

Fall, 2010
California State University, Fresno
College of Health & Human Services
Department of Social Work Education
Website: www.csufresno.edu/socialwork

Betty Garcia, Ph.D., LCSW
PHS 142; 278-2550
Email: bettyg@csufresno.edu
Office Hours: Mon 12-5 & by appt.
email: bettyg@csufresno.edu

**ADVANCED SOCIAL WORK PRACTICE IN
PUBLIC MENTAL HEALTH SERVICES I (3 Units)**

SW269

Tuesday, 2-4:50 p.m.

CATALOGUE STATEMENT:

Seminar addressing knowledge and skills required of advanced graduate social workers to practice in public mental health settings. Content covers values/ethics, diversity, public policies, practice interventions, and services organization and delivery. Required for students receiving the "CalSWEC mental health stipend." Prerequisite: Completion of foundation year course work.

COURSE RATIONALE:

The public mental health services system is a community's "safety net" for anyone needing mental health services. In California, public mental services are administered through the county governments. San Joaquin Valley counties face many challenges in designing and delivering public mental health services. Among these challenges are a growing population, high rates of poverty, inadequate health insurance, and the rural/agricultural nature of much of the area. In addition, this region is home to diverse cultural communities, many of which have large cohorts of first generation non-English speaking individuals who may have experienced traumas as a result of war/violence, privation, and immigration. Often, views about mental disorders in these communities differ markedly from "western" medical and psychological explanations. Not only do counties face the challenge of appropriately serving this growing, diverse population, but they now face a workforce crisis. Developing and maintaining a skilled professional workforce is an ongoing challenge. As cited in the Institute of Medicine's definitive report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, "workforce preparation [in mental health] demands immediate action." According to the Substance Abuse and Mental Health Services Administration (SAMHSA), professional social workers comprise the nation's

largest group of mental health services providers representing 60% of mental health professionals.

Therefore, the purpose of this seminar is to prepare graduate social workers for practice in public mental health settings by promoting the development of practitioners who are knowledgeable about, and skilled in, evidence-based advanced practices in the development of policies, service systems and delivery of public mental health services.

COURSE DESCRIPTION:

This weekly seminar, taken in the second year of the MSW program, addresses the specific knowledge and skills needed to prepare the advanced graduate social work student to enter professional social work practice in public mental health services settings with diverse consumers of all ages across the life span. Effective practice in public mental health services settings requires competencies in working at multiple system levels. This seminar builds on the foundation competencies obtained in the first year of the graduate social work program through a program of specialized study in a public mental health services. The seminar thus focuses on 1) the historical and current needs of public mental health services consumers, their families and communities; 2) the historical and current societal responses (both policy and legal) to mental disorders and the persons who experience mental disorders; 3) the professional, individual, and societal/community values and ethics related to mental disorders and mental health services; 4) the specific application of practice skills in the development and implementation of public policies and interventions in work with people who have mental disorders, their families and communities, and the organization and delivery of services in public mental health service systems; 5) variations in the experience of behavioral health conditions and service disparities between and within specific groups (e.g., ethnic communities, those who are homeless, incarcerated); and 6) cultural competence in practice.

Practices, service system organization, and policies in public mental health services will be critically examined in the context of professional social work practice standards, values and ethics and the values of consumers and recipient communities. Key principles addressed are consumer empowerment, recovery, wellness, resilience, consumer driven services, family focus, evidence-based practice, and diversity/cultural competence. It is expected that students will exercise rigorous confidentiality protocols. For example, not identifying the client's full name or altering identifying information if the profile risks

identification of the client. *Stipend recipients must currently have a field internship in a public mental health setting. All students must have experience working with consumers who have been diagnosed with a DSM disorder.*

EDUCATIONAL GOALS

1. To develop student's advanced knowledge and practice skills in mental health services within a context of diversity that addresses between and within group variations around culture, social class, life span, disability and lifestyle.
2. To promote student's understanding of the values, legal and ethical considerations that inform and govern the delivery of public mental health services.
3. To advance student's knowledge of the history of public responses to mental health concerns as found in federal, state and local public mental health policies and services with particular emphasis on disparities, multi/cross cultural issues, and economic and social justice concerns faced by client populations.
4. To develop student's ability to examine and evaluate current policies, service delivery systems and practice models in public mental health that addresses their implications for both social work practice and potential policy and program development.
5. To develop student's advanced practice skills in formulating assessments of persons presenting with mental health disorders, their families and communities encountered in public mental health that is consumer-driven, family focused and strengths-based, using a range of strategies that includes standardized assessment tools and protocols (e.g., P-I-E), and theoretically based case formulations.
6. To develop student's advanced practice skills in the implementation and evaluation of current evidence-based and best practice intervention models in public mental health with individuals, families, groups and communities from diverse backgrounds, while paying particular attention to populations most at risk (e.g., those who are underserved, lack access, experience social and economic disparities).

LEARNING OBJECTIVES

- 1.1 Analyze the historical and current responses of public policies and communities/cohorts to mental disorders and mental health concerns as it relates to U.S. immigration and status of “other.”
- 1.2 Develop self-awareness and appreciation of the impact of personal and societal values, beliefs and biases in relation to people from diverse populations experiencing mental disorders
- 1.3 Actively seek knowledge about how living with a mental disorder or facing mental health concerns influences and/or is influenced by culture, lifestyle, beliefs and practices.
- 1.4 Demonstrate ability to develop policies and programs that inform practice skills in mental health care that consider the unique (and common) needs of consumers who are members of diverse populations.
- 1.5 Demonstrate ability to develop direct practice skills in mental health care that consider the unique (and common) needs of consumers who are members of diverse populations.
- 2.1 Apply values of wellness, recovery and resiliency to psychosocial rehabilitation and public mental health service systems.
- 2.2 Identify and address ethical dilemmas and responsibilities in practice with individuals, families, groups, organizations and communities in public mental health systems.
- 2.3 Examine student’s values and assumptions regarding mental disorders and mental health services and their impact on social work practice with people who have mental disorders.
- 2.4 Examine implications and applications of federal, state, and local laws affecting mental health services delivery and people who have mental disorders.

- 3.1 Understand how societal beliefs, values, and epistemologies have historically and currently influenced the social response to mental disorders and mental health concerns.
- 3.2 Examine historical and current disparities, multi/cross cultural issues, (e.g., prior experience in country of origin, belief systems) and economic and social justice concerns faced by consumers, their families and communities that result from public mental health policy and regional population dynamics.
- 3.3 Compare and contrast the historical and current impact of public mental health policies and practices on individuals, families, groups, organizations, communities and mental health systems.
- 4.1 Identify and differentiate between current “best practice” and “evidence-based practice” models in public mental health practice and demonstrate ability to utilize them.
- 4.2 Identify the underlying principles of community support programs and community based services in public mental health policy and explain the impact on services organization and delivery.
- 4.3 Identify the underlying principles of community support programs and community based services in public mental health policy and explain the impact on services organization and delivery.
- 4.4 Analyze the role and impact of evidence-based practice tenets on current public mental health policies and services.
- 5.1 Describe and conduct an assessment of the signs and symptoms associated with the major mental disorders as defined in DSM-IV TR.
- 5.2 Demonstrate knowledge about the major theories and current scientific knowledge regarding etiology, course, intervention and sequelae of the major mental disorders and variations in presentation and impact across and within cultures, social class and lifespan.
- 5.3 Demonstrate the ability to engage persons who have mental disorders in identifying their physical, psychosocial, spiritual and

- community/environmental strengths and needs and the strategies they will use in seeking improved quality of life, wellness and recovery.
- 5.4 Conduct and formulate a comprehensive psychosocial assessment that addresses the person-in-his/her environment and demonstrate proficiency in the selection and use of tools such as the mental status exam, symptom/functioning inventories, and assessment interview protocols.
 - 6.1 Demonstrate competency in identifying, implementing and evaluating intervention strategies that promote wellness and recovery from a multi-systemic, strength-based perspective in collaboration with the consumer who has a mental disorder and his/her family.
 - 6.2 Demonstrate consumer-driven, family-focused practice skills that are culturally competent, address the service needs of underserved groups and at risk populations, and integrate stakeholder input.
 - 6.3 Critically examine current intervention models with regard to their attention to economic and social justice concerns of consumers, their families, and communities and the implications for social work practice.
 - 6.4 Demonstrate commitment and skills in seeking out and integrating stakeholder input (e.g., consumers, community based organizations, and community) in developing mental health services policies and programs.

Advanced Practice in Public Mental Health Services Course Content Outline

A. Framework for Mental Health Practice

1. Value assumptions; assumptions about how mental disorder condition “comes to be”
2. Definition of “Clinical”; Multisystems, inclusive of psychotherapy to advocacy; consumer driven, family focus; highlight “scope of practice”
 - Multisystems, community based practice,
 - Research on models; Evidence Based Practice

- Recovery/Wellness/Resilience Models; Consumer Driven, Family Focus, healing; humanistic, role of consumer in change; “intervention”
 - Holistic approach to mental health; relationship between physical and mental health; United Nations World Health Organization (WHO).
 - Underutilization/Disparities, access, culturally appropriate services
3. Medical model, “cure”, role of consumer in “treatment”/intervention;
- Dependency or self determination
 - Nature, nurture, vs. fate
4. Issues, Assumptions
- Professional Relationship with consumer; role of consumer, provider and agency/program
 - Theory driven models vs. taxonomy (DSM) approach
 - Stress Vulnerability concept
 - Cultural Matching
 - Language
5. Trends
- Emphasis on biological, brain functions explanations
 - Treating symptoms vs. multisystemic approach (e.g., employment, housing, health care)
 - Collaborative practice, team settings; collaboration between consumers and agencies; consumer relationship with agency
- B. History of treatment, Intervention Policy in Mental Health; Proposition 63/Mental Health Services Act
- Pre-institutions/local care
 - Mythologies about mental disorders
 - History of institutional care; state institutions
 - Deinstitutionalization and shift to Community based care
 - SES, culture, stigma, NIMBYism (i.e., “not in my backyard”)
 - Understanding of symptoms; help seeking behavior
 - Psychopharmacology; Side effects of prescribed meds; Issues of compliance, titration;
 - Self medication issues/Substance use/abuse
 - Mental Health Services Act Principles; Competencies
 - Ethics; 5150; Mandated Reporter

- Mental Health Disaster Planning

C. Mental Disorders

- DSM Taxonomy/Treatment of Disorders; Development of DSM
- Diagnostic Categories
- Historical perspectives; early/recent hypotheses on schizophrenia, e.g., double bind theory, genetics, personality theory, neurological explanations.
- Diversity in presentation/epidemiology

D. Assessment

- Medical model
- Strength based
- Types of Assessment; DSM, ICD-10, PIE; Assumptions
- Use of DSM, MSE
- Standardized assessment tools/strategies
 - BPRS (Brief Psychiatric Rating Scale)
 - SCID
- Biopsychosocial, Cultural/ethnic issues in presentation/observables
- Interviewing skills
- Use of interpreters; communication, interpretation
- Psychiatric consultation; Psychopharmacology
- Purpose and scope of practice
- Cultural matching

E. Formulation

- Principles
- Psychodynamic
- Behavioral
- Cognitive Behavioral
- Multisystems; Systems/ecological theories

F. Treatment/Intervention Planning

Issues in treatment/intervention

Establishing rapport

Consumer as partner, consultant, empowerment

Use of interpreters

Legal/ethical issues

Consumer driven, family focus, community based approach

Data gathering for formulation, treatment planning derived from

formulation

Treatment Intervention focus

Individual, Disorder

Family, Social Network

Environment (e.g., school, agencies, employment, housing, etc.)

Context

Psychosocial Rehabilitation and Recovery/diversity

Concept of rehabilitation, recovery oriented practice/values

Patient, client, consumer – value assumptions of labeling

Psychosocial rehabilitation competencies

Impact on consumer: when life cycle development is disrupted

Cultural Matching in practice

Depression & suicide risk

Social skills development

Consumer aspirations

Impact on family/Role of family/Source of support

Burden of Care

Expressed Emotion construct

Loss, helplessness (loss of self, loss of person)

Issues regarding dependence & independence over life

span for person with a mental disorder

G. Best Practices and Evidenced Based Practice (EBP)

- Compulsory treatment
- Personal therapy/"psychotherapies"
- BPD: Dialectical behavior therapy
- Family therapies
- Peer support
- Prosumers
- NAMI, Survivors organizations, & society/community
- Social Clubhouse models

H. Disparities

- a. Children/adolescents
- b. Elders
- c. Persons in care (e.g., foster care, ECF)
- d. Gender
- e. Cultural/ethnic groups

f. GLBTQQ

I. Evaluation of Practice

Evaluation of direct practice and programs/service delivery

Method of research/study

Empirical literature resources

REQUIRED TEXTS:

Drake, R. E., Merrens, M. R., & Lynde, D. W. (Eds.) (2005). *Evidence-based mental health practice*. NY: W. W. Norton & Co.

Hoffman, S. & Tompson, M. (Eds.) (2002). *Treating chronic and severe mental disorders*. New York: Guilford Press.

HIGHLY RECOMMENDED TEXTS:

American Psychological Association. (2009). *Diagnostic and statistical manual of mental disorders - TR* (5th ed.). Washington, DC: Author.

Linhorst, D. (2006). *Empowering People with severe mental illness*. New York: Oxford University Press.

O'Hare, T. (2005). *Evidenced-Based Practices for social workers: An interdisciplinary approach*. Chicago, IL.: Lyceum Books, Inc.

METHODS OF INSTRUCTION:

Each seminar class will meet for three hours a week. The class will utilize:

- Texts
- Classroom Discussion and student participation that demonstrates their viewpoints
- Experiential Exercises; role playing
- Student Presentations
- Student Papers
- Lectures/Powerpoint
- Video/audio materials,
- Guest lecturers,
- Task-oriented group processes
- Possible site visit
- Discussions will draw extensively from students' internship experiences.
- ***It is imperative that you come prepared for class discussions.***

Web-based Instruction/Blackboard

The course syllabus, calendar, exercises, assignments, supplemental material, and announcements will be posted on **Blackboard**. Should you require any

additional copies of these materials, you will be able to download them from the Blackboard site.

Note: All assignments will be submitted in hard copy in class **and** also posted online on in Blackboard. Do not use the Digital Dropbox or email papers directly to me. We are using the new upgraded Blackboard 9; let me know if you encounter any difficulties. Instructions will be provided in class for paper submission on Blackboard.

Your Bb LoginID/Password is your university email login and password. You MUST activate your university email to access Blackboard. I will send email messages to the account designated in Blackboard. I advise you to use your university account AND a clear subject line in any email you send me or risk having it filtered and deleted as spam. If students send me any work by email, I will reply so you know I received it successfully. If you don't get a reply, I did not receive the email (or it looked like spam). ALWAYS put SW 269 PMH I on the subject line or you risk your email being deleted unopened, and ALWAYS put your name on papers that you submit via Blackboard.

It is your responsibility to make sure you can access and negotiate Blackboard for class materials and resources. You are responsible for checking for announcements and email sent through BlackBoard. Technology Innovations for Learning and Teaching (TILT), formerly known as Digital Campus, is open Monday - Friday from 8:00 AM to 5:00 PM. TILT is located on the first floor of the Henry Madden Library, Rooms 1110 and 1106. **Phone:** TILT/Blackboard Resource Center: 559.278.7373; TILT Main Office: 559.278.6892; **Address:** 5200 N. Barton Ave.M/S ML 121. **Email:** For general questions regarding TILT or Blackboard usage and training, send an email to dcfeedback@csufresno.edu. **Help Desk:** The Help Desk should be contacted after regular business hours. Help Desk agents can provide immediate assistance regarding network status, resetting passwords, etc. Help Desk agents are available via telephone seven days a week: Monday – Friday 7 a.m. – 9 p.m. and Saturday – Sunday 8 a.m. – 5 p.m. 559.278.7000. Visit their website at <https://help.csufresno.edu/>

Use of electronic devices (pagers, cell phones, laptops, etc.):

To minimize class disruptions, please turn off the audio on these devices during the class except where a situation requires that you be “on call”. Please advise

me of such situations at the beginning of class and arrange to sit near the door, so you can exit with minimal disruption to the class.

Please discuss with me if you would like to use your laptop in class (i.e., no websurfing and reading email during class).

Grading:

Total points are allocated to assignments as follows for individual work and course grade:

92 - 100%	= A
80 - 92%	= B
70 - 79%	= C
60 - 69%	= D
59% & less	= F

Assignments/Activity	Points
Participation*	5
8 Topical Papers (See Due Dates)	32
Mid Term (Due 10/19)	30
Final Paper (Due 12/7)	<u>33</u>
Total	100

*You will submit a brief evaluation of your participation in class, with examples of your participation including interaction in class, responses to other student's points and to course readings (see document posted on Blackboard at the Information site).

Course Policies

Late Papers

Late papers will lead to a reduction in the course grade. Two points are deducted for each day of lateness. It is expected that you will communicate with the professor if hardship results in submitting a paper after the due date.

Attendance and Participation:

Students are expected to be present, on time for all classes and to notify the professor in advance when compelling circumstances make attendance

impossible. After two absences, students will lose two points per missed class toward the final class grade. Arriving late or leaving early are construed as missing half a class. Students are responsible for checking with the instructor(s) and getting informed on what was missed due to an absence.

Class participation is defined as active, respectful, thoughtful, engaged interaction that demonstrates a capacity for giving and taking feedback related to practice theories, concepts, and service delivery issues.

University Policies

Services for Students with Disabilities: Students are asked to identify themselves to the professor and the university students with disabilities office. Students will receive reasonable accommodation for learning and evaluation. For more information contact Services to Students with Disabilities (278-2811) in the University Center building, across from the Madden Library entrance.

Cheating and Plagiarism: “Cheating is the actual or attempted practice of fraudulent or deceptive acts for the purpose of improving one's grade or obtaining course credit; such acts also include assisting another student to do so. Typically, such acts occur in relation to examinations. However, it is the intent of this definition that the term 'cheating' not be limited to examination situations only, but that it include any and all actions by a student that are intended to gain an unearned academic advantage by fraudulent or deceptive means. Plagiarism is a specific form of cheating which consists of the misuse of the published and/or unpublished works of others by misrepresenting the material (i.e., their intellectual property) so used as one's own work.” Penalties for cheating and plagiarism range from a 0 or F on a particular assignment, through an F for the course, to expulsion from the university. For more information on the University's policy regarding cheating and plagiarism, refer to the [Class Schedule](#) (Policy/Legal Statements) or the [University Catalog](#) (University policies).

Code of Academic Integrity – Honor Code: “Members of the CSU Fresno academic community adhere to principles of academic integrity and mutual respect while engaged in university work and related activities. Students should:

- a) Understand or seek clarification about expectations for academic integrity in this course (including no cheating, plagiarism and inappropriate collaboration)

- b) Neither give nor receive unauthorized aid on examinations or other course work that is used by the instructor as the basis of grading.
- c) Take responsibility to monitor academic dishonesty in any form and to report it to the instructor or other appropriate official for action.

Instructors may require students to sign a statement at the end of all exams and assignments that “I have done my own work and have neither given nor received unauthorized assistance on this work.” For more information, refer to the Code of Academic Integrity – Honor Code, APM 236, www.csufresno.edu/aps/apm/236.pdf.”

Computers: “At California State University, Fresno, computers and communications links to remote resources are recognized as being integral to the education and research experience. Every student is required to have his/her own computer or have other personal access to a workstation (including a modem and a printer) with all the recommended software. The minimum and recommended standards for the workstations and software, which may vary by academic major, are updated periodically and are available from [Information Technology Services](#) or the University Bookstore. In the curriculum and class assignments, students are presumed to have 24-hour access to a computer workstation and the necessary communication links to the University's information resources.”

Disruptive Classroom Behavior: “The classroom is a special environment in which students and faculty come together to promote learning and growth. It is essential to this learning environment that respect for the rights of others seeking to learn, respect for the professionalism of the instructor, and the general goals of academic freedom are maintained. ... Differences of viewpoint or concerns should be expressed in terms which are supportive of the learning process, creating an environment in which students and faculty may learn to reason with clarity and compassion, to share of themselves without losing their identities, and to develop and understanding of the community in which they live . . . Student conduct which disrupts the learning process shall not be tolerated and may lead to disciplinary action and/or removal from class.”

Copyright policy: Copyright laws and fair use policies protect the rights of those who have produced the material. The copy in this course has been provided for private study, scholarship, or research. Other uses may require permission from the copyright holder. The user of this work is responsible for adhering to

copyright law of the U.S. (Title 17, U.S. Code). To help you familiarize yourself with copyright and fair use policies, the University encourages you to visit its [copyright web page](#).

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Subject to Change

This syllabus and schedule are subject to change in the event of extenuating circumstances. If you are absent from class, it is your responsibility to check on announcements made while you were absent.

References [see Handout/Blackboard]

Web-Sites Frequently Used [see Handout/Blackboard]

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**Advanced Practice in Public Mental Health Services
 SW269**

Class	Topic/ Readings	Activity
	<i>Framework for Mental Health Practice</i>	
1 Aug. 24	Introduction & History of Public Mental Health System & Services Readings: Drake, Merrens, & Lynde. (2005). <ul style="list-style-type: none"> • Prologue: "Helpful" Mental Health Services • Ch. 1. What is Severe Mental Illness? Hofmann & Tompson (2002). <ul style="list-style-type: none"> • Ch. 1. Cognitive-Behavioral Family and Educational Interventions for Schizophrenic Disorders 	
2 Aug. 31	History and Policy Perspectives Reading: Drake, Merrens, & Lynde (2005). <ul style="list-style-type: none"> • Ch. 2. What Are Community Mental Health Services? • Ch. 13. Recovery Perspectives In Evidence Based Practice Hofmann & Tompson (2002). <ul style="list-style-type: none"> • Ch. 2 Social Skills Training in Schizophrenia 	Topic Paper #1
3 Sept. 7	Value Assumptions and Views on Etiology; Ethics; Evidenced Based Practice (EBP) Reading: Drake, Merrens, & Lynde (2005). <ul style="list-style-type: none"> • Ch. 3. The Principles Of Evidence-Based Mental Health Treatment • Ch. 4. Evidence-based practice emerges 	Topic Paper #2 Presentation

	<p>Hofmann & Tompson (2002).</p> <ul style="list-style-type: none"> • Ch. 3. Personal Therapy: A Practical Psychotherapy for the Stabilization of Schizophrenia • Ch. 4. Interpersonal Psychotherapy for Unipolar and Bipolar Disorders 	
<p>4 Sept. 14</p>	<p>Assessment Reading: Drake, Merrens, & Lynde (2005).</p> <ul style="list-style-type: none"> • Ch. 5. Clinical decision making and the evidence-based Practitioner 	<p>Topic Paper #3 Presentation</p>
<p>5 Sept. 21</p>	<p>Interviewing Skills Reading: Drake, Merrens, & Lynde (Eds.). (2005).</p> <ul style="list-style-type: none"> • Ch. 6. The Importance of Research in Mental Health Service Delivery <p>Hofmann & Tompson (2002).</p> <ul style="list-style-type: none"> • Ch. 20. Short-Term Dynamic Psychotherapy: Resolving character pathology by treating affect phobias. 	<p>Topic Paper #4 Presentation</p>
<p>6 Sept. 28</p>	<p>Theoretical Perspectives in Practice Reading: Hofmann & Tompson (2002).</p> <ul style="list-style-type: none"> • Ch. 6. Cognitive Behavior Therapy for the Management of Bipolar Disorder • Ch. 16. Dialectical Behavior Therapy for Borderline Personality Disorders 	
<p>7 Oct.5</p>	<p>Theoretical Perspectives (cont.) Drake, Merrens, & Lynde (2005).</p> <ul style="list-style-type: none"> • Ch. 8. Closing the Gap between what Services Are and What They Could Be; Disparities • Ch. 12. Interface of Cultural Competency & Evidenced-Based Practices <p>Hofmann & Tompson (2002).</p> <ul style="list-style-type: none"> • Ch. 18. Multisystem Treatment of Antisocial Behavior in Adolescents 	

<p>8 Oct. 12</p>	<p>Formulation - Multisystems and Recovery Model</p> <p>Reading: Hofmann & Tompson (2002).</p> <ul style="list-style-type: none"> • Ch. 4. A case formulation approach <p>Drake, Merrens, & Lynde (2005).</p> <ul style="list-style-type: none"> • Ch. 9. What Are the Common Features of Evidenced-Based Practices? • Ch. 11. Dev. & Sustaining EB Systems 	<p>Topic Paper #5</p>
<p>9 Oct. 19</p>	<p>Treatment/Intervention Planning</p> <p>Reading: Drake, Merrens, & Lynde (2005).</p> <ul style="list-style-type: none"> • Ch. 10. How Does a Practice Become EB? • Ch. 18. EBP for Families of Individuals with Severe Mental Illness <p>Hofmann & Tompson (2002).</p> <ul style="list-style-type: none"> • Ch. 19. Cognitive-Behavioral Therapy for Severe Personality Disorders 	<p>MID TERM DUE</p>
<p>10 Oct. 26</p>	<p>Intervention and Evaluation of Practice</p> <p>Reading: Drake, Merrens, & Lynde (2005).</p> <ul style="list-style-type: none"> • Ch. 7. Evidence in Intervention Science 	<p>Topic Paper #6</p>
	<p><i>Prop 63, Mental Health Services Act; Practice Directives</i></p>	
<p>11 Nov. 2</p>	<p>Recovery Model, Family Focused, Consumer Driven, Cultural Competent Practice</p> <p>Reading: Drake, Merrens, & Lynde (2005). Ch. 17. Illness Management and Recovery</p>	
<p>12 Nov. 9</p>	<p>Working with Co-Occurring Disorders</p> <p>Reading: Drake, Merrens, & Lynde (2005). Ch. 15. Integrated Dual Disorder Treatment</p>	

<p>13 Nov. 16</p>	<p>Multisystems Work with Consumers and Their Environment</p> <p>Reading: Drake, Merrens, & Lynde (2005). Ch. 16. Supported Employment</p>	<p>Topic Paper #7</p>
<p>14 Nov. 23</p>	<p>Working with Community</p> <p>Reading: Drake, Merrens, & Lynde (2005). Ch. 14. Assertive Community Treatment (ACT)</p>	<p>Topic Paper #8</p>
<p>15 Nov. 30</p>	<p>Consumer Driven, Family Focused Service Delivery</p> <p>Reading: Hofmann & Tompson (2002). Ch. 19. Medications</p>	
<p>16 Dec. 7</p>	<p>Consumer Driven, Family Focused Service Delivery (cont.)</p> <p>Reading: Drake, Merrens, & Lynde (2005). Ch. 20. The Future of Evidenced Based Practice in Mental Health</p>	<p>FINAL PAPER DUE</p>