

**California State University, Chico**  
**School of Social Work**  
**Master of Social Work Program**

**SWRK 698-01: WELLNESS AND RECOVERY**  
**SPRING 2010**

**Instructors:** Donna Jensen MSW, LCSW  
**Time:** Online with two meetings 2/25 and during course final time TBA.  
**Classroom:** Online  
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**I. COURSE DESCRIPTION**

**SWRK 698: Recovery and Wellness**

**3.0 Units**

*Prerequisites: Completion of the Foundation year or instructor permission.*

This course examines the concepts and practices of wellness and recovery for individuals, families, and society. The course addresses mental health, wellness and recovery movements and system transformation concepts. Underlying values and components of recovery and recovery based programs will be addressed.

**II. PURPOSE OF THE COURSE**

This course is intended to provide students with relevant information regarding wellness and recovery in the field of mental health. Concepts, roles and applications useful for practice related to the field of mental health will be covered. California's mental health service system is undergoing a system transformation; these changes will be explored and evaluated. Many service delivery agencies are struggling with the paradox of traditional mental health services and funding mechanisms and California's Mental Health Services Act philosophy and funding mechanisms. The purpose of this course is to meet the need in our region for social work practitioners who are knowledgeable and have essential skills in the area of recovery and wellness.

**III. MAJOR COURSE CONTENT OUTLINE**

- A. Exploration of recovery and wellness concepts.
- B. Wellness Recovery Action Plans
- C. Consumer movements in mental health
- D. Evidenced based practices in mental health recovery approaches
- E. Creating welcoming spaces
- F. Strengths, talent and gifts
- G. Partnering in recovery, working as part of a recovery team, multi-disciplinary approaches.

- H. Laws guiding practice, exploration of voluntary and involuntary treatment, wellness and civil rights.
- I. Cultural Humility in providing wellness services. Addressing the needs of unserved and under-served individuals
- J. Recovery Oriented Leadership and creating recovery oriented systems
- K. Involving families in recovery
- L. Stigma and discrimination

#### **IV. MSW PROGRAM OBJECTIVES**

The School of Social Work program objectives are measured in the section V table.

(Note: not all courses will address all the program objectives)

1. Prepare advanced social work practitioners who have the knowledge, skills and values to intervene with individuals, families, groups, organizations and communities, and who are committed to maintaining their professional growth through lifelong learning and continuing education;
2. Prepare advanced social work practitioners who have the knowledge, understanding and respect for people from diverse backgrounds and who can provide culturally competent social work practice at multiple system levels, and promote culturally sensitive services for diverse client systems;
3. Prepare advanced social work practitioners who can identify vulnerable populations and those factors that place them at risk, and implement strategies at multiple system levels that work to promote social and economic justice through alleviation of discrimination, oppression, and economic deprivation;
4. Prepare advanced social work practitioners who are knowledgeable about selected theories of all systems levels, and apply those theories specifically relevant for practice at multiple system levels;
5. Educate advanced social work practitioners who are knowledgeable about and can analyze social policies and services relevant to practice, and provide leadership in policy practice to influence, formulate and advocate for policies consistent with social work values;
6. Provide knowledge to graduates that enable them to provide advanced practice with multiple systems at the advanced level in the fields of mental health, and families, youth and children;
7. Prepare graduates who will engage in quantitative and qualitative research for effective practice and program evaluation to improve one's own practice, as well as services and policies;
8. Prepare advanced social workers who will provide leadership for and act as catalysts in promoting collaborative endeavors in social service agencies in the community;

9. Prepare advanced social work practitioners who can work effectively in a broad range of social services and functions in rural and urban environments.

## V. COURSE OBJECTIVES

Upon successful completion of this course, the student will be able to:

Course Objectives	Program Objectives	Assignments
1. Demonstrate an understanding of recovery and wellness in the provision of mental health services.	3	1,2,3,4,5
2. Compare and critically evaluate major models and theories of mental health treatment.	4	1,2,4
3. Discuss psychiatric medications and the role of psychopharmacology in person-centered recovery.	1	3,4
4. Demonstrate an understanding of assessment, treatment planning and person-centered care.	1	3, 4
5. Identify and describe the effects of mental illness on families and communities, with special attention to characteristics such as what creates healing and wellness.	3	1, 2, 3, 4, 5
6. Differentiate between treatment procedures of children, youth, adults and older adults.	6	1, 2, 4
7. Demonstrate the family's role in healing and mental health recovery, including the function of consumer and family advocacy groups.	4	1, 2, 3, 4, 5
8. To demonstrate awareness and practice implications of culturally sensitive practice in the field of mental health.	2, 5	1, 2, 3, 4, 5
9. Explore practice approaches with individuals dually diagnosed with mental health and substance abuse issues.	3, 9	3, 4

10. Understand the knowledge, skills, and values necessary for recovery oriented treatment.	2	1, 2, 3, 4, 5
11. Research and evaluate the California Mental Health Services Act.	5	2,
12. Understand the principles and role of community collaborations in mental health recovery.	8	2, 3, 4
13. Demonstrate an understanding of the implications of evidenced-based interventions and outcomes research in mental health practice.	7	3, 4, 6
14. Evaluate their own practice within the mental health treatment network and the relevant systems associated with it.	9	1, 2, 3, 4

## VI. INTEGRATION WITH OTHER COURSES

As in other social work second year courses, the Wellness and Recovery elective is linked with the knowledge and skills gained throughout the educational career of the student. This course builds on human development knowledge gained in SWRK 601 Human Behavior in the Social Environment. It links with SWRK 602 Social Work in Multicultural Contexts, as cultural sensitivity is critical to accurate and empathic assessment and treatment of persons with substance abuse or addiction problems. It relates to SWRK 608 Generalist Social Work Theory and Practice I and SWRK 609 Practice II (Groups) as they provide a basis for social work practice with individuals and families with substance abuse problems. It builds on SWRK 610 Macro Practice as it provides the basis for community assessment and practice relevant for addressing mental health treatment and recovery. From knowledge gained in the foundation policy course students examine selected policies relevant to mental health. Students will apply the knowledge, skills and values gained in this class to their practicum experiences.

## VII. COURSE LEARNING ENVIRONMENT

### A. Students with Disabilities or Physical Limitations

It is the responsibility of students with a disability or physical limitation to initiate requests for services and accommodations at Disability Support Services, University Center, (530) 898-5959 v/t, (530) 898-4411 fax, e-mail [dss@csuchico.edu](mailto:dss@csuchico.edu). Students with a disability are encouraged, but not obligated, to register with DSS. After reviewing the student's records, the DSS adviser will determine eligibility and consult with the instructor to facilitate access.

If you need assistance in evacuating the building during a fire or other emergency please inform the instructor immediately so that arrangements can be made for your safety.

### B. Attendance

Students are expected to **attend all class meetings and to arrive on time**. This is a professional program and student involvement in all classes is essential to gain knowledge and skills for

competent practice. Absences from more than two classes or chronic lateness, whether "excused" or "unexcused," may result in a lowered course grade or, in extreme instances, in failing the course. Instructors may provide additional written guidelines for attendance. Students who must miss class should call or email the instructor before class begins.

Any student majoring in social work who is absent from scheduled class sessions 10% or more of the time for any reason will meet with the instructor and be referred to the MSW or BSW Director for consultation and discussion.

15 weeks of class:

MWF	= 45 classes	10%	= 4.5 classes
TTh	= 30 classes	10%	= 3.0 classes
3 hr class	= 15 classes	10%	= 1.5 classes
3yr wkend	= 8 hr days/6days	10%	= 4.8 hours

#### Absences Policy for Online Courses

If a student does not log on to WebCT Vista during the first two weeks of the semester, s/he will be automatically dropped from the course. Students are expected to log on to the WebCT Vista Course Modules in session and participate in weekly assignments, including discussion postings, quizzes, papers, and activities.

Absence from course participation in WebCT Vista, whether "excused" or "unexcused," may result in a lowered course grade. If a student misses one week, there will be no grade reduction. For each week over one week, s/he will receive a half grade reduction from the overall course grade.

Any student majoring in social work who is absent from scheduled class modules 10% or more of the time for any reason will meet with the instructor and be referred to the MSW or BSW Director for consultation and discussion.

### **C. Academic Honor and Honesty**

It is expected that all students will conduct themselves with honor and honesty regarding their academic work during the course. All academic dishonesty, including cheating, plagiarism, and misrepresentation is prohibited. Please read the university policy regarding academic misconduct located in the University catalog and MSW Student Handbook. It includes taking information, providing information, plagiarism, misrepresentation, and other forms of academic dishonesty. Deliberate failure to properly cite another's work is cheating.

### **D. Writing Standards**

All papers are to be double spaced with one-inch margins and 12-point font. After you spell check your papers, be sure to proofread again to ensure that the words you used were the ones that you desired. Watch for homonyms such as *there*, *their*, and *they're*. American Psychological Association (Fifth Edition) documentation is required. You are required to use the writing guidelines as described by CSUC and professional writing standards. The use of nonsexist language is expected in class discussions and written assignments.

### **E. Evaluation**

Students' work will be graded on criteria for each assignment, exam, level of participation, etc. as described for the course as a whole. They are encouraged to meet with the instructor regarding any request to change a particular assignment or requirement to better meet her or his particular goals or learning needs.

Students are encouraged to meet with their instructors to provide feedback regarding relevance of course content, reading assignments, texts, evaluation methods and other learning experiences. This is the best way for students to provide feedback to the instructor for ongoing evaluation and course/curriculum improvement. Students also have the opportunity to provide feedback through the university's formal Student Evaluation of Teaching (SET) process.

### **F. Grades**

Grades are determined by each student's point totals applied to the following percentages:

A = 94 - 100	B+ = 87 - 89	C+ = 77 - 79	F = ≤ 69
A- = 90 - 93	B = 84 - 86	C = 74 - 76	
	B- = 80 - 83	C- = 70 - 73	

### **G. Incomplete Grades**

An "incomplete" in a graduate-level course is designated as RP (report in progress), and is given only in rare circumstances when a student has serious and compelling reasons for not being able to complete all assignments for a given course. **Prior** to the end of the semester, the student must initiate a request to the instructor, indicating reasons why the work could not be completed, and present a plan for completing the missing work prior to the beginning of the following semester. The instructor will grant or deny the request. If approved, the instructor must draft a final written plan for completing the work, acquire the student's signature on the incomplete form, and along with the instructor's signature, submit the plan to the School office for the student's file.

### **H. Cell Phones/Pagers**

The classroom is a professional environment; please respect this environment by turning cell phones and pagers off or alternatively, setting them to the 'vibrate' mode. If you are expecting to be contacted during class, notify the instructor before the class begins and take a seat near the door where you will be able to leave the room quickly and quietly so as to not to disrupt the learning experience of your colleagues.

### **I. Confidentiality**

Learning products or discussions associated with the class will be treated as privileged; as such, they will not be shared beyond the classroom with three exceptions: 1) those discussions that indicate the likely endangerment or the compromising of the well-being of enrollees or specific persons identified as being targeted for such activity; 2) those discussions related to consultation with faculty regarding classroom conduct and student learning; and 3) those learning products that are referenced by the School of Social Work as one aspect of the instructor's retention, tenure and promotion (RTP) process and the general education review process. Student learning products included in review processes will be modified in such a way as to safeguard the identity of the student(s) and the identity of his/her/their object of study.

### **J. NASW Legislative Advocacy Days**

Students are encouraged to attend NASW-CA Legislative Advocacy Days, which will be held Saturday, Sunday and Monday, April 11 and 12, in Sacramento. A large contingent of CSUC School of Social Work students is anticipated. This is an excellent opportunity to observe your profession in action, and to learn about the legislative process. The CSUC School of Social Work highly encourages all BSW and MSW students to attend this conference. Since the conference will continue through Monday *April 12*, students will need to confer with his/her instructor of each class if s/he plans to attend. If a student is in field during this time, s/he will need to confer with the field instructor regarding field hours and attending the conference. Students who desire to attend the conference should not assume that either field agencies or instructors will permit the student to attend without prior discussion and consent from the agency or classroom instructor. Some School classes may be cancelled to allow faculty to attend. If a class is cancelled *students who do not attend Lobby Days* will be required to complete an assignment relevant to the class time that would be spent at NASW Legislative Lobby Days.

## VIII. COURSE REQUIREMENTS AND ASSIGNMENTS

### A. Required Texts

California Association of Social Rehabilitation Agencies, (2007). *Developing Systems and Services that Support People in Wellness and Recovery: A Primer for Holding Informed Discussion*. Sacramento: California Institute for Mental Health. (can be ordered through: <http://www.casra.org/education/bookstore.html>).

Lopez, Steve (2008). *The Soloist* New York: Putnam Adult.

Rath, T. (2007). *StrengthsFinder* New York: Gallup Press.

**DO NOT PURCHASE USED COPY OF STRENGTHSFINDER, YOU WILL NEED THE ASSESSMENT ACCESS CODE WHICH IS ONLY AVAILABLE IN A NEW BOOK.**

**Required readings** will be available through WebCT Vista and posted in corresponding modules.

### B. Assessment of Student Learning and Grades

Grades are determined by each student's point totals applied to the following percentages:

A = 94 - 100	B+ = 87 - 89	C+ = 77 - 79	F = ≤ 69
A- = 90 - 93	B = 84 - 86	C = 74 - 76	
	B- = 80 - 83	C- = 70 - 73	

### C. Course Assignments and Exams

One cumulative paper will comprise 60% of the grade in this course. This paper will consist of three smaller, but essential papers. The goal is to critically analyze the mental health system and its transformation from a medical model service delivery to a recovery oriented, consumer empowerment model. This is not to imply the medical model approach is wrong, or ineffective. It is, however, an opportunity to analyze service delivery and evaluate all the components that come with system transformation. You will be asked not only to assess these two models of service delivery, but present your ideas for a program or service that incorporates the mission

and philosophy of the Mental Health Services Act (MHSA). Each paper is to be 3-5 pages in length, utilizing APA formatting.

1. Visit two mental health clinics providing community mental health services (i.e. county mental health clinic and a community based organization contracted with the county mental health department (can be providing youth or adult services – or one of each). Sit in the waiting room for 15-20 minutes and observe how it feels to you. What feeling does the atmosphere give you? Is it a warm and welcoming environment? What feels welcoming or unwelcoming to you? Is it accessible, clean and safe? Is it culturally sensitive, does it feel inclusive to individuals of varying cultures, ethnicities and abilities? (i.e. Does the clinic offer help in multiple languages? Is the art work all Eurocentric? Do the hours accommodate individuals working a Monday-Friday 9:00am-5:00pm job? Do you see staff representing varying cultures?) Write a 3-5 page paper with your observations of the two agencies you visited. Compare and contrast what you saw, if there were differences, and your hypothesis for why you believe they are different. Please don't mention the name of the clinic, you can simply describe it (i.e. "a contracted agency providing services to adults", or "a county mental health agency serving youth", etc). Incorporate relevant readings and discussions from the course in your paper.

**DUE: February 28, 2010**

**20 Points**

2. Models of Mental Health Treatment Paper: The last five decades of mental health services has been built upon a medical model of service delivery. The California MHSA has changed the philosophy of how services to individuals with mental illness are delivered. Compare and contrast the traditional medical model of service delivery with more consumer-driven recovery oriented service delivery. What approach/steps would you take to transform mental health clinics to a recovery oriented system? Utilize course material, research and any professional or personal experiences you may wish to share.

**DUE: March 31, 2010**

**20 Points**

3. Exemplary Program: Utilizing knowledge learned from this course, and your professional or personal experience, develop a "model" mental health program. If you were charged with developing a model program, what would it look like (structure & function)? What theory or theories might the service delivery utilize? Include a mission statement that conveys your beliefs, attitudes and values. Incorporate information from your Strengthsfinder assessment and include your talents and strengths as well as the types of personnel you will recruit to balance your talents. An outline will be made available to assist you with this paper.

**DUE: April 30, 2010**

**20 Points**

4. Discussion Questions – To be completed in each module. Each student must post an original response, and reply to at least one other classmates post.

**Due: by 12:00 midnight, Sunday of the corresponding week, but you are encouraged to reply early in the week to allow a thoughtful discussion of the subject.**  
**20 Points**

5. News articles to be brought in for discussion purposes that relate to mental health stigma, policies, laws, new research, etc. You must send at least one of these to the professor during the semester.

**DUE: Due dates for individual students will be posted in Module 1.**  
**5 Points**

6. Wellness Recovery Action Plan (WRAP) – Complete the web cast (linked in Module 2) and develop your own WRAP plan and utilize the journal feature in Vista to process your experience. See specific information in Module 2.

**DUE: February 7, 2010**  
**15 Points**

The instructor may require additional graded or ungraded assignments.

## **IX. WEEKLY COURSE SCHEDULE (subject to change)**

### **Week**

#### **1. Introduction – January 25-31**

- a. Self Introduction
- b. Introduction to Course/Technology
- c. What is Wellness, Recovery & Healing
- d. What is Mental Health Treatment

#### **2. Historical Context of Mental Health and Wellness – February 1-7**

- a. MHSA
  - i. Philosophy – policy into practice
  - ii. Consumer Movement – community organizing, social justice
- b. Un-served/Underserved individuals (rural, cultural, ethnic, GLBTQ)
- c. WRAP – Mary Ellen Copeland

### **WRAP PLAN DUE 2/7 BY MIDNIGHT**

#### **3. Creating Welcoming Spaces - February 8-14**

- a. Assessing and building upon gifts
- b. Evidence Based Practices in Mental Health Recovery Approaches
- c. Consumers as Colleagues

#### **4. Through the Life Span – February 15-21**

- a. Early Childhood
- b. Family
- c. Youth

- d. Adult
  - e. Older Adults
5. **Stigma and Discrimination – February 22-26 FACE TO FACE MEETING 2/25**
- a. Stigma and discrimination
  - b. Multi Disciplinary approaches – working as part of recovery team
  - c. Voices Experience/processing
  - d. Partnering in Recovery

**PAPER #1 DUE 2/28 BY MIDNIGHT**

6. **Medical Necessity & Person Centered Planning – March 1-5**
- a. Medical Necessity/Medi-Cal Billing in context of Recovery and Wellness
  - b. Person-centered Planning
  - c. Laura’s Law/Involuntary Treatment & Wellness/Civil Rights
7. **Trauma Informed Care – March 8-12 (March 9<sup>th</sup> Mark Ragins)**
- a. Intergenerational Trauma
  - b. Trauma Informed Care <http://mentalhealth.samhsa.gov/nctic/trauma.asp>
  - c. ACE study

**SPRING BREAK – March 15-19 – NO SCHOOL**

8. **Cultural Humility & Recovery Oriented Care – March 22-26 (March 23 – Steve Lopez)**
- a. Creating recovery oriented systems (agencies, consumers, families, communities)
  - b. Cultural Humility
9. **Dual Diagnosis & Harm Reduction – March 29 – April 2**
- a. Dual Diagnosis
  - b. Harm Reduction

**PAPER #2 DUE 3/31 BY MIDNIGHT**

10. **Psychopharmacology – April 5-9**
- a. Medications in Recovery
11. **Consumer and Family Empowerment – April 12-16**
- a. NAMI/WWT/CalNet/CASRA/National Empowerment Institute
  - b. Family Strengths/Involvement
  - c. Families in Recovery
12. **Ethical and Responsible Practice – April 19-23**
- a. NASW/CAMFT code of ethics and how they support or challenge concepts of recovery and wellness.
  - b. Spirituality in Recovery

13. **Recovery Oriented Leadership – April 26-30**
  - a. Recovery Oriented Leadership
  - b. Partnerships in Recovery – working with consumers as colleagues

**PAPER #3 DUE 3/31 BY MIDNIGHT**

15. **Collaboration and Evaluation – May 3-7**
  - a. Integrated Services/Full Service Partnerships
  - b. Milestones of Recovery (MORS)

16. **Current and Future Issues – May 10 – 16**

**Finals Week – School of Social Work Culminating Event – Meet in person - Time/Date: TBA**

### Bibliography

- Adams, N. & Grieder, D. M. (2005). *Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery*. Burlington, MA: Elsevier
- American Psychiatric Association, (2000). *DSM-IV-TR: Diagnostic and statistical manual of mental disorders, text revision*, Washington, DC: American Psychiatric Press.
- Anderson, B. (n.d.). *We Come Bearing Gifts*. Retrieved from <http://www.communityactivators.com/downloads/WeComeBearingGifts.pdf>
- California Association of Social Rehabilitation Agencies, (2007). *Developing Systems and Services that Support People in Wellness and Recovery: A Primer for Holding Informed Discussion*. Sacramento: California Institute for Mental Health.
- Community Activators. (2004). Recovery Oriented Leadership. Retrieved at <http://www.communityactivators.com/downloads/ROLBooklet.pdf>
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- Davidson, L, Harding, C. & Spaniol, L. (2005). *Recovery from Severe Mental Illnesses: Research Evidence and Implications for Practice*. Boston, MA: Center for Psychiatric Rehabilitation
- Lopez, S. (2009). *The Soloist: A Lost Dream, an Unlikely Friendship, and the Redemptive Power of Music*. New York, NY: G. P. Putnam's Sons
- Mental Health Services Act, *California Code of Regulations*, Title 9, Division 1, Chapter 14 (2004).
- New Freedom Commission on Mental Health (2003). *Achieving the Promise Transforming*

*Mental Health Care in America. Final Report.* Rockville, MD: DHHSPub. No. SMA-03-3831. Retrieved from <http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf>

Oades, L, Deane, F, Crowe, T., Lambert, W. G., Davanagh D. (2005). Collaborative recovery: an integrative model for working with individuals who experience chronic and recurring mental illness. *Australasian Psychiatry*, 13(3), 279-284, doi:10.1111/j.1440-1665.2005.02202.x

Preston, J. D., O'Neal, J. H. & Talaga, M. C. (2008). *Handbook of Clinical Psychopharmacology for Therapists*. Oakland, CA: New Harbinger Publications

Ragins, M. (n.d.). Proposition 63 Begins: The Mental Health Services Act - Implementation Toolbox. Retrieved from <http://www.village-isa.org/Village%20Writings/Proposition%2063%20Begins%20as%20of%20Sept%2005%20with%20Part%202.pdf>

Ragins, M. (n.d.). Road to Recovery. Retrieved from <http://www.village-isa.org/Ragin's%20Papers/Road%20to%20Recovery.htm>

Rath, T. (2007). *StrengthsFinder* New York: Gallup Press.

### **Selected Online Resources**

Active Minds on Campus <http://www.activeminds.org/>  
 California Association of Social Rehabilitation Agencies [www.casra.org](http://www.casra.org)  
 California Council of Mental Health Agencies <http://www.ccmha.org/>  
 California Department of Mental Health <http://www.dmh.ca.gov/>  
 California Institute for Mental Health [www.cimh.org](http://www.cimh.org)  
 California Mental Health Directors Association [www.cmhda.org](http://www.cmhda.org)  
 Center for Mental Health Services <http://www.mentalhealth.samhsa.gov/cmhs/>  
 Club Stairways <http://www.clubstairways.org/>  
 Human Services Research Institute <http://tecathsri.org/>  
 Indian Health Services <http://www.ihs.gov/>  
 International Center for Clubhouse Development <http://www.iccd.org/>  
 Mental Health America <http://www.nmha.org/>  
 National Association for Rural Mental Health <http://www.narmh.org/>  
 National Alliance for Mental Illness <http://www.nami.org/>  
 National Empowerment Center <http://www.power2u.org/>  
 National Institute of Mental Health <http://www.nimh.nih.gov/>  
 Rehabilitation Research and Training Center on Employment Policy for Persons with Disabilities <http://www.ilr.cornell.edu/edi/p-eprrtc.cfm>  
 Social Security Administration <http://www.ssa.gov/>  
 Social Security Administration Return to Work Website <http://www.ssa.gov/work/>  
 Steve Lopez, The Soloist <http://www.stevelopezonline.com/>  
 Substance Abuse & Mental Health Administration <http://www.samhsa.gov/>  
 SAMHSA Mental Health <http://mentalhealth.samhsa.gov/>  
 U.S. Department of Health and Human Services: <http://www.os.dhhs.gov/>

Working Well Together <http://www.workingwelltogether.org/dnn/>