

**WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY
MSW PROGRAM**

EVIDENCE-BASED MENTAL HEALTH PRACTICE

SPRING 2026

SWK 6682

Instructor

Email

Phone

Office Hours:

COURSE DESCRIPTION

This course is aimed at developing the knowledge and skills necessary for working with individuals with a diagnosis of serious mental illness using recovery-oriented evidence-based practices. It is designed for MSW students and MSW mental health practitioners. Students will become familiar with evidence-based practice, within a recovery-oriented paradigm, as a general approach to practice as well as specific evidence-based interventions to use for individuals with a diagnosis of serious mental illness. It is assumed that students will have a basic knowledge of serious mental illness as a pre or co-requisite; however, a review will be provided. Students will learn to examine research literature to determine the various levels of support for specific interventions and essential principles for translating research into practice. In addition, they will identify the appropriate treatment outcomes that reflect effective, quality, mental health practice. Each evidence-based practice presented will also be examined for its utility with diverse groups. Providing assessment and treatment to a diverse group of individuals with a diagnosis of serious mental illness is the focus of this course and will be discussed in detail.

LEARNING OBJECTIVES

At the completion of this course students will be able to:

1. Critically review the research literature to determine the level of evidence that exists for practice (including distinguishing between evidence-based practice, best practices, and areas with emerging research knowledge).
2. Translate research, identified in the literature as demonstrating effective treatment outcomes; into practice principles for intervening for individuals with a diagnosis of serious mental illness (include the role and measurement of fidelity).
3. Describe strategies to evaluate and monitor client progress, over time, on treatment outcomes that are appropriate for specific interventions for individuals with a diagnosis of serious mental illness.
4. Demonstrate a working knowledge of the recovery paradigm as it relates to working with individuals with a diagnosis of serious mental illnesses.
5. Demonstrate an understanding of the value and importance of using self-help strategies with consumers of mental health services.
6. Describe the importance of using evidence-based practices with individuals with a diagnosis of serious mental illness.
7. Discuss for which type of clients the evidence base on a given practice exists.

8. Discuss principles for adapting interventions for use with diverse groups of clients.
9. Describe unique components of assessment and treatment planning that are relevant for each evidence-based practice, client trauma history, and coexisting substance abuse problems for people with serious mental illness.
10. Describe the role of social work values and ethics in evidence-based practice with individuals with a diagnosis of serious mental illness.
11. Describe principles of technology transfer for organizational change in mental health.

INSTRUCTIONAL METHODS

Learning will occur through a variety of asynchronous methods that include experiences instructor's lecture notes, class discussions through posts, and presentations from practicum experiences and class assignments. This class includes 37.5 contact hours. Students will be in class, asynchronously 2 hours each week for 14 weeks and will complete an additional 9.5 hours throughout the semester via 3 assignments.

COURSE EXPECTATIONS AND GRADING

Students are expected to attend all classes by logging in each week for at least 2 hours. Class participation is measured through weekly posts that respond to the Discussion questions and by at least 2 responses to class colleagues for each Discussion.

GRADING RUBRIC

Assignment	Grade %	Due Date
Assignment #1:	40%	7 th session
Assignment #2:	40%	14 th session
Completion of assigned readings, attendance, participation in class & Canvas assignments	20%	throughout

Rubric for Participation, Attendance, and Comportment (20%)

	Full Participation	Majority	Partial	Minimal
Class Participation	Contributes to class discussions by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the class's perspective, and appropriately challenging assumptions and perspectives	Attends class regularly and <i>sometimes contributes</i> to the discussion.	Attends class regularly but <i>rarely contributes</i> to the discussion.	Attends class regularly but <i>never contributes</i> to the discussion.
Attendance	Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed. Maintains online netiquette with camera on throughout class.	Minimal lateness; almost never misses a class; no unexcused absences. No deadlines missed.	Late to class semi-frequently, misses deadlines.	Late to class, unexcused absences, frequently misses deadlines
Comportment	Demonstrates excellence in communication and interpersonal skills and respect for the ideas of others and the learning environment; engages in reflective thinking; exemplifies empathy, honesty, and integrity; shows respect for diversity; demonstrates ethical conduct; and conducts oneself with a professional demeanor.	Occasionally exhibits excellence in comportment; is almost always respectful towards peers and the learning environment.	Recurring concerning comportment issues behaves in ways that are not always respectful of peers and the learning environment.	Consistent comportment concerns; is often disrespectful to peers and the learning environment.

Required Texts for the Course

There are no required texts for this course.

Recommended Texts

1. Drake, R. E., Merrens, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. W.W. Norton. ISBN: 0393704432. Retail price: \$65.00.
2. Miller, R. & Mason, S.E. (2011). *Diagnosis: Schizophrenia* (2nd ed.). Columbia University Press. ISBN: 9780231150415. Retail price: \$19.99.

COURSE REQUIREMENTS

ASSIGNMENTS

1. Students will choose a racial/ethnic group and using a client member of this group, conduct and report on research answering the question: What are the challenges faced by your client in accessing needed mental health services? A short paper, no longer than 6 pages including references will be turned in on the 7th class session. (*Learning Objectives*: 1-11).
2. Poster Session: Students will choose a specific intervention related to individuals with a diagnosis of serious mental illness and create a poster that summarizes the intervention; its goals, targets & desired outcomes; the nature of the evidence supporting the intervention; and what future research needs to focus on to enhance its level of empirical support, or to demonstrate it's effectiveness. Posters using Power-point will be presented to the class and reprints will be distributed to the class. Students will provide the instructor with a detailed description of the findings including references. All posters and detailed reports must be completed by the 14th class session. (*Learning Objectives*: 1-11).

THE OFFICE OF DISABILITIES SERVICES (ODS) collaborates with students, faculty, and staff to provide reasonable accommodations and services to students with disabilities. The purpose of reasonable academic accommodations is to assure that there is equal access to and the opportunity to benefit from your education at Wurzweiler. It is the student's responsibility to identify himself/herself to the Office of Disabilities Services (ODS) and to provide documentation of a disability.
<http://www.yu.edu/Student-Life/Resources-and-Services/Disability-Services/>

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations should make an appointment with the Office of Disability Services, Wilfods@yu.edu, during the first week of class. All procedures, responsibilities, and expectations will be reviewed during your appointment. The office is located in the Belz Building, suite 412. Once you have been approved for accommodations, please submit your accommodation letter and discuss any specifics with your instructor to ensure the successful implementation of your accommodations.

E-RESERVES

Access full text copies of most of the "on reserve" articles for a course from your computer. You will need Adobe Acrobat to use this service. Your professor will provide you with a password. The link for e-reserves is <http://yulib002.mc.yu.edu:2262/er.php>. Most of the articles in the curriculum are available on electronic reserve (E-reserves). You can access the full text articles from your home or from a university computer at no charge.

ACCESSING E-RESERVES

FROM CANVAS

1. Go to your class Canvas page.
2. Click the link "Library Resources & E-Reserves" (no password required)

FROM CAMPUS

1. If you wish to access e-reserves from the library home page (library.yu.edu),
2. Use "**wurzweiler**" all lower case, as the password.
3. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: gross@yu.edu or ereserves@yu.edu.

FROM OFF-CAMPUS

1. Go to the library's online resources page:
http://www.yu.edu/libraries/online_resources.asp
2. Click on E-RES; you will be prompted for your Off Campus Access Service login and password.
3. Use "wurzweiler" all lower case, as the password for all courses in all social work programs.
4. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: gross@yu.edu or ereserves@yu.edu.

USING E-RESERVES

1. Click on "Search E-RES" or on "Course Index," and search by instructor's name, department, course name, course number, document title, or document author.
2. Click on the link to your course.
3. When the article text or book record appears on the screen, you can print, email, or save it to disk. To view documents that are in PDF format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at www.adobe.com/products/acrobat/readstep2.html

PLAGIARISM

All written work submitted by students is to be their own. Ideas and concepts that are the work of others must be cited with proper attribution. The use of the written works of others that is submitted as one's own constitutes **plagiarism** and is a violation of academic standards. The School will not condone **plagiarism** in any form and will impose sanctions to acts of **plagiarism**. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original

thinking and writing. **Plagiarism** occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also **plagiarism** to use the ideas and/or work of another student and present them as your own. It is **NOT plagiarism** to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. If it is determined that a student has plagiarized any part of any assignment in a course, the student will automatically **FAIL** the course. The student also will be placed on Academic Probation and will be referred to the Associate Dean for any additional disciplinary action which may include expulsion. A student may not submit the same paper or an assignment from another class for credit. If students or faculty are concerned that written work is indeed plagiarized, they can use the following "plagiarism checker" websites, easily accessible, and generally free on Google:

www.grammarly.com/plagiarism_checker
www.dustball.com/cs/plagiarism.checker
www.plagtracker.com
www.plagium.com/
www.plagscan.com/seesources/
www.duplichecker.com/

As a Wurzweiler student, maintaining good standing in the program is dependent on developing and maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

HIPAA

In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be de-identified. What this means is that any information that would allow another to identify the person must be changed or eliminated. This includes obvious identifiers such as names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity or gender. If diagnosis, race/ethnicity or gender is directly related to the case presentation, it can be included if it will not allow for identification.

FERPA & OTHER UNIVERSITY POLICIES

Wurzweiler's policies and procedures are in compliance with FERPA regulations.

Information about FERPA regulations can be found [here](#).

Drug-Free University Policy can be found [here](#).

Policy Statement on Non-Discrimination, Anti-Harassment, and Complaint procedures can be found [here](#).

The University's Computer Guidelines can be found [here](#).

AI POLICY

The objective of this protocol is to define clear guidelines for the appropriate use of Artificial Intelligence (AI) tools and platforms, such as ChatGPT, at WSSW. These guidelines aim to preserve academic integrity, prevent plagiarism, and promote independent scholarly work while acknowledging the potential benefits of AI tools in enhancing research and learning. Though AI tools do offer some potential for enhancing the learning experience, these tools also present significant risks related to academic dishonesty, particularly plagiarism, and the undermining of critical thinking and originality in scholarly work. Students may use AI tools for the following purposes, provided these uses are in addition to their own creative efforts and they are not relying exclusively on AI:

(1) Research Assistance: ChatGPT and other similar tools should not replace primary research and initial literature searches. Tools such as ProQuest, PubMed, and Google Scholar should first be consulted. Students may use other AI tools to supplement an initial search into a topic, but only after academic databases, libraries, or other reputable scholarly sources are used and referenced. All sources derived from AI should be carefully checked as they are frequently incorrect.

(2) Language Support: AI can assist with language translation, grammar checks, and vocabulary. WSSW's Writing Consultants should be sought for any writing beyond these areas. Tools such as Grammarly may be used to assist in proofreading, but they should not be used in any way to generate ideas, arguments, or content for assignments.

The use of AI language models, such as ChatGPT, for the purposes listed above, are subject to strict adherence to certain conditions. The intent of this policy is to reinforce the importance that students develop and use critical thinking, writing skills, and originality. AI may be seen as a useful tool, but it should not replace the intellectual work that is central to academic growth.

The following actions are prohibited and will be considered academic misconduct:

(1) Content Generation: Students are prohibited from using AI platforms, including ChatGPT, to generate any content submitted as original work.

(2) Conceptualization and Analysis: Students may not use AI tools to develop original arguments, ideas, analysis, hypotheses, conclusions, or to structure, summarize, paraphrase, or contextualize content for assignments. The cognitive work of creating ideas, forming arguments, and critically engaging with course material must be entirely the student's own effort.

If you are in need of assistance in these areas, we advise using the Writing Consultants. The use of AI language models, such as ChatGPT will be checked by your professor to ensure that your work is your own. Turnitin and other plagiarism detection tools will be used to verify the originality of your work. Any submission that includes this content presented as the student's own work constitutes plagiarism (see WSSW Policy Manual). More specifically, any content created that is not your own qualifies as academic

misconduct and will be referred to the Student Review Committee for further action. The intent of this policy is to reinforce the importance that students develop and use critical thinking, writing skills, and originality. AI may be seen as a useful tool, but it should not replace the intellectual work that is central to academic and professional growth. If there are questions regarding the authenticity of your work, your professor will contact you.

The EBP Project website – includes the course syllabus, fidelity scales, class exercises, participating schools, and project faculty forms:

www.omh.state.ny.us/omhweb/adults/swebp/faculty

Additional Resources – Additional resources related to this course are posted on the Canvas Program

COURSE OUTLINE

1. Recovery Module Objective

Demonstrate a working knowledge of the recovery paradigm as it relates to working with individuals with a diagnosis of serious mental illnesses.

Topic Outline

- Defining mental health
- Overview and historical context of the Recovery Movement
- Recovery: conditions that promote and barriers that prevent
- Research findings

Required Readings: The instructor will select required reading from this group.

Manderscheid, R.W., Ryff, C.D., Freeman, E.J., McKnight-Eily, L.R., Dhingra, S., & Strine, T.W. (2010). Evolving definitions of mental illness and wellness. *Preventing Chronic Disease*, 7(1): A19. www.cdc.gov/pcd/issues/2010/jan/09_0124.htm

Palumbo, D. & Galderisi, S. (2020). Controversial issues in current definitions of mental health. *Archives of Psychiatry and Psychotherapy* 9, 7-11. doi: 10.2740/APP/118064.

Pernice, F.M., Biegel, D.E., Kim, J-Y., Conrad-Garrisi, D. (2017). The mediating role of mattering to others in recovery and stigma. *Psychiatric Rehabilitation Journal*, 40(4), 395-404. doi: 10.1037/prj0000269.

President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Executive Summary. DGGS Pub. No. SMA-03-3831. Rockville, MD.
<https://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/ExecSummary.pdf>

van Weeghel, J., van Zelst, C., Boertien, D. & Hasson-Ohayon, H. (2019). Conceptualizations, assessments, and implications of personal recovery in mental

illness: A scoping review of systematic reviews and meta-analyses. *Psychiatric Rehabilitation Journal*, 42 (2), 169-181.

Recommended Readings

- Deegan, P. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehab Journal*, 11(4), 11–19.
- Drake, R.E., & Whitley, R. (2014). Recovery and severe mental illness: Description and analysis. *The Canadian Journal of Psychiatry*, 59(5), 236-242.
- Horsfall, D., Paton, J., & Carrington, A. (2018). Experiencing recovery: Findings from a qualitative study into mental illness, self and place. *Journal of Mental Health*, 27(4), 307–313. <https://doi.org/10.1080/09638237.2017.1385736>
- Jacob KS. (2015). Recovery model of mental illness: A complementary approach to psychiatric care. *Indian Journal of Psychological Medicine*, 37(2):117-119. doi:10.4103/0253-7176.155605
- Jahn, D.R., Leith, J., Muralidharan, A., Brown, C. H., Drapalski, A.L., Hack, S., & Lucksted, A. (2020). The influence of experiences of stigma on recovery: Mediating roles of internalized stigma, self-esteem, and self-efficacy. *Psychiatric Rehabilitation Journal*, 43(2), 97–105. <https://doi-org.ezproxy.roberts.edu/10.1037/prj0000377>
- Miller, R., Davidson, L., Tondora, J., Slade, M. (2014). Module 1: What is mental health recovery and how does it relate to person-centered care planning? In *Partnering for Recovery in Mental Health* (pp. 1–22). John Wiley & Sons, Ltd.
- Ostrow, L., & Adams, N. (2012). Recovery in the USA: From politics to peer support. *International Review of Psychiatry*, 24(1), 70–78. <https://doi.org/10.3109/09540261.2012.659659>
- Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S., & Whitley, R. (2014). Uses and abuses of recovery: Implementing recovery-oriented practices in mental health systems. *World Psychiatry*, 13(1), 12–20. <https://doi.org/10.1002/wps.20084>
- Young, S., Schactman, L., & Snyder, M. (2014). Early report on the effectiveness of a recovery model oriented therapeutic community for individuals with complex and persistent recovery challenges. *Psychiatric Quarterly*, 85(3), 329-343.
- Webb, M., Charbonneau, A.M., McCann, R.A. & Gayle, K.R. (2011). Struggling and enduring with God, religious support, and recovery from severe mental illness. *Journal of Clinical Psychology*, 67(12), 1161-1176. DOI: 10.1002/jclp.20838

Web Resources and Articles

Podcasts

- UB SSW Podcast – Episode 254: Christopher Larrison, Ph.D.
How the Use of Apps Helps People with Mental Illness Forge Relationships and Develop Social Networks
<https://www.insocialwork.org/episode.asp?ep=254>
- PSYCHIATRIC SERVICES FROM PAGES TO PRACTICE PODCAST
31: Pat Deegan on the Journey to Use Medication Optimally to Support Recovery (Jan 17, 2020)
<https://pagestopractice.libsyn.com/website/31-pat-deegan-on-the-journey-to-use-medication-optimally-to-support-recovery>

Videos

- Voices of Recovery: Pat Deegan (6 min). <https://youtu.be/yawIKbOvHHo>
- Pat Deegan: "Recovery: Awaken the Healer Within" (62 min).
Keynote Address March 2, 2017. Mental Health Services of Renfrew County
Conference on *"Living with Mental Illness: Powerful Strategies for Recovery"*.
<https://youtu.be/ZPkE6dKPbgc>

Websites

- SMI Advisor: A clinical support system for serious mental illness
<https://smiadvisor.org/about/serious-mental-illness>
- International Society for Psychological and Social approaches to Psychosis (ISPS).
What is Recovery?
<http://www.isps.org/index.php/learning-resources/learning-resources/2015-11-09-12-02-59/item/435>
- National Institute of Mental Health – Mental Health Information (definitions and prevalence)
<https://www.nimh.nih.gov/health/statistics/mental-illness>

CPI Resources

CPI Modules

Recovery and Person-centered Care

CPI Videos

Dual Recovery

Anna - Drawing the Path to Recovery

CPI Certificate Programs

Foundational Concepts: Recovery, Cultural Competence, and Trauma-Informed Care

2. Person-Centered Practice

Module Objectives

Define and operationalize the key concepts of person-centered practices

Topic Outline

- Person-Centered Practices embody a capacity view of the person. The focus is on discovering the person's attributes, capacities, preferences, and support needs, from their perspective
- Collaborative planning involves the person, family, natural supports, and treatment providers so that all care and resources are aligned to the person's goals. Every opportunity is taken to promote the primacy of personal decision making
- Core Values of person-centered work (adapted from Michael Kendrick)
 - A commitment to know and to deeply seek to understand the individual
 - A conscious resolve to be of genuine service
 - Openness to being guided by the person
 - Willingness to struggle for difficult goals
 - Willingness to stand by values that enhance the humanity and dignity of the person
 - Flexibility, creativity, and openness to trying what might be possible, including innovation, experimentation, and unconventional solutions
 - To look for the good in people and help bring it out
- Valued social roles and community inclusion. Promoting choice, community presence, valued social roles, and connection for all people
- Deeply seeking to know each person outside of their diagnosis or label. Discovering what is important to the person and important for the person in order to live in the way they would like to
- Providers understand that the person's history and personal experience within the system of care are key variables in how help is perceived and utilized
- Barriers to participation in services are anticipated and services are individualized to respond to personal desires and barriers
- Providers work with the person to identify and navigate barriers, accepting that risk is necessary for individuals to learn and grow. Providers resist the temptation to step in in order to avert risk (and only do this in very rare cases involving imminent risk to self/other). Rather, assistance may be requested or accepted when the person perceives that obstacles are in the way or when she cannot continue without the involvement of others
- Rather than operating from a deficit-based model in which the goal is to eliminate or decrease pathology the person-centered model focuses on:
 - Building capacity and skills
 - Reducing costs of difficulties, improving quality of life despite difficulties
 - Supporting people to examine all relevant information and to come to their own conclusions
- Integrating person-centered and evidence-based principles; shared decision making is a given in person-centered work.

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform.

- Q1. Please watch video Person Centered Practices co-produced by the Washington State Department of Social & Health Services, The Administration for Community Living and No Wrong Door. (September 14, 2020). The video is 6.02 minutes in length and available at the following URL:
<https://www.youtube.com/watch?v=EdtK9hztd1M>
 - This video presents 7 elements of person-centered practices and suggests questions for discussion. After watching the video, please go back and apply the suggested questions for each of the elements to your own life. Please reflect on this video and exercise. How do the elements and questions presented in this video assist you in approaching your practice using person-centered practices?
- Q2. Please watch Person–Centered Thinking: An Introduction (August 4, 2017) produced by the Institute on Community Integration by the University of Minnesota (6 minutes). This video provides examples of the impact of person-centered thinking in the lives of individuals living with mental illness
<https://www.youtube.com/watch?v=NLPVxO13KeU>. Please identify two examples from the video of how person-centered thinking empowered decision-making.
- Q3. “Put simply, the goal of recovery is not to treat mental illnesses, but to help people with mental illnesses to have better lives. Recovery based services are built on consumer strengths leading to resilience, rather than the clinical mastery of the professional treating the consumer’s deficits.” Mark Ragins, MD uses this quote to demonstrate how the priority changes when we adopt a recovery-focused practice. In order to practice in this way, what would you have to pay less attention to? More attention to?
- Q4. We have reviewed several ways to establish trust and partnership with people. Please list two ways that we have discussed to reduce us vs. them, to reduce paternalism, and to connect as a human being and not strictly in the “helper” role.
- Q5. A pothole is an area where people might stumble and fall. As we discussed in class, we often go to length to ‘help’ the person avoid this area of struggle. Why is it necessary to not steer people away from struggles, failures, and risks as you support them in the process of recovery?

Required Readings: The instructor will select required reading from this group.

- Dulmus, C.N., & Nisbet, B.C. (2013). *Person-centered recovery planner for adults with serious mental illness*. ProQuest Ebook Central <https://ebookcentral.proquest.com>
- Kirmayer, L.J., Benneagadi, R., Kastrup M.C. (2016) Cultural awareness and responsiveness in person-centered psychiatry. In J. Mezzich, M. Botbol, G. Christodoulou, C. Cloninger, & I. Salloum (Eds.), *Person Centered Psychiatry*. Springer. https://doi-org.brockport.idm.oclc.org/10.1007/978-3-319-39724-5_7
- Tondora, J., Miller, R., Slade, M., Davidson, L., & Davidson, D. L. (2014). *Partnering for recovery in mental health: A practical guide to person-centered planning*. ProQuest Ebook Central <https://ebookcentral.proquest.com>

Recommended Readings

- Brodley, B. T. (2019). A Client-centered psychotherapy practice. *The Person-Centered Journal*, 24(1-2), 60-85. Presentation at the Third International Forum on the Person-Centered Approach. LaJolia, CA, August 7-14, 1987.
- Canady, V.A. (2019). NYS Self-Directed Care Pilot promotes person-centered focus toward recovery. *Mental Health Weekly*, 29(46), 1–3.
- Dunstan, D., & Anderson, D. (2018). Applying strengths model principles to build a rural community-based mental health support service and achieve recovery outcomes. *Rural and Remote Health*, 18(1), 3708–3708. <https://doi.org/10.22605/RRH3708>
- Santana, M.J., Manalili, K., Jolley, R.J., Zelinsky, S., Quan, H., & Lu, M. (2018). How to practice person-centered care: A conceptual framework. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*, 21(2), 429–440. <https://doi.org/10.1111/hex.12640>
- Elwyn, G., Dehlendorf, C., Epstein, R.M., Marrin, K., White, J. & Frosch, D. L. (2014). Shared decision making and motivational interviewing: Achieving patient-centered care across the spectrum of health care problems. *Annals of Family Medicine*, 12, 270-275.

Web Resources and Articles

- Kunc, N. (2006). A Credo for Support. <http://www.youtube.com/watch?v=SKCwDF-Srl>

CPI Resources

CPI Modules

Recovery and Person-centered Care,
ACT: Person-Centered Treatment Planning in Assertive Community Treatment

Core Competencies

Person-Centered Planning
ACT: Person-Centered Treatment Planning in Assertive Community Treatment

CPI Videos

Person-Centered Plan of Care

CPI Certificate Programs

Engagement and Person-centered Planning

3. EBPs and Evaluating Evidence

Module Objective

After completing this module, students will be able to:

- Describe the historical underpinnings of evidence-based practice in social work
- Define evidence-based practice including steps
- Discuss the importance of evidence-based practice including practice implications and ethical considerations
- Critically consider the challenges and controversies of evidence-based practice
- Summarize how to locate, assess, and evaluate evidence to inform evidence-based practice decisions

Topic Outline

Evidence-Based Practice

- Historical underpinnings
 - Evidence-based practice evolution
 - Evidence-based medicine to evidence-based practice
 - Evidence-based practice in social work
- Definition of evidence-based practice
 - Classic definition
 - Comprehensive definition
- Visual model of evidence-based practice
- Steps in evidence-based practice
- Utility of evidence-based practice
- Ethical obligation for evidence-based practice in social work
 - 4.01 Competence
 - 5.02 Evaluation and Research
- Challenges and controversies of evidence-based practice
- Process versus practice
 - Evidence-based practice process versus evidence-based practices
 - Research-informed practice and practice-informed research

Evaluating the Evidence

- Evidence search process
- Locating the best available evidence
- Evidence search tips
- Assessing the quality of best available evidence
 - Source credibility
 - Scientific credibility
- Hierarchy of evidence

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform.

- **Ethical Obligation** – The purpose of this class exercise is to explore the ethical obligations associated with evidence-based practice. Students will be divided into small groups (three to four students). Each group will review the National Association of Social Workers (NASW) *Code of Ethics* (2017;

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>).

In reviewing the Code and each subsection, students will be asked to identify what section(s), if any, relate to evidence-based practice. Large group discussion follows on what subsection(s) were identified and how evidence-based practice promotes ethical practice in social work.

- **TED Talk** – The entire class listens to the TED talk by Ben Goldacre entitled, “Battling Bad Science” (https://www.ted.com/talks/ben_goldacre_battling_bad_science). After listening to the TED talk, the class discusses the salient points including relevancy to evidence-based practice and evaluating the evidence.

Required Readings: The instructor will select required reading from this group.

Drisko, J.W., & Grady, M.D. (2015). Evidence-based practice in social work: A contemporary perspective. *Clinical Social Work Journal*, 43(3), 274-282.
doi:10.1007/s10615-015-0548-z

Mullen, E.J., Bledsoe, S.E., & Bellamy, J.L. (2008). Implementing evidence-based social work practice. *Research on Social Work Practice*, 18(4), 325-338.
doi:10.1177/1049731506297827

Wike, T.L., Bledsoe, S.E., Manuel, J.I., Despard, M., Johnson, L.V., Bellamy, J.L., & Killian-Farrell, C. (2014). Evidence-based practice in social work: Challenges and opportunities for clinicians and organizations. *Clinical Social Work Journal*, 42, 161-170. doi:10.1007/s10615-014-0492-3

Recommended Readings

Grinnell, R.M., & Unrau, R.A. (2018). *Social work research and evaluation: Foundations of evidence-based practice* (11th edition). Oxford University Press, Inc.

Okpych, N.J., & Yu, J.L-H. (2014). A historical analysis of evidence-based practice in social work: The unfinished journey toward an empirically grounded profession. *Social Service Review*, 88(1), 3-58.

Rubin, A. (2012). *Practitioner's guide to using research for evidence-based practice* (2nd edition). John Wiley & Sons, Inc.

Resources: Instructions for this section are on the Canvas Platform

PowerPoint Slide Lectures

Rouland, R. S. (2021). Introduction to Evidence-Based Practice and Evaluating Evidence. (Available as electronic attachment)

4. The Psychiatric Rehabilitation Approach

Module Objective

This module examines how Psychiatric Rehabilitation has evolved to assist and empower people on the way to recovery from severe mental illness. Interventions of this evidence-based practice have been shown to promote recovery and skills for independence. The overall goal of Psychiatric Rehabilitation is to restore the consumer's ability to live independently with a positive sense of self brought about the choosing and attainment of the person's valued life roles.

Module Goals

- To provide students with an understanding of Psychiatric Rehabilitation and its connection with evidence-based practice
- To provide an overview of the mission and the processes of Psychiatric Rehabilitation
- To review interventions that promote consumer recovery and enhance functioning in their valued life roles

Topic Outline

- Define Psychiatric Rehabilitation and its role in promoting recovery for individuals diagnosed with serious mental illness
- Historical Context of the Psychiatric Rehabilitation approach
- The evidence base for PR and Skills building
- Psychiatric Rehabilitation approach versus medical model of treatment
 - Diagnosis-Planning-Intervention (DPI) process of Psychiatric Rehabilitation
- Principles of Multicultural Psychiatric Rehabilitation Services (see Resources)
- PROS (Personalized Recovery Oriented Services) programs: an example of a recovery oriented Mental Health program model developed in New York State that incorporates the Psychiatric Rehabilitation approach

Required Readings: The instructor will select required reading from this group.

Anthony, W., & Farkas, M. (2009). *A primer on the psychiatric rehabilitation process*. Boston University Press. Available as PDF download online.

Psychiatric Rehabilitation Association. (n.d.) Principles of Multicultural Psychiatric Rehabilitation Services. *Psychiatric Rehabilitation Association/Psychiatric Rehabilitation Foundation*. <https://www.psychrehabassociation.org/>

Lyman, D., et al. (2014). Skill building: Assessing the Evidence. *Psychiatry Online*, 65(6), 727-738.

Salzer, M. (2021). Community inclusion and social determinants: From opportunity to health. *Psychiatric Services*, 72, 7.

White, C., et al. (2017). Effects of the Personalized Recovery Oriented Services (PROS) Program on hospitalizations. *Psychiatric Quarterly*, 2. doi: 10.1007/s11126-017-9531-x.

Recommended Readings

- Anthony, W., & Farkas, M. (2009). Psychiatric rehabilitation interventions: A review. *International Review of Psychiatry*, 22(2), 114-129.
- Stromwall, L.K., & Hurdle, D. (2003). Psychiatric rehabilitation: An empowerment-based approach to mental health services. *Health & Social Work*, 28, 206-213.
- Rössler, W. (2006). Psychiatric rehabilitation today: An overview. *World Psychology*, 5, 3.
- Swarbrick, M., & Brice, G. (2006). Sharing the message of hope, wellness and recovery with consumers and staff at psychiatric hospitals. *American Journal of Psychiatric Rehabilitation*, 9, 101-109.

Web Resources and Articles: Instructions for this section are on the Canvas Platform.

Center for Psychiatric Rehabilitation at Boston University:

Resources - The Resources section is a compilation of newsletters, books, articles, fact sheets, webinars, and collections of resources released by the Center for administrators, researchers, family members, and individuals with lived experience.

URL: <https://cpr.bu.edu/resources>

Links to Recovery and Rehabilitation Resources - links to organizations and online resources in recovery, mental health and rehabilitation.

URL: <https://cpr.bu.edu/resources/links>

Psychiatric Rehabilitation Association Knowledge Center and Resources:

URL: <https://www.psychrehabassociation.org/knowledge-center>

URL: <https://www.psychrehabassociation.org/knowledge-center/resources>

Principles of Multicultural Psychiatric Rehabilitation Services:

PRA recognizes the striking disparities in mental health care found for cultural, racial, and ethnic minorities in the United States, and endorses these ten principles as the foundation for providing effective multicultural psychiatric rehabilitation services.

URL: <https://www.psychrehabassociation.org/principles-multicultural-psychiatric-rehabilitation-services>

PRA Certified Psychiatric Rehabilitation Practitioner 2014 CPRP Exam Reference List. Great listing of additional readings and resources.

https://www.psychrehabassociation.org/sites/default/files/2014_CPRP_Recommended_Reading_List.pdf

Marianne Farkas' Recovery Oriented Psychiatric Rehabilitation PowerPoint Slide presentations (Set of 5) from the NYAPRS 2017 Rehabilitation and Recovery conference in Albany, NY.

The topics are:

1. Introduction to PSR Thinking
2. Partnership
3. Choosing a Valued Life Role
4. Assessing Skills and Resources
5. Technology of Skill Building

CPI Resources

CPI Modules

Rehabilitation and Recovery including HCBS

Psychosocial Rehabilitation

Social Skills Training

5. Diversity, Inclusion, and Anti-oppressive Practice in MH

Module Objective

The general objectives of this module are for students to:

1. Understand the apply knowledge of the three phases of the role of institutional racism and mental health.
2. Understand how the process of adaption of intervention.
3. Understand the biocultural approach to psychiatric illness.

Topic Outline

- Biocultural approach to psychiatric illnesses
- Institutional racism and mental illness
- Cultural adaption of mental health interventions

Required Readings: The instructor will select required readings from this group.

Cosgrove, L., & Herrawi, F. (2021). Beware of equating increased access to mental health services with health equity: The need for clinical and epistemic humility in psychology. *The Humanistic Psychologist*. <https://doi.org/10.1037/hum0000227>

Nazroo, J.Y., Bhui, K.S., & Rhodes, J. (2020). Where next for understanding race/ethnic inequalities in severe mental illness?: Structural, interpersonal and institutional racism. *Sociology of Health and Illness*, 42(2), 262-276. <https://doi.org/10.1111/1467-9566.13001>

Shattuck, E.C. (2019). A biocultural approach to psychiatric illnesses. *Psychopharmacology*, 236(10), 2923-2936. <https://doi.org/10.1007/s00213-019-5178-7>

Sorenson, C., & Harrell, S. P. (2021). Development and testing of the 4-Domain Cultural Adaptation Model (CAM4). *Professional Psychology: Research and Practice*, 52(3), 250-259. <https://doi.org/10.1037/pro0000370>

Splan, E.D., Magerman, A.B., & Forbes, C.E. (2021). Associations of regional racial attitudes with chronic illness in the United States. *Social Science & Medicine*, 281, 114077. <https://doi.org/10.1016/j.socscimed.2021.114077>

Recommended Readings

Corneau, S., & Stergiopoulos, V. (2012, Apr). More than being against it: Anti-racism and anti-oppression in mental health services. *International Journal of Forensic Mental Health*, 49(2), 261-282. <https://doi.org/10.1177/1363461512441594>

Daass-Iraqi, S., Mashiach-Eizenberg, M., Garber-Epstein, P., & Roe, D. (2020). Impact of a culturally adapted version of illness management and recovery on Israeli Arabs with serious mental illness. *Psychiatric Services*, 71(9), 951-954. <https://doi.org/10.1176/appi.ps.201900424>

CPI Resources

CPI Modules

Cultural Competence

Working with Special Groups: Understanding Intellectual Developmental Disorder

Foundational Concepts: Recovery, Cultural Competence, and Trauma-Informed Care

Using the Cultural Formulation Interview (CFI),
LGBT Module 1: LGBT 101,
LGBT Module 2: Identity Development,
LGBT Module 3: Affirmative Health for LGBT Individual Experiencing Psychosis.
Working with Special Groups: Understanding Intellectual Developmental Disorder
ACT Community Safety

CPI Certificate Programs

LBGTQ Issues

Foundational Concepts: Recovery, Cultural Competence, and Trauma-Informed Care

Other Resources: Instructions for this section are on the Canvas Platform.

- Building Trust with Communities of Color
 - https://ssir.org/articles/entry/building_trust_with_communities_of_color
- Improving Cultural Competency for Behavioral Health Professionals
 - <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
- Cultural and Structural Competence: Mental Health Equity
 - <https://mhctcnetwork.org/sites/default/files/2020-04/FINAL%20Cultural%20and%20Structural%20Competence.pdf>
- EBP 101: Toward a Better Understanding of EBTs, Evidence-Based Practice, and Alternative Approaches
 - <https://www.youtube.com/watch?v=ZJfYmV8ql8U>
- Mental Health Disparities Among Racial and Ethnic Minorities
 - <https://www.apa.org/pi/disability/resources/mental-health-disparities>
- Why Health Equity Matters in Prevention - Part 1
 - <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/webinar-why-health-equity-matters-prevention-part-1>
- Why Health Equity Matters in Prevention - Part 2
 - <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/webinar-why-health-equity-matters-prevention-part-2>

6. Assertive Community Treatment (ACT)

Module Objective

Demonstrate a working knowledge of the Assertive Community Treatment (ACT) program as it relates to working with individuals with a diagnosis of serious mental illnesses.

Topic Outline

- Overview of ACT framework and principles
- Historical context and current trends
- Policy and funding implications
- Evidence supporting ACT as a treatment program for individuals with SMI

Class Exercises and Assignments : Instructions for this section are on the Canvas Platform

See Rosenberg, J. & Rosenberg, S. (2013). *Community mental health: Challenges for the 21st century*. Routledge Press. p. 210 for suggested Discussion Questions and for a Group Project suggestion involving the film *Hospital Without Walls*.

Suggested Assignments

- Field visit to an ACT team meeting or accompany an ACT team member on a field visit.
- Have students access the Cochrane Database for the most recent RCT evidence on ACT.

Required Readings: The instructor will select required readings from this group.

Burns, T. (2010). The rise and fall of assertive community treatment? *International Review of Psychiatry*, 22(2): 130-137.

Drucker, M., Laan, W., Dreef, F., et al., (2014). Can assertive community treatment remedy patients dropping out of treatment due to fragmented services? *Community Mental Health Journal*, 50(4), 454-459. PMID: 24178633

Razali, S. & Hashim, M. (2015). Modified Assertive Community Treatment: Effectiveness on hospitalization and length of stay. *Community Mental Health Journal*, 51(2), 171-174. PMID: 25056686

Resources: Instructions for this section are on the Canvas Platform

Videos

- Burns, B.J., (Executive Producer), Swartz, M.S. (Executive Producer), & Harron, B. (Producer & Director). (1994). *Hospital Without Walls* [Motion Picture]. Durham, NC: Division of Social and Community Psychiatry, Department of Psychiatry, Duke University Medical Center. Available through OMH/Dean's Consortium EBP Project Audio-Visual Repository at SUNY Buffalo/UBCC.
- KING5. (2021, January 27). [How assertive community treatment programs help people experiencing homelessness](#)
- RACSB. (2020, August 05). Program of Assertive Community Treatment. [Program of Assertive Community Treatment](#)

CD-ROM

- SAMHSA Evidence Based Practice Kit: Assertive Community Treatment (ACT) CD-ROM. US Department of Health and Human Services Administration, Center for Mental Health Services www.samhsa.gov
 - Contains PowerPoints, articles about the history and evidence, training materials and other resources.
 - Available through OMH/UACC upon request.

CPI Resources***CPI Modules***

Assertive Community Treatment (ACT): An evidence-based model of community intervention

ACT: Promoting Recovery through a Mobile, Team-Based Approach

ACT: Engaging Consumers in Assertive Community Treatment

ACT: Person-Centered Treatment Planning in Assertive Community Treatment

ACT: Peer Specialists: ACT and Beyond

ACT: Transition Curriculum

7. Integrated Treatment for Co-Occurring Disorders

Module Objective

Demonstrate a working knowledge of integrated dual disorder treatment for individuals with a diagnosis of serious mental illnesses.

Topic Outline

- Understanding stigma associated with addiction and co-occurring disorders
- Understanding substance use disorders and changes in the DSM-V
- Screening and assessment tools in the public domain
- Cultural consideration in co-occurring disorders and integrated treatment
- Effective approaches/challenges in providing integrated dual disorder treatment
- Developing an integrated recovery plan
- Organizational context of implementing and providing integrated dual disorder treatment

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform

- Case Study: Fishbowl Class Activity
- Use of the Dual Diagnosis Capability in Addiction Treatment (DDCAT) instrument to assess organizational capacity. DDCAT Toolkit can be found at:
<https://case.edu/socialwork/centerforebp/resources/dual-diagnosis-capability-addiction-treatment-ddcat-toolkit>

Related assignments

- Using the New York State Clinical Records Initiative (NYSCRI) forms students will complete a comprehensive assessment, substance use assessment, and mental status addendum.
 - (Forms, manual and additional information about NYSCRI can be found at:
<https://www.omh.ny.gov/omhweb/nyscri/>

Required Readings: The instructor will select required readings from this group.

- Bonham, C.A., Sommerfeld, D., Willging, C., & Aarons, G. (2014). Organizational factors influencing implementation of evidence-based practices for integrated treatment in behavioral health agencies. *Psychiatry Journal*. 10.1155/2014/802983.
- Carvajal, S.C., & Young, R.S. (2009). Culturally-based substance abuse treatment for American Indians/Alaskan Natives and Latinos. *Journal of Ethnicity in Substance Abuse*, 8(3), 207-222. DOI: 10.80/15332640903110427.
- Kikkert, M., Goudriaan, A., de Waal, M., Peena, J., & Dekker, J. (2018). Effectiveness of integrated dual diagnosis treatment (IDDT) in severe mental illness outpatients with a co-occurring substance use disorder. *Journal of Substance Use Treatment*, 95, 35-42.
- Peters, R.H., Young, M.S., Rojas, E.C., & Gorey, C.M. (2017). Evidence-based treatment and supervision practices for co-occurring mental and substance use

disorders in the criminal justice system. *The American Journal of Drug and Alcohol Abuse*, 43(4), 475-488.

Recommended Readings

Mueser, K.T., Noordsy, D.L., Drake, R.E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. Guilford Press.

Resources: Instructions for this section are on the Canvas Platform

- Substance Abuse Treatment for Persons with Co-Occurring Disorders (SAMSHA) TIP 42
- Frontline Documentary: Chasing Heroin (available online - free)
- HBO Documentary: Heroin Cape Cod (available with HBO access)

Web Resources and Articles

IDDT Dartmouth and Hazeldon Evidence-Based Resources:

<https://www.bhevolution.org/public/index.page>

IDDT Case Western Reserve University Center for Evidence-Based Practices:

<https://case.edu/socialwork/centerforebp/practices/substance-abuse-mental-illness/integrated-dual-disorder-treatment>

IDDT Poster: Stages of Change and Treatment:

<https://easacommunity.org/Toolkit/IDDT%20Poster.pdf>

IDDT Stagewise Medication Management:

<https://case.edu/socialwork/centerforebp/sites/case.edu.centerforebp/files/2021-03/iddtmedicationmanagement.pdf>

CPI Resources

CPI Modules

Addiction and Substance Abuse

Approach to Individuals with Substance Use and Co-Morbid Psychiatric Conditions

Principles for Building Program Capacity in Co-occurring Disorders Treatment

Screening, Intervention and Referral to Treatment (SBIRT)

Focus on Integrated Treatment (FIT) (in FIT training Modules 1-39).

If not requiring all 39 modules of FIT, then these are suggested:

- FIT: Screening for Substance Use Disorders in Mental Health Treatment Settings ©2020
- FIT: Screening for Mental Health Disorders in Addiction Treatment Settings ©2020
- FIT: Integrated Assessment for Co-Occurring Substance Use and Mental Health Disorders ©2020
- FIT: Stages of Change and Stages of Treatment ©2020
- FIT: Stage-Wise Group Treatment: Motivation Groups ©2020
- FIT: Stage-Wise Group Treatment: Active Treatment Groups ©2020
- FIT Module 36: Practitioner Tools for Treating Tobacco Dependence

- FIT Module 37: Understanding the Use of Medications to Treat Tobacco Dependence
- FIT Module 38: Implementing Tobacco Dependence Treatment
- FIT Module 39: Co-Occurring Disorders in Adolescents Screening, Intervention and Referral to Treatment (SBIRT)

CPI Videos

Dual Recovery

Corey 3: When I Wanted to Get Sober

Tina 1: Clearing My Mind

William 1: Managing My Recovery

Thomas: Integrated Treatment Helped Me

Becoming Tobacco Free

Dual Recovery Action Plan

Becoming Tobacco Free

UNDERSTANDING MENTAL HEALTH ISSUES: Substance Use Stages of Change

CPI Certificate Programs

Screening, Assessment and Diagnosis of Mental Health and Substance Use Disorders

Integrated Mental Health Mental Health/Addictions Treatment Training (IMHATT)

8. Wellness Self-Management

Module Objective

- Demonstrate a working knowledge of Wellness Self-Management as it relates to working with individuals with a diagnosis of serious mental illnesses.
- Gain familiarity with tools and skills that are a part of Mary Ellen Copeland's Wellness Action Recovery Planning (WRAP) and its applications.

Topic Outline

- EBPs in the areas of wellness self-management
- WRAP" Mary Ellen Copeland's "Wellness Recovery Action Planning"

Class Exercises and Assignments

- Students review what is a WRAP plan, and complete their own
- CPI Module "Introduction to Wellness Self-Management"

Required and Recommended Readings: The instructor will select required reading from this group

Wellness Self-Management PLUS Workbook. (Can be downloaded from the Center for Practice Innovations website).

Recommended Readings

Cook, J.A., Jonikas, J.A., Hamilton, M.M., Goldrick, V., Steigman, P.J., Grey, D., Copeland, M.E. (2012). Impact of wellness recovery action planning on service utilization and need in a randomized controlled trial. *Psychiatric Rehabilitation Journal* 36(4), 250–257. doi: 10.1037/prj0000028.

Fukui, S., Starnino, V.R., Susana, M., Davidson, L.J., Cook, K., Rapp, C.A., & Gowdy, E.A. (2011). Effect of Wellness Recovery Action Plan (WRAP) participation on psychiatric symptoms, sense of hope, and recovery. *Psychiatric Rehabilitation Journal*, 34(3), 214–222.

IMR Practitioner Manual and Workbook

IMR Practitioner Manual and Workbook

Simple-Wellness-Recovery-Action-Plan-PDF-Download

Resources: Instructions for this section are on the Canvas Platform

Copeland, M.E. WRAP Wellness Action Recovery Plan. Peach Press. ISBN: 978-0-9795560-6-7.

CPI Resources

**See above in Class Exercises and Assignments*

CPI Modules

Introduction to Wellness Self-Management

Wellness Self-Management

CPI Videos

Symptom Management Ryan 2: Turning Point

Sherri 2: You Are Worth It

Melissa 2: Dealing with Paranoia

Tina 4: Managing My Anger

William 2: Knowing What It's Like

9. Family and Shared Decision Making

Module Objective

- Demonstrate a working knowledge of shared decision making as it relates to both those with illness and with the potential involvement of families in the context of the recovery paradigm and anti-oppressive practice
- Demonstrate a working knowledge of the various approaches to working with families in the context of evidence-based practice, with attention to cultural context and diversity

Topic Outline

- Overview and definition of shared decision making
- Strategies and implications for shared decision making for those with illness
- Strategies and implications for various approaches to working with families
- Family to family programs
- Family psychoeducation
- Ethical, policy and funding implications
- Contextual challenges, specifically relating to culture, diversity and anti-oppressive practice
- Shared decision making as it relates to strategies for recovery
- Instructions for this section are on the Canvas Platform

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform

- Suggest planning an in-class role play between social worker and individual with illness regarding either a) general issues related to care planning and shared decision making and/or b) possible family involvement in care (for part b. see article by Dixon et al, 2014, cited below), and c) consider how the role play might vary depending on culture, race, ethnicity and gender of both practitioner and person with illness and their family

Required Readings: The instructor will select required reading from this group.

- Huang, C., Plummer, V., Lam, L., & Cross, W. (2020). Perceptions of shared decision-making in severe mental illness: An integrative review. *Journal of Psychiatric and Mental Health Nursing*, 27(2), 103–127. <https://doi.org/10.1111/jpm.12558>
- Jolles, M.P., Richmond, J., Thomas, K. (2019). Minority patient preferences, barriers, and facilitators for shared decision-making with health care providers in the USA: A systematic review. *Patient Education and Counseling*, 102(7), 1251-1262. <https://doi.org/10.1016/j.pec.2019.02.003>.
- Maura, J., & Weisman de Mamani, A. (2018). The feasibility of a culturally informed group therapy for patients with schizophrenia and their family members. *Psychotherapy*, 55(1), 27–38. <https://doi.org/10.1037/pst0000109>
- McFarlane W.R. (2016). Family interventions for schizophrenia and the psychoses: A review. *Family Process*, 55(3), 460–482. <https://doi.org/10.1111/famp.12235>

Verma, P.K., Walia, T.S., Chaudhury, S., & Srivastava, S. (2019). Family psychoeducation with caregivers of schizophrenia patients: Impact on perceived quality of life. *Industrial Psychiatry Journal*, 28(1), 19–23.
https://doi.org/10.4103/ipj.ipj_2_19

Recommended Readings

Fukui, S., Matthias, M.S., & Salyers, M.P. (2015). Core domains of shared decision-making during psychiatric visits: Scientific and preference-based discussions. *Administration and Policy in Mental Health*, 42(1), 40–46.
<https://doi.org/10.1007/s10488-014-0539-3>

Kung W.W. (2016). Culture- and immigration-related stress faced by Chinese American families with a patient having schizophrenia. *Journal of Marital and Family Therapy*, 42(3), 409–422. <https://doi.org/10.1111/jmft.12145>

Morgan, A.J., Reavley, N.J., Ross, A., Too, L.S., & Jorm, A.F. (2018). Interventions to reduce stigma towards people with severe mental illness: Systematic review and meta-analysis. *Journal of Psychiatric Research*, 103, 120–133.
<https://doi.org/10.1016/j.jpsychires.2018.05.017>

Oluwoye, O., Kriegel, L., Alcover, K.C., Compton, M.T., Cabassa, L.J., & McDonell, M.G. (2020). The impact of early family contact on quality of life among non-Hispanic Blacks and Whites in the RAISE-ETP trial. *Schizophrenia Research*, 216, 523–525.
<https://doi.org/10.1016/j.schres.2019.12.004>

Stacey, G., Felton, A., Morgan, A., Stickley, T., Willis, M., Diamond, B., Houghton, P., Johnson, B. & Dumenya, J. (2016) A critical narrative analysis of shared decision-making in acute inpatient mental health care. *Journal of Interprofessional Care*, 309(1), 35-41. DOI: [10.3109/13561820.2015.1064878](https://doi.org/10.3109/13561820.2015.1064878)

Weisman de Mamani, A., Weintraub, M.J., Gurak, K., & Maura, J. (2014). A randomized clinical trial to test the efficacy of a family-focused, culturally informed therapy for schizophrenia. *Journal of Family Psychology: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 28(6), 800–810. <https://doi.org/10.1037/fam0000021>

Resources

Shared Decision-Making in Mental Health Care: Practice, Research, and Future Directions. HHS Publication No. SMA-09-4371. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010. (online publication) <https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4371.pdf>

Web Resources and Articles

“Pat Deegan on Emancipatory Technologies”
<http://www.youtube.com/watch?v=lwdohhabCNQ>

“Recovery from Mental Disorders: A Lecture by Patricia Deegan”
<http://www.youtube.com/watch?v=jhK-7DkWaKE>

CPI Resources

CPI Modules

The Importance of Families
Shared Decision Making (SDM)
Working with Families

CPI Videos

Barbara 1: When My Son Became Ill
Linda 1: Finding Supports: A Parent's Story
Barbara 2: Understanding My Son's Illness
Linda 2: Advice from a Parent
Ryan 3: Finding Inspiration: The Power of Peer Support
Patrick 1: Reconnecting with Friends
SDM: Introduction
SDM: Chapter 1-What is Shared Decision Making?
SDM: Chapter 2- Shared Decision Making in Behavioral Health
SDM: Chapter 3- Why SDM with Young People
SDM: Chapter 4- Decision Aids
SDM: Chapter 5- Doing Shared Decision Making
SDM: Chapter 6- You are Part of the Team
Barbara 1: When My Son Became Ill
Linda 1: Finding Supports: A Parent's Story
Barbara 2: Understanding My Son's Illness
Linda 2: Advice from a Parent Page 5
Ryan 3: Finding Inspiration: The Power of Peer Support Page 5
Patrick 1: Reconnecting with Friends Page 5

CPI Certificate Programs

Working with Families
ACT Webinar: Shared Decision Making for People with Mental Illnesses (Bob Drake, 05-29-2012)
ACT Webinar Slides: Patient-Centered Care and Shared Decision Making

10. First Episode Psychosis and Intervention Strategies

Module Objective

To provide an overview of strategies for working with individuals and groups for early intervention in schizophrenia and other primary psychotic disorders. Treatment models, both psychosocial and medication-based are described providing evidence of improved clinical, social, and occupational functioning with early intervention. The focus is on a humanistic approach that views individuals with schizophrenia-like psychoses as having talents, assets, and challenges beyond the context of the disorder.

Topic Outline

- Review the Recovery After an Initial Schizophrenia Episode (RAISE) research projects that provide the evidence base for early intervention services for schizophrenia and other primary psychotic disorders in the US
- Go over the definition and components of coordinated specialty care (CSC) as outlined by NIMH and SAMHSA
- Review the historical and policy context of CSCs in the US
- Read about the initial outcomes from OnTrackNY, a large-scale implementation of CSCs, in New York State

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform.

The class will break into groups and discuss their experiences working with clients with schizophrenia and other psychoses. The Instructions for this section are on the Canvas Platform groups will present their collective responses to the class.

Required Readings: The instructor will select required reading from this group

Miller, R., & Mason, S.E. (2011). *Diagnosis: Schizophrenia*. Columbia University Press. (Chapter 2, pp 19-28.)

Addington, J., Piskulic, D., & Marshall, C. (2010). Psychosocial treatments for schizophrenia. *Current Directions in Psychological Science*, 19(4), 260–263. <https://doi.org/10.1177/0963721410377743>

Miller, R., & Mason, S.E. (2004). Cognitive enhancement therapy: A treatment strategy for first-episode patients. *Bulletin of the Menninger Clinic*, 68(3), 213-230.

Friedman, B., & Lichtenberg, P. (2015). Editorial: Contemporary psychosocial Interventions for psychosis. *The Israel Journal of Psychiatry and Related Sciences*, 52(2), 78-80.

Ramsay, C., et al. (2011). Life and treatment goals of individuals hospitalized for first-episode nonaffective psychosis. *Psychiatry Research*, 189, 344-348.

Recommended Readings

Miller, R., & Mason, S.E. (2011). *Diagnosis: Schizophrenia*. Columbia University Press. (Chapters 3-4, 6, 8, 10-11.)

Miller, R., & Mason, S.E. (1999). Phase-specific psychosocial interventions for first episode schizophrenia. *Bulletin of the Menninger Clinic*, 63(4), 499-519.

Mueser, K.T., Deavers, F., Penn, D.L., & Cassisi, J.E. (2013). Psychosocial treatments for schizophrenia. *The Annual Review of Clinical Psychology*.

<http://clinpsy.annualreviews.org>

Saksa, J.R., Cohen, S.J., Srihari, V.H., & Woods, S.W. (2009) Cognitive behavior therapy for early psychosis: A comprehensive review of individual vs. group treatment studies. *International Journal of Group Psychotherapy*, 59:3, 357-383, DOI: 10.1521/ijgp.2009.59.3.357. <https://doi.org/10.1521/ijgp.2009.59.3.357>

Resources:

PowerPoint Slide Lecture

Lee, R. OnTrack NY: Early Intervention for first episode psychosis in New York.

A Power-Point presentation that addresses many of the available resources for working with individuals and their families with first episode schizophrenia and other psychoses. (Available as electronic attachment)

Web Resources and Articles

Recovery after Initial Schizophrenia Episode (RAISE) – NIMH Webpage.

Coordinated Specialty Care

<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/>

NAMI National Alliance on Mental Illness

<https://www.nami.org/Home>

CPI Resources

CPI Modules

First Episode Psychosis

Introduction to First Episode Psychosis: Pat Deegan's Story

Early Intervention for First Episode Psychosis

Spirit of OnTrack

Shared Decision Making

Engaging Clients around Substance Use

Initial Engagement in OnTrack Services

Substance Use Evaluation

Team Meeting

Skills Building in Session

Family Engagement

CPI Videos

Sebastian - Finding Harmony through Music

Skittles - Laying the Foundation for Recovery

"D" - Learning to Prioritize Your Mental Health

Anna - Drawing the Path to Recovery

Ambar - Looking to the Future

11. Motivational Interviewing

Module Objective

Motivational interviewing (MI) and training is an evidence-based treatment that focuses on an individual's ambivalence to change by active listening and action-based communication.

Topic Outline

- Define MI as a counseling style and the empirical based evidence that's supports the intervention
- Define the 4 principles of MI
- Modes of Communication in MI: OARS Open-ended questions
- Demonstrate skill with SMI and other special populations
- Demonstrate at least 2 methods to elicit change talk

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform

- Role plays: Basics skill set and scenarios of SMI and special corresponding populations (i.e., homeless, runaway, substance users)
- Fishbowl Exercise
- Utilization of worksheets and in-between session MI worksheets and journaling

Required Readings: The instructor will select required reading from this group.

De Almeida Neto, A.C. (2017). Understanding motivational interviewing: An evolutionary perspective. *Evolutionary Psychological Science*, 3(4), 379–389.

Keeley, R.D., Brody, D.S., Engel, M., Burke, B.L., Nordstrom, K., Moralez, E., Dickinson, L.M., & Emsermann, C. (2016). Motivational Interviewing improves depression outcome in primary care: A cluster randomized trial. *Journal of Consulting & Clinical Psychology*, 84(11), 993–1007.

Miller, R., & Rollnick, S. (2009). Ten things that Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37(2).

Moyers, T.B., Miller, W.R., & Hendrickson, S.M.L. (2005). How does motivational interviewing work? Therapist interpersonal skill predicts client involvement within motivational interviewing sessions. *Journal of Consulting and Clinical Psychology*, 73(4), 590-598.

Walker, D.D., Jaffe, A.E., Pierce, A.R., Walton, T.O., & Kaysen, D.L. (2020). Discussing substance use with clients during the COVID-19 pandemic: A motivational interviewing approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S115–S117.

Recommended Readings

Gutierrez, D., Foxx, S.P., & Kondili, E. (2018). Investigating the effectiveness of a Motivational Interviewing group on academic motivation. *Journal of School Counseling*, 16(14), 1–25.

Miller, W.R., & Moyers, T.B. (2017). Motivational interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757–766.

Pinheiro, M., Cunha, O., & Gonçalves, R. A. (2020). Emotions, affections, and psychopathy among female prisoners. *International Journal of Offender Therapy and Comparative Criminology*, 64(6–7), 708–729.

Treasure, J. (2004). Motivational interviewing. *Advances in Psychiatric Treatment*, 10, 331-337.

Resources

PowerPoint Slide Lecture

Brot, S. (2021) Motivational Interview (MI) Training. (Available as electronic attachment)

Web Resources and Articles

Videos

Motivational Interviewing – Good Example - Alan Lyme: <https://youtu.be/67l6g1l7Zao>

Increasing Importance in Motivational Interviewing with Cathy Cole:

<https://youtu.be/EvLquWI8agc>

Worksheets

<http://allhomekc.org/wp-content/uploads/2018/01/Selected-MI-Practice-Activities-Tools.pdf>

CPI Resources

CPI Modules

Using Motivational Interviewing to Engage and Work with Members

Motivational Interviewing- Core Competency

FIT: Motivational Interviewing: Engaging ©2020

FIT: Motivational Interviewing: Focusing: The Strategic Direction ©2020

FIT: Motivational Interviewing: Evoking: Preparation for Change Part 1: Change Talk ©2020

FIT: Motivational Interviewing: Evoking: Preparation for Change Part 2: Sustain Talk and Discord ©2020

FIT: Motivational Interviewing: Evoking Hope and Confidence©2020

FIT: Motivational Interviewing: Planning: The Bridge to Change ©2020

CPI Videos

Pat: Motivational Interviewing Helps People

Saara: Motivational Interviewing and Harm Reduction

CPI Certificate Programs

Motivational Interviewing

12. Cognitive Based Approaches

Module Objective

Demonstrate a working knowledge of the cognitive approaches recommended for treatment with individuals with a diagnosis of serious mental illnesses.

Topic Outline

- Overview of Cognitive Approaches
 - Review of Cognitive Theory and Cognitive Behavioral Theory
 - Historical context
 - Review of CBT Models commonly used for MH treatment:
 - Beck
 - DBT
 - Cognitive remediation
- Evidence for use of Cognitive Approaches for people diagnosed with SMI
 - Schizophrenia
 - Psychosis
 - Co-occurring Disorders
 - Depression and Anxiety Disorders

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform

CBT Exercise: Have class review the handout: “15 Styles of Distorted Thinking” which identifies common cognitive distortions (available as an electronic attachment).

Normalizing cognitive distortion: Ask them to identify any of these that they have either experienced themselves or have examples of someone else experiencing.

Challenges: Have them or someone else take a shot at reframing or restating the examples in the positive (as counter thoughts).

[Can also be done in small groups or dyads/triads.]

Required Readings: The instructor will select required reading from this group.

Kuyken, W., & Beck, A.T., (2007). Chapter 2: Cognitive therapy. In C. Freeman & M. Power (Eds.), *Handbook of evidence-based psychotherapies: A guide for research and practice* (pp.15-39). John Wiley and Sons, Ltd.

Emmelkamp, P.M.G., Vedel, E., & Kamphuis, J.H. (2007) Chapter 4: Behaviour therapy. In C. Freeman & M. Power (Eds.), *Handbook of evidence-based psychotherapies: A guide for research and practice* (pp.15-39). John Wiley and Sons, Ltd.

Dimeff, L., & Koerner, K. (2007). Chapter 1: An overview of dialectical behavior therapy (DBT). In L. Dimeff & K. Koerner (Eds.), *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. Guilford Press.

Galletly, C., & Rigby, A. (2013). An overview of cognitive remediation therapy for people with severe mental illness. *ISRN Rehabilitation*. p.1-6.

Recommended Readings

- Ahmed, A.O. (2020). Cognitive remediation for schizophrenia. *Focus*, 18(4), 436–439. <https://doi.org/10.1176/appi.focus.20200035>
- Curtiss, J.E., et al. (2021). Cognitive-behavioral treatments for anxiety and stress-related disorders. *Focus*, 18(2), 184-189. <https://doi.org/10.1176/appi.focus.20200045>
- Eack, S.M. (2012). Cognitive remediation: A new generation of psychosocial interventions for people with schizophrenia. *Social Work*, 57(3), 235-246. DOI: 10.1093/sw/sws008.
- Medalia, A., Beck, A.T., & Grant, P.M. (2019). Cognitive therapies for psychosis: Advances and challenges. *Schizophrenia Research*, 203, 1-2.
- Turner, D.T., Van der Gaag, M., Karyotaki, E., & Cuijpers, P. (2014). Psychological interventions for psychosis: A meta-analysis of comparative outcome studies. *American Journal of Psychiatry*, 171, 523–538.

Resources

New York State Office of Mental Health (2002) Dealing with Cognitive Dysfunction Associated with Psychiatric Disabilities. Available online at the following URL: https://omh.ny.gov/omhweb/cogdys_manual/cogdysnadbk.pdf
(Available as electronic attachment)

Center for Practice Innovations (CPI) website: Archived Webinar – Practitioner Skills and Competencies

Use same steps as above to login and go to FIT Training page. Select “[Watch an archived webinar or webinar series](#).” Select “CBT” under “Practitioner Skills and Competencies.”

Scroll down to “Cognitive-Behavioral Therapy (CBT): The Functional Analysis Webinar Series for Practitioners” – this has a Curriculum icon for of stacked books to the left.

Web Resources and Articles

What is DBT? URL: <http://behavioraltech.org/resources/whatisdbt.cfm>

Intervoice: URL: <http://www.intervoiceonline.org/> is the website of an “international community for voice hearing.”

Recovery from “Schizophrenia” at URL: <http://recoveryfromschizophrenia.org> is a blog by Ron Unger, a Clinical Social Worker with lived experience. He posts information he comes across: thoughts, theories, whatever. Subjects might include the nature of psychosis, why alternatives to relying on medications are needed, and specific psychosocial alternatives like cognitive therapy.

Webpage of specific handouts on CBT for Psychosis handouts - URL: <http://recoveryfromschizophrenia.org/cbt-for-psychosis-trauma-psychosis-handouts/>

PowerPoint Slide Lectures

Medalia, A., & Ehrlich, M. (2016). Improving Cognitive Health to Promote Recovery presented in the NYSOMH Statewide Grand Rounds.

Smyth, N.J. (2004). Core Principles of Cognitive Behavior Therapy.

Smyth, N.J. (2004?) Untitled – Lecture on Behavior Therapy.
(All available as electronic attachments)

Books

Living with Voices: 50 stories of recovery edited by M. Romme, S. Escher, J. Dillon, D. Corstens, & M. Morris.

“This book demonstrates that it is entirely possible to overcome problems with hearing voices and to take back control of one’s life. It shows a path to recovery by addressing the main problems voice hearers describe – the threats, the feelings of powerlessness, the anxiety of being mad – and helps them to find their way back to their emotions and spirituality and to realizing their dreams.” Many of those who recovered did so outside the mental health system, often networking together with other voice hearers to develop new perspectives and approaches, including the novel notion of engaging the voices with love instead of rejection

CPI Resources

CPI Modules

Cognitive Health Basics

Behavioral Activation

Recovery-oriented Cognitive Therapy (CT-R)

Cognitive Behavioral Therapy: Overview, Tools, and Interventions

CPI Certificate Programs

Psychotherapy

13. Suicide Prevention

Module Objective

The objectives of this module are to:

- Provide students with an understanding of the scope and prevalence of suicide, with special attention paid to high-risk subgroups: black, gender and sexuality minority youth, young adults, and adults
- Present an overview of leading evidence-based practices for suicide prevention and validated screening tools
- Stimulate meaningful inquiry into the limits and knowledge gaps of current best practices for suicide prevention

Topic Outline

- Impact Analysis (Prevalence Data)
 - General population: Adults
 - Black youth and adults
 - Sexuality minority youth
 - Gender minority youth
- Problem analysis
 - Leading theories of suicide including Joiner's Interpersonal Theory, Stress Vulnerability Theory
 - Risk factors, protective factors, and warning signs
- Evidence-based Practices
 - Columbia-Suicide Severity Rating Scale (C-SSRS)
 - Assess, Intervene and Monitor for Suicide Prevention (AIM-SP)/Zero Suicide Model
 - Cognitive approaches: Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT)
 - Safety Plan Intervention (SPI)
 - Crisis Response Planning
- Discussion
 - Peer services in suicide prevention
 - Rising suicide rates and the media
 - Deficit in EBPs for high-risk subgroups

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform

Practice Skills – Administering the Columbia-Suicide Severity Rating Scale (C-SSRS)

This exercise is intended to provide students with an opportunity to practice administering the Columbia-Suicide Severity Rating Scale (C-SSRS). It should take approximately one hour to complete. Break students up into triads. Students will take turns assuming the role of either clinician, client, or observer until each student has played each role. The instructor may choose to assign students client characters and scenarios or encourage them to create their own. In either event, clients should have diverse characteristics. After all sessions have been completed, observers will take

turns offering feedback to clinicians. Conclude with a full class debrief on the experience.

Critical Thinking – Assessing the Impact of Practitioner Variables

Broaching the topic of suicide can be uncomfortable for both clinicians and clients. This exercise is intended to engage students in critical discussion on the impact of practitioner variables on clients' willingness to disclose and discuss suicidal ideation. For instance, a practitioner that asks for clients' pronouns upon initial contact is communicating a deeper message of trans competency. A practitioner who does not do so is communicating that they believe they can correctly identify a clients' gender and/or pronouns by sight—conveying the strength of their cisnormative bias. A trans client is much more likely to develop a trusting therapeutic relationship in which suicidal ideation may be disclosed with a practitioner that has identified themselves as being trans affirming. Other examples may include variables pertinent to cross-racial and cross-ability client-practitioner relationships. This activity is best conducted as a full-class discussion of a 30-minute minimum duration. Task students with compiling an exhaustive list of potentially impactful practitioner variables. These may be written on a whiteboard. Instruct students to use the frameworks of unconscious bias and cultural humility to inform their thinking. Discuss strategies for mitigating negatively impactful practitioner variables (e.g., standardizing discussion of clients' pronouns upon first contact).

Required Readings: The instructor will select required reading from this group.

- Bath, E., & Njoroge, W.F.M. (2021). Coloring outside the lines: Making Black and Brown lives matter in the prevention of youth suicide. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(1), 17–21.
<https://doi.org/10.1016/j.jaac.2020.09.013>
- Brodsky, B.S., Spruch-Feiner, A., & Stanley, B. (2018). The Zero Suicide Model: Applying evidence-based suicide prevention practices to clinical care. *Frontiers in Psychiatry*, 9, 1–7. <https://doi.org/10.3389/fpsyt.2018.00033>
- van Heeringen, K. (2012). Chapter 6: Stress–diathesis model of suicidal behavior. In Y. Dwivedi (Ed.), *The neurobiological basis of suicide*. CRC Press/Taylor & Francis.
- Klonsky, E.D., Saffer, B.Y., & Bryan, C.J. (2018). Ideation-to-action theories of suicide: A conceptual and empirical update. *Current Opinion in Psychology*, 22, 38–43. doi: 10.1016/j.copsyc.2017.07.020.
- Marshall, A. (2016). Suicide prevention interventions for sexual and gender minority youth: An unmet need. *The Yale Journal of Biology and Medicine*, 89(2), 205–213.

Recommended Readings

- Baker, A. (2021). The Black youth suicide epidemic: Confronting misconceptions and inequities. *Psychotherapy Networker*.
<https://www.psychotherapynetworker.org/magazine/article/2520/the-black-youth-suicide-epidemic>

- Congressional Black Caucus. (2019, December 20). *Ring the alarm: The crisis of Black youth suicide in America*. Bonnie Watson Coleman.
https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf
- Jordan, J.T., & McNiel, D.E. (2020). *Characteristics of persons who die on their first suicide attempt: Results from the National Violent Death Reporting System*. *Psychological Medicine*, 50, 1390–1397.
<https://doi.org/10.1017/S0033291719001375>
- Layman, D.M., et al. (2021). The relationship between suicidal behaviors and Zero Suicide organizational best practices in outpatient mental health clinics. *Psychiatric Services*, 72(10). doi: 10.1176/appi.ps.202000525)
- Mann, J.J., Michel, C.A., & Auerbach, R.P. (2021). Improving suicide prevention through evidence-based strategies: A systematic review. *American Journal of Psychiatry*, 178(7), 611–624. doi: 10.1176/appi.ajp.2020.20060864
- World Health Organization. (2014). *Preventing suicide: A global imperative*.
<https://www.who.int/publications/i/item/9789241564779>

Resources

PowerPoint Slide Lecture

Suicide Prevention PowerPoint

(Available as electronic attachment)

Web Resources and Articles

Suicide Prevention: Risk Factors, Warning Signs and Protective Factors

<https://www.psychiatry.org/patients-families/suicide-prevention>

Suicide Prevention Resource Center (SPRC)

<https://www.sprc.org/>

- Website hosts a wealth of free suicide prevention content, including literature, webinars, and trainings

The Suicide Prevention Center of New York (SPC-NY)

<https://www.preventsuicideny.org/>

- Funded by OMH – offers a variety of resources, education, and trainings
- Gatekeeper infographic - download it in 7 languages from resource library here.

<https://www.preventsuicideny.org/resource-library/>

New York State Suicide data: (only Pre-COVID available at present)

<https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>

Zero Suicide

<https://zerosuicide.edc.org/>

- An evidence-based framework for eliminating suicide in populations in contact with physical and behavioral health systems

Trans Lifeline

<https://translifeline.org/>

- Supplies gender-related microgrants and peer crisis support to transgender individuals

The Trevor Project

<https://www.thetrevorproject.org/>

- Provides a wide variety of services for sexuality and gender minority youth for the purpose of suicide prevention, including a crisis hotline, workshops, advocacy, and research

Visual and Text Media

Art by Vincent van Gogh, who died by suicide (easily accessible via Google)

Recommended:

- Ward in the Hospital in Arles
- Starry Night
- Self-portrait, 1889

Poetry by Sylvia Plath, who died by suicide (easily accessible via Google)

Recommended:

- Mirror
- Mad Girl's Love Song

Peer TedTalks on Suicide:

https://www.youtube.com/watch?v=qVv_LIS3EiE

<https://www.youtube.com/watch?v=D1QoyTmeAYw>

<https://www.youtube.com/watch?v=STMp6w38k3g>

Posters (free downloads) from the Family Acceptance Project

<https://familyproject.sfsu.edu/poster-english>

CPI Resources

CPI Modules

Intervention and Prevention of Suicidal Behavior

Assessment of Suicidal Risk Using C-SSRS

Safety Planning Intervention for Suicide Prevention

Structured Follow-up and Monitoring

Comprehensive Suicide Risk Assessment

Suicide Prevention for Healthcare Workers

Means Reduction Counseling for Suicidal Individuals

Optimizing Clinical Care of Suicidal Individuals

Engaging Families and Social Supports in Working with Suicidal Individuals

Suicide Prevention for LGBTQ Individuals

CPI Videos

Suicide Prevention Initiative in New York State: "The Zero Suicide Model" – Archived Webinar (57 min)

14. Critical Time Intervention

Module Objective

Describe the scope and causes of homelessness among persons with SMI; Describe the rationale, program model and evidence in support of Critical Time Intervention (CTI); Consider other service transitions for which CTI might be helpful.

Topic Outline

- Prevalence and causes of homelessness among persons with SMI
- History and rationale for CTI
- Model description
- Comparison with ACT and other models
- Evidence for effectiveness

Required Readings: The instructor will select required reading from this group.

Herman, D.B. (2014). Transitional support for adults with severe mental illness: Critical Time Intervention and its roots in assertive community treatment. *Research on Social Work Practice*, 24, 556-563.

Montgomery, A.E., Metraux, S., & Culhane, D. (2013). Rethinking homelessness prevention among persons with serious mental illness. *Social Issues and Policy Review*, 7(1), 58-82.

Recommended Readings:

Barrenger, S. L., Kriegel, L. S., Angell, B., & Draine, J. (2016). Role of context, resources, and target population in the fidelity of critical time intervention. *Psychiatric Services*, 67(1), 115-118.

Dixon, L., Goldberg, R., Iannone, V., Lucksted, A., Brown, C., Kreyenbuhl, J., et al. (2009). Use of a critical time intervention to promote continuity of care after psychiatric inpatient hospitalization. *Psychiatric Services*, 60, 451-458.

Herman, D.B., Conover, S., et al. (2011). Randomized trial of critical time intervention to prevent homelessness after hospital discharge. *Psychiatric Services*, 62(7), 713-719.

Herman, D., & Mandiberg J. (2010). Critical time intervention: Model description and implications for the significance of timing in social work interventions. *Research on Social Work Practice*, 20(5):502-508

Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical Time Intervention: An empirically supported model for preventing homelessness in high-risk groups. *Journal of Primary Prevention*, 28, 295-312.

Manuel, J., Hinterland, K., Conover, S., Herman, D. (2012). "I hope I can make it out there:" Perceptions of women with severe mental illness on the transition from hospital to community. *Community Mental Health Journal*, 48(3), 302-308.

Nossel, I.R., Lee, R.J., Isaacs, A., Herman, D.B., Marcus, S.M., & Essock, S.M. (2016). Use of peer staff in a critical time intervention for frequent users of a psychiatric emergency room. *Psychiatric Services*, 67(5), 479-481.

Shaffer, S.L., Hutchison, S.L., Ayers, A.M., Goldberg, R.W., Herman, D., Duch, D.A., ... & Terhorst, L. (2015). Brief critical time intervention to reduce psychiatric rehospitalization. *Psychiatric Services*, 66(11), 1155-1161.

Resources

PowerPoint Slide Lecture

CTI_Slides_Herman

(Available as electronic attachment)

Free to use with acknowledgment to Center for Critical Time Intervention at Hunter College Silberman School of Social Work.

Web Resources and Articles

<https://www.criticaltime.org/>

CPI Resources

CPI Modules

LMS Module: Introduction to Care Transitions: The Importance of Discharge Planning and Early Aftercare (18 min)

15. Trauma and Severe Mental Illness

Module Objective

After completing this module, you should be able to:

- Identify trauma's roles in the epidemiology and etiology of severe mental illness
- Recognize service delivery implications related to assessing and treating trauma-related disorders in individuals with a diagnosis of serious mental illness

Topic Outline

- Trauma and the epidemiology of severe mental illnesses like schizophrenia and severe bipolar disorder
- Trauma and the etiology of severe mental illnesses like schizophrenia and severe bipolar disorder: Influence of PTSD Criterion A traumatic events on the development of psychotic symptoms
- Trauma and the experience of psychosis in people with severe mental illness
- Trauma-focused evidence-based psychosocial interventions for people with severe mental illness: the current state of the evidence

Class Exercises and Assignments: Instructions for this section are on the Canvas Platform

Discussion Forum Assignment

Read the case study, "Joe," and review PTSD Criterion A from the DSM 5. Both are posted in this session's Moodle block.

Apply your current understanding of trauma and SMI, along with EBP principles and practices, using Joe to illustrate and explore. Be sure to address the following points in your post and be sure to use references from the required readings!

1. What one specific DSM 5 PTSD Criterion A traumatic stressor do you find in Joe's history?
2. What one specific evidence-based or evidence-informed intervention for PTSD or other trauma-related disorders that co-occur with severe mental illness would you consider, and what is your evidence for that intervention?
3. What kind of steps would you take to ensure that the intervention addresses issues of race, gender, class, ability, etc.?
4. What one trauma-related outcome would you like to see for Joe from the evidence-based intervention you chose?

Comment on ONE classmate's post, addressing these questions: What barriers to implementing the intervention do you see? How would you address those barriers?

APA style, 500 words maximum, references required course readings.

See discussion forum rubric and in the first Moodle block for grading criteria. (Available as electronic attachment)

Required Readings The instructor will select required reading from this group.

DeTore, N.R., Gottlieb, J.D., & Mueser, K.T. (2021). Prevalence and correlates of PTSD in first episode psychosis: Findings from the RAISE-ETP study. *Psychological Services, 18*(2), 147-153. 10.1037/ser0000380

Kredlow, M.A., Szuhany, K.L., Lo, S., Xie, H., Gottlieb, J.D., Rosenberg, S.D., & Mueser, K.T. (2017). Cognitive behavioral therapy for posttraumatic stress disorder in individuals with severe mental illness and borderline personality disorder. *Psychiatry Research*, 249, 86-93.10.1016/j.psychres.2016.12.045

SAMHSA's Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Policy, Planning and Innovation.
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/samhsa_trauma_concept_paper.pdf

Sharif, N., Karasavva, V., Thai, H., & Farrell, S. (2021). We're working in a trauma avoidant culture: A qualitative study exploring assertive community treatment providers' perspectives on working with trauma and PTSD in people with severe mental illness. *Community Mental Health Journal*, 110.1007/s10597-020-00764-8

Recommended Readings

Brand, R.M., McEnery, C., Rossell, S., Bendall, S., & Thomas, N. (2018). Do trauma-focused psychological interventions have an effect on psychotic symptoms?: A systematic review and meta-analysis. *Schizophrenia Research*, 195, 13-22.
10.1016/j.schres.2017.08.037

Pope, L.G., Ashekun, O., Zern, A., Kelley, M.E., & Compton, M.T. (2021). Associations between childhood and adolescence adversity and risk for arrest among patients with first-episode psychosis. *Psychiatric Services*, 72(7), 826-829.
10.1176/appi.ps.202000238

National Center for PTSD: <https://www.ptsd.va.gov/> Includes treatment manuals and an online searchable database of trauma articles, called PTSDPubs.

CPI Resources

CPI Modules

Treatment of Trauma

Trauma-Informed Approach

Foundational Concepts: Recovery, Cultural Competence, and Trauma-Informed Care

CPI Videos

Trauma

Trauma-Informed Approach to Behavioral Health Service Delivery

CPI Certificate Programs

Foundational Concepts: Recovery, Cultural Competence, and Trauma-Informed Care

16. Homelessness and Housing First

Module Objective

Demonstrate a working knowledge of the primary evidence-based interventions addressing the intersection of mental health and homelessness.

Topic Outline

- Defining homelessness
- Overview of approaches to homelessness and housing
- History of Federal responses to homelessness
 - Stewart B. McKinney Homeless Assistance Act
 - US Interagency Council on Homelessness
- Mental health and homelessness
- Overview of interventions and empirical support
 - Housing First and Supported Housing
 - CTI (Critical Time Intervention)

Required Readings: The instructor will select required reading from this group.

Aubry, T., Nelson, G., & Tsemberis, S. (2015). Housing first for people with severe mental illness who are homeless: A review of the research and findings from the At Home—Chez soi demonstration Project. *The Canadian Journal of Psychiatry*, 60(11): 467-474.

Benston, E.A. (2015). Housing programs for homeless individuals with mental illness: Effects on housing and mental health outcomes. *Psychiatric Services*, 66(8): 806-816.

Crisanti, A.S., Duran, D., Greene, R.N., Reno, J., Luna-Anderson, C., & Altschul, D.B. (2017). A longitudinal analysis of peer-delivered permanent supportive housing: Impact of housing on mental and overall health in an ethnically diverse population. *Psychological Services*, 14(2):141-153.

de Vet, R., Beijersbergen, M.D., Jonker, I.E., Lako, D.A.M., van Hemert, A.M., Herman, D.B., & Wolf, J. (2017). Critical time intervention for homeless people making the transition to community living: A randomized controlled trial. *American Journal of Community Psychology*, 60:175-186.

Munthe-Kaas, H., Berg, R.C., & Blaasvør, N. (2018). Effectiveness of interventions to reduce homelessness: A systematic review. *Campbell Systematic Reviews*, 3. DOI: 10.4073/csr.2018.3

Recommended Readings

Montgomery, A.E., Metraux, S., & Culhane, D. (2013). Rethinking homelessness Prevention among Persons with Serious Mental Illness. *Social Issues and Policy Review*, 7(1), 58-82.

Chinman, M., McCarthy, S., Hannah, G., Byrne, T.H., & Smelson, D.A. (2017). Using Getting To Outcomes to facilitate the use of an evidence-based practice in VA homeless programs: A cluster-randomized trial of an implementation support strategy. *Implementation Science*, 12(34). DOI 10.1186/s13012-017-0565-

- Poremski, D., Stergiopoulos, V., Braithwaite, E., Distasio, J., Nisenbaum, R., & Latimer, E. (2016). Effects of housing first on employment and income of homeless individuals: Results of a randomized trial. *Psychiatric Services*, 67(6):603-9.
- Henwood, B.F., Derejko, K.S., Couture, J., & Padgett, D.K. (2015). Maslow and mental health recovery: A comparative study of homeless programs for adults with serious mental illness. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(2): 220-228.
- Kidd, S.A., Vitopoulos, N., Frederick, T., Leon, S., Wang, W., Mushquash, C., & McKenzie, K. (2020). Trialing the feasibility of a critical time intervention for youth transitioning out of homelessness. *American Journal of Orthopsychiatry*, 90(5):535-545.
- Tomita, A., Lukens, E.P., & Herman, D.B. (2014). Mediation analysis of critical time intervention for persons living with serious mental illnesses: Assessing the role of family relations in reducing psychiatric rehospitalization. *Psychiatric Rehabilitation Journal*, 37(1), 4-10.
- Blue-Howells, J., McGuire, J., & Nakashima, J. (2008). Co-location of health care services for homeless veterans: A case study of innovation in program implementation. *Social Work in Health Care*, 47(3): 219-231.
- Dixon, L., Goldberg, R., Iannone, V., Lucksted, A., Brown, C., Kreyenbuhl, J., et al. (2009). Use of a critical time intervention to promote continuity of care after psychiatric inpatient hospitalization. *Psychiatric Services*, 60, 451-458.
- Herman, D.B. (2013). Transitional support for adults with severe mental illness: Critical Time Intervention and its roots in Assertive Community Treatment. *Research on Social Work Practice*.
- Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical Time Intervention: An empirically supported model for preventing homelessness in high risk groups. *The Journal of Primary Prevention*, 28, 295-312.
- Montgomery, A.E., Metraux, S., & Culhane, D. (2013). Rethinking homelessness prevention among persons with serious mental illness. *Social Issues and Policy Review*, 7(1), 58-82.
- Newman, S., & Goldman, H. (2008). Putting housing first, making housing last: Housing policy for persons with severe mental illness. *American Journal of Psychiatry*, 165(10), 1242-1248.
- Tomita, A., & Herman, D. (2012). The impact of critical time intervention in reducing psychiatric rehospitalization after hospital discharge. *Psychiatric Services*, 63,935-937.

Resources

New York State Office of Mental Health (2014). Supported Housing Guidelines. Published online: <https://www.omh.ny.gov/omhweb/adults/supportedhousing/supported-housing-guidelines.pdf>

Corporation for Supportive Housing: <http://www.csh.org/>

The Supportive Housing Network of New York: <http://shnny.org/>

Critical Time Intervention: <http://www.criticaltime.org/>

History of the McKinney Act:

<https://education.wm.edu/centers/hope/specialtopics/mckinneyact/index.php>

United States Interagency Council on Homelessness: <http://usich.gov/>

Gallup, Inc. (2007). Homelessness in America: Americans' perceptions, attitudes and knowledge. *General Population Survey & City Surveys*.

http://shnny.org/uploads/2007_Gallup_Poll.pdf

Road to Recovery: Client Experiences in Supportive Housing. Centre for Addiction and Mental Health, 2012. <http://shnny.org/uploads/Road-to-Recovery.pdf>

U.S. Department of Housing and Urban Development. (2006). *Predicting Staying In or Leaving Permanent Supportive Housing That Serves People with Serious Mental Illness*. http://shnny.org/uploads/Staying_in_or_Leaving.pdf

CPI Resources

Not available

17. Supported Employment

Module Objective

- Understand the importance of using supported employment with individual diagnosed with a serious mental illness
- Locate and critically evaluate the existing evidence for supported employment across client populations and delivery systems
- Develop the skills to apply the principles of supported employment with diverse client groups
- Identify the unique components of assessment and treatment planning that is relevant for supported employment for people with serious mental illness

Topic Outline

- Importance of work for people diagnosed with serious mental illness
 - Importance of work
 - History of mental health treatment through an employment lens
 - Impact of deinstitutionalization on homelessness, instability, and forced labor
- Historical context: Evolution of vocational rehabilitation approaches
- Individual Placement & Support (IPS) Model of Supported Employment
- Role of social work in providing vocational support to clients in competitive employment

Class Exercises and Assignments

- Ted Talk: A Tale of Mental Illness.... From the Inside:
https://www.ted.com/talks/elyn_saks_a_tale_of_mental_illness_from_the_inside?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare
 - 14:31minute video. Presenter a highly accomplished professional who was able to manage their severe mental illness while performing to high standards in college and work
 - After watching the video, group discussion where students discuss something learned or point that stood out to them
- Deinstitutionalization: <https://youtu.be/T3-1AYdf64> (4:49 video)
 - Discuss what barriers people with SMI faced during this time? What resources were available to help them overcome these? What resources could support them?
- Work and Recovery Through IPS (Voice of Consumers)
<https://www.youtube.com/watch?v=xlw5eewXg38> (8:23 video)
 - What benefits do people receiving IPS receive?
 - What benefits do family members of IPS consumers receive?

Required Readings The instructor will select required reading from this group.

Drake, R., Merrens, M., & Lynde, D. (Eds.). (2005). *Evidence-based mental health practice*. WW Norton & Co. (Chapter 16.)

Luciano A., Drake, R.E., Bond, G.R., Becker, D.R., Carpenter-Song, E., Lord, S., Swarbrick, P. & Swanson, S. (2013). Evidence-based supported employment for

people with severe mental illness: Past, current, and future research. *Journal of Vocational Rehabilitation*, 40, 1-13.

Atterbury, K. (2021). Rethinking what we do: Individual placement and support. *Psychiatric Services*, 00, 1–3. doi: 10.1176/appi.ps.202000654

Wallstroem, I.G., et al. (2021). A systematic review of individual placement and support, employment, and personal and clinical recovery. *Psychiatric Services*, 00, 1-8. doi: 10.1176/appi.ps.2020.00070

Recommended Readings

Drake, R.E., Bond, G.R., & Bekcer, D.R. (2012). *Individual placement and support: An evidence-based approach to supported employment*. Oxford Press.

Resources

Supported Employment Success Stories: The Value of Competitive Integrated Employment! Melissa Barber: <https://vimeo.com/522041319>

Individual Placement and Support- IPS

- 35 slides on IPS from <https://ipsworks.org/index.php/what-is-ips/>
<https://easacommunity.org/Toolkit/OnTrack%20Employment%20Workbook.pdf>

InSocialWork Podcast Series

- UB SSW Podcast Episode 29 by Dr. David Biegel. Facilitators and Barriers to Supported Employment for Individuals with Co-Occurring Disorders

Web Resources and Articles

The IPS Employment Center: <https://ipsworks.org>

New York State Employment First Commission Report and Recommendations (3.1.2015) (Available as electronic attachment)

SAMHSA's Supported Employment Tool Kits (free PDF Downloads) Available at <http://store.samhsa.gov/product/SMA08-4365>

CPI Resources

CPI Modules

Americans with Disabilities ACT (ADA)

Introduction to the Individual Placement and Support (IPS) Model of Supported Employment

IPS: Job Development

CPI's Employment Resource Book

CPI Videos

Considering Work

Melissa 1: Working

Ryan 1: Fulfilling My Dream

Corey 2: One Door Closes, Another Opens
Tina 2: Living My Everyday Life
Using the Employment Resource Book

18. Peers and Peer Support

Module Objectives

- Demonstrate an understanding of the nature and value of peer-delivered support strategies for consumers of mental health services
- Foster an awareness of the specific role that lived experience plays in understanding psychiatric disability
- Identify specific evidence-based interventions that utilize peer support principles

Topic Outline

- Definitions of peer support (mental health and beyond)
- Theoretical framework and guiding principles
- Historical context and current trends
- Evidence for use of peer support as a mental health intervention
- Collaboration between traditional providers and peer support organizations
- Intervention implementation challenges in peer support
- Workforce development issues in peer support

Required Readings: The instructor will select required reading from this group.

- Barrenger, S.L., Maurer, K., Moore, K.L., & Hong, I. (2020). Mental health recovery: peer specialists with mental health and incarceration experiences. *American Journal of Orthopsychiatry*, 90(4), 479-488.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123-128.
- Fortuna, K.L., Naslund, J.A., LaCroix, J.M., Bianco, C.L., Brooks, J.M., Zisman-Ilani, Y., Muralidharan, A., & Deegan, P. (2020). Digital peer support mental health interventions for people with a lived experience of a serious mental illness: Systematic review. *JMIR Mental Health*, 7(4): e16460.
- Ibrahim, N, Thompson, D., Nixdorf, R., Kahla, J., Mpango, R., Moran, G., Mueller-Stierlin, Ryan, G., Mahlke, C., Shamba, D., Puschner, B., Repper, J., & Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 55: 285-293.
- SAMHSA. (2017). *Value of Peers, 2017*.
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

Recommended Readings:

- Ahmed, A.O., Hunter, K.M., Mabe, A.P., Tucker, S.J., & Buckley, P.F. (2015). The professional experiences of peer specialists in the Georgia mental health consumer network. *Community Mental Health Journal*, 51, 424–436.
- City of Philadelphia Department of Behavioral Health and Intellectual Disability Services. (2017). *Peer Support Toolkit*.

- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious Mental illness: A report from the field. *Schizophrenia Bulletin*, 32(3), 443-450.
- Erangely, J., Marvin, C., Littman, D.M., Mollica, M., Bender, K., Lucas, T., & Milligan, T. (2020). How peer support specialists uniquely initiate and build connection with young people experiencing homelessness. *Children and Youth Services Review*.
- Gillard S., Edwards, C., Gibson, S., et al. (2014). New ways of working in mental health services: A qualitative, comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England. *Health Services and Delivery Research*. <https://www.ncbi.nlm.nih.gov/books/NBK373837/> doi: 10.3310/hsdr02190
- Hardiman, E.R., & Jaffee, E.M. (2008). Outreach and peer-delivered mental health services in New York City following September 11, 2001. *Psychiatric Rehabilitation Journal*, 32(2), 117-123.
- Hardiman, E.R., Theriot, M.T., & Hodges, J.Q. (2005). Evidence-based practice in mental health: Implications and challenges for consumer-run programs. *Best Practices in Mental Health*, 1(1): 105-122.
- Landers, G.M., & Zhou, M. (2011). An analysis of relationships among peer support, psychiatric hospitalization, and crisis stabilization. *Community Mental Health Journal* 47(1):106-112.
- Lucksted, A., McNulty, K., Brayboy, L. & Forbes, C. (2009). Initial evaluation of the Peer-to-Peer Program. *Psychiatric Services*, 60(2): 250-253.
- Mahlke, C.I., Priebe, S., Heumann, K., Daubmann, A., Wegscheider, K., & Bock, T. (2017). Effectiveness of one-to-one peer support for patients with severe mental illness: A randomised controlled trial. *European Psychiatry*, 42: 103-110.
- Mead, S., & McNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2): 29-37.
- Miyamoto, Y., & Sono, T. (2012). Lessons from peer support among individuals with mental health difficulties: A review of the literature. *Clinical Practice & Epidemiology in Mental Health*, 8: 22-29.
- Nicholson, J., & Valentine, A. (2019). Key informants specify core elements of peer supports for parents with serious mental illness. *Frontiers in Psychiatry*, 10, 106. <https://doi.org/10.3389/fpsy.2019.00106>
- Otte, I., Werning, A., Nossek, A., Vollmann, J., Juckel, G., & Gather, J. (2020). Challenges faced by peer support workers during the integration into hospital-based mental health-care teams: Results from a qualitative interview study. *International Journal of Social Psychiatry*, 66(3):263-269.
- Peers for Progress. (2014). *Global evidence for peer support: Humanizing health care*. Conference Report. <http://www.mentalhealthamerica.net/sites/default/files/140911-global-evidence-for-peer-support-humanizing-health-care.pdf>
- Pfeiffer, P.N., Heisler, M., Piette, J.D., Rogers, M.A.M., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: A Meta-Analysis. *General Hospital Psychiatry* 33(1): 29–36
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4): 392-411.

- Salzer, M.S., Katz, J., Kidwell, B., Federici, M., & Ward-Colasante, C. (2009). Pennsylvania certified peer specialist initiative: Training, employment and work satisfaction outcomes. *Psychiatric Rehabilitation Journal*, 32(4), 301–305.
- Schmidt, L.T., Gill, K.J., Pratt, C.W., & Solomon, P. (2008). Comparison of service outcomes of case management teams with and without a consumer provider. *American Journal of Psychiatric Rehabilitation*, 11: 310–329.
- Sledge, W.H., Lawless, M., Sells, D., Wieland, M., O'Connell, M.J., & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services*, 62(5), 541-544.
- Spiridon, E., Kaye, L.K., Nicolson, R.I., Ransom, H.J., Tan, A.J.Y., & Tang, B.W.X. (2020). Integrated learning communities as a peer support initiative for first year university students. *Journal of Applied Social Psychology*, 50(7), 394– 405.
- Walker, G., & Bryant, W. (2013). Peer support in adult mental health services: A metasynthesis of qualitative findings. *Psychiatric Rehabilitation Journal*, 36(1), 28-34.

Resources

New York State Office of Mental Health – OCA (Office of Consumer Affairs) –

Slides from webinar on the Peer Certification Process in New York State:

http://www.omh.ny.gov/omhweb/consumer_affairs/events/docs/aps-webinar.pdf

Slides from webinar on the Academy of Peer Services in New York State:

http://www.omh.ny.gov/omhweb/consumer_affairs/events/docs/aps-webinar.pdf

Web Resources and Articles

SAMHSA - <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

National Empowerment Center - a consumer/survivor/ex-patient-run organization that promotes a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and and/or extreme states. Site includes articles, videos, information, and a variety of other resources. <http://www.power2u.org/>

National Mental Health Consumers' Self-Help Clearinghouse – a peer-run national technical assistance center, featuring resources, publications, training materials, etc. <http://www.mhselfhelp.org/>

New York Association of Psychiatric Rehabilitation Services - a statewide coalition of people who use and/or provide recovery oriented community based mental health services. <http://www.nyaprs.org/>

The Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities - information and resources about community participation and community integration for individuals with psychiatric disabilities. Includes journal articles, toolkits and monographs, and exemplary program descriptions focusing on key issues including peer support. <http://www.tucollaborative.org/>

SEE ME SCOTLAND – an innovative program of awareness raising and local and national activities that challenge the discrimination associated with mental ill-health. Site includes numerous resources on stigma, public education, community involvement, peer support, etc. <http://seemescotland.org/>

‘See Me’ – I’m a Supporter (short video about mental health issues and the impact of support from family, friends & community in Scotland).

<https://www.youtube.com/watch?v=nqQHDxPtILk>

Peer Perspectives: Promoting Recovery through Peer Support (Canadian Mental Health Association. <https://www.youtube.com/watch?v=bDW6znQB76E>

Peer-Run Crisis Respite Programs: An Introduction

<https://www.youtube.com/watch?v=PZ8fWlf-Cdw>

Shery Mead (interview): Intentional Peer Support

<https://www.youtube.com/watch?v=galCFMffzQA>

Mental Health Peer Support Champions, Uganda 2013

<https://www.youtube.com/watch?v=d40zY0sEJLY>

Peer Support Bereavement Groups for Adults

http://www.youtube.com/watch?v=sLZW0vJO_II&feature=share&list=PL3R09T1c_0-0WFUGxzOBbPPNVecWB1KXK&index=5

Self-Help Alliance – Peer Support

https://www.youtube.com/watch?v=us4G5LOjLek&index=34&list=PL3R09T1c_0-0WFUGxzOBbPPNVecWB1KXK

Peer Support and Wellness Center (Georgia) – A Documentary

https://www.youtube.com/watch?v=HDgZyZ9Z2GA&list=PL3R09T1c_0-0WFUGxzOBbPPNVecWB1KXK&index=39

Wounded: The Battle Back Home – Family/Peer Support

<https://www.youtube.com/watch?v=HYShBk4d1XU>

CPI Resources

CPI Modules

Peer Services in NYS: Introduction to peer services – Part 1,

Peer Services in NYS – Part 2

ACT: Peer Specialists: ACT and Beyond (in ACT Module 05)

FIT: Peer Recovery Supports in the Community (in FIT Module 18)

CPI Videos

Ryan 3: Finding Inspiration: The Power of Peer Support

Patrick 1: Reconnecting with Friends

LIST OF ELECTRONIC ATTACHMENTS

**AVAILABLE BY REQUEST*

Module 3- EBP's and Evaluation Evidence

PowerPoint Slide Lectures

Rouland, R. S. (2021) Introduction to Evidence-Based Practice and Evaluating Evidence

Module 4- The Psychiatric Rehabilitation Approach

Marianne Farkas' Recovery Oriented Psychiatric Rehabilitation PowerPoint Slide presentations (Set of 5) from the NYAPRS 2017 Rehabilitation and Recovery conference in Albany, NY.

Module 9- Family and Shared Decision Making

Shared Decision-Making in Mental Health Care: Practice, Research, and Future Directions. HHS Publication No. SMA-09-4371. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010.

Module 10- First Episode Psychosis and Intervention Strategies

PowerPoint Slide Lecture

Lee, R. OnTrack NY: Early Intervention for first episode psychosis in New York. A Power-Point presentation that addresses many of the available resources for working with individuals and their families with first episode schizophrenia and other psychoses.

Module 11- Motivational Interviewing

PowerPoint Slide Lecture

Brot, S. (2021). Motivational Interview (MI) Training.

Module 12- Cognitive Based Approaches

"15 Styles of Distorted Thinking" which identifies common cognitive distortions New York State Office of Mental Health. (2002). Dealing with Cognitive Dysfunction Associated with Psychiatric Disabilities.

PowerPoint Slide Lectures

Medalia, A., & Ehrlich, M. (2016). Improving Cognitive Health to Promote Recovery presented in the NYSOMH Statewide Grand Rounds
Smyth, N.J. (2004). Core Principles of Cognitive Behavior Therapy.
Smyth, N.J. (2004?) Untitled – Lecture on Behavior Therapy.

Module 13- Suicide Prevention

PowerPoint Slide Lecture

Suicide Prevention_PowerPoint

Module 14- Critical Time Intervention

PowerPoint Slide Lecture

CTI_Slides_Herman

Module 15- Trauma and Severe Mental Illness

See discussion forum rubric and in the first Moodle block for grading criteria.

Module 17- Supported Employment

New York State Employment First Commission Report and Recommendations
(3.1.2015)