Course Description:
This course focuses on practice models, challenges, and critical perspectives for practice in mental health care, including the culturally-competent promotion of mental health care; the prevention/assessment/treatment of mental illness, and interdisciplinary approaches to psychosocial treatment and rehabilitation services. A major focus will be on the empowerment of individuals with mental health problems to increase their functioning in the least restrictive environments, with the least amount of ongoing professional intervention. This course has a specific emphasis on acquiring an understanding of the dilemmas faced by people who suffer from severe and persistent mental illnesses and the consequences of mental illnesses diagnoses, psychiatric treatments, and social stigma. We will also focus on problems related to substance abuse and the psychological aftermath of traumatic experience. Using culture, race, and gender as critical lenses, we will review multiple perspectives (including the client/consumer, the family member, the professional) on the role of psychiatry in conceptualizing and structuring the foundations for mental health/illness resources and services. We will explore the many roles in which social workers serve in the provision of these services. Our readings will highlight first-person accounts, memoirs, and case studies that describe experiences with the onset and development of mental disorders, including major depression, manic-depressive illness, trauma, and schizophrenia, as well as these individuals’ complex experiences with mental health professionals and the mental health system.

Course Objectives:
1. Students will learn to conduct biopsychosocial assessments of individuals and families for purposes of promoting mental health, early intervention, treatment, self-help and mutual aid groups, support for care-givers, and on-going treatment.
2. Students will learn to identify and demonstrate knowledge of the many components of the mental health system and social work roles, such as that of team member, advocate, broker, community organizer, therapist, and collaborator with non-professional groups and client/consumer groups.
3. Students will become conversant with the intersections of and controversies among social work, consumer-oriented, and psychiatric models for assessment, diagnosis, and treatment (e.g. DSM-IV and psychopharmacotherapies) in both in- and out-patient milieus.
4. Students will explore personal and professional barriers to the humane and culturally-respectful provision of services to persons with mental illness diagnoses and related dilemmas.
6. Students will develop competency in collaborating with peer-colleagues in simulated treatment teams in order to experience the challenges and opportunities of integrating differing perspectives on the view of any one client and what would seem to be the most optimal treatment strategies.

**Class Format:**
Class sessions will usually contain a lecture related to assigned readings. Guest lecturers from key community agencies and organizations will help to address relevant clinical practice issues and central themes of the class. Videotapes and group exercises, including simulated “treatment teams” will be integrated into classes to help teach assessment, clinical problem-solving, and intervention techniques.

**Relationship to Four Curricular Themes:**
- **Social Science and Behavioral Research** – is presented throughout the course and includes finding from evaluation studies and intervention research in social work, psychiatry, psychology, anthropology, and sociology.
- **Multiculturalism and Diversity** – are integrated throughout the course especially in view of the fact that mental health problems are experienced very differently in various cultures, each of which has its own indigenous responses to healing. In addition, the stresses associated with mental health problems and access to appropriate services are differentially affected by gender, poverty, race/ethnicity, and sexual orientation. The students must be aware of these issues and help to develop culturally competent and gender-specific interventions to overcome oppression and discrimination as barriers to access to and quality of care.
- **Social Justice Issues** – have special relevance to the processes of psychosocial rehabilitation. Persons with psychiatric disabilities are often discriminated against with respect to access to education, employment, housing, and financial assistance. Health insurance plans often discriminate against persons with mental as opposed to physical disabilities. Social justice issues are often seen with respect to the processes of commitment, the rights of people in mental institutions, the rights to treatment (such as the criminal justice system), access to attorneys, and the determination of competence to stand trial or when mental illness is offered as a defense in criminal proceeding. The student will learn about these issues in the course as well as the role of social work in fighting for these and other rights.
- **Promotion/Prevention/Treatment/Rehabilitation** – are addressed throughout the course. Mental disabilities often occur or are exacerbated as a result of stressful environmental conditions. The ways of seeking changes in these conditions or preventing them will be discussed.

**Class Expectations and Grading:**
Because there will be a significant experiential component for learning in this class, students are expected to attend all classes and to call the instructor if they cannot attend. Class participation will be graded according to attendance, currency in reading, and participation in discussion and group activities. Please see “course assignments” section for specific assignments for grading. Papers are expected to be handed in on their due dates and must meet all academic standards for ethical documentation.

**Required texts:** (Available at The Common Language Bookstore, 215 S. Fourth Avenue, Ann Arbor)
1. **Culture and Mental Illness: A Client-Centered Approach**  

2. **Psychological and Social Aspects of Psychiatric Disability**  

3. **Psychopathology: A Competency-Based Assessment Model for Social Workers**  

4. **Course Pack** will be available at **Accu-copy** (518 E. William Street) by September 6, 2002.

**Recommended Texts:**

1. **Meanings of Madness**  

2. **Diagnostic and Statistical Manual of Mental Disorders (4th edition) – DSM-IV**  

3. **Psychoanalytic Character Diagnosis: Understanding Personality Structure in the Clinical Process**  

4. **Psychoanalytic Case Formulation**  

5. **Psychiatric Interviewing: The Art of Understanding – A Practical Guide for Psychiatrists, Psychologists, Counselors, Social Workers, Nurses, and Other Mental Health Professionals, (2nd ed.).**  

6. **Advances in Mental Health Research: Implications for Practice**  

**Recommended Mental Illness Memoirs/Narratives/Novels:** (*next to books personally recommended by instructor)


*Bullitt-Jonas, Margaret (1998). **Holy Hunger: A Woman’s Journey from Food Addiction to Spiritual Fulfillment.** New York: Random House. In this honest, eloquent memoir, the author describes her childhood with an alcoholic father who was an esteemed Harvard professor and an emotionally reclusive mother. Examines her eating disorder from an addictions perspective and recovery through a 12-step self-help program.

*Coelho, Paulo (1998). **Veronika Decides to Die.** New York: HarperCollins. An intriguing novel about a young woman who takes an overdose, expecting to die, but wakes up in a mental hospital with only days to live due to damage the medication did to her heart. The story follows an intense week of self-discovery as Veronika knows now when she will ultimately die.


* Fitzgerald, F. Scott (1945). *The Crack Up.* New York: New Directions Books. This is a collection of essays and letters written by this great author, which details his descent at age 39 from a life of success and glamour to one of emptiness and despair, and his determined recovery.


Shimrat, Irit (1994). *Call Me Crazy: Stories From the Mad Movement.* Press Gang Publishers. A memoir and history of the ‘mad movement’ or mental health consumers movement in Canada, written by a woman who was diagnosed schizophrenic but lives without medication and is a political activist.

Sheehan, S. (1982). *Is There No Place on Earth for Me?* Boston: Houghton Mifflin Company. The wonderful journalist, Susan Sheehan originally published this poignant account of a woman with schizophrenia in the *New Yorker* magazine – this account looks at the variety of hospital systems in which Sylvia Frumkin was institutionalized as well as the impact her illness had on her family.


**Course Assignments and Grading Guidelines:**

1. **Class Participation (10 points)** – Again, much of our work together this semester will be spent in discussion of readings, small group clinical simulations, and other in-class experiences. It is essential that all students come to class prepared to talk about the assigned readings and to take part in class activities. Class attendance and participation are vital to the success of our class and will figure into the final evaluation of each student’s work this semester. Attendance will be taken at each class session. If you anticipate missing class, please notify me in advance by telephone (734-930-2200). Please get notes from a peer; you will not be able to get credit for in-class small group work (refer to case study assignments #5).

2. **Experiential Journal: Community-Based Self-Help Networks (15 points), due on October 4, 2002.**
   Attend one *open* meeting of Alcoholic’s Anonymous, Narcotic’s Anonymous, Overeater’s Anonymous, Al-Anon (or any other 12-step program); National Alliance for the Mentally Ill (NAMI); or another self-help group. In your journal (*no more than 5 pages*),
   - Give the name of the group, the place and time of the meeting, the demographics of the group, and the physical surroundings of the meeting.
   - Describe the atmosphere and tone of the meeting and give a clear description of the structure of the meeting (i.e. how was it conducted?).
   - Give an analysis of the meeting describing self-help philosophy and the underlying individual and group dynamics involved in the meeting. Please cite references from textbooks here.
   - Rules for participation: respect anonymity of all people you meet. If there is an inquiry, be honest about your reason for attending. Attend the meeting by yourself (not with a friend or fellow classmate), and be highly respectful and a good participant.
   - Note any personal reactions you may have to being at the meeting, including what it is like to be among people who struggle with mental illness or addictive disorders as a participant rather than a “treater.”

3. **Students will be asked to keep a readings journal, which will be due on November 15, 2002 (30 points).** Your journal will offer a method for recording your responses to and questions about the readings, as well as a way to engage in a dialogue with me about your reactions to the materials we read and the issues we discuss in class. Your journal should include responses to as many of the readings as you can comfortably respond to, but *you should address at least five in depth* as they relate to personal experience and/or practice dilemmas you now face in your work. Length will certainly vary, but *a minimum of ten typed pages is expected.* While this does not have to have the formality of a research paper, I will be grading on how well you genuinely share and reflect on your own experiences, how well you tie
your experiences to the specific issues raised in the readings, and spelling/grammatical correctness.

You may want to use these ideas as ways to approach your own reading and journaling:

- Throughout the semester we will attempt to become aware of the beliefs and biases that shape our intellectual and emotional responses to work with people who present symptoms of or have been diagnosed with mental illnesses. These beliefs and biases are deeply embedded in our culture’s mythology and ideology regarding:
  - acceptable feelings and behaviors
  - what we define as civilized conduct
  - what are appropriate expressions of one’s gender identity, age, familial role, citizenship
  - illness, disease, and impairment
  - the role of the helper
  - who may become a client/patient/consumer
  - the long term consequences of being psychiatrically-labelled and treated in the mental health system

These same biases have influenced the ways in which psychiatry, social work, and psychology have organized systems of diagnosis, treatment, and care-giving. As we read, we will attempt to uncover some fundamental assumptions about normality, “humanness,” and illness/disease that underlie our practices as social workers in mental health care roles and settings, as well as to speculate about who these practices may serve or disserve.

In general, try to answer the following in your reading journal:

- Describe your personal responses to the reading. What are the central ideas that seems most salient or significant to you? Why? Which are appealing, problematic, troubling?
- What questions do the readings pose for you or answer for you?
- How do the perspectives described in the readings make claims about health or illness that are adequately or inadequately inclusive, stigmatizing, and/or potentially empowering to clients?

4. Critical Analysis of a Mental Illness Memoir/Narrative/Novel (20 points), due on November 22, 2002.

Please select one or more of the memoirs in the recommended readings list or propose another. Address your reactions to the memoir(s) and consider the following questions in your journal (minimum 5 pages):

- Why did you pick this memoir? What are your personal responses to this story and the author’s construction of his/her illness/disability/disease and the methods of treatment?
- Using Castillo’s approach to understanding the intersections of culture and psyche, discuss how the author’s experience, idioms of distress, and efforts to accept or resist labeling and treatment reflects cultural values, folkways, and attitudes about psychological suffering.
- How do gender, race, class, etc. influence the experience of illness by the author and others in connections with the author?
- Describe the impacts of the significant relationships on the author’s experience of the illness/disability, particularly emphasizing the therapeutic relationship(s). What stands out to you as especially significant, helpful, not helpful? What is missing in the his/her relational world? What are the challenges for the people in relationship to the author and how well were these challenges managed?
5. **Clinical Simulation “Treatment Team” Group Work Case Study Packet (15) and Case Presentation (10 points):**

Starting the third week of class, each student will participate in a simulated “treatment team,” which will function as a “home base group” for purposes of in-class exercises, problem-solving, and collaboration on a case presentation at the end of the semester. Each group will work with an individual case which will require learning how to identify appropriate diagnoses; learning about the unique cultural and personal circumstances in the client’s life; noting unique challenges (or privileges) that affect provision of effective service delivery; and identifying a range of possible intervention strategies and necessary resources.

We will use the last two class periods (**11/22/02 and 12/6/02**) to allow for each group to briefly (15-20 minutes maximum) present their “client” to the larger group, just as you would in a professional setting where you would be working in multidisciplinary teams and consulting with your colleagues regarding unique aspects of the case and appropriate treatment delivery.

Throughout the semester, students will gain experience with a variety of skills that are critical for working in mental health settings, and each of you will turn in a **case study packet (due on 12/6/02)** that will include samples of your work, including:

- Initial diagnostic impressions (with an explanation of how you determined this diagnosis) **(1 point).**
- A revised diagnosis (with an explanation of what led you to this revision, e.g. any dissention in the treatment team, inclusion of possible cultural influences on the choice of diagnosis – or, lack thereof) **(1 point).**
- Case summary (we will go over format in class – this should be concise, but sufficient to provide a clear picture of the client for your colleagues when you present the case in a “team meeting”) **(3 points).**
- Assessment of a “crisis,” e.g. is there a need for increased intensity in terms of level of care? What is the level of risk of self-harm, harm to others? What appropriate steps would you be ethically and legally required to perform under such circumstances? **(1 point).**
- Sample goal and objective(s) for treatment **(1 points).**
- A sample progress note, which meets reporting/auditing requirements of your “agency” **(2 points).**
- Your plan to engage the family (or an explanation of why this is not needed or possible) **(1 point).**
- Your plan to coordinate treatment with other agency or community-based services (or an explanation of why this is not needed or possible) **(1 point).**
- A 1-page summary detailing what aspects of the case requires additional self-education or research (e.g. utilizing journal articles, conferences, outside experts, agency contacts, etc.) in order for you to feel competent in providing effective treatment services to your client. This could include issues having to do with your client’s cultural/ethnic background; applying non-western/alternative healing approaches to treatment; investigating the most efficacious modalities of treatment for a particular mental disorder (e.g. cognitive-behavioral therapy versus psychodynamic therapy for depression); the problems of violence and mental illness; problems related to dual diagnoses; services for families and caregivers; availability or access to community-based services for the mentally-ill; the impact of insurance and managed care on service delivery; the challenges of working in multidisciplinary teams on client needs and services (e.g.
collaborating on treatments, including medications, psychotherapy, psychiatric emergencies; etc.) (4 points).

**Much of the above work may be completed during class time.** *NOTE:* Students who are absent during one of the clinical simulation exercises will not receive credit for that part of the case study packet (e.g. diagnosis, progress note, crisis intervention, etc.).

**A General Note About My Teaching Style and Grading Policies:**
I will adhere to the directive of the administration, which asks faculty to minimize grade inflation by using the following standards for grading:

A = Superior level of mastery of knowledge and skills related to a subject assigned, high level of creativity, superior level of writing and analytical skills.

B = Above-average and satisfactory completion of requirements for assignment, including knowledge and skills related to the subject assigned, above-average creativity, writing and analytical skills.

C or Below = Does not meet requirements for graduate-level work.

| 97-100 | A+ | 80-82 | B- |
| 93-96  | A  | 77-79 | C+ |
| 90-92  | A- | 73-76 | C  |
| 87-89  | B+ | 70-72 | C- |
| 83-86  | B  | <69  | D  |

Having said this, I welcome any questions or concerns you may have about my expectations for any of the assignments and will do my best to help you to achieve your goals in this course. What I ask of you is that you be proactive in seeking me out with questions and concerns, if you have them, well in advance of the due date of the assignments, so that I can help you to make sure that you are headed in the right direction. **Late assignments will be marked down a ½ grade for each day past the due date.** I am easily reached by e-mail (check every couple of days) or telephone (check daily). I also ask that you voice any concerns or feedback (positive or negative) in class so that we may collectively create a productive and enjoyable learning environment throughout the semester.
SW 698 Social Work in Mental Health: Class Schedule and Topics Outline

The chapters and articles listed are to be read by the date under which they are listed on the topics outline.

* Required Readings
+ Recommended Readings

Class 1  9/6/02  Introduction to class
Introduction to the course and expectations
Overview of the field of mental health practice
**Video:** Dialogues with Madwomen

Class 2  9/13/02  A Cultural Framework for Understanding Mental Illness and Working with the Mentally Ill
Guest Lecturer: Robert DeYoung, PhD, will discuss cultural competence and his experience in working with refugees in Chicago.
Small groups: clinical role-play

Castillo:  *Chpt. 1, “Why Culture?”
*Chpt. 2, “Culture and Clinical Reality”
*Chpt. 3, “Culture and Personality”


Coursepack:  **“Is It Schizophrenia, Spirit Possession, Or Both?”**

Class 3  9/20/02  Evaluation from a Social Work Perspective
Case study groups: assignment of “treatment teams,” initial contact with “clients”
The DSM-IV Multiaxial System
The Competency-based Assessment Model
Biopsychosocial Framework
Systems Theory
Cultural Sensitivity in Evaluation

Castillo:  *Chpt. 4, “Cultural Assessment”

Zide & Gray:  *Chpt.1, “An Introduction to the Competency-based Assessment Model”

Coursepack:  **“Race, Ethnicity, and Mental Illness”, Jeffrey S. Nevid & Rachel Goodman, Chpt. 3 in IBID.**

Class 4 9/27/02  **Recovery from a Consumer’s Perspective**
**Guest Lecturer:** Donna Orrin, President of Creative Connections (and author of pp. 138-144 in Spaniol text)
An introduction to person-centered-planning, treatment planning
**Case study groups**

Spaniol, et al.: Chpt. 6, “Self-Help”
Chpt. 8, “Advocacy and Empowerment”

Class 5 10/4/02  **Psychiatric Emergencies**
**Guest Lecturer:** John Kettley, ACSW, Social Work Supervisor, Psychiatric Emergency Services, University of Michigan Hospital
- Crisis intervention
- Suicide assessment
- Violence and mental health
- Mental health code criteria for involuntary commitment
**Case study groups**

Shea: *Chpt.8, “Exploring Suicidal and Homicidal Ideation” (see me for handout if you don’t have text)

Class 6 10/11/02  **Understanding Disorders of Mood**
An introduction to affective disorders (depression and bipolar Illnesses)
Differential treatments of depression – CBT, Rx, Psychodynamic (depression vs. “melancholia”)
Prevention
Gender and psychological variables
**Case study groups**

Castillo: *Chpt. 12, “Mood Disorders”
Spaniol et al.: *Chpt. 3, “Coping and Adaptation, pp. 228-239”
Zide & Gray: *Chpt. 4, “Mood Disorders”

Class 7 10/18/02 Schizophrenia and other Psychotic Disorders
Video: Interview with Frederick Frese, PhD, or Interactive experience of what it would be like to have hallucinations
Community-based Assertive Community Treatment programs

Castillo: *Chpt. 14, “Psychotic Disorders”

Spaniol, et al.: +Chpt. 2, The Experience of Recovery”
*Chpt. 3, “Coping and Adaptation, pp. 145-155”

Zide & Gray: *Chpt. 3, “Schizophrenia and Other Psychotic Disorders”


Class 8 10/25/02 Anxiety disorders

Guest Lecturer: Joseph Himle, PhD, UM Anxiety Disorders Program
Cognitive and behavioral therapies
Case study groups

Castillo: *Chpt. 10, “Anxiety Disorders”

Zide & Gray: *Chpt. 5, “Anxiety Disorders”

Class 9 11/1/02 Personality Disorders and Trauma

Etiology and trauma
Dialectical behavioral therapy (Marsha Linehan PhD) and it’s application to inpatient and outpatient settings
Video: Treating Borderline personality disorder


Zide & Gray: *Chpt. 9, “The Personality Disorders”

Class 10 11/8/02 Psychopharmacology: Uses and Meanings

Guest Lecturer: Ronald Albucher, MD, Assistant Chief, UM

Department of Psychiatry, Ann Arbor VA Hospital
Medications in the treatment of mental illness
Collaboration between non-MD psychotherapists and MDs medicating the client
Case study groups

Coursepack:  
* Chpt 1, “History and Overview of Social Work Roles in Medication Management,”  
*Chpt. 2, “Defining Effective Collaboration,”  

Class 11  11/15/02  Recovery: Costs and Benefits  
Guest Lecturer:  TBA  
Public mental health and managed care  
Managed Medicaid population and community mental health  
Reimbursement issues  
Prevention  
Case study groups  

*Chpt  2, “The Experience of Recovery”


Class 12  11/22/02  Families Coping With Mental Illness  
Guest Lecturers:  Rita Herman, ACSW and FEST (Family Education Support Training program)  
Case Presentations:  Treatment teams 1-2  


11/29/02  NO CLASS - THANKSGIVING HOLIDAY

Class 13  12/6/02  Evaluation of Course
        Case Presentations: Treatment teams 3-6
        Saying “goodbye” to our time together

        Castillo  *Chpt. 16, “Toward a Client-Centered Paradigm: A
                    Holistic Synthesis”
Selected Bibliography
SELECTED BIBLIOGRAPHY


*Journal of Chemical Dependency Treatment (Special Issue)*. (1992). Lesbians and gay men: Chemical dependency treatment issues. *Journal of Chemical Dependency Treatment, 5*(1).


