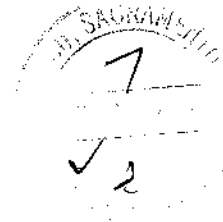




SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (College):</b> Health and Human Services	<b>Academic Organization (Department):</b> Division of Social Work	<b>Date:</b> 2/14/07
<b>Type of Course Proposal:</b> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion <input type="checkbox"/>	<b>Department Chair:</b> Robin Carter	<b>Submitted by:</b> Susan Taylor
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	<b>For Catalog Copy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> <b>CCE: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Semester Effective:</b> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> , 20_07__

<b>This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):</b>	
<b>This Catalog Number (course number) is being replaced:</b>	

**Change from:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b>	<b>Title:</b>	<b>Units:</b>
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b> SWRK 262	<b>Title:</b> Social Work Practice in Rehabilitation	<b>Units:</b> 3
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**JUSTIFICATION:**

This course provides the depth of specialized training that is part of an expectation of a social work mental health training contract that the Division of Social Work has entered into with the State Department of Mental Health. The course will be offered as an elective, and provides new content to the curriculum offerings of the Division.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acaf/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)

The course content reflects the current best practices of psychosocial rehabilitation, and pays particular attention to the nuances of those practice expectations within the context of the Mental Health Services Act of 2004. This course is a requirement for all students who are recipients of the mental health stipend in the Division of social work.	
<b>Note:</b>	
Prerequisite: admission to MHSA cohort	
Corequisite: none	
CAN (California Articulation Number):	
Graded: Letter <input checked="" type="checkbox"/> Credit/No Credit <input type="checkbox"/>	Instructor Approval Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Course Classification (e.g., lecture, lab, seminar, discussion): lecture	Title for SIS+/CMS (not more than 30 characters) Social Work Practice in Psychosocial Rehabilitation
Cross Listed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, do they meet together and fulfill the same requirement, and what is the other course.
How Many Times Can This Course be Taken for Credit? <u>  1  </u>	
Can the course be taken for Credit more than once during the same term? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: "Students will be able to: 1), 2), etc."  
See the example at <http://www.csus.edu/acaf/example.htm>

### **Course Objectives**

At the end of the course, students will be able to:

1. Demonstrate an understanding of the goals of psychosocial rehabilitation within the context of major theoretical orientations used in social work, including but not limited to narrative, family, feminist, social construction, and cognitive behavioral theoretical frames;
2. Demonstrate an understanding of the collaborative nature of the consumer (client) and practitioner in therapeutic and helping relationships within a recovery model orientation;
3. Demonstrate an understanding of the nature of consumer participation as staff, administration, and stakeholder advocates in program development and service delivery within a recovery-based programming orientation;
4. Understand the various clinical elements of the recovery path including quality of life focused services, illness management, person-centered case management and other rehabilitative techniques;
5. Demonstrate an understanding of mental health systems of care frameworks for children, youth, adults and older adults in the delivery of a recovery model orientation;
6. Demonstrate an understanding of the nature of the conflict between traditional medical model methods and orientations in mental health, contrasted with a recovery orientation which values "lived experience", considers the quality of life, values harm reduction, and treats the whole person not just the "diagnosis";
7. Demonstrate an understanding of best practice orientations which value a recovery orientation including consumer collaboration and empowerment in treatment options, integrated service delivery full partnerships, and quality of life outcome measurement,
8. Demonstrate an understanding of the place of psychopharmacology in recovery-based practice, in the nature of symptom and harm reduction;
9. Demonstrate an understanding of recovery-oriented programmatic challenges in working within specific laws and legislation which impede implementation of a recovery orientation of care;
10. Understand the place of Advanced Directives for Mental Health as a consumer empowerment tool toward recovery;
11. Demonstrate an understanding of the role of therapeutic orientations which use various activity therapies in recovery-oriented WRAP planning;
12. Demonstrate an understanding of the nature of spirituality and/or religion in recovery-based therapeutic interventions.
13. Demonstrate an understanding of evidence-based practice and its implementation in the mental health arena.

**\*\*Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

**Assessment Strategies:** A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

### **FINAL EXAM: (25% of final grade)**

The final exam will be comprehensive, covering key concepts and materials of the course. A study guide will be handed out two weeks prior to finals week which will guide students in their preparation.

**Paper #1: (30% of final grade)**

A case vignette will be given to students for analysis. This first exercise focuses on identifying and defining elements of recovery-oriented practice. Students should address the following areas:

1. Describe the presenting sets of issues using recovery-oriented language and principles;
2. Describe how you would develop a collaborative therapeutic relationship, and how this might be different in a non-recovery-oriented service delivery system;
3. Describe elements of the recovery plan you might suggest as helpful, and describe what a quality of life focused treatment plan might resemble (including but not limited to specific elements of harm reduction, integrated service delivery, and illness management), and identify possible quality of life outcome measures;
4. Describe how you would address issues of spirituality and/or religion in the treatment discussion;
5. Describe those areas which may be age and culture specific issues in treatment planning, and suggest possible avenues for positive intervention.

**Paper #2: (30% of final grade)**

A case vignette will be given to students for analysis. This exercise focuses on the use of recovery-oriented practice in relationship to diagnostic formulation using the DSM-IVTR, advanced directives for mental health, and the place of psychopharmacology in treatment planning. Students should address the following areas:

1. Using the DSM-IV TR, describe how you would come to a formulation of diagnosis, given the behaviors as indicated in the case vignette;
2. Describe how you would discuss with the individual seeking services this formulation of diagnosis and its place within a recovery-oriented practice perspective;
3. Describe how you would discuss the pros and cons of advanced directives as a possible addition to a treatment plan;
4. Describe how you might discuss the pros and cons of psychopharmacology in an overall discussion of symptom management and recovery.

**Paper #3: (15% of final grade)**

Using the WRAP instrumentation, complete the WRAP items using your lived experience as a baseline. As part of your discussion related to the use of the WRAP, describe those areas which lend themselves to evidence-based measurement. Students should turn in their completed WRAP as well as a discussion of the evidence-based elements in a separate attached document. This offers students the opportunity of exploring the benefits and challenges of engaging in the WRAP process, and assists them in understanding consumer/client questions in regard to the process. A grading matrix will be handed out which identifies how various aspects of the WRAP exercise will be weighted.

**For whom is this course being developed?**

Majors in the Dept \_\_\_ Majors of other Depts \_\_\_ Minors in the Dept \_\_\_ General Education \_\_\_ Other X special cohort

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes \_\_ No X

If yes, identify program(s): requirement for those graduate students in the MHSA cohort

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes \_\_\_ No X

If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). \_\_\_\_\_

***The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.***

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

**Signatures:**

**Date**

Department Chair:	<i>[Signature]</i>	3/22/07
College Dean or Associate Dean:	<i>[Signature]</i>	03/23/07
CPSP (for school personnel courses ONLY)		
Associate Vice President and Dean for Academic Programs	CONDITIONAL APPROVAL <i>4/11/07</i>	

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.

**California State University, Sacramento**  
**Division of Social Work**  
**Fall 2007**

**Social Work Practice in Psychosocial Rehabilitation**  
Course Units: 3

**Instructor:**  
**Office:**  
**Telephone:**  
**Office Hrs:**  
**email:**

**Course Description**

The psychiatric recovery orientation is steeped in thirty years of rehabilitation practice that seeks to empower and enhance the consumer's relationship to county and state mental health service delivery systems. This course will investigate the clinical, organizational, and policy elements of the psychiatric rehabilitation recovery model as it is implemented through the mandates associated with the California Mental Health Services Act of 2004.

This course can be taken concurrently with SWRK 204C and SWRK 223, and is a requirement for all members of the Mental Health Stipend Program cohort.

**Course Objectives**

At the end of the course, students will be able to:

1. Demonstrate an understanding of the goals of psychosocial rehabilitation within the context of major theoretical orientations used in social work, including but not limited to narrative, family, feminist, social construction, and cognitive behavioral theoretical frames;
2. Demonstrate an understanding of the collaborative nature of the consumer (client) and practitioner in therapeutic and helping relationships within a recovery model orientation;
3. Demonstrate an understanding of the nature of consumer participation as staff, administration, and stakeholder advocates in program development and service delivery within a recovery-based programming orientation;
4. Understand the various clinical elements of the recovery path including quality of life focused services, illness management, person-centered case management and other rehabilitative techniques;

5. Demonstrate an understanding of mental health systems of care frameworks for children, youth, adults and older adults in the delivery of a recovery model orientation;
6. Demonstrate an understanding of the nature of the conflict between traditional medical model methods and orientations in mental health, contrasted with a recovery orientation which values "lived experience", considers the quality of life, values harm reduction, and treats the whole person not just the "diagnosis";
7. Demonstrate an understanding of best practice orientations which value a recovery orientation including consumer collaboration and empowerment in treatment options, integrated service delivery full partnerships, and quality of life outcome measurement,
8. Demonstrate an understanding of the place of psychopharmacology in recovery-based practice, in the nature of symptom and harm reduction;
9. Demonstrate an understanding of recovery-oriented programmatic challenges in working within specific laws and legislation which impede implementation of a recovery orientation of care;
10. Understand the place of Advanced Directives for Mental Health as a consumer empowerment tool toward recovery;
11. Demonstrate an understanding of the role of therapeutic orientations which use various activity therapies in recovery-oriented WRAP planning;
12. Demonstrate an understanding of the nature of spirituality and/or religion in recovery-based therapeutic interventions.
13. Demonstrate an understanding of evidence-based practice and its implementation in the mental health arena.

### **Course Format**

Content will be presented through instructor and guest lecture, small and large group discussion, didactic interchange, as well as video/audio presentation and analysis. An integral part of the course includes on-site field training with staff and consumers of Turning Point, a Psychiatric Rehabilitation agency in the Sacramento area. The field experience is designed to engage students in discussion and analysis with leading members of the rehabilitation and recovery communities to allow full integration of classroom and field experience with the "recovery model."

### **Course Expectations**

To encourage a positive learning environment:

- Students should be on time for each class session; whether held in the field or at the University;
- Students should turn off beepers and cell phones during class; both at the University and in the field. If there is an urgent professional or personal need for either to be on, the student should put the device on vibrate and let the instructor know that he/she may be contacted. Responding to either device should be in the least disruptive manner possible, and be outside of the classroom/meeting area;
- Students should engage in civil and respectful discourse with one another, agency staff, consumers, guest speakers and the instructor. Should interpersonal difficulties arise, it is expected that the parties will work through their difficulties in an amicable manner;
- Students are committed to personal/professional growth and self-exploration; therefore, he/she actively engages in class discussions and learning activities;
- To the degree possible, students will have read all assigned material prior to each class session so as to enrich class discussion.

#### Attendance:

Students' interest, time, and commitment to the course, as well as personal/professional development is highly valued. As a matter of fairness and equity, anyone missing more than *two scheduled class sessions* will have their final grade reduced by one grade. Missing more than (5) five scheduled class sessions will result in being dropped from the course. Should the latter occur, this may affect the student's continuation in the MHSP cohort.

#### **Course Exams and Assignments**

##### FINAL EXAM: (25% of final grade)

The final exam will be comprehensive, covering key concepts and materials of the course. A study guide will be handed out two weeks prior to finals week which will guide students in their preparation.

##### Paper #1: (30% of final grade)

A case vignette will be given to students for analysis. This first exercise focuses on identifying and defining elements of recovery-oriented practice. Students should address the following areas:

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2. Describe how you would develop a collaborative therapeutic relationship, and how this might be different in a non-recovery-oriented service delivery system;

3. Describe elements of the recovery plan you might suggest as helpful, and describe what a quality of life focused treatment plan might resemble (including but not limited to specific elements of harm reduction, integrated service delivery, and illness management), and identify possible quality of life outcome measures;
4. Describe how you would address issues of spirituality and/or religion in the treatment discussion;
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**Paper #2: (30% of final grade)**

A case vignette will be given to students for analysis. This exercise focuses on the use of recovery-oriented practice in relationship to diagnostic formulation using the DSM IVTR, advanced directives for mental health, and the place of psychopharmacology in treatment planning. Students should address the following areas:

1. Using the DSM-IV TR, describe how you would come to a formulation of diagnosis, given the behaviors as indicated in the case vignette;
2. Describe how you would discuss with the individual seeking services this formulation of diagnosis and its place within a recovery-oriented practice perspective;
3. Describe how you would discuss the pros and cons of advanced directives as a possible addition to a treatment plan;
4. Describe how you might discuss the pros and cons of psychopharmacology in an overall discussion of symptom management and recovery.

**Paper #3: (15% of final grade)**

Using the WRAP instrumentation, complete the WRAP items using your lived experience as a baseline. As part of your discussion related to the use of the WRAP, describe those areas which lend themselves to evidence-based measurement. Students should turn in their completed WRAP as well as a discussion of the evidence-based elements in a separate attached document. This offers students the opportunity of exploring the benefits and challenges of engaging in the WRAP process, and assists them in understanding consumer/client questions in regard to the process. A grading matrix will be handed out which identifies how various aspects of the WRAP exercise will be weighted.

Students are expected to have completed assignments for the course by the scheduled due date. If special circumstances arise, the instructor may grant an extension for turning in

the assignment. This must be arranged prior to the date the assignment is due and be negotiated with the instructor. Should this situation occur, the student should provide several avenues through which he/she may be contacted (e.g., e-mail, home or work phone numbers, cell phone numbers) by the instructor, so as to make such arrangements for an extension. If a student needs help or has questions regarding the assignment, he/she is encouraged to contact the instructor during office hours or by e-mail.

It is an expectation of the Division of Social Work that written work should conform to the APA (5<sup>th</sup> edition) format unless otherwise noted by the instructor. Serious deficiencies in areas such as spelling, punctuation, sentence structure, and coherent organization may result in a lower grade. Students are encouraged to use the writing lab if writing problems emerge and talk with the instructor regarding ways to improve upon their written assignment.

Where appropriate, the following criteria are used to evaluate assignments:

- Effective use of knowledge: the integration of concepts, theories, models and information from readings, lectures, and class discussions is used in a way that demonstrates integration and understanding.
- The inclusion of personal points of view (when appropriate to the assignment) along with rationale, logic, and examples. Generalization of ideas, observations, concepts, and experiences are carefully supported with empirical data, conceptual work generated by authors, practitioners, or researchers
- Organization: thesis in introduction, smooth relationship between ideas and between paragraphs, and overall structure, integrative concluding section. Careful planning is evident in the organization.
- Clarity: understandability, good style and form. Central ideas are concrete and clear.
- Correct syntax, grammar, punctuation, and spelling. Sentences and paragraphs are clear, unified, and coherent.
- References in appropriate format (use of APA format).

Students are reminded to retain a duplicate copy of all their written assignments prior to submitting them to the instructor in the event of accidental loss or destruction.

University policy is very stringent with respect to **Plagiarism** (claiming the work of someone else as your own). Should students plagiarize written assignments, the instructor may assign an "F" for the course. Students may refer to the APA Manual (5<sup>th</sup> edition) pp. 349-350 and p. 395 for clarification on ways to avoid this error. Students are also encouraged to read both the Division student manual and University policies with respect to this academic standard.

### Incompletes

Incompletes are not given automatically. A grade of "Incomplete" may be assigned only in cases of illness, accident, or other occurrences clearly beyond the student's control. It is the student's responsibility to fulfill the University and/or Division policies and

procedures for negotiating and completing a grade of “incomplete.” Students who fail to complete the course assignment within the negotiated timeframe will automatically be assigned a grade of “F” for the course. This may jeopardize continuation in the MHSP cohort.

### **Course Grading Scale**

A = 95 -100 pts  
 A - = 92 - 04 pts  
 B+ = 90 - 91 pts  
 B = 85 – 88 pts  
 B- = 82 – 84 pts  
 C + = 79 – 81 pts  
 C = 75 – 78 pts  
 C - = 70 – 74 pts  
 F = 69 pts or less

### **ADA Provisions**

Students who have a documented learning disability or experience other reasons that might interfere with their ability to complete the class requirements, need to make an appointment and discuss this with the instructor. Students can obtain special accommodations for course materials, testing facilities, and equipment by contacting the Office of Disability Services (916) 278 – 6955. The instructor should be advised of the need for these accommodations so as to better assist the student with his/her learning needs. A copy of the documented disability should also be on file with the Coordinator of the MHSP.

### **Schedule of Class Meetings And Readings**

**Week 1:**     *Introduction to the course*  
                   *Beginning discussion “What does Recovery Mean?” Traditional view vs.*  
                   *Recovery Orientation*

#### *Required Readings:*

Carpenter, J. (2002) Mental Health Recovery Paradigm: Implications for Social Workers. *Health and Social Work* . 27 (2) p. 86 – 94.

Chamberlin, J. (1998) Confessions of a Non-Compliant Patient. *Journal of Psychosocial Nursing*, 36 ( 4), 49 – 52.

Chovill, I. (2005) Reflections on Schizophrenia, Learned Helplessness/Dependence, and Recovery. *Psychiatric Rehabilitation Journal*, 29 (1), 69 – 72.

- Deegan, P. (1996) Recovery as a Journey of the Heart. *Psychiatric Rehabilitation Journal*, 19 (3), 91 – 98.
- Deegan, P. (1997) Recovery and Empowerment for People with Psychiatric Disabilities. *Social Work in Health Care*, 25 (3), 11 – 24.
- Farkas, M. (1996) Recovery, Rehabilitation, Reintegration: Words vs. Meaning. *WAPR Bulletin*. 8 (4), 6 – 8
- Hensley, M. A. (2006) Why I am not a Mental Health Consumer. *Psychiatric Rehabilitation Journal*, 30 (1), 67 – 69.
- Jacobson, N. & Greenley, D. (2001) What is Recovery? A Conceptual Model and Explication. *Psychiatric Services*, 52 ( 4), 482- 485
- Lee, J.P. (2005) Hearing Voices and Seeing Pictures. *Psychiatric Rehabilitation Journal*. 29 (1), 73 – 76.
- Rogers, G., Chamberlin, J., Ellison, G., & Crean, J. (1997) A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services. *Psychiatric Services*, 48 (8), 1042-1047.
- Spaniol, G. & Gagne, G. (1997) Acceptance: Some Reflections. *Psychiatric Rehabilitation Journal*, 20 (3), 75-77.

**Week 2:**      *Legal and Ethical Issues in a Recovery Model*  
                   *Tarasoff and Ewing*  
                   *California Codes*  
                   *NASW Code of Ethics*

*Required Readings:*

*NASW Code of Ethics*

Carpenter, J. (2002) Outpatient Commitment for Adults with Psychiatric Disabilities: Examining the Underlying Assumptions. *Families in Society*, 83 (3), 293 – 301.

Chamberlin, J. (1998) Citizenship Rights and Psychiatric Disability. *Psychiatric Rehabilitation Journal*. 21 (4), 405 – 409.

*Ewing v. Goldstein*, 120 Cal. App. 4<sup>th</sup>, 807, 2004

*Ewing v. Northridge Hospital Medical Center*, 120 Cal. App., 4<sup>th</sup> 1289, 2004

*Tarasoff v Regents of U. of Ca.* 17 Cal. App. 3<sup>rd</sup>, 425, 1976

*California Code*

**Week 3:**     *Theoretical Perspectives and Their Usefulness for Recovery Model*

*Traditional Clinical Theory (biological, psychodynamic, eco-systems, narrative)*

*Focus on Biological Perspective and the Hegemony of Biologic Psychiatry in Mental Health Organizations*

*Required Readings:*

Anthony, W.A., Coehn, M. & Farkas, M. (1997) Assessing and Developing Readiness for Psychiatric Rehabilitation. *Psychiatric Services*, 48 (5,) 644 – 646.

Arben, P.D., (1996) Are Mental Illnesses Biologic Diseases? Some Public Policy Implications. *Health and Social Work*. 21 (1), 66 – 70.

Ball, J.S., Links, P.S., Strike, C., & Boydell, K.M. (2005) It's Overwhelming...Everything Seems to be Too Much: A Theory of Crisis for Individuals with Severe Persistent Mental Illness. *Psychiatric Rehabilitation Journal*, 29 (1), 10 – 17.

Birkman, J.C., Sperduto, J.S., Smith, R.C., & Gill, K.J. (2006) A Collaborative Rehabilitation Approach to the Improvement of Inpatient Treatment for Persons with a Psychiatric Disability. *Psychiatric Rehabilitation Journal*, 29 (3), 157 – 165.

Boydell, K.M., Gladstone, B.M., & Volpe, T. (2006) Understanding Help Seeking Delay in the Prodrome to First Episode Psychosis: A Secondary Analysis of the Perspectives of Young People. *Psychiatric Rehabilitation Journal*, 30 (1), 54 – 60.

Farkas, M. & Anthony, W.A. (2001) Overview of Psychiatric Rehabilitation Education: Concepts of Training and Skill Development. *Rehabilitation Education*. 15 (2), 119 – 132.

Hopkins, M. & Ramsunder, N. (2006) Which Factors Predict Case Management Services and How do these Services Relate to Client Outcomes? *Psychiatric Rehabilitation Journal*, 29 (3), 219 – 222.

Hutchinson, D. S., Skrinar, G.S., & Cross, C. (1999) The Role of Improved Physical Fitness in Rehabilitation and Recovery. *Psychiatric Rehabilitation Journal*, 22 (4), 355 – 359.

**Week 4:**     *The Recovery Model*  
                   *Organizational Settings and the Recovery Model*  
                   *Use of Self in Recovery Model*

*Required Readings:*

- Arthur, T.E., Reeves, I., Morgan, O., Cornelius, L.L., Booker, N.C., Brathwaite, J., Tufano, T. Allen, K., & Donato, I. (2005) Developing a Cultural Competence Assessment Tool for People in Recovery from Racial Ethnic and Cultural Backgrounds: The Journey, Challenges and Lessons Learned. *Psychiatric Rehabilitation Journal*, 28 (3) 243- 250.
- Chamberlin, J. (1997) A Working Definition of Empowerment. *Psychiatric Rehabilitation Journal*, 20 (4), 43 – 46.
- Jacobson, N and Greenley, J (2001) What is Recovery? A Conceptual Model and Explication. *Psychiatric Services*. 52 (4), 482 – 485.
- Lunt, A. (2004) The Implications for the Clinician of Adopting a Recovery Model: The role of Choice in Assertive Therapy. *Psychiatric Rehabilitation Journal*, 28 (1), 93 – 97.
- Reisner, A.D. (2005) The Common Factors, Empirically Validated Treatments, and Recovery Models of Therapeutic Change. *The Psychological Record*, 55 (3), 377 – 399.
- Ridgeway, P. (2001) Restorying Psychiatric Disability: Learning from First Person Recovery Narratives. *Psychiatric Rehabilitation Journal*, 24 (4), 335 – 343.

**Week 5**      *Use of Self in Psychosocial Rehabilitation Model**Required Readings:*

- McCabe, M & Priebe, J. (2004) The Therapeutic Relationship in the Treatment of Severe Mental Illness: A Review of Methods and Findings. *International Journal of Social Psychiatry*, 50 (2), 115 – 128.
- Ornstein, E. & Ganzer, C. (2005) Relational Social Work: A Model for the Future. *Families in Society: The Journal of Contemporary Social Services*, 565 – 2572.
- Russinova, Z. (1999) Providers' Hope-Inspiring Competence as a Factor Optimizing Psychiatric Rehabilitation Outcomes. *Journal of Rehabilitation*, 16 (4) p. 50 – 57.
- Sexton, L. (1999) Vicarious Traumatization of Counsellors and Effects on Their Workplaces. *British Journal of Guidance and Counselling*, 27 (3), 393 – 403.

**Week 6**                      *Turning Point*

*Continuation of Discussion of Therapeutic Alliance and Skillful Use of Self*

**Week 7**                    *Turning Point*  
*Meeting with practitioners continuing discussion of weeks 5 & 6*  
*Recovery Model vs. traditional psychiatric intervention*  
*Harm Reduction*

*Required Readings:*

*TBA/TP*

**Week 8:**                    *Turning Point*  
*Employment & Housing*

*Additional Readings:*

*TBA/TP*

*Required Readings:*

Anthony, W.A., Rogers, E.S., Cohen, M., & Davies, R.R. (1995) Relationships Between Psychiatric Symptomatology, Work Skills, and Future Vocational Performance. *Psychiatric Services, 46 (4)*, 353 – 358.

Anthony, W.A., Brown, M.A., Rogers, E.S., & Derringer, S. (1999) Brief Reports: A Supported Living/Supported Employment Program for Reducing the Number of People in Institutions. *Psychiatric Rehabilitation Journal, 2 (1)*, 57 – 61.

Becker, D.R., Drake, R.E., & Naughton, W.J. (2005) Supported Employment for People with Co-occurring Disorders. *Psychiatric Rehabilitation Journal, 28 (4)*, 332 – 338.

Diksa, E. & Rogers, E.S. (1996) Employer Concerns About Hiring Persons with Psychiatric Disability: Results of the Employer Attitude Questionnaire. *Rehabilitation Counseling Bulletin, 4 (1)*, 31 – 44.

Ellison, M.L., Russinova, Z., MacDonald-Wilson, K.L., & Lyass, A. (2003) Patterns and Correlates of Workplace Disclosure Among Professionals and Managers with Psychiatric Conditions. *Journal of Vocational Rehabilitation, 18*, 3 – 13.

Levy, M. (2004) Pathway to a Common Language: A Homeless Outreach Perspective. *Families in Society, 85 (3)*, 371 – 378.

MacDonald Wilson, K., Rogers, E.S., & Anthony, W.A. (2001) Unique Issues in Assessing Work Function Among Individuals with Psychiatric Disabilities. *Journal of Occupational Rehabilitation*, 11 (3), 217 – 232.

MacDonald-Wilson, K. L., Rogers, E.S., Masaro, J. M., Lyass, A., & Crean, T. (2002) An Investigation of Reasonable Workplace Accommodations for People with Psychiatric Disabilities: Quantitative Findings from a Multi-Site Study. *Community Mental Health Journal*. 38 (1), 35 – 50.

*Recommended Readings:*

Provencher, H.L., Gregg, R., Mead, S., & Mueser, K.T. (2002) The Role of Work in the Recovery of Persons with Psychiatric Disabilities. *Psychiatric Rehabilitation Journal*. 26 (2), 132 – 144.

Rogers, E.S., MacDonald-Wilson, K. Danley, K. Martin, R., & Anthony, W.A. (1997) A Process Analysis of Supported Employment Services for Persons with Serious Psychiatric Disability: Implications for Program Design. *Journal of Vocational Rehabilitation*, 8, 233 – 242.

Shern, D.L., Tsemberis, S., Anthony, W., Lovell, A.M., Richmond, L., Felton, C.J., Winarski, J., & Cohen, M. (2000) Serving Street-Dwelling Individuals with Psychiatric Disabilities: Outcomes of a Psychiatric Rehabilitation Clinical Trial. *American Journal of Public Health*. 90 (12), 1873- 1878.

Tryssenaar, J., & Hand, C. (2006) Small Business Employers' Views on Hiring Individuals with Mental Illness. *Psychiatric Rehabilitation Journal*, 29 (3), 166 – 173.

Waghorn, G., Chant, D., & King, R. (2005) Work-Related Self-Efficacy Among Community Residents with Psychiatric Disabilities. *Psychiatric Rehabilitation Journal*. 29 (2), 105 – 113.

**Week 9 :**                    *Turning Point*  
                                   *Symptom Management, Psychopharmacology, and health*

*Additional Readings:*

TBA/TP

*Required Readings:*

Fisher, D.B. (2003) People are More Important than Pills in Recovery from Mental Disorder. *Journal of Humanistic Psychology*. 43 (2), 65 – 68.

Russinova, Z. (2002) Use of Alternative Health Care Practices by Persons with Serious Mental Illness: Perceived Benefits. *American Journal of Public Health*, 92 (10), 1600 – 1603.

Richardson, C.R., Faulkner, G., McDevitt, J., Skinar, G.S., Hutchinson, D.S., & Piette, J.D. (2005) Integrating Physical Activity into Mental Health Services for Persons with Serious Mental Illness. *Psychiatric Services*, 56 (3), 324 – 331.

**Week 10:**     *Spirituality and Recovery*

*Required Readings:*

Corrigan, P., McCorkle, B., Schell, B. & Kidder, K. (2003) Religion and Spirituality in the Lives of People with Serious Mental Illness. *Community Mental Health Journal*, 39 (6), 487 – 499.

Longo, D. A. & Peterson, S. M. (2002) The Role of Spirituality in Psychosocial Rehabilitation. *Psychiatric Rehabilitation Journal*, 25 (4), 333 – 340.

Spaniol, L. (2002) Spirituality and Connectedness. *Psychiatric Rehabilitation Journal*. 25 (4), 321 – 322.

**Week 11**             *Family and Children's Issues Within a Recovery Framework*  
                               *The Effects of Mental Illness on Families and Children*  
                               *Family Therapy in this Context*  
                               *Guest Speaker: Turning Point staff*

*Required Readings:*

Hollingsworth, L.D. (2004) Child Custody Loss Among Women with Persistent Severe Mental Illness. *Social Work Research*. 28 (4), 199 – 209.

Pollio, D. E., North, C.S., Reid, D. L., Miletic, M. M. & McClendon, J.R. (2006) Living with Severe Mental Illness – What Families and Friends Must Know: Evaluation of a One-Day Psychoeducation Workshop. *Social Work*. 51 (1), 31- 38.

Sands, R.G., Koppelman, N. & Solomon, P. (2004) Maternal Custody Status and Living Arrangements of Children of Women with Severe Mental Illness. *Health and Social Work*. 29 (4), 317 – 324.

Spaniol, R., Zipple, A.M. & Lockwood, D. (1992) The Role of the Family in Psychiatric Rehabilitation. *Schizophrenia Bulletin*. 18 (3), 341 – 348.

**Week 12:**             *Children and Adolescent Mental Health*  
                               *Turning Point*

*Required Readings:*

TBA/TP

**Week 13:**            *Agency Development, Management, Funding, and Staff Development*

*Additional Readings:*  
TBA/TP

*Required Readings:*

Anthony, W.A. (2000) A Recovery-Oriented Service System: Setting Some System Level Standards. *Psychiatric Rehabilitation Journal*, 24 (2), 159 – 168.

Anthony, W.A., Cohen, M., Farkas, M. & Cohen, B.F. (2000) Clinical Care Update: The Chronically Mentally Ill Case Management – More Than a Response to a Dysfunctional System. *Community Mental Health Journal*. 36 (1), 97 – 106.

Becker, D.R., Torrey, W.C., Toscano, R. Wyzik, P.F. & Fox, T. (1998) Building Recovery-Oriented Services: Lessons From Implementing Individual Placement and Support (IPS) in Community Mental Health Services. *Psychiatric Rehabilitation Journal*. 22 (1), 51 – 54.

Bullock, W.A., Ensing, D.S., Alloy, V.E., & Weddle, C.C. (2000) Leadership Education: Evaluation of a Program to Promote Recovery in Persons with Psychiatric Disabilities. *Psychiatric Rehabilitation Journal*. 24 (1), 3 – 11.

Ellison, M.L., Russinova, Z., Massaro, J. & Lyass, A. (2005) People with Schizophrenia Employed as Professionals and Managers: Initial Evidence and Exploration." [www.bu.edu/cpr](http://www.bu.edu/cpr).

Farkas, M., Gagne, C., Anthony, W., & Chamberlin, J. (2005) Implementing Recovery Oriented Evidence Based Programs: Identifying the Critical Dimensions. *Community Mental Health Journal*, 41 (2), 141 – 158.

Torrey, W.C., & Wyzik, P. (2000) The Recovery Vision as a Service Improvement Guide for Community Mental Health Center Providers. *Community Mental Health Journal*. 36 (2), 209 – 216.

**Week 14**        *Debrief Course (students, staff/consumers of TP, invited guests)*  
Handouts