

**University of Southern California  
School of Social Work**

**SOCIAL WORK PRACTICE AND SEVERE AND PERSISTENT MENTAL ILLNESS**

**Instructor:** Shannon Mayeda, PhD, LCSW, CRADC

**Phone:** 310-529-8011

**Email:** shannond@usc.edu

**Office:** SWC 221

**Office Hours:** After class and by appointment

**SOWK 618**

**Spring 2008**

**Prerequisites:**

This is an advanced, 600 level elective. The prerequisites are the completion of all the 500 level required courses. The course expands on knowledge of the major DSM-IV-TR nosological categories and the fundamentals of the process of clinical assessment, diagnosis and treatment.

**Course Description:**

This advanced-level elective course offers students the opportunity to learn about effective, leading-edge social work approaches to providing humane care for persons with mental illness, especially those clients with concomitant substance abuse, developmental disabilities and severe socioeconomic disadvantage who are commonly considered “difficult” to treat. The course offers students a comprehensive approach to social work practice with this population which includes outreach, clinical assessment, treatment planning that includes work with client’s environment and collaboration with other systems, advocacy and program development as well as management. The contribution of discrimination and social inequalities to clients’ difficulties is considered throughout the course, including discrimination based on gender, race, ethnicity, socioeconomic status, sexual orientation, disability and diagnosis. Many different understandings related to the nature of the problem of severe mental illness are included and the required readings draw from various theoretical approaches to treatment, ranging from psychodynamic to ecological. The perspective of the course is client-centered in that the emphasis is on understanding the persons who have a severe mental illness, their strengths and the processes associated with acquiring care. The question of etiology, while addressed in other courses is examined in lieu of new research regarding the role of the brain in severe mental illness.

Required readings draw from classics in the field and are designed to give an historical perspective. In addition, readings from contemporary sources explore new research and practice in the field of the treatment of severely mentally ill clients. Textbooks are among the most recently available in the field.

This course fosters the integrative process of students by including content from policy, human behavior and the social environments, methods and research. The overall perspective that fosters the integration process conceptualizes theories and approaches to research as heuristics, with assumptions, principles and concepts that have distinctive usefulness within particular contexts. The integration of clinical field experience with theory is fostered by the inclusion of case material throughout the course, both that provided by the instructor and also the students’ clinical experiences. Students are helped to compare and critically analyze the theories and research methods used to understand and evaluate this population. The primary focus of the course is

consistent with the Health and Mental Health cluster's emphases and objectives. The course also consistently addresses the importance of enhancing family relationships and supporting families of those with severe mental illness which supports the advanced learning of students in the families and children cluster.

### **Learning Objectives:**

#### **Knowledge:**

1. To acquire an understanding of the major theories used to explain the causes and treatment of severe mental illness, so as to foster students' understanding of severe mental illness and its psychological and socioeconomic effects on clients and their families.
2. To develop advanced understanding of approaches to social work practice interventions with clients with severe mental illness, including neuroleptic management, residential and inpatient care, case management and community care, outreach as well as psychotherapy.
3. To acquire a fundamental knowledge base about diverse approaches to program planning and development, including advocacy, in the care of this population.

#### **Values:**

1. To appreciate the biases that often are concomitants of severe mental illness in this society (such as discrimination, stigma, convictions that clients are untreatable, and economic disadvantage), and the impact of those biases on clients, their families and care providers.
2. To become sensitized to the critical importance of advocacy as a value stance informing all aspects of the treatment process with this client population
3. To develop a value base to support the human rights of severely mentally ill clients in the face of the multiple changes in the policy and systems that will affect them.

#### **Skills:**

1. To develop critical thinking skills in analyzing the problem of severe mental illness from diverse perspectives, especially those most relevant to the role of social workers, (e.g. socio-historical, cultural, and psychological as well as from the perspectives of different systems- micro, mezzo, and macro).
2. To enhance clinical skills in the assessment and psychological treatment of clients with severe mental illness and the systems that influences those clients rehabilitation (e.g. their families and other support networks).
3. To use examples of advocacy for severely mentally ill clients as a basis for developing advocacy skills for clients with severe mental illness, including working with parent advocacy groups and others advocating for clients with severe mental illness.

### **Teaching Methodology:**

Most classes will be based on lectures, class discussions, and small group experiential activities. A substantial number of case examples will be utilized based on the instructor's clinical experience, case material in the literature, reports of students, videos, and guest speakers. The topics included in the required readings which focus on wider systems as well as clinical issues will be covered in the first part of the class sessions.

### **Academic Accommodations:**

Students requesting academic accommodations based on a disability are required to register with Disability Services and Programs DSP each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is delivered to your instructor as early in the semester as possible. DSP is located in STU 301 and is open 8:30am – 5:00 pm, Monday through Friday. The phone number for DSP is 213-740-0776. Web-based information regarding DSP can be found at [www.usc.edu/student-affairs/asn/DSP/](http://www.usc.edu/student-affairs/asn/DSP/)

### **Class Attendance Policy:**

Students are expected to attend all classes. Students with more than two unexcused absences may risk failure. This policy exists because the social work program is one of professional preparation. In addition to acquiring theoretical knowledge, students are expected to acquire professional values, to integrate knowledge from a range of courses, to develop professional skill, and be socialized into the profession. The faculty of University of Southern California, School of Social Work emphasizes that this cannot be accomplished through independent study alone. Thus, attendance at classes is required unless legitimate and special reasons exist for absences or tardiness. Any such absences or tardiness should be discussed directly with the course instructor.

Class Schedule is subject to change if all students agree to field trips. Regular attendance policies apply to field trips.

### **Required Texts:**

Hoffman, Stefan G., & Tompson, Martha C. (2004) *Treating chronic and severe mental disorders: A handbook of empirically supported interventions*. New York: Guilford Press.

Jamison, J.R. (1997) *An unquiet mind*. New York: Vintage

Andreasen, Nancy. (2004) *Brave new brain: Conquering mental illness in the era of the genome*. New York: Oxford University Press.

### **Recommended Texts:**

Kanter, Joel (ed.). (1995) *Clinical studies in case management: New directions for mental Health services*. San Francisco: Jossey Bass.

Lefley, Harriet P. (1998) *Families coping with mental illness: The cultural context. New directions for mental health services*. San Francisco: Jossey Bass.

Full Text (FT) on Line Articles available through University of Southern California Libraries on-line.

<http://socialwork.usc.edu/library/>

### **Grading Policy**

Grading will generally be based on thoroughness, mastery of the knowledge base, ability to apply theory to practice, clarity of expression, and accuracy or precision of content. The format

and writing style of all papers must follow the guidelines in the Publication Manual of the American Psychological Association, 5<sup>th</sup> Edition, Washington, DC: American Psychological Association. (Commonly referred to as the APA Manual).

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School.

- 1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content, but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.
- 2) A grade of B+ will be given to work which denotes that a student has demonstrated a more than competent understanding of the material being evaluated in the assignment.
- 3) A grade of B will be given to student work that meets the basic requirements of the assignments. It denotes that the student has done adequate work on the assignment and meets basic course expectations.
- 4) A grade of B- will denote 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 would reflect a minimal grasp of the assignment, poor organization of ideas and/or several significant areas requiring improvement.
- 6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignments.

### **Incompletes**

A final grade of "Incomplete" can only be given under extreme circumstances and must be requested in writing, according to University policy. If you are requesting extensions on due dates due to a disability, you must register with the Office of Student Disabilities before the due date.

### **Assignments**

Assignments and academic expectations are listed in the following paragraphs. Assignments must adhere to the citation and referencing standards put forth in the 2001 Publication Manual of the American Psychological Association (5<sup>th</sup> Edition).

Assignments are due on or before the date and time specified. Extensions will be granted only for extenuating circumstances and is left to the discretion of the course instructor. If the assignment is late without permission, the grade will be affected by a lowering of the grade by ½ grade per day, including weekends.

### **Participation = 10%**

Class participation is an important component of the student's grade and socialization into professional social work practice. Participation is more than just class attendance. It involves coming to class prepared to participate actively in the class discussions. Class participation

involves meaningful discussion, based on having read the required readings for the week. Participation may involve such activities as raising meaningful questions for discussion or clarification, but more importantly, offering critical thinking regarding issues under discussion or extending the discussion to related material from other social work courses and/or experiences. Failure to meet these expectations may result in reduction in points.

NOTE: Please refer to *SCampus: The Handbook for Students* ([www.usc.edu/dept/publications/SCampus](http://www.usc.edu/dept/publications/SCampus)) and the *University Catalogue* ([www.usc.edu/dept/publications/cat2005](http://www.usc.edu/dept/publications/cat2005)) for additional discussion of grades and grading procedures and for discussions regarding academic integrity.

### **Paper 1 = 40% -- Specific topic literature review paper**

- Choose a specific topic that we have discussed in class or from the following list: (Additional topics will be considered upon individual discussion with the instructor.)
  - Mental Health Code
  - Inpatient Facilities (public and/or private)
  - Day Treatment Programs
  - Self-help / Consumer groups
  - Dually Diagnosed Patients (MI/SA, MI/DD, Mentally ill offenders,
  - Crisis/ Emergency Services
  - Diagnosis and age, ethnicity, gender, socio-economic status
  - Homelessness
  - Public/Private Mental Health Centers
  
- 8-10 double spaced pages.
- Use APA Manual, 5<sup>th</sup> Edition, guidelines for formatting and referencing.
- Use Introduction and Conclusion.
- Use Headings and Subheadings.
- Use examples whenever possible to illustrate subtle dynamics of statements.
- Generally, this assignment is to delve more deeply into one of the aspects of the treatments available for persons with severe mental illness. It is my hope that this assignment will be done in a theoretical, practical, and ideal manner. In other words, what has been proposed and with what stated reasons, purposes, etc., what exists in reality, strengths and shortcomings, and what would you see if this treatment existed in the best of all possible worlds. Use your creativity in doing your research. Visit sites. Telephone and email direct practice staff at specific agencies. Library research will be involved in fulfilling this assignment.

### **Resource Drive = 10%**

- Find a resource that the SPMI population can benefit from.
- Make handouts for classmates. (Include admission criteria, business hours, telephone number, address, website, contact person, etc.)
- Present to class. (approximately 5 minutes.)

## **Paper 2 = 40% -- Utopia Project – Final Paper – Due during Finals Week**

It is the year 2025. Our government has been able to stabilize spending and balance the budget, without taking away from existing social services. A governmental party has remained in power and has been able to enact their programs and priorities for the past four presidential terms. This is good news for the social services. A change in values has made basic human rights like food, shelter, and access to health care part of the normal fabric of our country. The area of Social Work involved in the treatment of persons with severe mental illnesses has evolved to the point where 90% of all treatment for this population is done in the community. The need for inpatient treatment has shrunk dramatically. In the years since you have gotten your social work degree, you have become an expert in the treatment of persons with severe mental illness. You have received many honors, authored many papers, spoken at many conferences and your services are much in demand. You have been appointed to a special presidential commission to design the “Community Mental Health Act” of the decade. The purpose of your presence on the commission is to be an articulate representative for direct service providers. It is for those persons so in need. The commission has broken down the services areas into the following areas: Supportive Psychotherapy, Case Management / Coordination, Pharmacology, Family Services, Vocational Services, Housing, Day Programming, and Crisis Services. They have asked you to chair **one** of the sub-groups.

The purpose of this paper is for you to **write the sub-group working paper**. You have no constraints as to chose, size of staff, availability of facilities and equipment other than your integrity and the social work values you embrace. Please choose **ONE** area and write **a five page preliminary statement** detailing those services you feel would be essential, the population they would benefit, the ideal location and type (degrees, numbers, skills, values, etc) of staff necessary to implement this program. The main focus is on **service or treatment**. Remember, it is only a working paper. The details, policies and so one will be worked out later. It is also expected that you indicate why you think these services are essential to good treatment. It may be that you will include some services which would be ideal but not necessary and some pilot programs with research components which may prove helpful but have not yet been tested in a community setting.

You are a pioneer for effective and accurate mental health treatment that improves the quality of life for people who live with severe mental health treatment!

- 5 double-spaced pages.
- Use APA Manual, 5<sup>th</sup> Edition, guidelines for formatting and referencing.
- Use Introduction and Conclusion.
- Use real or fictional examples whenever possible to illustrate subtle dynamics of statements.

Final Grade:

93 – 100	A
90 – 92	A-
87 – 89	B+
83 – 86	B
80 – 82	B-
77 – 79	C+
73 – 76	C

## **Class Schedule**

(Legend: FT = Full Text Online; TB = Textbook;

### **Session 1      INTRODUCTION**

- Introduction to course (format, assignments, objectives and overview of course material).
- History of Mental Health Treatment.

### **Session 2      DEFINING THE POPULATION/ CONFIDENTIALITY AND ETHICS**

- Diagnostic Categories
  - Onset, acute and chronic phases
  - Stigma for client and family
  - Confidentiality and Ethical Considerations
- 1) Mansouri, Lisa and Dowell, David A., (1989) Perceptions of stigma and the long term mentally ill. *Psychosocial Rehabilitation Journal*. Vol. 13 # 1, July. Pp. 79-91.
  - 2) U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Selections from Chapter 2 and Chapter 7: Confidentiality of Mental Health Information: Ethical, Legal and Policy Issues.
  - 3) Kiefer, Carole Anne ( ) Out of the Closet: Escaping the Stigma. *Psychiatric Rehabilitation Journal*. Vol. 24, #3. (FT)
  - 4) Pao, P.-N. (1979b). *Schizophrenic disorders: Theory and treatment from a psychodynamic point of view*. New York: International Universities Press, Inc.
  - 5) Zubin, J. & Spring, B. (1977). Vulnerability -- a new view of schizophrenia. *Journal of Abnormal Psychology*, 86, 103-126

### **Session 3      DIAGNOSIS AND TREATMENT OF SCHIZOPHRENIA**

- Differential Diagnosis
  - Etiology
  - Positive and Negative Symptoms
  - Treatment Models
  - Case discussions
- 1) Andreasen, Nancy, (2001) *Brave new brain: Conquering mental illness in the era of the genome*. New York: Oxford University Press. Chapter 8: Schizophrenia: A mind divided. Pp.186-214.
  - 2) Hoffman, Stephan G., Tompson, Martha C. (eds.) (2002) *Treating chronic and severe mental disorders: A handbook of empirically supported interventions*. New York: Guilford Press.  
Chapter 2: Social skills training for schizophrenia. Pratt and Mueser. Pp. 18- 52 (TB)  
Chapter 3: Personal therapy: A practical psychotherapy for the stabilization of Schizophrenia. Hogarty. Pp. 53- 68. (TB)
  - 3) Chapter 4: Cognitive-Behavioral Therapy for Schizophrenia: A case formulation approach. Tarrier and Haddock. Pp. 69-98 (TB)

### **Session 4      DIAGNOSIS AND TREATMENT OF MOOD DISORDERS: BIPOLAR DISORDER**

- Differential Diagnosis
- Impaired Professionals

- Treatment Models
  - 1) Andreasen, Nancy, (2001) *Brave new brain: Conquering mental illness in the era of the genome*. New York: Oxford University Press.  
Chapter 9: Mood Disorders: Riding the emotional rollercoaster. Pp.215-252
  - 2) Hoffman, Stephan G., Tompson, Martha C. (eds.) (2002). *Treating chronic and severe mental disorders: A Handbook of empirically supported interventions*. New York: Guilford Press.  
Chapter 6: Cognitive-Behavioral therapy for the management of Bipolar Disorder. Otto and Reilly-Harrington. Pp. 116- 130. **(TB)**  
Chapter 8: Family-focused treatment for Bipolar Disorder. Milkowitz. 159-175. **(TB)**
  - 3) Jamison, K.R. (1996) *An unquiet mind*. New York: Vintage. **(TB)**

## Session 5

### **THE IMPORTANCE OF CULTURE, ETHNICITY, GENDER, AGE, AND SOCIOECONOMIC STATUS IN DIAGNOSIS AND TREATMENT**

- Racial and ethnic factors in diagnosis and treatment
  - Equal access to care for all regardless of socioeconomic class
  - Gender linked diagnoses
- 1) Blake, W. (1973). The influence of race on diagnosis. *Smith College Studies*. 43 Pp. 184-193.
  - 2) Solomon, Phyllis. (1998). The cultural context of interventions for family members with a seriously mentally ill relative. *Families Coping with Mental Illness: the cultural context*. Lefley, H. (Ed.) New Directions in Mental Health. San Francisco: Jossey Bass. #77, Spring. Pp. 5-16. **(TB)**
  - 3) Guarnaccia, Peter J. Multicultural Experiences of Family Caregiving: A study of African American, European American and Hispanic American families. *Families Coping with Mental Illness: The cultural context*. Lefley, H. (Ed.) New Directions in Mental Health. San Francisco: Jossey Bass. #77, Spring. Pp. 45- 62. **(TB)**
  - 4) Strakowski, S. M., Shelton & Kolbrenner. (1993). The effects of race and comorbidity on clinical diagnosis in patients with psychosis. *Journal of Clinical Psychiatry* 3, 96-102.
  - 5) Carter, J. (1986). Deinstitutionalization of black patients: An apocalypse now. *Hospital and Community Psychiatry*, 37, 78-79.
  - 6) Jones, B. & Gray, B. (1986). Problems in diagnosing schizophrenia and affective disorders among blacks. *Hospital and Community Psychiatry*, 37, 61-65.
  - 7) Williams, D. (1986). Epidemiology of mental illness in Afroamericans. *Hospital and Community Psychiatry*, 37, 42-49.
  - 8) Bartels, S. & Mueser, K. (2004). Severe mental illness in Older Adults: Schizophrenia and other late-life psychoses. In *Aging and Mental Health*. Michael Smyer and Sara Qualls (Editors). Blackwell Publishing. Malden:MA.
  - 9) Knight, B. (2004). Grief work with older adults. In *Psychotherapy with older adults*. Sage Publications. Thousand Oaks: CA.

## Session 6

### **TREATMENT APPROACHES- GENERAL OVERVIEW AND DEFINITIONS OF TREATMENT**

- Theories and practice of psychosocial rehabilitation
- Residential Programs
- Day Programs
- Vocational Programs
- Crisis Intervention
- Family Psychoeducation
- Community Treatment and self help groups
- Supportive Psychotherapy
- Case Management Overview

- 1) Anthony, William and Liberman, Robert Paul. (1986). The practice of psychiatric rehabilitation: historical, conceptual and research based. *Schizophrenia Bulletin*. Vol. 12, #4 Pp. 542-559.
- 2) Burland, J. (1998). Family-to-family: A trauma and recovery model of family education. *Families Coping with Mental Illness: The cultural context*. Lefley, H. (ed.) New Directions in Mental Health. San Francisco: Jossey bass. #77. Spring. Pp. 33-44. **(TB)**
- 3) Pickett, S., Cook, J., and Heller, T. (1998) Support group satisfaction: A comparison of minority and white families. *Families Coping with Mental Illness: The cultural context*. Lefley, H. (ed.) New Directions in Mental Health. San Francisco: Jossey bass. #77. Spring. Pp. 63-74. **(TB)**
- 4) Zahniser, James, Coursey, Robert and Hershberger, Kent. (1991) Individual psychotherapy with schizophrenic outpatients in the public mental health system. *Hospital and Community Psychiatry*. Vol. 42 # 9, September. Pp. 906-913.
- 5) Kanter, Joel. (1995) *Clinical studies in case management: New directions for mental health*. San Francisco: Jossey Bass. #77, Spring. Case 1. Casework as friendship: A long-term contract with a paranoid lady. Pp. 5-22. **(TB)**

## Session 7

### PSYCHIATRY AND PSYCHOTROPIC MEDICINE

- Psychopharmacology
- Basic Biological Concepts related to brain functions
- Coordination between Social Work and the Medical Profession

- 1) Andreasen, Nancy, (2001) *Brave new brain: Conquering mental illness in the era of the genome*. New York: Oxford University Press. Chapter 3: Broken Brains, Troubled Minds: Being blinded by false dichotomies. Pp. 25-37. Chapter 4: The Brain: The Mind's Dynamic Orchestra. Pp. 41-86.
- 2) Bently, Kia, and Walsh, Joseph, (2001). Chapter 2: Defining effective collaboration. *The Social Worker and Psychotropic Medication, Second edition*. Belmont, CA: Wadsworth. Pp. 24-40.
- 3) Schwartz, Harold, Vigiano, William and Beziganian, Carol, (1988) Autonomy and the right to refuse treatment: Patient attitudes after involuntary medication. *Hospital and Community Psychiatry*. Vol. 39 #10 Pp. 1049-1054.

## Session 8

### CO-MORBIDITY: MENTAL ILLNESS AND SUBSTANCE ABUSE AND HOMELESSNESS

- Dual Diagnosis: dynamics of co-morbidity of substance abuse and mental illness.
- Poverty and homelessness among persons with severe mental illness
- Strategies for addressing these issues
- Case discussion and advocacy
  - 1) Cohen, Marcia (1989) Social work practice with homeless mentally ill people: Engaging the client. *Social Work*. November. Pp. 505-508 **(FT)**
  - 2) Hoffman, Stephan G., Tompson, Martha C. (eds.) (2002) *Treating chronic and severe mental disorders: A handbook of empirically supported interventions*. New York: Guilford Press.
 

Chapter 11: Motivational interviewing for initiating change in problem drinking and drug use. Handmaker and Walters. Pp. 215-233. **(TB)**

Chapter 13: Twelve-step facilitation therapy for alcohol problems. Nowinski. Pp. 258-276. **(TB)**

Chapter 15: Psychosocial treatment for cocaine dependence: The community reinforcement plus vouchers approach. Higgins, Sigmon and Budney. Pp. 296-313. **(TB)**
  - 3) Lehman and Dixon (1995). Chapter 5: Overview of treatment principles. *Double Jeopardy: Chronic Mental Illness and Substance Abuse*. Switzerland: Harwood Academic Publishers. Pp. 65-83.
  - 4) Brunette, M., Mueser, K., Kie, H., Drake, R. (1977). Relationships between symptoms of Schizophrenia and substance abuse. *Journal of Nervous and Mental Disease*, 185(1), 13-20.

- 5) Kanter, Joel. (1995). *Clinical studies in case management: New directions for mental health*. San Francisco: Jossey Bass. #77, Spring. Case 4: Overcoming crack, Schizophrenia and homelessness: A comprehensive case management approach. Pp. 53-70. (TB)

**Session 9      \*\*FIRST ASSIGNMENT DUE\*\*    Guest Speaker**

**Session 10     \*\*\*NO CLASS DUE TO SPRING BREAK\*\*\***

**Session 11     IN-PATIENT TREATMENT**

- Voluntary vs. involuntary
- Use of Certificates and Petitions
- Public Sector vs. Private Sector Hospitalizations
- Milieu treatment
- Managing acting-out, potentially harmful clients
  - 1) Bachrach, Leona (1999). The state of the mental hospital at the turn of the century. William Spaulding (ed.) *The role of the state hospital in the Twenty-First century. New Directions for Mental Health Services*. San Francisco: Jossey Bass. #84, Winter. Pp. 24-11.
  - 2) Lamb, H. Richard, and Shaner, Roderick, (1993). When there are almost no state hospital beds left. *Hospital and Community Psychiatry*. 44:10 October. Pp. 973-976.
  - 3) Mahtesian, Charles., (1993). The last days of the asylum. *Governing*. March. Pp. 32-37.
  - 4) Wilke, Ruta (1994). Are the rights of people with mental illness still important? *Social Work*. Vol. 39 #2 March Pp. 167-175. (FT)

**Session 12 - MODELS OF CASE MANAGEMENT**

- Clinical Case Management
- Assertive Case Management (ACT)
- Alternative Case Management Programs: Soteria House (Loren Mosher et. Al.)
  - 1) Jackson, Robert L. (2001). Chapter 3: Systems perspective and the clubhouse model. *The clubhouse model: Empowering applications of theory to generalist practice*. Belmont, CA: Wadsworth. Pp. 36-55.
  - 2) Kanter, Joel, (1989). Clinical case management: Definition, principles, components. *Hospital and Community Psychiatry*. Vol. 40 #4 April. Pp. 361-368.
  - 3) Mosher, Loren, Menn, Alma, and Matthews, Susan. (1991) Soteria: Evaluation of a home-based treatment for schizophrenia. *American Journal of Orthopsychiatry*. Vol. 45 #3 April. Pp. 455-467.
  - 4) Stein, Leonard and Santos, Alberto. (1998) Chapter 8: Treatment principles. *Assertive Community Treatment of Persons with Severe Mental Illness*. New York: W.W. Norton and Co. Pp. 70-84.
  - 5) Walsh, Joseph, (2000). Chapter 1: An introduction to clinical case management. *Clinical Case Management with Persons Having Mental Illness*. Belmont, CA: Wadsworth. Pp. 3-21.
  - 6) Kanter, Joel. (1995). *Clinical studies in case management: New directions for mental health*. San Francisco: Jossey Bass. #77, Spring. Case 3. Steven: Testing the limits of assertive community treatment. (TB)

**Session 13 –FAMILY ISSUES**

- Implications for working with families
- Advocacy and Psychoeducational approaches
- Workers forming partnerships with family members
- Issue for children, siblings, parents and spouses of persons with severe mental illness

- 1) Jenkins, Janis H. and Darno, Marvin. (1992). The meaning of expressed emotion: Theoretical issues raised by cross-cultural research. *American Journal of Psychiatry*. 149:1 January. Pp. 9-21.
- 2) Mannion, E. & Meisel, M. (1998) Reducing the cultural clash in family-provider relationships: A bilateral perspective." *Families Coping with Mental Illness: the Cultural Context*. Lefley, H. (Ed.) New Directions in Mental Health. San Francisco: Jossey Bass. #77, Spring. Pp. 17-32. **(TB)**
- 3) Spaniol, LeRoy, Zipple, Anthony, and FitzGerald, Stephanie. (1984). How professionals can share power with families: Practical approaches to working with families of the mentally ill. *Psychosocial Rehabilitation Journal*. Vol. 8 #1 October. Pp. 77-84.

**Session 14 –SPECIAL TOPICS AND WRAP UP- WHERE DO WE GO FROM HERE?**

- Special Topics may include: Elderly Persons with Mental Illness, Children with Severe Mental Illness- Readings assigned accordingly.
- Wrapping Up-
- Recovery vs. Maintenance
  - 1) Hatfield & Lefley (1993). *Surviving menta Illness*. New York: Guilford Press. Chapter 12: Developing and acceptable identity and new purpose in life. Pp. 143-153  
Chapter 13: Learning to manage the illness and avoid relapse. Pp. 154-168.  
Chapter 15: Summary, conclusions, and implications. Pp 177-188.
  - 2) Kruger, Arnold. (2000) Schizophrenia: Recovery and hope. *Psychiatric Rehabilitative Journal*. Vol. 24 #1 **(FT)**
  - 3) Lunt, Alan. (2000) Recovery: Moving from concept toward a theory. *Psychiatric Rehabilitative Journal*. Vol. 24 #4. **(FT)**
  - 4) U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Chapter 8: A Vision for the Future. Pp. 453-458.

**Session 15 - RESOURCE DRIVE (See Assignments)**

**Session 16 - Wrap-Up**