). New York, NY: Oxford University Press. (Chapter 16).
11. Matthias, M. S., Salyers, M. P., Rollins, A. L., & Frankel, R. M. (2012). Decision Making in Recovery-Oriented Mental Health Care. *Psychiatric Rehabilitation Journal*, 35(4), 305-314.
12. McGuire, A. B., Anderson, A. I., Bauer, S. M., McGrew, J. H., White, D. A., Luther, L., & ... Salyers, M. P. (2016). Illness Management and Recovery in Community Practice. *Psychiatric Rehabilitation Journal*, 39(4), 343-351.
13. Sells, D., Borg, M., Marin, I., Mezzina, R., Topor, A., & Davidson, L. (2006). Arenas of Recovery for Persons with Severe Mental Illness. *American Journal of Psychiatric Rehabilitation*, 9(1), 3-16.
14. Review the ACEs study on the Centers for Disease Control and Prevention website: [Adverse Childhood Experiences](#).



Individual Assignment

1. Practice Application – Getting in Touch with the Person Behind the Illness

Dates: Class #5

Overview

- A. Assessment and treatment planning for persons with serious mental illnesses, family support services, trauma informed care in CMH Practice

Assignments

Readings

1. Huckshorn, K., and LeBel, J. (2013). Trauma Informed Care in Yeager, K., Cutler D, Svendsen, D. & Sills, G., *Modern Community Mental Health An Interdisciplinary Approach* (pp. 62-83). New York, NY: Oxford University Press.
2. Jinks, M., McMurrin, M., & Huband, N. (2012). Engaging clients with personality disorder in treatment. *Mental Health Review Journal*, 17(3), 139-144.
3. Knight, C. (2015). Trauma-Informed Social Work Practice: Practice Considerations and Challenges. *Clinical Social Work Journal*, 43(1), 25-37.
4. Levenson, J. (2017). Trauma-Informed Social Work Practice. *Social Work*, 62(2), 105-113.
5. Levenson, J., & Grady, M. (2016). Childhood Adversity, Substance Abuse, and Violence: Implications for Trauma-Informed Social Work Practice. *Journal of Social Work Practice in The Addictions*, 16(1/2), 24-45.
6. Lysaker, P. H., & Roe, D. (2016). Integrative Psychotherapy for Schizophrenia: Its Potential for a Central Role in Recovery Oriented Treatment. *Journal of Clinical Psychology*, 72(2), 117-122.
7. Walsh, J. (2011). Therapeutic communication with psychotic clients. *Clinical Social Work Journal*, 39(1), 1-8.
8. Watson, S., Thorburn, K., Everett, M., & Fisher, K. R. (2014). Care without coercion - mental health rights, personal recovery and trauma-informed care. *Australian Journal of Social Issues (Australian Social Policy Association)*, 49(4), 529-549.
9. Woltman, E., & Whitley, R. (2010) Shared decision making in public mental health. *Psychiatric Rehabilitation Journal*, 34(1), 29-36.

Individual Assignment

1. Readings above, critical reflection.

Module 3: Case Management, Supported Housing, Supported Employment and Peer Support

Dates: Class #6

Overview

- A. Evidence practice models for Case Management, supported housing, supported employment and peer support for Persons with Severe Mental Illnesses



Assignments

Readings

1. Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. *Treatment Improvement Protocol (TIP) Series, No. 27*. HHS Publication No. (SMA) 15-4215. Rockville, MD: Center for Substance Abuse Treatment, 2000 (revised 2015). Retrieved from store.samhsa.gov/shin/content//SMA15-4215/SMA15-4215.pdf
2. Daron, C., and Yeager, K. (2013). Case Management Contributions to Care in in Yeager, K., Cutler D, Svendsen, D. & Sills, G., *Modern Community Mental Health An Interdisciplinary Approach* (pp. 316-336). New York, NY: Oxford University Press.
3. Eack, S. M., Greeno, C. G., Christian-Michaels, S., Dennis, A., & Anderson, C. M. (2009). Case Managers' Perspectives on What They Need To Do Their Job. *Psychiatric Rehabilitation Journal, 32*(4), 309-312.
4. Kondrat, D. C., & Teater, B. (2012). The Looking-Glass Self: Looking at Relationship as the Mechanism of Change in Case Management of Persons with Severe Mental Illness. *Families in Society: The Journal of Contemporary Social Services, 93*(4), 271-278.
5. Sullivan, W.P. & Floyd, D. (2013) Animating hope. In D. Saleebey (Ed). *The strengths perspective in social work practice, 6th Ed*. Boston: Pearson.
6. Sullivan, W.P. & Floyd (2012). Spirit lifting: The role of hope in case management practice. *Families in Society: Journal of Contemporary Social Services, 94*(1), 38-44.

Assignment

1. Readings above, critical reflection.

Dates: Class #7

Overview

A. Supported Employment, Housing and Peer Support

Readings

1. Casstevens, W. J. (2013). Health and Wellness at a Clubhouse Model Program in North Carolina: A Choice Theory-Based Approach to Program Development and Implementation. *International Journal of Choice Theory & Reality Therapy, 32*(2), 48-53.
2. Dorio, J., & Marine, S. (2004). Tying It All together- The Pass to Success: A Comprehensive Look at Promoting Job Retention for Workers with Psychiatric Disabilities in a Supported Employment Program. *Psychiatric Rehabilitation Journal, 28*(1), 32-39.
3. Dunn, E. C., Wewiorski, N. J., & Rogers, E. S. (2008). The Meaning and Importance of Employment to People in Recovery from Serious Mental Illness: Results of a Qualitative Study. (Cover story). *Psychiatric Rehabilitation Journal, 32*(1), 59-62.
4. Ellison, M., Klodnick, V., Bond, G., Krzos, I., Kaiser, S., Fagan, M., & Davis, M. (2015). Adapting Supported Employment for Emerging Adults with Serious Mental Health Conditions. *Journal of Behavioral Health Services & Research, 42*(2), 206-222. Ferguson, A. (2004). Clubhouse: The Recovery Model. *Mental Health Practice, 7*(9), 22-23.
5. Luciano, A., Drake, R. E., Bond, G. R., Becker, D. R., Carpenter-Song, E., Lord, S., & ... Swanson, S. J. (2014). Evidence-based supported employment for people with severe



- mental illness: Past, current, and future research. *Journal Of Vocational Rehabilitation*, 40(1), 1-13
6. Mayes, D. (2011). Self-help: Helping myself towards recovery. *Journal of Mental Health*, 20(6), 580-582.
 7. Mueser, K. T., & Cook, J. A. (2016). Why Can't We Fund Supported Employment? *Psychiatric Rehabilitation Journal*, 39(2), 85-89.
 8. Schutt, R. K., & Rogers, E. S. (2009). Empowerment and peer support: structure and process of self-help in a consumer-run center for individuals with mental illness. *Journal of Community Psychology*, 37(6), 697-710.

Assignment

1. Readings above, critical reflection.

Module 4: Dual Diagnosis, Medication Management and Criminal Justice System Intersections

Dates: Class #8

Overview

A. Dual Diagnosis & Medication Management

Readings

1. Buckley, P., and Ahmed, A. (2013). Principles and Practices of Medication Management for People with Schizophrenia: Evolution Within a Recovery-Based Framework of Care in Yeager, K., Cutler D, Svendsen, D. & Sills, G., *Modern Community Mental Health An Interdisciplinary Approach* (pp. 337-357). New York, NY: Oxford University Press.
2. Center for Substance Abuse Treatment. *Definitions and Terms Relating to Co-Occurring Disorders. COCE Overview Paper 1. DHHS Publication No. (SMA) 06-4163*. Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.
3. Falk, N., Fisher, D. and Hall W., (2013) Optimizing Medication in the Service of Recovery: Is there a Path for Reducing Over-Utilization of Psychiatric Medications? In in Yeager, K., Cutler D, Svendsen, D. & Sills, G., *Modern Community Mental Health An Interdisciplinary Approach* (pp. 358-375). New York, NY: Oxford University Press.
4. Gable, K., & Stunson, M. (2010). Clinical Pharmacist Interventions on an Assertive Community Treatment Team. *Community Mental Health Journal*, 46(4), 351-355.
5. Mancini, M. A., Hardiman, E. R., & Eversman, M. H. (2008). A Review of the Compatibility of Harm-Reduction and Recovery-Oriented Best Practices for Dual Disorders. *Best Practice In Mental Health*, 4(2), 99-113.
6. Strickler, D. C., Whitley, R., Becker, D. R., & Drake, R. E. (2009). First Person Accounts of Long-Term Employment Activity among People with Dual Diagnosis. *Psychiatric Rehabilitation Journal*, 32(4), 261-268.
7. Substance Abuse and Mental Health Services Administration. *Integrated Treatment for Co-Occurring Disorders: The Evidence. DHHS Pub. No. SMA-08-4366*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.



8. Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series, No. 42. HHS Publication No. (SMA)13-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005 (revised 2013). Retrieved from store.samhsa.gov/shin/content//SMA15-4215/SMA15-4215.pdf
9. Wilk, J. E., West, J. C., Marcus, S. C., Countis, L., Regier, D. A., & Olfson, M. (2008). Family Contact and the Management of Medication Non-adherence in Schizophrenia. *Community Mental Health Journal*, 44(5), 377-380.

Individual Assignment

1. Readings above, critical reflection.

Dates: Class #9

Overview

- A. Criminal Justice and Mental Health Intersections

Readings

1. Ascher-Svanum, H., Nyhuis, A. W., Faries, D. E., Ball, D. E., & Kinon, B. J. (2010). Involvement in the US criminal justice system and cost implications for persons treated for schizophrenia. *BMC Psychiatry*, 1011-20.
2. Canada, K. E., & Gunn, A. J. (2013). What Factors Work in Mental Health Court? A Consumer Perspective. *Journal of Offender Rehabilitation*, 52(5), 311-337.
3. Earley, P. (2006). *Crazy: A Father's Search Through America's Mental Health Madness*. New York, NY: G.P. Putnam's Sons.
4. Frounfelker, R. L., Glover, C. M., Teachout, A., Wilkniss, S. M., & Whitley, R. (2010). Access to Supported Employment for Consumers with Criminal Justice Involvement. *Psychiatric Rehabilitation Journal*, 34(1), 49-56.
5. Gill, K. J., & Murphy, A. A. (2017). Jail Diversion for Persons with Serious Mental Illness Coordinated by a Prosecutor's Office. *Biomed Research International*, 1-7.
6. Hedger, J. (2015). General Session: Journalist Pete Earley Explains What Is Wrong with Mental Health in the Criminal Justice System. *Corrections Today*, 77(6), 54-56.
7. Kopak, A., Hurt, S., Proctor, S., & Hoffmann, N. (2016). Clinical Indicators of Successful Substance Use Treatment among Adults in the Criminal Justice System. *International Journal of Mental Health & Addiction*, 14(5), 831-843.
8. Lamb, H. R., Weinberger, L. E., & Gross, B. H. (2004). Mentally Ill Persons in the Criminal Justice System: Some Perspectives. *Psychiatric Quarterly*, 75(2), 107-126.
9. Matejkowski, J., Lee, S., & Han, W. (2014). The Association Between Criminal History and Mental Health Service Use Among People with Serious Mental Illness. *Psychiatric Quarterly*, 85(1), 9-24.
10. Substance Abuse and Mental Health Services Administration. *Screening and Assessment of Co-occurring Disorders in the Justice System*. HHS Publication No. (SMA)-15-4930. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Individual Assignment

1. Readings above, critical reflection.



Module 5: Special Populations and Suicide Prevention, Intervention and Postvention

Dates: Class #10

Overview

A. Special Populations

Readings

1. Amuedo-Dorantes, C., & Puttitanun, T. (2016). DACA and the Surge in Unaccompanied Minors at the US-Mexico Border. *International Migration*, 54(4), 102-117.
2. Carlson, B. E., Cacciatore, J., & Klimek, B. (2012). A Risk and Resilience Perspective on Unaccompanied Refugee Minors. *Social Work*, 57(3), 259-269.
3. Cox, J. F., & Lawrence, J. E. (2010). Planning Services for Elderly Inmates with Mental Illness. *Corrections Today*, 72(3), 52-57.
4. Currier, J. M., Stefurak, T., Carroll, T. D., & Shatto, E. H. (2017). Applying Trauma-Informed Care to Community-Based Mental Health Services for Military Veterans. *Best Practice In Mental Health*, 13(1), 47-64.
5. Das, A. (2012). LGBTQ women and mental health "recovery". *Psychiatric rehabilitation journal*, 35(6), 474.
6. Garcini, L. M., Murray, K. E., Zhou, A., Klonoff, E. A., Myers, M. G., & Elder, J. P. (2016). Mental Health of Undocumented Immigrant Adults in the United States: A Systematic Review of Methodology and Findings. *Journal of Immigrant & Refugee Studies*, 14(1), 1-25.
7. Garcini, L. M., Galvan, T., Malcarne, V., Pena, J. M., Fagundes, C. P., & Klonoff, E. A. (2017). Mental Disorders among Undocumented Mexican Immigrants in High-Risk Neighborhoods: Prevalence, Comorbidity, and Vulnerabilities. *Journal of Consulting & Clinical Psychology*, 85(10), 927-936.
8. Holley, L., Tavassoli, K., & Stromwall, L. (2016). Mental Illness Discrimination in Mental Health Treatment Programs: Intersections of Race, Ethnicity, and Sexual Orientation. *Community Mental Health Journal*, 52(3), 311-322.
9. Hoy-Ellis, C. P., Ator, M., Kerr, C., & Milford, J. (2016). Innovative Approaches Address Aging and Mental Health Needs in LGBTQ Communities. *Generations*, 40(2), 56-62.
10. Jacobson, N., & Farah, D. (2012). Recovery through the Lens of Cultural Diversity. *Psychiatric Rehabilitation Journal*, 35(4), 333-335.
11. Puri, N., Shannon, K., Nguyen, P., & Goldenberg, S. M. (2017). Burden and correlates of mental health diagnoses among sex workers in an urban setting. *BMC Women's Health*, 171-9.
12. Rinfrette, E. S. (2009). Treatment of Anxiety, Depression, and Alcohol Disorders in the Elderly: Social Work Collaboration in Primary Care. *Journal of Evidence-Based Social Work*, 6(1), 79-91.
13. Russett, J. L. (2016). Best Practices Start With Screening: A Closer Look at Screening, Brief Intervention, and Referral to Treatment in Adolescent, Military, and LGBTQ Populations. *Journal of Addictions & Offender Counseling*, 37(2), 116-126.
14. Stobbe, J., Wierdsma, A. I., Kok, R. M., Kroon, H., Roosenschoon, B., Depla, M., & Mulder, C. L. (2014). The effectiveness of assertive community treatment for elderly patients with severe mental illness: a randomized controlled trial. *BMC Psychiatry*, 14(1), 1-18.



15. Vervliet, M., Meyer Demott, M. A., Jakobsen, M., Broekaert, E., Heir, T., & Derluyn, I. (2014). The mental health of unaccompanied refugee minors on arrival in the host country. *Scandinavian Journal of Psychology, 55*(1), 33-37.
16. Vervliet, M., Lammertyn, J., Broekaert, E., & Derluyn, I. (2014). Longitudinal follow-up of the mental health of unaccompanied refugee minors. *European Child & Adolescent Psychiatry, 23*(5), 337-346.
17. Zayas, L., Aguilar-Gaxiola, S., Yoon, H., & Rey, G. (2015). The Distress of Citizen-Children with Detained and Deported Parents. *Journal of Child & Family Studies, 24*(11), 3213-3223.

Individual Assignment

1. Readings above, critical reflection.

Dates: Class #11

Overview

- A. Special Populations – Presentations

Group Assignment

1. Special Population Presentation and PSA

Dates: Class #12

Overview

- A. Suicide Prevention, Intervention, Postvention

Readings

1. Caine, E. D. (2013). Forging an Agenda for Suicide Prevention in the United States. *American Journal of Public Health, 103*(5), 822-829.
2. Clifford, A. C., Doran, C. M., & Tsey, K. (2013). A systematic review of suicide prevention interventions targeting indigenous peoples in Australia, United States, Canada and New Zealand. *BMC Public Health, 13*(1), 1-11.
3. Ginnis, K., White, E., Ross, A., & Wharff, E. (2015). Family-Based Crisis Intervention in the Emergency Department: A New Model of Care. *Journal of Child & Family Studies, 24*(1), 172-179.
4. Leavey, G., Mallon, S., Rondon-Sulbaran, J., Galway, K., Rosato, M., & Hughes, L. (2017). The failure of suicide prevention in primary care: family and GP perspectives - a qualitative study. *BMC Psychiatry, 17*1-10.
5. Martin, J., Ghahramanlou-Holloway, M., Lou, K., & Tucciarone, P. (2009). A Comparative Review of U.S. Military and Civilian Suicide Behavior: Implications for OEF/OIF Suicide Prevention Efforts. *Journal of Mental Health Counseling, 31*(2), 101-118.
6. Runyan, C. W., Brooks-Russell, A., Brandspigel, S., Betz, M., Tung, G., Novins, D., & Agans, R. (2017). Law Enforcement and Gun Retailers as Partners for Safely Storing Guns to Prevent Suicide: A Study in 8 Mountain West States. *American Journal of Public Health, 107*(11), 1789-1794.
7. Ursano, R. J., Colpe, L. J., Heeringa, S. G., Kessler, R. C., Schoenbaum, M., & Stein, M. B. (2014). The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Psychiatry: Interpersonal & Biological Processes, 77*(2), 107-119.



8. VanSickle, M., Werbel, A., Perera, K., Pak, K., DeYoung, K., & Ghahramanlou-Holloway, M. (2016). Perceived barriers to seeking mental health care among United States Marine Corps noncommissioned officers serving as gatekeepers for suicide prevention. *Psychological Assessment, 28*(8), 1020-1025.

Individual Assignment

1. Readings above, critical reflection.

Module 6: Ethical and Legal Considerations in Community Mental Health and the future of CMH.

Dates: Class #13

Overview

- B. Ethical and Legal Considerations in Community Mental Health

Readings

1. Birks, D. R. (2013). Wellbeing, Schizophrenia and Experience Machines. *Bioethics, 27*(2), 81-88. Cavaiola, A. A., & Dolan, D. (2016). Considerations in civil commitment of individuals with substance use disorders. *Substance Abuse, 37*(1), 181-187.
2. Courtney, M., & Moulding, N. T. (2014). Beyond Balancing Competing Needs: Embedding Involuntary Treatment Within a Recovery Approach to Mental Health Social Work. *Australian Social Work, 67*(2), 214-226.
3. Epright, M. C., & Sade, R. M. (2010). Conundrums and Controversies in Mental Health and Illness. *Journal of Law, Medicine & Ethics, 38*(4), 722-726.
4. Goldman, A. (2015). Continued Overreliance On Involuntary Commitment: The Need For A Less Restrictive Alternative. *Journal of Legal Medicine, 36*(2), 233-251. Gordon, S. (2016). The Danger Zone: How The Dangerousness Standard In Civil Commitment Proceedings Harms People With Serious Mental Illness. *Case Western Reserve Law Review, 66*(3), 657-700.
5. Kelly, M. M. (2015). Rehabilitation through Empowerment: Adopting The Consumer-Participation Model For Treatment Planning In Mental Health Courts. *Case Western Reserve Law Review, 66*(2), 581-607.
6. Lukens, J. M., & Solomon, P. (2013). Thinking Through Recovery: Resolving Ethical Challenges and Promoting Social Work Values in Mental Health Services. *Journal of Social Work Values & Ethics, 10*(1), 61-71.
7. Segal, S. (2012). Civil commitment law, mental health services, and US homicide rates. *Social Psychiatry & Psychiatric Epidemiology, 47*(9), 1449-1458. Slovenko, R. (2012). Criminal law standards in civil commitment. *Journal of Psychiatry & Law, 40*(2), 135-166.
8. Swanson, J. W., Swartz, M. S., Elbogen, E. B., Van Dorn, R. A., Wagner, H. R., Moser, L. A., & Gilbert, A. R. (2008). Psychiatric advance directives and reduction of coercive crisis interventions. *Journal of Mental Health, 17*(3), 255-267.
9. Terkelsen, T. B., & Larsen, I. B. (2013). The locked psychiatric ward: Hotel or detention camp for people with dual diagnosis. *Journal of Mental Health, 22*(5), 412-419.

Individual Assignment

1. Readings above, critical reflection.



Dates: Class #14

Overview

- A. The Future of Community Mental Health in Uncertain Times

Readings

1. Croft, B., & Parish, S. (2012). Care integration in the Patient Protection and Affordable Care Act: Implications for Behavioral Health. *Administration and Policy in Mental Health and Mental Health Services Research, 40(4)*, 258-263.
2. Mechanic, D. (2012). Seizing opportunities under the Affordable Care Act for transforming the mental health and behavioral health system. *Health Affairs, 31(2)*, 376-382.
3. Shim, R. et al. (2012). Health Care Reform and Integrated Care: A Golden Opportunity for Preventive Psychiatry. *Psychiatric Services, 63(12)*, 1231-1233.
4. Sullivan, W.P. (2012). The times they are a changing – again: More turbulence, even greater challenges. In (J. Rosenberg & S. Rosenberg (Eds.)) *Community Mental Health: Challenges for the 21st Century, 2nd Ed.* New York: Routledge.

Individual Assignment

1. Readings above, critical reflection.

Dates: Class #15

Overview

- A. Final Presentations on Research Papers

Individual Assignment

1. Research Paper

Dates: Class #16

Overview

- A. Final Presentations on Research Papers and semester wrap up.

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours.

All assignments should be typed, double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.)

Assignments

1. Practice Application – Getting in Touch with the Person Behind the Illness
 - a. DUE:Week 4
 - b. Points:50 points
2. Special Populations and PSA Presentation
 - a. DUE:Week 11
 - b. Points50 points



- 3. Research Paper
 - a. DUE:Week 15
 - b. Points:100 points
- 4. Additional Course Assignments
 - a. DUE.....TBD
 - b. Points50 points
- 5. Class participation
 - a. DueWeekly
 - b. Points25 points

Total Points: 275

Assignment Details

1. Practice Application – Getting In Touch With the Person behind the Illness

Due: Week 4

Page Length: 5-7 pages, APA

Value: 50 points

Select and read an autobiographical or biographical book that describes a person’s individual struggle with an addiction or a mental health challenge or dual diagnosis. Succinctly summarize the major content of the book. Use the outline below as a guide and feel free to modify as you see fit.

- a. Overview of your book
- b. Narrative summary of the person behind the illness including:
 - 1. Challenges
 - 2. Resiliency factors
- c. Impact of the mental illness or addiction on the family.
- d. Stigma associated with the mental health or addiction issue and how it impacted the client, his or her family and help seeking.
- e. Describe the person in environment factors that impaired or supported the person getting help.
- f. Describe gaps in services that may have adversely impacted treatment. Think about the continuum of care that was in place at the time depicted in your chosen book to speak to gaps in services and/or barriers to services.
- g. Describe outcomes, successes or failures and their impact on the client and his/her family.
- h. Summarize your learning. How does this autobiography or biographical account help you in achieving a better understanding of the “person behind the illness” and how will you utilize this understanding in your work with clients.

A rubric for grading will be provided on the course Canvas site.



2. *Special Population Presentation and PSA*

Due: Week 11

Value: 50 points

For this assignment, students will work in groups and complete the assignment following instructions below. First, each group should agree upon and select a special population and mental health issues related to this population (e.g., young adults and schizophrenia; older adults and dementia; women and bipolar disorder; veterans and PTSD; refugees and trauma/PTSD; adults and opioid addiction; etc.).

Part 1 - PSA

Each group will prepare a 2 – 5 minute videotaped Public Service Announcement designed to reduce stigma on issues related to special groups of people with severe mental illness/addiction such as women, LGBTQ, elderly, ethnic minority groups, etc. The presentation must address the following:

- A. Describe the population and at risk issues (special issues they face),
- B. Illustrate how stigma interferes with people getting the help they need;
- C. Illustrate what the public can do to more effectively support your population group and reduce stigma, alienation and isolation.

Part 2 – PowerPoint Presentation

Each group will create a PowerPoint presentation focused on issues related to special groups of people with severe mental illness/addiction such as women, GBLT, elderly, ethnic minority groups, etc. The presentation must include the following:

- A. Clear description of the population and at risk issues;
- B. Special assessment/treatment issues/needs;
- C. Particular gaps, barriers or service provision challenges;
- D. Promising interventions that seemed to be well tailored to deal with the issues they face;
- E. Competencies necessary to treat this population, and;
- F. Ethical concerns/issues.

The group presentation should start with an introduction, then the PSA, then the PowerPoint presentation. Presentations will occur Week/Class 11.

A handout of key points should be provided for your colleagues and the professor. Plan for a 40 minute presentation. A grading rubric will be provided in the Canvas course site.

3. *Research Paper*

Due: Week 15

Page Length: 12-15 pages, APA

Value: 100 points

Individually, each student will write a research paper that focuses on a topic of his/her interest related to some aspect of community mental health for people with severe mental illness. The paper can focus on a particular diagnosis of severe mental illness (e.g., schizophrenia, depression), evidence based practices supported in the literature, a promising treatment modality, relevant ethical or legal



issues (e.g., use of seclusion, legal commitment), social justice issues, and any other relevant issues related to people with SMI (e.g., incarceration, homeless, families of people with SMI). You must demonstrate a command of the literature on the topic. Be creative to organize your paper reflecting your critical thinking but make sure that the final paper includes thorough a review and analysis of the topic, its related services and policies, and discussion on social work implications, and recommendations for improvements. This is a second year, upper division graduate course – and the paper should reflect this. You must demonstrate a command of the literature. You can submit a brief discussion of paper topic and outlines for your paper if you would like to get feedback from instructor before your final paper.

Students will present a brief 5-10 minute overview of their research and learning during class sessions #15 and #16 to share with colleagues. A brief one page handout will be provided along with references used for their research paper.

A rubric for grading will be provided on the course Canvas site.

4. Additional Possible Course Assignments:

Additional suggested course assignments include, but are not limited to, quizzes, exams and/or reading reflections, reflections on guest speakers' presentations, etc.

Due:

Value: 50 points

5. Class Participation

Due: Weekly

Value: 25 points

Students are expected to come to class on time, have assigned readings completed, be able to discuss assigned readings, be able to pose relevant questions and engage actively in class discussions. A rubric will be provided for student self- and faculty assessment of student participation.

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.



Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the “good,” “the high quality,” “the competent,” or the “satisfactory.” They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

Course Policies

Assignment

Students are expected to submit all assignments on time. If you need to extend a deadline you MUST speak to me in advance of the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% per day late. IU has a subscription with the Turnitin plagiarism



detection service, and faculty members have the right to submit student papers to the service to check for originality. Turnitin.com service will be used for all student papers in this course.

Attendance and participation

Students are expected to attend and participate in all class sessions. Students should complete readings and homework as assigned and come to class prepared for discussion and questions. Because of the nature of this course and group assignments, regular attendance is required and extremely important. Class attendance and active participation in class activities are considered essential for the satisfactory completion of the course objectives. If you are absent, it is your responsibility to get notes from other students regarding materials covered during your absence. If you are absent on the day when an assignment is due, you need to submit your assignment before the beginning of the class. Missing more than 2 of the scheduled classes will result in a letter-grade deduction for the course. Late arrivals and early departures will also lead to course point deductions. It's up to instructor's discretion to decide the deduction points. If you miss five or more classes you will fail the course.