I. Purpose and Description of Course

This course is designed for students interested in working with individuals who have been diagnosed with severe mental illness. The course will focus on different practice approaches to this population with an emphasis on evidence-based models of psychosocial rehabilitation and recovery.

Class will consist of a combination of lecture, discussion, and student presentations. Audiovisual presentations and guest speakers will be utilized as appropriate. Students are expected to be prepared for class and participate actively in the learning process. In addition to their presentation (see below) students will be expected to draw from their own experiences with individual clients to illustrate course content and skill development.

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1 2014 Revised by Sally G. Mathiesen, Ph.D., LCSW
II. LEARNING OUTCOMES

After completion of Elective SW781, students will demonstrate competence in the following areas (EPAS: Educational Policy and Accreditation Standards, Council of Social Work Education):

1. **Demonstrate Ethical and Professional Behavior**
   - Skillfully identify and apply ethical principles in making clinical practice decisions and articulate their application in routine and challenging ethical contexts.
   - Consistently demonstrate the ability to consider potential ethical violations in multiple client situations.
   - Apply ethical decision making skills to issues specific to clinical social work.
   - Identify and use knowledge of relationship dynamics, including power differentials.
   - Effectively applies decision-making strategies that are grounded in social work values and ethics and person-centered principles.
   - Uses social work knowledge, supervision, and learning opportunities that arise in a diverse contextual framework (e.g., individual, family, community, or/and organizational factors) to resolve or acknowledge ambiguities and conflicts in making principled decisions.

2. **Engage Diversity and Difference in Practice**
   - Research and apply knowledge of diverse populations to enhance client well-being.
   - Identify and use practitioner/client differences from a strength perspective.
   - Demonstrates strengths-based approaches to working with diverse clients in a culturally sensitive behavioral health practice.

3. **Advance Human Rights and Social, Economic, and Environmental Justice**
   - Utilize knowledge of human behavior, variables that contribute to injustice, and advocacy theory to provide leadership in applying social work skills to promote social and economic justice at the micro, mezzo, and macro levels in practice.
   - Use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention.
   - Advocate with multiple levels for mental health parity and reduction of health disparities for diverse populations.
   - Articulate the effects of stigma, discrimination and oppression on individuals, families, groups and communities.

4. **Engage in Practice-Informed Research and Research-Informed Practice**
   - Use the evidence-based process in clinical assessment and intervention with clients.
   - Participate in the generation of new clinical knowledge, through research and
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<td>practice.</td>
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<td>Use research methodology to evaluate effectiveness and/or outcomes.</td>
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<td>Demonstrate ability to critically analyze and evaluate benefits and limitations of evidence-based treatment models, as they inform behavioral health practice with consumers and family members from a perspective of wellness and resiliency, and contribute to professional knowledge base.</td>
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<td>Demonstrate ability to critically analyze research findings, practice models, and practice wisdom and communicate this information effectively across a variety of professional interactions.</td>
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<td>Demonstrate ability to analyze and evaluate evidence-based practice as it informs working with consumers/family members.</td>
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<td>5. <strong>Engage in Policy Practice</strong></td>
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<td>Use evidence practice and practice-based evidence in advocacy for policies that advance social and economic well-being.</td>
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<td>6. <strong>Engagement with Individuals, Families, Groups, Organizations, and Communities</strong></td>
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<td>Demonstrate the ability to develop relationships and manage power differentials in routine and challenging client and partner situations, in a manner that reflects core social work values in practice.</td>
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<td>Skillfully and respectfully establish working relationships with clients and community partners in accord with social work values, and utilize those relationships in forging goals and positive outcomes.</td>
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<td>Develop a culturally responsive therapeutic relationship.</td>
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<td>Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance.</td>
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<td>Establish a relationally based process that encourages clients to be equal participants in the establishment of treatment goals and expected outcomes.</td>
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<td>Consciously utilizes empathy, respect, understanding, and other interpersonal skills in establishing effective (therapeutic) relationship grounded in recovery, resilience, and wellness.</td>
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<td>Establishes effective and collaborative working relationship with individuals, families, groups, and communities.</td>
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<td>7. <strong>Assess Individuals, Families, Groups, Organizations, and Communities</strong></td>
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<td>Consistently gather qualitative and quantitative data from a variety of sources, form coherent meaning from the data, and use the resulting information to make recommendations and to plan interventions that meet the standards for practice.</td>
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<td>Create service plans that demonstrate data collection and assessment methods reflecting goal mutually and respect for clients from diverse backgrounds.</td>
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<td>Select and modify appropriate intervention strategies based on continuous clinical assessment.</td>
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<td>Assess client's coping strategies to reinforce and improve adaptation to life situations, circumstances, and events.</td>
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<td>Able to diagnose the major mental health disorders using the DSM V or other</td>
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currently accepted diagnostic tools, and can identify the challenges and limitations of diagnosis in relationship to diverse racial, ethnic, sexual orientation, cultural, and lifestyle factors.

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<tr>
<th>Apply a complex analysis of human development and life cycle issues within a strength-based perspective and incorporates bio-psycho-social factors in the development of the treatment plan with the individual and his/her family members.</th>
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<tr>
<td>Include active participation by the individual and his/her family in developing a consumer-driven assessment, treatment plan, and discharge plan and revises treatment plans as necessary.</td>
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<td>Utilize knowledge of efficacy of treatment models, including evidence-based treatment, approaches, to develop a multidimensional treatment plan.</td>
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<td>Demonstrate understanding of issues related to the use of medication and medication information, non-pharmacological interventions, and psychiatric consultation within the scope of social work practice.</td>
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<th>8</th>
<th><strong>Intervene with Individuals, Families, Group, Organizations, and Communities</strong></th>
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<td>Comfortably move among the roles of a social worker in practice and intervene effectively in those roles including enhancing client strengths, acting as a client advocate, and skillfully handling transitions and termination.</td>
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<td>Consistently demonstrate the ability to choose appropriate intervention methods to improve client functioning.</td>
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<td>Critically evaluate, select, and apply best practices and evidence-based interventions.</td>
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<td>Demonstrate the use of appropriate clinical techniques for a range of presenting concerns indemnified in the assessment, including crisis intervention strategies as needed.</td>
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<td>Collaborate with other professionals to coordinate treatment interventions.</td>
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<td>Demonstrate the ability to apply multiple interventions with consumers, families, and groups based on recovery principles in multiple areas of practice, including prevention, early intervention, and crisis intervention.</td>
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<th>9</th>
<th><strong>Evaluate with Individuals, Families, Groups, and Communities</strong></th>
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<td>Consistently employ reliable and valid methods for monitoring and evaluating practice interventions and use the results to improve policy and practice.</td>
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<td>Contribute to the theoretical knowledge base of the social work professional through practice-based research.</td>
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<td>Use clinical evaluation of the process and/or outcomes to develop best practice interventions for a range of bio-psycho-social-spiritual conditions.</td>
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<td>Understand the value of individual, program, and one's own practice outcome evaluation in improving services and policies and contributes practice-based knowledge to inform evaluation process.</td>
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NOTE: For Students with Disabilities:
If you are a student with a disability and believe you will need accommodations for this class, it is your responsibility to contact Student Disability Services at (619) 594-6473. To avoid any delay in the receipt of your accommodations, you should contact Student Disability Services as soon as possible. Please note that accommodations are not retroactive, and that I cannot provide accommodations based upon disability until I have received an accommodation letter from Student Disability Services. Your cooperation is appreciated.

III. Textbooks - Readings
A. Required Textbooks (Available at the SDSU Bookstore):
   Walsh, J. (2013). The recovery philosophy and direct social work practice. Chicago: Lyceum
   (Also used in SW739)

B. Other Suggested Readings:
   NOTE: In addition to the text, other required readings, as shown in the course outline, will be posted on the Blackboard site. It is the student’s responsibility to regularly check the site to determine the required readings for the upcoming week. Student assignments, both individual and group, require the search and presentation of recent evidence-based practices for the major mental disorders. The following books are recommended for students seeking additional background on working with the seriously mentally ill population. The professor can recommend additional resources within specific topic areas.


**IV: Course Assignments**

There are three major assignments in this course: 1-Agency Visit Paper (40% of course grade), Panel Presentation (25% of course grade), and 3-Evaluation & Integration of Guest Speakers (35% of course grade). Class participation is expected in this seminar and will be evaluated by the degree to which course readings and information presented by guest speakers is incorporated into the assignments.

**ASSIGNMENT #1: Two Agency Visits and Comparison Paper (40% of course grade) DUE FEBRUARY 19**

Overview:

The purpose of this assignment is for each student to gather information to document their perceptions and responses to the setting, program structure, service delivery approach, and attitudes regarding two agencies that serve the seriously mentally ill population. It is also intended to serve as a useful tool in evaluating collateral resources in the community, and as an opportunity to share these resources with fellow student professionals.

This assignment requires each student to visit 2 mental health agencies providing community mental health services (i.e. county mental health clinic and a community based organization contracted with the county mental health department—may be providing youth or adult services—or one of each). Gather and summarize information after spending 15-20 minutes in the waiting room of each agency. Observe how it feels to you, and what the atmosphere in each setting conveys to you. For example, is it a warm and welcoming environment? Is it accessible, clean, safe? Does it feel culturally sensitive—is help available in multiple languages? Do you see staff representing varying cultures? Do the hours accommodate individuals working a Monday-Friday, 9-5 job? If possible, meet with an agency representative to gather information about the program. See the section below (“Representative’s Perspective”) for details.

Write a paper that compares and contrasts the two agencies you visited: were there differences? What is your hypothesis for why there were differences? Please do not mention the name of the clinic (simply describe it as, for example, “a contracted agency providing services to adults” or “a county mental health agency serving youth”, etc.). Incorporate relevant readings, presentations, and discussions from the course into your paper.

To minimize any potential disruption to the agency by having individual visits, please try to organize your visits with 2-3 other students. A list of examples is provided in Appendix B, but this is not an exhaustive list. You may visit programs that are not on the list as long as they focus on rehabilitation and recovery.

Beyond the group interview/visit with the agency representative, all written work and observations will be made independently.
NOTE: Students may not select an agency or program where they are currently interning or where they have previously served as an intern or been employed. If you attended the MHTP tour of The Village in Long Beach, it may serve as one agency choice if you feel you gathered sufficient information to complete the assignment.

After organizing schedules within the team, one team member should contact the person in charge, and clearly identify him/herself as a SDSU School of Social Work MSW student. Arrange a time when all members of the team can visit the agency if possible.

During your visit, each team member will make independent observations, and will gather material that is individually determined to be important in understanding the functioning of the agency. Consider which populations would be best served in this setting and model, and what populations/problems/treatment issues would or would not be appropriately addressed. While many agencies may operate from a similar model, inquire about and describe the unique aspects that the individual program offers within the general model.

If possible and appropriate, tour the facility. Gather relevant documents about the agency that are available to the public and other professionals. If a tour is not possible, include that in your report and make every effort to observe aspects of the agency that will help you to form impressions about the program.

While each student will gather different information, all students should, at a minimum, obtain the following information at each of the two selected agencies during the interview with an agency representative and use it in your paper, along with your observations from the waiting rooms.

From the representative’s perspective:

- Description of the agency and/or program;
- Description of the program’s mission;
- Agency definition of psychosocial rehabilitation;
- What particular model or combination of models their program follows;
- Perspective on the role of social workers at the agency;
- Cultural make-up of clients and staff;
- Impact of client’s culture on interactions within program, if any;
- What skills are important for those interested in working with the population;
- What they feel are the major strengths of the agency;
- What they would like to see change about the program.

From the student’s perspective:

- Personal reactions to setting, clients, staff
- Observations of relevant interactions, implementation issues
- Strengths, limitations of observations
From course readings and other scholarly literature:

- Background on goals, ideals of the model used by the agency
- EBP with the diagnostic area and target population chosen

Based the information gathered at each agency and your observations, each student will write a brief paper comparing and contrasting the agencies. A summary of the information you gathered may be placed in a table or in bullet form in an appendix of the paper if you wish. The paper will include your subjective impressions, both positive and constructive, and the perspectives provided by the agency representative. These personal accounts will be integrated with course readings and other scholarly literature about evidence-based practices for the target population.

The paper should be about 4-5 pages (5 pages maximum) in length -- double-spaced, 1” margins, all in APA format. Any accompanying documentation may be placed in an appendix. The title page, abstract, reference list (all required) and appendix (optional) are not included in the page limit.

Students should write as if the papers were to be presented to other social workers in the professional community. Students are expected to write at a graduate level and produce a clear, well-organized paper, with correct grammar and spelling. Proper citation of source material is required. The written assignments should follow the stylistic guidelines suggested by the latest edition of the APA manual.

You will be graded on the comprehensiveness and clarity of the critique, organization of the paper, the relevance of the content to your chosen topics, clarity of presentation of impressions vs. evidence (written or observed), comprehensiveness and creativity of the paper as a whole, the degree to which course materials and other literature is integrated into the paper and writing skills.

Part of the challenge of professionalism is to develop succinct writing skills that incorporate key elements; please do not write beyond the maximum page limit as that content will not be evaluated.
ASSIGNMENT #2: Panel Presentation (25% of course grade): PANELS WILL BE HELD ON: Schizophrenia (APRIL 16), Bipolar Disorder or Major Depression (APRIL 23), and Co-Occurring Disorders (APRIL 30)

This group assignment builds on the critique of the agency visit. The goal is to identify a gap in existing services for a particular population within one of the major mental illness categories (e.g. a new agency needs to be created or an existing agency needs to expand services to meet the need for this particular target population). Students should utilize the paradigm of evidence-based practices in their search for support for their proposal, and include recent scholarly citations.

Each student will first choose a particular diagnostic group (1-schizophrenia, 2-bipolar disorder or major depression, or 3-co-occurring disorders) and a specific target population where there is an unmet need. The choice of diagnostic group will determine the composition of the panel discussion groups.

Each of the three panels may approach this assignment in a variety of ways. Each student within the panel may focus on a different target population, or there may be several smaller teams within the panel, or there may be one target population for the entire panel. The target population may be defined by an aspect of the illness (e.g., cultural issues associated with the diagnosis, or the impact on family) or a subpopulation (e.g., those diagnosed with their first episode, or older adults or adolescents), or a treatment setting (school, etc.).

For example, if you choose major depression/bipolar disorder as your diagnostic area, and your panel decides to address multiple target populations, your particular target group should be distinct from the other students who choose the major depression/bipolar disorder diagnostic area. If you would like to team with another student for this assignment, you have that option available to you. The panel would then have several different target populations or aspects of the diagnostic area as a focus. Or the panel may focus on one target population and each student would research a different aspect of the proposed plan to address service gaps.

**The task for each panel will be to decide how the presentation will approach the gap(s) in services and how to effectively and creatively present strategies for expansion to existing services or for the creation of a new agency. All members of each panel will receive the same grade for the assignment regardless of how the presentation is structured.**

The choice of diagnostic area must be finalized and approved by the instructor by Week 3.

NOTE: Every attempt will be made to accommodate each student’s preferences, but in keeping with the learning goals, the instructor reserves the right to be sure that the panels are balanced and cover relevant target populations. BE PREPARED TO BE FLEXIBLE!
Each diagnostic area has been assigned to one of three class periods (April 16, April 23, and April 30—see Course Outline).

An outline or executive summary of the proposed program/treatment expansion will be submitted electronically to the instructor (all outlines are due on April 9 in fairness to all students) and to all class members at the time of the panel presentation.

Panel members will present their proposals regarding new programs/expanded services during the designated class period. Discussion with the class will follow the presentations. Students should be prepared to discuss, answer questions and elaborate on their executive summary or outline during the class discussions.

The presentation outline/executive summary should be appropriately referenced in APA style using course materials and other relevant sources regarding evidence-based practices. The outline for the proposal is presented below.

**Panel Presentation Overview:**

Since each panel presentation will cover different topics due to the subpopulation or target population(s) chosen, the material in the proposal outline will differ. But, at a minimum, the following elements must be included in the written proposal, in addition to the issues that relate directly to your chosen program/treatment expansion:

I. Need for Service
   - Target population addressed
   - Geographic area to be served
   - Significance and background of the problem
     - Data about the need for services, number of persons that may be affected, etc.
     - Diagnostic issues (clarity, consensus, rule outs, misdiagnoses) for your specific area
     - Etiology (both theoretical perspectives and empirical evidence if available)
     - Prognosis (using any long term empirical studies available to support your discussion)
     - Medication issues

II. Proposed Evidence-Based Intervention

**Best Practice (Evidence-Based) guidelines:** What does the literature indicate regarding effective interventions for your specific area of this diagnostic category? What modalities are most effective (Individual? Family? Self-help group)? What is the quality of the research that has been conducted (e.g., meta-analyses? Comprehensive reviews of the literature)?

- What are the major controversies/challenges, including ethical issues, regarding treatment of this population?
- Evidence-based model proposed
- Purposes, goals, objectives
- Adaptations needed to address differences (age, race, ethnicity, culture, language, sexual orientation, disability, gender)
- Make the case for why the new program/expansion of services will meet the needs of the target population

Each panel must provide a reference list that includes up-to-date information on the evidence-based practices within their selected disorders. It is expected that any subgroups that are formed within the overall category will also have a reference list regarding that target population or subgroup.

All students are expected to complete an evaluation of the other group presentations in the course. The form is attached to this document. Please make enough copies for the 2 group evaluations, plus one for each of the speakers noted in Assignment 3.

ASSIGNMENT #3—EVALUATION OF SPEAKERS AND INTEGRATION WITH COURSE INFORMATION (35% of course grade)

The purpose of this assignment is to integrate the concepts presented in the course readings with the topics brought to class by the wide range of guest speakers. This course merges portions of the Mental Health Training Program (MHTP) seminar with this academic course, and the guest speakers are an important component of this course. The immediate reactions from a guest speaker, coupled with understanding from the assigned readings, is intended to present students with an enhanced ability to understand the mental health system, and the San Diego system in particular.

Guest Speaker Evaluations: (DUE AT END OF EACH PRESENTATION)
Students will complete an evaluation form for all guest speakers that will present to the class. The form posted on Blackboard must be used, and the form must be turned in immediately after the presentation. No late evaluations or evaluations on other paper/forms will be accepted for credit. Missing evaluations or those not completed on the form attached to this document will result in a deduction from the total assignment.

NOTE: To accommodate our guest speakers, a final list of speakers and dates will be posted after the first class meeting. Due to the fluid nature of speaker availability, their topic may not coincide with that week’s readings, but all students should anticipate the known speaker topics and access the readings for that topic as best as possible. The majority of the PPTs for the course will be loaded on BB as soon as possible to accommodate this flexibility in speaker availability. Thank you for understanding!

Credit for the evaluations is based on critical thinking, comprehensiveness, effort, and ability to provide constructive criticism, as well as the degree to which students actively and appropriately engage with the group presentations or guest speakers, and contribute to class discussions throughout the course.
The evaluations will be graded as a whole at the end of the semester using the same grading guidelines as other written assignments (a grade of B if all requirements are met; well done is a B+; exceptional contributions/comprehensive evaluations would be an A- or A; less than the minimum would be B- or below).

**Note: Professional courtesy will be extended to our guest speakers at all times; this includes arriving for class on time so that their presentations will not be disturbed by late arrivals. Late arrival will be reflected in your grade for this assignment.

V. Teaching Methods and Class Policies

Course competencies will be achieved through conceptual and experiential means. The instructor will use lectures, class discussion of selected readings, videotapes, written assignments, and guest speakers as teaching methods. Although the primary responsibility for introducing, organizing, and explaining course content rests with the instructor, it is expected that students will take responsibility for their own learning, incorporate critical thinking skills, show professional respect to the instructor and to each other, and help create a classroom atmosphere that facilitates the teaching/learning process.

A. Grading

Grades will be administered in accordance with the policies set forth in the Graduate Bulletin, based on the following grading scale:

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<th>Percentage Range</th>
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<tr>
<td>95 - 100%</td>
<td>A</td>
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<tr>
<td>90 - 94%</td>
<td>A-</td>
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<tr>
<td>87 - 89%</td>
<td>B+</td>
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<td>83 - 86%</td>
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<td>80 - 82%</td>
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<td>60 - 62%</td>
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<td>59% and below</td>
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The final grade for the course will be based on the student’s performance on the required assignments: (a) Agency Visit Paper, (b) Individual Presentation, (c) Panel Presentation, (d) In-Class Assessment and Class Participation. Grades will be determined in accordance with the following guidelines:

1. Grades of A or A- are reserved for student work that not only demonstrates very good mastery of content, but also shows that the student has (a) undertaken complex tasks, (b) applied critical thinking skills to the assignment, and/or (c) demonstrated creativity in her or his approach to the assignment. The degree to which the student demonstrates these skills determines whether he/she receives an A or an A-.
2. A grade of B+ is given to work that is judged to be very good. This grade denotes that a student has demonstrated a more-than competent understanding of the material being tested in the assignment.
3. A grade of B is given to student work that meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets the basic expectations of the course.
4. A grade of B- denotes that a student’s performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.
5. A grade of C reflects a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.
6. Grades between C- and F denote a failure to meet minimum standards, reflecting serious deficiencies in a student’s performance on the assignment.

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<td>Agency Visit Paper</td>
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<th>Assignment 2:</th>
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<td>Panel Presentation</td>
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<th>Assignment 3:</th>
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<td>Evaluation of Guest Speakers</td>
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B. Attendance/Participation Policies

1. Attendance is expected. Learning in a seminar format requires diligent study of assigned readings, active participation in class discussions and attendance, particularly when guest speakers are scheduled. Absences and partial class attendance can significantly interfere with students’ ability to meet course objectives and may impact the participation grade. Students are expected to come to class on time and stay for the entire class session. They should notify the instructor in advance if they need to miss class, arrive late, or leave early.

2. Absences. The instructor will excuse absences resulting from verified unforeseen circumstances (e.g., illness, family emergency, unavoidable commitments). Students should obtain lecture notes from another student if they miss class and check with the instructor to see if a make-up assignment is needed. School of Social Work policy dictates that fieldwork should not conflict with class time. Please note that although responding to a client crisis at the field placement is a reasonable excuse for missing class; attending an agency staff meetings or trainings is not. In rare circumstances, a student might be excused from class to attend a professional development conference/workshop, provided the content of the workshop relates directly to the content of the course. In this case, students are encouraged to share what they learned with their classmates.

C. Policies Related to Required Assignments
1. **Off-campus assignment:** This course requires students to participate in research or studies that include course work that may be performed off-campus (i.e., participation in a small group to organize Assignment #1). Participation in such activities may result in accidents or personal injury and therefore requires a signature on the “Warning, Waiver and Release of Liability” that is in the Appendix of this document. Please make a copy, sign and return to the instructor. Students participating in these events are aware of these risks. They agree to hold harmless San Diego State University, the State of California, the Trustees of the California State University and Colleges and its officers, employees and agents against all claims, demands, suits, judgments, expenses and costs of any kind on account of their participation in the activities. Students using their own vehicles to transport other students to such activities should have current automobile insurance.

2. **Due dates and late papers.** Written assignments must be handed in on the specified due date at the beginning of the class period. Late papers may not be accepted. Students should assertively communicate any concerns that may prevent completion of the assignment. They should inform the instructor in advance if unforeseen circumstances beyond their control (e.g., severe illness, family emergency) prevent completion of work. If students cannot complete the assignment by the due date, they should inform the instructor immediately and set up a meeting to develop a plan and time frame for completion of the work.

3. **Incomplete grade.** On rare occasions (e.g., severe illness, family emergency), an “incomplete” grade may be granted, as long as the student does NOT have to make up more than 30% of the required course work. If a student is unable to complete the assignments of the course, he/she should contact the instructor to request an Incomplete. If the instructor agrees that the circumstances justify granting an “Incomplete,” a written contract between the student and the instructor will be drawn up specifying the actions needed to complete the course and a time line for completion. The student and the instructor must both sign the contract.

4. **Disabilities.** The San Diego State University School of Social Work abides by the Americans with Disabilities Act of 1990. Students who have disabilities that can potentially impact their academic performance may request special accommodations by contacting the SDSU Disabled Students Services (DSS) and receiving an evaluation. If DSS determines that a student has a disability and is therefore eligible to receive special accommodations (e.g., extended time for taking the Exam), it is the student’s responsibility to inform the instructor. Students who are eligible for special accommodations should meet with the instructor and provide the necessary paperwork from DSS.
D. Policies Related to the NASW Code of Ethics.

The NASW Code of Ethics (Revised, 1996) is an academic standard at the SDSU School of Social Work and should guide students in maintaining professionalism in the practice class and in their field placement. Adhering to the Code of Ethics includes (a) placing clients’ interests in highest priority, (b) maintaining confidentiality, (c) demonstrating appropriate professional boundaries, (d) treating one’s colleagues with respect, and (e) maintaining standards of honesty and integrity.

1. Confidentiality of clients. Students are expected to change all identifying information for the client they use for the Case Study. They also should protect client confidentiality when discussing client situations with the entire class or in discussion groups.

2. Use of language. Students should be careful not to contribute unintentionally to myths about mental illness and disability. They should avoid using any language that labels people or equates them with the conditions they have (e.g., “a schizophrenic,” “a borderline,” or “the disabled”) or language that implies that the person as a whole is disordered (e.g., “disabled persons,” “an ADHD child,” “a learning disabled child”). Students should use terminology that preserves the integrity of the person (e.g., “an individual diagnosed with schizophrenia,” “an individual diagnosed with borderline personality disorder,” “people with disabilities,” “a child diagnosed with Attention Deficit Hyperactivity Disorder,” “a child who has a learning disability”). Negative terms should also be avoided (e.g., “stroke victim” “a child confined to a wheelchair”); instead state “a person who experienced a stroke” or “a child who uses a wheelchair.”

3. Professional boundaries. Professional communication involves interacting with others in an assertive, genuine way that respects the privacy of others and is considerate of their needs. Students should be careful to maintain appropriate boundaries and should monitor their level of self-disclosure in small discussion groups and with the entire class. They should limit self-disclosure to information that can be appropriately and safely shared in an academic setting and should generally avoid self-disclosing information that is highly personal and sensitive. In some situations, sharing highly personal information may be appropriate if it directly relates to the course content being discussed and is useful in enhancing learning. If students elect to share highly personal information, they should practice “conscious use of self” and ensure that the information they wish to disclose directly applies to the course content being discussed and that sharing the information is likely to enhance the learning of their classmates.

4. Confidentiality of colleagues / limitations to confidentiality. Students should generally respect the privacy of their classmates and keep confidential personal information that they disclose. However, they should be aware that information disclosed in a classroom is subject to the same limitations as in social work practice (i.e., harm to self or others, evidence of child/elder abuse/neglect). They
have a responsibility to take action if they become aware that a classmate has personal problems that present a risk of self-harm or behaviors that could harm others. Should they encounter a situation involving the impairment of a classmate, students should follow the guidelines established by the Code of Ethics:

- “Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action” (NASW, Revised 1996, Section 2.09).

- “When, after consultation, colleagues fail to take action to address their impairment, the Code of Ethics specifies that social workers “should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations” (NASW, Revised, 1996, Section 2.09).

- In the SDSU School of Social Work, informing the instructor is the “appropriate channel” for taking action when a classmate has failed to address his/her impairment due to personal problems, psychosocial distress, substance abuse, or mental health difficulties. The instructor will request an interview with the student(s) involved. Should the interview raise questions about a student’s ability to manage the stress of the MSW program and/or perform appropriately in the field placement, the instructor will discuss with the student whether to inform with the Graduate Advisor, the student’s assigned Faculty Liaison, and/or the Coordinator of Field Education about the concerns.

5. **Respect for colleagues.** Students are expected to respond to opinions expressed by other in the class professionally and respectfully. They have an obligation to respect the rights of others to hold their opinions and have them heard if they so desire. Each student has the right to disagree with the opinions of others, including the instructor, but should do so in a sensitive, respectful, and meaningful manner (e.g., “I have a different opinion.” “I see things differently.”).

6. **Honesty/integrity.** The NASW Code of Ethics asserts that social workers should “behave in a trustworthy manner” and “not participate in, condone, or be associated with dishonesty, fraud, or deception” (NASW, Rev 1996, Ethical Principles & Section 4.04). Social work students should conduct themselves in a manner consistent with this social work value of integrity and avoid all forms of academic misconduct including cheating, plagiarizing, stealing course examinations, falsifying data, and intentionally assisting another individual in any of those actions. Note these definitions:

- **Cheating** includes (a) giving or taking exam answers to or from another student, (b) copying another student’s paper (in part or in its entirety), and (c) falsifying one’s own or another student’s class attendance.

- **Plagiarism** is “formal work publicly misrepresented as original; it is any activity wherein one person knowingly, directly and for lucre, status, recognition, or any public gain resorts to the published or unpublished work of
another in order to represent it as one’s own. Work shall be deemed plagiarism (1) when prior work of another has been demonstrated as the accessible source; (2) when substantial or material parts of the source have been literally or evasively appropriated (substance denoting quantity; matter denoting qualitative format or style); and (3) when the work lacks sufficient or unequivocal citation so as to indicate or imply that the work was neither a copy nor an imitation. This definition comprises oral, written, and crafted pieces. In short, if one purports to present an original piece but copies ideas word for word or by paraphrase, these ideas should be duly noted” (Lindey, as cited in the Bulletin of the Graduate Division, San Diego State University, 2000-2001, p. 40).

- **Code of Ethics.** Students should be careful to give appropriate authorship credit to anyone from whom they have obtained information for written assignments, including citing books, journal articles, Internet websites, class lectures, professional colleagues, or classmates. The NASW Code of Ethics states the following in regards to plagiarism: “Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed. Social workers should honestly acknowledge the work of and the contributions made by others.” (NASW, 1996).

- **Consequences for academic misconduct.** Academic misconduct will be handled according to University policy. Students who are found plagiarizing the works of others or committing other forms of academic misconduct will be subject to standards set forth by the University. Such action could result in failing the assignment, failing the class, or expulsion from the University. Please refer to the Bulletin of the Graduate Division for additional information.

- **Procedure in the event of cheating or plagiarism.** A student who is found cheating or plagiarizing will be asked to meet with the instructor and with the Graduate Advisor to determine which of the above consequences will be implemented.

- **Preventing plagiarism.** If students have questions or are unclear about how to incorporate and cite the work of others, they should consult with the instructor.
VI. **Course Outline and Assignments**

*Please note: Topics and dates may be changed by Dr. Mathiesen*

**Code:** W 2013=Walsh text; Oltmann’s text (required readings for students to read on own; no PPTs will be posted)

S & H=Stout & Hayes text; B=Belack text; W=Walsh; PPTs will be provided for most readings with these codes; texts are recommended only)

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<tr>
<th>Session</th>
<th>Topic of Discussion</th>
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January 22 | **Unit I. Background**  
Introduction to Course  
Discussion of Assignments  
Topics and populations for Panel Presentation  
Review of ethics and professionalism  
Theoretical and historical perspectives on mental illness: What is serious mental illness? | **Required Readings:**  
NASW Code of Ethics  
W 2013:  
Ch. 7: Schizophrenia  
Ch. 8: Depression  
Ch. 9: Bipolar disorder  
Ch. 10: Autism spectrum  
On Blackboard  
Guardian: Rosenhan replicated. |
| **Session 2**  
January 29 | **Unit 2: Principles**  
Principles of Evidence-Based Mental Health  
Rehabilitation and Recovery  
Social Skills Training as an EBP: Assessment and teaching  
**Guest Speaker** | **Required Readings:**  
W 2013:  
Ch. 1: Introduction  
Ch. 2: Recovery philosophy of mental illness  
Ch. 3: SW Practice and recovery philosophy  
Ch. 4: A SW model of recovery practice  
**Recommended:**  
S & H  
Hayes, R.A.: Ch. 1: Introduction to E-B practices  
Bruce, T.J. & Sanderson, W.C.: Ch. 10: E-B psychosocial practices: Past, present and future  
Zahniser, J.H.: Ch. 6-Psychosocial rehabilitation  
Rogers, E.S., Farkas, & Anthony,W.A.: Ch. 9: Recovery from severe mental illnesses and E-B practice research |
| **Session 3**  
February 5 | **Unit 3. Practices**  
Introduction to Co-Occurring Disorders  
Integrated Services  
Program capacity for treating clients with COD  
Integrated Services exercise and discussion  
Screening, assessment and treatment planning for clients with COD  
General strategies for working with clients with COD  
Starting a Social Skills Training Group (cont.)  
Developing Sustainable EBP Systems  
**DIAGNOSTIC AREA AND TARGET POPULATION MUST BE FINALIZED AND REPORTED THIS WEEK**  
Guest speaker | **Bellack Text:**  
Ch. 1: Schizophrenia and social skills  
Ch. 2: Social skills training as an EBP  
Ch. 4: Teaching social skills  
**Recommended:**  
SAMHSA: Integrated treatment for co-occurring disorders:  
Evidence-based practices kit:  
General information on integrated treatment for co-occurring mental illness and substance use disorders:  
S & H Corrigan, P.W., McCracken, S.G., & McNeilly, C.: Ch. 7: E-B practices for people with serious mental illness and substance abuse disorders  
On Blackboard:  
Minkoff: Developing standards of care for individuals with co-occurring psychiatric and substance use disorders.  
Whaley & Davis: Cultural competence and EBP in MH services |
| Session 4  
February 12 | **Unit 3. The Practices**  
Family Interventions  
Video: Alex Kopelowicz  
Developing Strategies for Agency Change | **Required Readings:**  
W 2013:  
Ch. 5: Relationship-based interventions with recovering consumers  
Ch. 6: Spiritual concerns of recovering consumers |
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<td>&quot;AGENCY VISIT PAPER DUE&quot;</td>
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<td>Psychiatric Patient Rights</td>
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<td>How cultural differences affect psychiatric treatment</td>
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<td>Diagnosis and Culture: DSM-5</td>
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<td>Clinical Case Management</td>
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<td>Guest Speaker:</td>
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**Recommended:**

**S & H:**
Lyons, J.S. & Rawal, P.H.: Ch. 8: E-B Treatment for children and adolescents
Hayes, R.A.: Ch. 13: How to start with your agency, practice or facility

**W:**
Ch. 12: Engaging the family of the person with mental illness
Ch. 13: Case managers as family educators about mental illness
Ch. 14: The family education and support group

**On Blackboard:**
Liberman & Kopelowicz: Teaching persons with severe mental disabilities to be their own case managers.
Kopelowicz & Liberman: Integrating treatment with rehabilitation for persons with major mental illness.

**Recommended:**

**W:**
Ch. 1: An introduction to clinical case management
Ch. 2: Policy context of case management
Ch. 4: Social support theory and community context of practice

Roe et al.: Patients’ and staff members’ attitudes about the rights of hospitalized psychiatric patients.

**On Blackboard:**
Jenkins & Carpenter-Song: The new paradigm of recovery from schizophrenia: Cultural conundrums of improvement without cure.
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<td>March 5</td>
<td>Implementing Evidence-Based Practice</td>
<td>W: 2013 Ch. 7: Schizophrenia</td>
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<td>Recovery interventions for Schizophrenia</td>
<td>On Blackboard: Lehman Goldman, Dixon, and Churchill: Evidence-based mental health treatments and services: Examples to inform public policy</td>
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<td>Frese et al: Integrating EB practices and the recovery model.</td>
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<td>Assertive Community Treatment (ACT)</td>
<td><strong>Recommended:</strong> S &amp; H: Boust, S.J., Kuhns, M.C., &amp; Studer, L.: Ch. 3: Assertive community treatment Hayes, R.A.: Ch. 12: Evaluating readiness to implement E-B practice</td>
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<td><strong>Guest Speaker</strong></td>
<td>On Blackboard: Gomory: A critique of the effectiveness of assertive community training. (Burns: In reply. Rosenheck &amp; Neale: In reply. Test: In reply.) Trudel &amp; Lesage: Care of patients with the most severe and persistent mental illness in an area without a psychiatric hospital.</td>
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<td>Saeed. Ch. 5: Evidence-Based Psychopharmacotherapy: Medication Guidelines &amp; Algorithms</td>
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<td>Ch. 3: Symbolic interactionism and relationship development Ch. 5: Case manager and psychotropic medications</td>
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| March 30 - April 3 | Spring Break: ENJOY!!! |

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<td><strong>PROPOSAL OUTLINE / EXECUTIVE SUMMARY DUE FOR ALL PANELS</strong></td>
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<td><strong>PROPOSAL OUTLINE / EXECUTIVE SUMMARY DUE FOR ALL PANELS</strong></td>
<td>Oltmann’s: Ch. 6: Major Depressive Disorder</td>
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<td><strong>Panel #2</strong> Bipolar Disorder/Major Depression</td>
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|  |  | **Panel #3** Co-Occurring Disorders | Waghorn, Chant & King: Work related subjective experience among community residents with schizophrenia or schizoaffective disorder.  
Review: Jenkins & Carpenter-Song: The new paradigm of recovery from schizophrenia: Cultural conundrums of improvement without cure. |
| Session 15 | May 7 | **Unit 5. Termination and Evaluation** | **Required Readings:** |
|  |  | Subjective experiences | **W 2013** Ch. 12: The Future of Recovery |
|  |  | *Guest Speakers:* | **APPENDIX A**  |

References (* = available on Blackboard)


*Gold Award (2001): A community based program providing successful alternative to acute psychiatric hospitalization: Community Research Foundation, San Diego County – Short-Term Acute Residential Treatment Program. Psychiatric Services, 52 (10), 1383-1385.


APPENDIX B
EXAMPLES OF PROGRAMS AND CONTACT PERSONS

1. Central Region
   THE CORNER CLUBHOUSE
   2852 UNIVERSITY AVENUE
   TEL: 619 683 7423

   THE MEETING PLACE
   4034 Park Blvd
   SAN DIEGO CALIFORNIA 92103
   Tel: 619 294 9582

2. South Central Region
   FRIENDSHIP CLUBHOUSE
   386 EUCLID AVENUE SUITE 102
   SAN DIEGO, CALIFORNIA 92114-3679
   TEL: 619 266 2111 X. 115 (or X. 106)

3. South Region
   VISIONS
   5th & H STREET
   CHULA VISTA
   TEL: 619 420 8603

   CASA DEL SOL
   1157 30th STREET
   SAN DIEGO
   TEL: 619 429 1937
4. East Region

EAST CORNER CLUBHOUSE
1060 ESTES STREET
EL CAJON, CALIFORNIA 92020
TEL: 619 440 5133

5. North Region

ESCONDIDO CLUBHOUSE
474 WEST VERMONT AVENUE
ESCONDIDO, CALIFORNIA 92025
TEL: 760 737 7125

MARIPOSA CLUBHOUSE
560 GREENBRIER DRIVE SUITE 107
OCEANSIDE, CALIFORNIA 92054
TEL: 760 439 6006
APPENDIX C
WARNING, WAIVER AND RELEASE OF LIABILITY

DATE: ______________

I understand that participation in the ________________ will require participating in off campus events.

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which may have, or which hereafter accrue to me, against San Diego State University (the University) as a result of my participation in the event. This release is intended to discharge the University, its trustees, officers, employees and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the event. I further understand that accidents and injuries can arise out of the event which may cause personal injury; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provisions of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I acknowledge that I have been fully informed of the risks and dangers involved in these events.

I acknowledge that I have read and fully understand the above Warning, Waiver and Release of Liability.

I further acknowledge that the reasons for my being requested to sign this Release have been fully explained to me and that I understand them.

I am signing this Release on my own free will and I have not been influenced or coerced by any representative or employee of the state.

Must sign in blue or black ink

________________________________________________________________________
Printed Name of Participant Address

________________________________________________________________________
Signature of Participant Red ID (If Student, Staff or Faculty) Today’s Date

________________________________________________________________________
Signature of Parent or Guardian (if under 18 years of age) Date

________________________________________________________________________
Contact in Case of Emergency Telephone Number
Guest Speakers: Integration with Course Concepts
Feel free to add additional comments on the back as needed.

Name of Guest Speaker ________________________________

1. Please describe a particular strength of the presentation:

2. How did the presentation add to your understanding of issues related to those diagnosed with serious mental illness?

3. Give an example of how you will integrate the presentation with course concepts/readings:

4. How did the presentation improve your understanding of best practices with clients?

5. On a scale of 1 to 5 (with 1=least organized and 5=most organized), how would you rate this presentation overall on the degree of organization?

6. On a scale of 1 to 5 (with 1=least relevant and 5=most relevant), how would you rate this presentation overall on the degree of relevance to your practice?