

WURZWEILER SCHOOL OF SOCIAL WORK

YESHIVA UNIVERSITY

EVIDENCE BASED MENTAL HEALTH PRACTICE

SWK6682/SWK8882

SPRING 2017 ON-LINE

Instructor: Professor Susan E. Mason, PhD., LCSW

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 exist for a 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.

PLAGIARISM

Students should remember that the School will not condone plagiarism in any form and will sanction 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. Any student who can be shown to have plagiarized any part of any assignment in this course will automatically **FAIL** the course and will be referred to the Associate Dean for disciplinary action that may include expulsion.

HIPAA ALERT

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work, will need to be de-identified. What this means is that any information that would allow another to identify the person needs to be changed or eliminated. This includes obvious

things like 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.

CONFIDENTIALITY

Given the nature of classroom discussion and the presentation of case materials and at times personal revelation in class, students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.

STUDENTS WITH DISABILITIES

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations are asked to make an appointment with the Office of Disability Services, Rochelle Kohn, Beren Campus, 917-326-4828, rkohn1@yu.edu, Abby Kelsen, Wilf Campus, 646-685-0118, akelsen@yu.edu, during the first week of class. After approval for accommodations is granted, please submit your accommodations letter to Disability Services Office immediately.

E-RES (Electronic Reserve)

Most of the articles mentioned in the curriculum are available on electronic reserve [**E-RES**]. You can access the full text articles from your home or from a university computer at no charge.

How do I Use E-RES?

1. Go to the library's online resources page:
http://www.yu.edu/libraries/online_resources.asp
2. Click on E-RES. If you are off-campus, at this point you will be prompted for your Off Campus Access Service login and password.
3. 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. [Mason]
4. Click on the link to your course.
5. Enter the password **6682M**

6. Locate and click on the item you wish to view. Titles beginning with "A", "An", or "The" are alphabetized under "A" and "T" respectively.
7. 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

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*).

GRADES

Grades will be based on assignments and class participation:

Assignment 1 = 40%

Assignment 2 = 40%

Class Participation = 20%

Assignments that are not submitted according to schedule will result in a grade reduction to be determined by the instructor. A grade of incomplete will only be given with the assent of the instructor and all incompletes must be satisfied according to the regulations of the university.

READINGS

Required Text and Course Books:

(text) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2007). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. ISBN 978-0-393-70443-3; Price; \$ 50

Miller, R., & Mason, S.E. (2011). *Diagnosis schizophrenia, 2nd Edition*. New York: Columbia University Press. . ISBN 978-0-231-15041-5; \$ 19.95.

Optional Course Books (at your discretion).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders. (5th edition)*. Washington, DC: American Psychiatric Association. ISBN-13: 978-0890425558; \$102. (Less expensive versions are available.)

Miller, W., Rollnick, Stephen. (2012). *Motivational Interviewing, Third Edition: Preparing People for Change*. Guilford Press. ISBN-13: 978-1609182274; \$47.52

Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders: A guide to effective practice*. New York: Guilford Press. ISBN-13: 978-1572308503; \$44.91.

IMPORTANT COURSE RESOURCE

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

1. Established and Emerging Evidence Based Treatments

Introduction to Evidence-based Practice and Evaluating Evidence

Module Goals/Purpose:

- To provide students with an understanding of the meaning of evidence-based practice.
- To show the importance of using evidence-based practices with individuals with a diagnosis of serious mental illness.
- To provide students with an understanding of the different sources of evidences that can be used to support the evidence-based practice decision making process.
- To provide students with information about the criteria used to evaluate the quality of evidence used to inform the evidence-based practice decision making process.

Readings:

(Text) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapters 3, 7, 9 and 10

Mullen, E. J. (2014). Evidence-based knowledge in the context of social practice. *Scandinavian Journal of Public Health*, 42(13, Suppl), 59-73. doi: 10.1177/1403494813516714

Gould, N. (2010). Integrating Qualitative Evidence in Practice Guideline Development: Meeting the Challenge of Evidence-based Practice for Social Work. *Qualitative Social Work*, 9(1), 93-109. doi: 10.1177/1473325009355623

Haight, W. L. (2010). The Multiple Roles of Applied Social Science Research in Evidence-Informed Practice. *Social Work*, 55(2), 101-103.

Epstein, I. (2011). Reconciling Evidence-based Practice, Evidence-informed Practice, and Practice-based Research: The Role of Clinical Data-Mining. *Social Work*, 56(3), 284-288.

2. Changing ideas about mental illness and individuals diagnosed with Serious Mental Illness (SMI)

Module Goals/Purpose:

- To provide an overview of the epidemiology of mental illness and serious mental illness in the United States and throughout the world.
- To understand the meaning of mental illness.
- To understand how serious mental illness (SMI) differs from the term mental illness.
- To learn about prevalence and incidence estimates in US and throughout the world

Readings:

(Text) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2007). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 1 – What is Severe Mental Illness?

Centers For Disease Control and Prevention (CDC) Chronic disease overview in the U.S. and links to U.S. prevalence statistics: Retrieved from:

<http://www.cdc.gov/chronicdisease/overview/>

<http://www.cdc.gov/datastatistics/>

You may also google “prevalence of disease (your country)” to get useful local information.

3. The Recovery Model

Module Goals/Purpose

- To demonstrate a working knowledge of the recovery paradigm as it relates to working with individuals with a diagnosis of serious mental illnesses.
- To show evidence supporting the Recovery Movement
- To discuss stigma as it relates to mental illness
- To review policy and funding implications

Readings:

(text) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2007). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 13, 17 – Recovery Perspectives in Evidence Based Practice

NASW (National Association of Social Workers Recovery Model Snapshot)

Link: https://www.socialworkers.org/practice/behavioral_health/0206snapshot.asp

4. Person-Centered Practice

Module Goals/Purpose:

- To define and operationalize the key concepts of person centered practices
- To understand the core-values of person –centered practice.
- To learn how person-centered practice and evidence-based practice can be connected.

Readings:

Miller & Mason, Chapters 1, 2, 5, 6, 7.

Pros-Person Centered Recovery Workbook, Chapter 1.

Retrieved from:

https://www.omh.ny.gov/omhweb/pros/Person_Centered_Workbook/Chapter1.pdf

New York State Consumers, Survivors, Patients, and Ex-Patients (2004). *Infusing recovery-based principles into mental health services, A white paper*.

Commissioned by New York State Office of Mental Health.

Retrieved from:

<https://www.omh.ny.gov/omhweb/statewideplan/2005/appendix4.htm>

5. First Break Intervention Strategies: Early Intervention for First Episode of Psychosis

Module Goals/Purpose

- To provide an overview of evidence that early intervention for schizophrenia and other primary psychotic disorders can improve clinical, social and occupational functioning for individuals experiencing first episodes of psychosis.

Readings:

Miller & Mason, Chapters, 3-4, 6, 8, 10-11.

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.

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

6. Trauma and Serious Mental Illness

Module Goals/Purpose

- To learn about the role of trauma and serious mental illness as an area of emerging research.
- To understand how trauma informed care fits in with evidence-based practice.
- To learn how trauma is assessed and treated working with individuals with a diagnosis of serious mental illness.

Readings:

Breslau, N. (2002). Epidemiologic studies of trauma, post-traumatic stress disorder, and other psychiatric disorders. *Canadian Journal of Psychiatry*, 41(10), 923-929.

Friedman, M. J. & Schnurr, P.P. (summer 2008). Treatments for PTSD: Understanding the evidence - Psychotherapy and Pharmacotherapy. *PTSD Research Quarterly*, 19/3.

Gone, J. (2009). A community-based treatment for Native American historical trauma: Prospects for Evidence-Based Practice. *Journal of Consulting and Clinical Psychology*, 77(4), 751-762

Tucker, W. M. (2002). How to include the trauma history in the diagnosis and treatment of psychiatric inpatients. *Psychiatric Quarterly*, 73(2), 135-144.

Resources

Israel Center for the Treatment of Psychotrauma, Retrieved from:
<http://www.traumaweb.org/content.asp?PageId=1&lang=En>

Also check out trauma treatment in other countries or in the region in which you practice by doing a google search.

7. Shared Decision Making and Working with Families

Module Goals/Purpose

- To demonstrate a working knowledge of shared decision making as it relates to those with illness.
- To demonstrate a working knowledge of the various approaches to working with families in the context of evidence-based practice.

Required Readings:

(text) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2007). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapters 12, 18 – Evidence Based Practice for Families of Individuals with Severe mental Illness.

Adams, J.R. & Drake, R.E., 2006. Shared decision-making and evidence-based practice. *Community Mental Health Journal* 42: 87-105.

Dixon, L., Glynn, S.M., Cohen, A., Drapalski, A.L., Medoff, D., Fang, L.J., Potts, W., & Gioia. (2014). Outcomes of a brief program, REORDER, to promote consumer recovery and family involvement in care. *Psychiatric Services*, 65 (1): 116-120.

Drake, R.E. & Deegan, P.E. 2009. Shared decision making as an ethical imperative. *Psychiatric Services*, 60: 1107.

Luckstead, A., McFarlane, W., Downing, D., Dixon, L. & Adams, Curtis. A. (2012). Recent developments in family psychoeducation as an evidence-based practice. *Journal of Marital and Family Therapy*, 38 (1): 101-121.

8. Motivational Interviewing

Module Goal/Purpose

- To demonstrate a working knowledge of the Motivational Interviewing (MI) framework and develop MI skills related to engagement, focusing, evoking, and planning.

Readings:

Drake, R. E., Merrens, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 5 and 6.

Rollnick, S. & Miller, W. R. (1995). What is motivational interviewing?. *Behavioral and Cognitive Psychotherapy*, 23, 325-334.

Miller, W., Rollnick, Stephen. (2012). *Motivational Interviewing, Third Edition: Preparing People for Change*. Guilford Press.

Smyth, N.J. (1996). Motivating clients with dual disorders: A stage approach. *Families in Society*, 77(10), 605-614.

9. Cognitive Based Interventions

Module Goal/Purpose

- To demonstrate a working knowledge of cognitive based interventions as they relate to working with individuals with a diagnosis of serious mental illnesses.

Readings:

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. (Review again).

Miller, R., & Mason, S.E. (2005). Shame and guilt in first episode schizophrenia. *Journal of Contemporary Psychotherapy*, 35,(2), 211-221.

Hunter, S, Paddock, S. .M., Zhou, A, Watkins, K. E., Hepner, K. A. (2013) Do client attributes moderate the effectiveness of a group cognitive behavioral therapy for depression in addiction treatment? *Journal of Behavioral Health Services & Research*, 2013. 57–70.

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.

10. Wellness Self-Management

Module Goal/Purpose

- To demonstrate a working knowledge of Wellness Management as it relates to working with individuals with a diagnosis of serious mental illnesses.

Readings:

(Text) Drake, R. E., Murrain, M.R., & Lynde, D.W. (2007). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapters 12, 17, 19,,: Illness management and recovery

- Miller, R., & Mason, S.E. (2001). Using group therapy to enhance treatment compliance in first episode schizophrenia. *Social Work with Groups*, 24(1), 38-51
- Färdig, R., Lewander, T., Melin, L., Folke, F., & Fredriksson, A. (2011). A randomized controlled trial of the illness management and recovery program for persons with schizophrenia. *Psychiatric Services*, 62, 606-612.
- Jenkins J.H. & Carpenter-Song E. (2005). The new paradigm of recovery from schizophrenia: Cultural conundrums of improvement without cure. *Cult Med Psychiatry*, 29, 379-413
- McGuire, A.B., Bonfils, K.A., Kukla, M., Myers, L., & Salyers, M. P. (2013). Measuring participation in an evidence-based practice: illness management and recovery group attendance. *Psychiatry Research*, 10(3): 684-689.
- Roe, D. Hasson-Ohayon, I., Salyers, M.P. & Kravetz, S. (2009). A one-year follow-up of Illness Management and recovery: Participants' accounts of its impact and uniqueness. *Psychiatric Rehabilitation Journal*, 32, 285-291.
- Salerno, A., Margolies, P., Cleek, A., Pollock, M., Gopalan, G., & Jackson, C. (2011). Wellness Self-Management: An adaptation of the Illness Management and recovery practice in New York State. *Psychiatric Services*, 62(5): 456-458.

11. Supported Employment

Module Goal/Purpose

- Describe the importance of work for people with serious mental illnesses.
- Using evidence-based practices understand what matters most in work for people with serious mental illnesses.

Readings:

(Text) Drake, R. E., Murrain, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. Chapter 16. Supported Employment
New York: W.W. Norton

Bond, G.R., Drake, R.E., and Becker, D.R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280-290.

Luciano A., Drake, R.E., Bond, G.R., Becker, D.R., Carpenter-Song, E., Lord, S.,

Swarbrick, P. and 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.

12 Integrated Treatment for Co-Occurring Disorders

Module Goal/Purpose

12. To demonstrate a working knowledge of integrated dual disorder treatment as it relates to working with individuals with a diagnosis of serious mental illnesses.

Readings:

(Text) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2007). *Evidence-Based Mental Health Practice: A Textbook*. New York: W.W. Norton. Chapter 15: Integrated Dual-Disorder Treatment.

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

Steenrold, S. (2009) A functional guide to the evidence-based movement in the substance abuse treatment field." *Journal of Social Work Practice in the Addiction*, 9(4) 353-365. DOI: 10.1080/15332560903195808.

Bonham, C.A, Sommerfeld, D., Willging, C. and Gregory Aarons. (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.

Steenrold, S. (2009) "A functional guide to the evidence-based practice movement in the substance abuse treatment field." *Journal of Social Work Practice in the Addictions*, 9(4) 353-365. DOI: 10.1080/15332560903195808.

13. The Organizational Context for Services

Module Goal/Purpose

- To introduce social work students to integrated behavioral health systems as it relates to working with individuals with a diagnosis of serious mental illnesses.

Readings:

- Dall, A. (2011). Integrated Primary Care and Behavioral Health Services: Can the Model Succeed? A literature review on models, evidence-based practices and lessons learned for community clinics and health centers, and county specialty mental health programs. Retrieved from:
<http://www.ibhp.org/uploads/file/lit%20review%20integrated%20care%20final.pdf>
- Goldstein, M.G., Whitlock, E.P., & DePue, J. (2004). Multiple behavioral risk factor interventions in primary care: Summary of the research evidence. *American Journal of Preventive Medicine*, 27 (Suppl. 2), 61-79.
- Pomerantz, A.S., Corson, J.A. & Detzer, M.J. (2009). The challenge of integrated care for mental health: Leaving the 50 minute hour behind and other sacred things. *J Clin Psychol Med Settings*, 16, 40-46.
- Thielke, S., Vannoy, S., & Unutzer, J. (2007). Integrating mental health and primary care. *Primary Care: Clinics in Office Practice*, 34, 571–592..
- Madras, B. K., Compton, W. M., Avula, D. et al., (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months later. *Drug and Alcohol Dependence*, 99, 280-295.
- Prins, A., Ouimette, P., Kimerling, R., et al. (2003). Primary Care PTSD Screen (PC-PTSD). Retrieved from:
<http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp>

Resources:

The Agency for Healthcare Research and Quality (AHRQ) Academy for Integrating Behavioral Health and Primary Care: <http://integrationacademy.ahrq.gov/>

14. Assertive Community Treatment (ACT)

Module Goal/Purpose

- To 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.

Readings:

(text) Drake, R. E., Murrain, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapters 2, 4, and 14.

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

O'Hara, A. (2007). Housing for People With Mental Illness: Update of a Report to the President's New Freedom Commission. *Psychiatric Services*, 58(7), 907-913.

Tam, C., & Law, S. (2007). Best Practices: A Systematic Approach to the Management of Patients Who Refuse Medications in an Assertive Community Treatment Team Setting. *Psychiatric Services*, 58(4),457-459.