

**The New York State Office of Mental Health and
Dean’s Consortium of Schools of Social Work
Project for Evidence-Based Practice (EBP) in Mental Health**

**Seminar in Evidence Based Practices in Mental Health: Master
Course Syllabus (Updated 2011)**

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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 practices, 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.

Prerequisite: Foundation year in MSW program or equivalent.

Prerequisite or Co-requisite: Psychopathology

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 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 in 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 is 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.

READINGS

Required Text books:

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

And/Or

Rosenberg, J. and S. (2006). *Community Mental Health: Challenges for the 21st Century*. Oxford: Taylor and Francis Press

And

Preston, J., O'Neal, J., Talaga, M. (2010). *Handbook of clinical psychopharmacology for therapists (6th Ed.)*. Oakland, CA: New Harbinger.

And

Miller, R. & Mason, S.E. (2011 2nd Ed). *Diagnosis schizophrenia*. NY: Columbia University Press.

Recommended New Textbooks: Note some of these texts have required readings that can be put on reserve.

Rubin, A., Springer, D.W., and Trawver, K. (2010). *Psychosocial Treatment of Schizophrenia*. Hoboken, NJ: Wiley.

Rubin, A. (2008). *Practitioner's guide to using research for evidence-Based practice*. Hoboken, NJ: Wiley.

Shapiro, Robin (2010). *The trauma treatment handbook: Protocol across the spectrum*. WW. Norton & Co. (Chapters 7, 8, 9)

Swanson, S.J. and Becker, D.R. (2011). *Supported Employment: Applying the IPS model to help clients compete in the workforce*. Center City, Minnesota: Hazelden. Chapters 1, 2, 9, and 12.

Suggested Texts:

Briggs, H., & Rzepnicki, T. (2004). *Using evidence in social work practice: Behavioral Perspectives*. Chicago: Lyceum Books, Inc.

Gambrill, E. (2006). *Social work practice: A critical thinkers guide*. USA: Oxford University Press.

Linhorst, D. (2005). *Empowering people with severe mental illness: A practical Guide*. NY, Oxford University Press.

Lefley, H. P. (2005). *Advanced family work for schizophrenia: An evidence-based approach*. London, Gaskell Publications. A short book containing 19 case studies detailing how clinicians deal with special problems that arise in family psychoeducation for schizophrenia.

McFarlane, W. (2002). *Multiple family groups in the treatment of severe psychiatric disorders*. New York: Guilford Press.

Norcross, J.C. et al (Eds.) (2006). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. APA, Washington, DC.

Paul, R. and Elder, L. (2005). *A guide for educators to critical thinking competency standards: standards, principles, performance indicators, and outcomes with a*

- critical thinking master rubric. Foundation for Critical Thinking. 64 pages \$4.00 each for 25 copies. Can be ordered online www.criticalthinking.org [☐].
- Paul, R. and Elder, L. (2005). Critical thinking concepts and tools. Foundation for Critical Thinking. 19 pages \$2.00 each for 25 copies.
- Rubin, A. (2008). Practitioners's guide to using research for evidence-based practice. New Jersey: Wiley and Sons.
- Pyrczak, F. (1999). Evaluating research in academic journals. L.A, California: Pyrczak Publishing.
- Sands, R.G. (2001). Clinical social work practice in behavioral mental health: A postmodern approach to practice with adults. Needham Heights, Mass: Allyn & Bacon.
- Thyer, B. & Wodarski, J. (Eds.) (2007). Social work in mental health: An evidence-based approach. NY: Wiley.
- Watkins, T.R., Lewellen, A., and Barrett, M.C. (2001). Dual diagnosis: An integrated approach to treatment. Thousand Oaks, CA: Sage Publications
- Whitaker, R. (2010). Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill. New York: Basic Books.

EXAMPLES OF CLASS ASSIGNMENTS

Exercise #1: Evidence-Based Practice in Mental Health Poster Assignment

The goal of this assignment is provide you with the experience of evaluating the literature related to an intervention relevant for individuals with a diagnosis of serious mental illness. In addition, learning the poster method of presentation will provide you with experience that will assist you in future professional development. Posters are a frequent strategy that practitioners and researchers use to communicate ideas and data at conferences.

What is a poster? A poster summarizes key concepts with less use of narrative text than a paper would use, and more use of outlines, tables, and diagrams. The idea is for things to be visually appealing and easy to read. A sample copy of a poster reprint is handed out with this assignment. For our purposes, plan on your poster being about the size of a standard piece of poster board. Make sure your poster has a title and your name on it. You can find more information on creating posters online at: <http://www.plu.edu/~libr/workshops/multimedia/posters.html#process> [☐] and <http://www.ncsu.edu/project/posters/> [☐]

Or search (Google suggested) “creating effective poster presentations” for links to helpful hints.

- A. Choose a specific intervention related to people with serious mental illness.** For example, you might decide to focus on cognitive therapy for individuals with a diagnosis of schizophrenia. Your intervention can be covered in the course, but you must pull in literature beyond the course syllabus.
- B. Create a poster that addresses the following questions/points:**
- 1) Provide a description of the intervention, including the key components that must be present in order for the intervention to have good fidelity.

- 2) What are the goals/targets/desired outcomes of this intervention, and how is progress toward these outcomes typically tracked?
- 3) What is the nature of the evidence supporting this intervention?
 - You should summarize the key relevant professional academic literature in the area (from social work and related professions)—this should be done in a table format (author, sample, interventions tested, design, measures, results). Include age, race, and ethnicity of sample in sample description whenever this information is reported.
 - Your research must extend beyond the required and recommended readings for the course, although you are welcome to use course readings in your poster.
 - The information you review in this section should present the state-of-the-empirical research relevant to your selected intervention.
 - Categorize the intervention according to the Level of Evidence classification presented in this course, and present the rationale for this categorization.
- 4) What additional research is needed on this intervention to enhance its level of empirical support, or to demonstrate its effectiveness with key populations?

C. Create a Poster Reprint & Copies for Classmates. This reprint should include all the content in your poster. You should have enough copies of the poster reprints for everyone in class (including the instructor). If you want, Kinko's or similar businesses will reduce posters to a handout-size piece of paper for a reasonable cost, however, this isn't required. Instead, you can provide a version that reads more like a professional paper.

D. Reference List. List all references according to American Psychological Association (APA) style. Poster reprints that have references and citations that do not conform to APA format will lose points. While you may not have room on your poster for references (this is okay if you do not), you should have them listed in your reprint.

You will be graded on: 1) your ability to use the professional literature and other relevant information to address the task and justify the assessment tool/intervention; 2) your ability to critically assess, synthesize, and organize the information gathered; 3) the clarity and specificity with which you present the poster 4) presentation quality of the poster presentation (ease of readability, organization); and 5) the overall writing quality of the poster/reprint (organization, grammar, lack of typos, APA guidelines for all citations and referencing, etc.). During the poster session, you will be asked to verbally summarize your poster for others, but you will not be graded on this.

Exercise #2: Research Evaluation Assignment

“The world is full of claims of new and exciting things: from a better mousetrap to an instant release for untapped inner powers – or a surefire cure for anxiety. Each one brings with it the problem of deciding whether it is, indeed, a great breakthrough, or just another dose of snake oil” (Curtis, 1996).

The recent drive towards integrating evidenced-based treatment for individuals with a diagnosis of serious mental illness has led to an increase in the data collected on the effectiveness of various psychotherapeutic models. Specific guidelines have been developed by various researchers to help students and clinicians in the process of evaluating the levels of effectiveness of different psychotherapeutic and pharmacological treatments.

The goal of this assignment is to familiarize you with current models for the evaluation and criticism of evidence-based research. These models help the practitioner or student to critique the level of evidence that is produced by a research study. Without such models there would be no standardized means of determining the validity of the claims in literature published on the effectiveness of specific treatments.

Assignment Guidelines

A. Choose a specific research article that evaluates an intervention related to individuals with a diagnosis of serious mental illness. For example, you might decide to focus on cognitive therapy with individuals with a diagnosis of schizophrenia. Your intervention can be covered in the course, but you must pull in literature beyond the course syllabus.

B. Write a paper that addresses the following questions and points:

- 1) Provide a description of the intervention, including the key components that must be present in order for the intervention to have good fidelity.
- 2) What are the goals, targets and desired outcomes of this intervention, and how is progress toward these outcomes typically tracked?
- 3) What is the nature of the all the evidence supporting this intervention?
 - You should summarize the key relevant professional academic literature in the area (from social work and related professions)—this should be done in a table format (author, sample, interventions tested, design, measures, and results). Include age, race, and ethnicity of sample in sample description whenever this information is reported.
 - Your research must extend beyond the required and recommended readings for the course, although you are welcome to use course readings in your paper.
 - The information you review in this section should present the state-of-the empirical research relevant to your selected intervention.
 - Categorize the intervention according to one of the Level of Evidence classification models presented in this assignment, and present the rationale for this categorization.
- 4) What additional research is needed on this intervention to enhance its level of empirical support, or to demonstrate it's effectiveness with key populations?

- C. Reference List.** List all references according to American Psychological Association (APA) style. Papers that have references and citations that do not conform to APA format will lose points. **You will be graded on:** 1) your ability to use the professional literature and other relevant information to address the task and justify the assessment tool/intervention; 2) your ability to critically assess, synthesize, and organize the information gathered; 3) the overall writing quality of the paper (organization, grammar, lack of typos, APA guidelines for all citations and referencing, etc.).

Guidelines for Evaluating Research - Two Models for Research Criticism:

Level of Evidence Coding System:

This model was adopted from the Agency of Health Care Policy's classification of Level of Evidence system. This system classifies each study into one of six categories in order to denote the strength of the evidence for the intervention (Foa, Keane, Friedman, 2000).

- Level A: Evidence is based upon randomized, well-controlled clinical trials for individuals with target diagnosis.
- Level B: Evidence is based upon well-designed clinical studies, without randomization or placebo comparison for individuals with target diagnosis.
- Level C: Evidence is based on service and naturalistic clinical studies, combined with clinical observations that are sufficiently compelling to warrant use of the treatment technique or follow the specific recommendation for individuals with target diagnosis.
- Level D: Evidence is based on long-standing and widespread clinical practice that has not been subjected to empirical tests for individuals with target diagnosis.
- Level E: Evidence is based on long-standing practice by circumscribed groups of clinicians that have not been subjected to empirical tests for individuals with target diagnosis.
- Level F: Evidence is based on recently developed treatment that has not been subjected to clinical or empirical tests for individuals with target diagnosis.

APA Model for Evaluation of Research:

The APA has developed a model with which a practitioner or student can effectively judge the level of evidence that is provided by an evidence-based report on the effectiveness of a particular psychotherapeutic intervention (Crits-Cristoph, Frank, Chambless, Brody & Karp, 1995). The APA developed this model so that students and clinicians are able to judge the degree to which a particular research project demonstrates the effectiveness of the intervention. In the APA model there are three levels of evidence:

A.) Well-Established Treatments

1. Highly specified, typically through treatment manuals, such that procedures could be clearly understood and replicated by others.
2. Validated in studies in which the characteristics of the client samples were clearly described.
3. Documented to be effective in either:

1. at least two group-design studies of adequate statistical power demonstrating efficacy through superiority (statistical significance) to pill or adequate psychological placebo, or through superiority or equivalence to an already established treatment.
2. a large series of single-case design studies using good experimental design and demonstrating superiority to pill or psychological placebo or to another treatment
4. Demonstrated to be effective in studies by at least two different investigators.

B.) Probably Efficacious Treatments

1. Highly specified, typically through treatment manuals, such that procedures could be clearly understood and replicated by others.
2. Validated in studies in which the characteristics of the client samples were clearly described.
3. Documented to be effective in either:
 1. two studies showing that the treatment is more efficacious than a waiting-list control-group
 2. one study demonstrating efficacy either through performance superior to that of a pill or psychological placebo, or equivalency to an already established treatment
 3. a small series of good single-case design studies
 4. at least two good studies demonstrating efficacy, but flawed by the heterogeneity of the client samples

C.) Experimental Treatments

Treatments that do not meet criteria for either of the above categories are labeled experimental. A treatment with this label may be, but is not definitively effective.

Additional Exercises for Evaluating the Evidence for an Intervention

- a. *Poster Session*: choose a specific intervention related to individuals with a diagnosis of serious mental illness and create a poster session that summarizes the intervention (including key components for fidelity); 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 with key populations. Posters will be presented at the class poster session, and you will need to provide poster reprints so your classmates can each have a copy. The instructor will distribute a more detailed description of this assignment. [Note to instructor, see curriculum guide].
- b. *Research Evaluation Paper*. Choose a specific research article that evaluates an intervention related to individuals with a diagnosis of serious mental illness. For example, you might decide to focus on cognitive therapy with individuals with a diagnosis of schizophrenia. Your intervention can be covered in the course, but you must pull in literature beyond the course syllabus. Write a paper that addresses the following questions/points: description of the intervention (including key components for fidelity), goals/targets/desired outcomes of this intervention, nature of all the evidence supporting the intervention, categorize the intervention according to one of the Level of Evidence classification models given to you by the instructor, discuss what additional research is needed on this intervention to enhance its level of

empirical support, or to demonstrate it's effectiveness with key populations . [Note to instructor, see curriculum guide for more detail on the assignment and for Level of Evidence models].

- c. *Group Presentation on Evidence-Based Practice:* develop and present a one hour presentation on one of the interventions covered in the class. Presentations should include, at a minimum: description of the intervention, summary of the research support for the intervention, and any local/regional agencies that provide the intervention. Presentations will occur in the scheduled class session where the intervention is to be discussed. Guest speakers (agency staff, consumers, etc.) are allowed, but they can't do the entire presentation.

Exercise #3: Researching an Evidence Based Practice in Mental Health

Many interventions and mental health practices are now using the label of “Evidence-Based Practice” or research based practice. It shows up in advertising and catalog blurbs for treatment curricula and treatment manuals.

The purpose of this assignment is to select an actual product currently being marketed that makes this claim, find and examine the evidence behind the this claim, and then critically assess whether you think the evidence demonstrates that the intervention is effective and for whom.

[Note: an example of a product making this claim follows, however this assignment can be modified to another product, or the student can also find a product themselves and then critically assess the evidence.]

Hazelden publishing markets many such manuals and treatment curricula. Central New York Psychiatric Center utilizes their Criminal Justice curricula as part of their forensic mental health treatment programs. On a recent visit to a forensic mental health unit located in a correctional facility the staff referred to an Evidence Based program that they were using with the inmates with SMI.

On their website at <http://www.hazelden.org>, Hazelden makes the statement for their Criminal Justice materials: **”Hazelden is the leading publisher of evidence-based programs and curricula that address the specific needs of clients struggling with substance abuse and mental health issues.”**

Based on this claim, providers such as Central NY Psychiatric Center are utilizing their treatment manuals and workbooks in their treatment programs.

Please use the following outline for your discussion and assessment of the product you will review:

Select a product from Hazelden.org catalog and discuss the following:
 How do they describe the intervention and programs? Who is it intended for?
 What training and professional certifications or requirements do they suggest for the practitioners utilizing the program (i.e. Social workers, psychologists, mental health counselors or workers, correctional staff?)

Is there an implementation guide or assistance? What does this include? If not, how might this be problematic?

What is the cost for its use and ease of access for the providers, and for the recipients (inmates) using it? Does this raise any issues for implementation?

Is there any fidelity measure provided or evaluation of the implementation?

Describe the evidence that is provided by Hazelden supporting its effectiveness:

- i. Is there published or available research supporting its claim?
(Note: You may have to contact Hazelden to obtain a copy or a reference for this. Or you may need to do your own investigation of the research to find some evidence if they are unable to provide a link.)
- ii. If so, describe the research including who conducted it, the research design, the population and sampling method, the measures used and the results or outcomes of the research. Has research been applied to other racial or cultural groups as well? Is there any evidence that it is effective with diverse populations?
- iii. Is there anecdotal evidence? Please describe and critically examine this evidence for validity as best you can.

If there is no direct evidence for this intervention but it relies or incorporates another practice or intervention that is evidence-based (such as Cognitive-behavioral therapy or similar) then describe the evidence that supports the use of this EBP with this particular population and what support there is to show that this is an effective use of the EBP.

How might a culturally diverse population affect the implementation, use or effectiveness of this treatment program?

Based on what you have found out, would you recommend the continued use of this treatment or intervention in this setting? What are the advantages of its use? What are the concerns you would have about its use?

Exercise #4: Case Studies –Fishbowl Exercise

Give class a case study (“Mr. Jones” is a comprehensive case study is located in the Curriculum Guide or Project Manual), and divide the class into small groups. Assign half the small groups the task of “making the case” that Mr. Jones has a primary substance abuse problem and that the psychiatric symptoms are likely just a consequence of his use, hence he needs only substance abuse treatment. Assign the other half of the groups to make the case that he has a primary mental health problem, and that his substance use is strictly a function of self-medication, hence he needs only mental health treatment. Each group should be instructed to evaluate the case in light of their perspective and they will be asked to send a representative to a team meeting to advocate their perspective. Give the groups about 15 minutes to work.

Then take a representative from each group and construct a treatment team meeting role play in the middle of the room. Appoint a team leader and instruct the leader and team to come a decision about a whether Mr. Jones has a primary mental health or substance abuse problem. If desired, leave an empty chair in the team meeting that any member of the class can move into to add a point they think needs to be made (and then they can leave the chair, leaving it open for someone else).

Process the exercise discussing the problems inherent in trying to make clients fit the focus of our service systems (i.e., one primary problem).

Other Case Study exercises:

Case Application: Class sessions 3-13 cover specific mental health interventions. Using the case the instructor provides, write three brief papers (3-5 pages) on three of these interventions (one paper on each intervention) and how they might be applied to the case example. Included in the paper should be: your assessment of how well the intervention meets the client's needs, anticipated barriers to implementing the intervention and how they might be addressed, and the degree to which the interventions are compatible with social work values. [Note to instructor: this assignment could be completed through class presentations & role plays instead of through a paper; see cases in curriculum guide]

Modified versions:

- a. Students will choose a racial/ethnic group and investigate and report on research answering the question: What are the obstacles faced by members of this group in accessing needed mental health services? Students complete a short paper with references. The exercise is left open to meet individual faculty need, i.e. can be presented in a group, poster session, etc.
- b. "Investigate how effective a particular EBP intervention is with a particular ethnic/racial group."

Exercise #5: Motivational Interviewing

In class case presentation followed by application of the **Decisional Balance Worksheet Assignment** which can be located at:

<http://www.motivationalinterview.net/clinical/decisionalbalance.pdf> 

Utilizing media services, students will create and videotape an interview that is 10 to 15 minutes in length utilizing a "Motivational Interviewing" technique with a partner. The team is responsible for transcribing the interview and providing the professor with a process recording on the due date. Only one process recording and write up is to be turned in. Six to eight typed pages for your evaluation/analysis of the interaction will also be turned in (actual process section can be single spaced).

This is a clinical interview of a client. You will need to identify ahead of time the demographics of your client, setting, how many times you have met before, etc. You **MUST** write a consent form and have it signed before you interview your classmate. You must include in the consent permission for the video to be showed in class. Guidelines for class viewing will be provided later in the semester. The tape will be

destroyed upon viewing in class and after discussion. The client data to be collected will be fictional in nature.

In the write up section, you must evaluate the interview:

1. Do a brief set-up of the situation. Who the interviewee(s) is, their background, and presenting issue(s). Why MI was chosen.
2. Write a process recording for the entire interview.

Instructions: Split your page vertically. On the left hand side do a verbatim process- s/he said, you said, s/he said, you said. On the right hand side make three different observations;

- a) What the material evoked in you (feelings).
 - b) What the interviewee(s) was really trying to communicate
 - c) Why you chose to respond the way you did, what you were thinking, what you were trying to convey to the interviewee(s).
 - d) Three or four MI techniques utilized in the interview. Why were they chosen?
3. Identify non-verbal (your) interactions. How did they affect the interview process?
 4. What social work values, principles and service elements were apparent in the interview?

Exercise #6: Medication Management

Select a client from your placement setting whose medication you would like to understand.

Briefly provide a brief summary of the presenting issues for this client (up to two pages)

- Presenting problem
- Diagnosis
- Major Strengths
- Major challenges and stressors
- Major supports
- Treatment setting
- Medication(s) and dose
- Rationale for medicine and dose (Why this particular medication or set of medications?)
- How is the medication monitored? By whom?
- Observation of compliance and effectiveness

Then address the following questions:

- Is the current treatment plan successful? What's working? What's not? How are you evaluating this?
- Is the client aware of what medication(s) he or she is taking? How does he or she understand the use of and adherence to medication in relationship to overall treatment?

- What are the implications of selecting this particular medication for the client? What needs to be monitored in the future? What does the client need to know about the particular medication (or set of medications) that he or she is taking?
- How would you work with the client to increase knowledge regarding the selection of the medication(s) and the importance of adherence to treatment?

In a concluding section, reflect on what you have learned through the process of preparing the paper.

Option #B - Select a diagnosis and a medication that is used to treat someone with that diagnosis...

Conduct a literature based and internet based search to gather some basic information on the medication.

First, provide a detailed description of the medication that you have selected.

- What group or groups of clients would be a candidate for this particular medication? Why?
- How does the medicine work (action in the brain)? See the following web site to help you out: <http://thebrain.mcgill.ca/> 
- What are some of the benefits of the drug? Risks? Side effects? Dosage?
- When would the medication be indicated for a particular client or group of clients? Contraindicated?

In the second part of the paper, describe the medication in a fashion that would be understandable to an individual with a psychotic disorder and/or the caregiver for such individual. Prepare an informational description that you could use to teach a client or group of clients about this particular medication. Attend to language and simplicity of presentation. As you write, consider what questions a client might ask (i.e. what that client might need or want to know).

In a concluding section, reflect on the challenges involved in learning about the particular medication that you select so that you would in turn be able to educate your client(s) effectively.

NOTE: for either option, provide a brief list of references (articles, websites etc). Use APA style.

CLASS PARTICIPATION

Class sessions will involve a variety of class activities, including discussion and role plays that are essential to learning the course content.

Important Course Resources

The project faculty website – includes the course syllabus, curriculum guide, fidelity scales, class exercises, participating schools, and project faculty forms.

<http://www.omh.ny.gov/omhweb/adults/swebp/faculty/>

NYS OMH Fidelity Scales for EBPs are available online at:
www.omh.ny.gov/omhweb/adults/swebp/scales/

Web-based EBP Training Series through the Center for Practice Innovations (CPI) at Columbia Psychiatry, supported by NYOMH.

- ACT: Promoting recovery through a mobile team-based approach
- Integrated Treatment (FIT)
- Wellness Self Management (WSM)
- Supported Housing (SE)

For initial faculty registration, please [e-mail Lucy Newman](#).

CPI staff will then guide faculty through obtaining access to trainings for them selves and their students.

“Mr. Jones” and other case studies are available in the *Course Manual*, the *UBCC Course Resource Packet*, and the *Project Website* listed above.

MODULE ONE

Introduction to Course & Recovery, Stigma & Mental Illness

- Review of the course, syllabus, and assignments
- Introduction to Evidence-Based Practice
- Review the biopsychosocial framework
- Review of mental illness and the DSM
- Recovery framework
- Stigma

Required Readings:

(Textbook) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 13.

Deegan, P. (2003). Discovering recovery. *Psychiatric Rehabilitation Journal* 26(4), 368-376.

Estroff, S., Penn, D., & Toporek, J. (2004). From stigma to discrimination: An analysis of community efforts to reduce the negative consequences of having a psychiatric disorder and label. *Schizophrenia Bulletin* 30 (3), 493-509.

McNeece, A., & Thyer, B. (2004). Evidence-based practice in social work. *Journal of Evidence-Based Social Work*, 1(1), 7-25.

Ridgway, P. (2001). Restorying psychiatric disability: Learning from first person recovery narratives. *Psychiatric Rehabilitation Journal*, 24(4), 335-343

Rubin, A. (2008). *Practitioner's guide to using research for evidence-based practice*. Hoboken, NJ: Wiley, Chapters 1-3 (pp. 3-58).

Song, L. & Hsu, S. (2011). The development of the stages of recovery scale for persons with persistent mental illness. *Research on Social Work Practice*. Published first online, March 14, 2011; 1049731511402218.

Required Readings for Cultural Competency:

Whaley, A. L. & Davis, K.E. (2007). Cultural competence and evidence-based practice in mental health services: A complementary perspective. *American Psychologist*, 62(6), 563-574. doi: 10.1037/0003-066X.62.6.563

Suggested Readings:

Preston, J., O'Neal, J., Talaga, M. (2010). Handbook of clinical psychopharmacology for therapists (6th Ed.). Oakland, CA: New Harbinger.

Rubin, A. (2008). Practitioners guide to using research for evidence-based practice. Hoboken, NJ: Wiley.

Suggested Cultural Competency Readings:

Lloyd, C., King, R. & Moore, L. (2010). Subjective and objective indicators of recovery in severe mental illness: A cross-sectional study. *International Journal of Social Psychiatry*, 56(3), 220-229.

Payton, A. R. & Thoits, P. A. (2011). Medicalization, direct-to-consumer advertising, and mental illness stigma. *Society and Mental Health*, 1(1),55-70.

What a Difference a Friend Makes (2011). SAMHSA. Personal stories of recover from mental illness. <http://www.whatadifference.samhsa.gov/> 

MODULE TWO**Introduction to Evidence-based practice and Review of Serious Mental Illness (SMI)**

- Overview of Evidence-Based Practice
- Evidence-Based Practice in the Managed Health Care System
- Evidence for and against Evidence –Based Practice
- Serious Mental Illness, Recovery and Evidence-Based Practice
- Ethical issues in Evidence-Based Practice

Required Readings:

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

And/Or

(Textbook) Rosenberg, J. & Rosenberg, S. (2006). *Community mental health: Challenges for the 21st century*. New York: Routledge Press. Chapters 4, 5 and 7.

Long, K.J., Homesley, L. and Wodarski, J.S. (2007). The role for social workers in the managed care system: A model for evidence-based practice. In B.A. Thyer and J.S. Wodarski (Eds.), *Social work in mental health: An evidence-based approach* (pp. 527-542). Hoboken, NJ: Wiley.

Solomon, P. and Stanhope, V. (2006). Recovery: Expanding the vision of evidence-based practice. In A. R. Roberts and K.R. Yeager (Eds.), *Foundations of evidence-based social work practice* (pp. 336-348). New York: Oxford.

Thyer, B.A. (2007). Evidence-based social work: An overview. In B.A. Thyer and J.S. Wodarski (Eds.), *Social work in mental health: An evidence-based approach* (pp. 1-25). Hoboken, NJ: Wiley.

Required Readings for Cultural Competency:

Rosenberg, J. & Rosenberg, S. (2006). *Community mental health: Challenges for the 21st century*. New York: Routledge Press. Chapters, 9, 10, 11, 12 and 13

Suggested Readings:

Roberts, G.A. (2000). Narrative and severe mental illness: What place do stories have in an evidence-based world? *Advances in Psychiatric Treatment*, 6, pp. 432-441.

Suggested Video Resource:

Inside Outside: Building a meaningful life after the hospital. Pat Deegan, PhD, 2004, 50 min. Video available online: search by title using Google or other search engine..

MODULE THREE**PACT—Program for Assertive Community Treatment**

- PACT – history and overview
- Relationship between ACT and traditional case management
- Outcomes in ACT interventions
- Intervention components and model fidelity
- Critical perspective on ACT: what are its limitations?
- Treatment planning in ACT settings
- Effective teamwork and inter-professional collaboration on ACT teams
- Cultural competence in ACT services

Required Readings:

(Textbook) 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.

Dixon, L. (2000). Assertive community treatment; Twenty-five years of gold *Psychiatric Services*, 51(6), 759-765.

Mancini, A.D., Moser, L.L., Whitley, R., McHugo, G.J., Bond, G.R., Finnerty, M.T., & Burns, B.J. (2009). Assertive community treatment: Facilitators and barriers to implementation in routine mental health settings. *Psychiatric Services*, 60(2): 189-195.

Moser, L.L., & Bond, G. R. (2009). Scope of agency control: Assertive community treatment teams' supervision of consumers. *Psychiatric Services* 60(7): 922-928.

Stull, L.G., McGrew, J.H., & Salyers, M.P. (2010). Staff and consumer perspectives on defining treatment success and failure in assertive community treatment. *Psychiatric Services*, 61(9): 929-932.

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.

Required Readings for Cultural Competency:

- Barrio, C. (2000). The cultural relevance of community support programs. *Psychiatric Services*, 51(7), 879-884.
- Blasé, K.A., & Fixsen, D.L. (2003). Evidence-based programs and cultural competence. Working paper – can be found at http://www.fpg.unc.edu/~nirn/resources/publications/working_paper_2a.pdf
- Chow, W., Law, S., Andermann, L., Yang, J., Leszcz, M., Wong, J., & Sadavoy, J. Multi-Family Psycho-Education Group for Assertive Community Treatment Clients and Families of Culturally Diverse Background: A Pilot Study (2010). *Community Mental Health Journal*, 46(4): 364–371.
- Washington State Program of Assertive Community Treatment (PACT) Program Standards 4-16-07 – can be found online: <http://www.dshs.wa.gov/pdf/dbhr/mh/pact/PACTProgramStandards.pdf>

(Have students review the above for cultural competence content, and then discuss implications for the implementation of ACT services.)

Suggested Readings:

- Angell, B., Mahoney, C.A., Martinez, N.I. (2006): Promoting treatment adherence in assertive community treatment. *Social Service Review* 80:485–526.
- Gomory, T. (2005). Assertive Community Treatment (ACT): The case against the "best tested" evidence-based community treatment for severe mental illness. In S. A. Kirk (Ed.) *Mental disorders in the social environment: Critical perspectives*. New York, NY: Columbia University Press
- Lehman, A. F., Dixon, L. B., Kernan, E. DeForge, B. R., & Postrado, L. T. (1997). A randomized trial of assertive community treatment for homeless persons with severe mental illness. *Archives of General Psychiatry*, 54 , 1038-1043.

Suggested Video Resources:

- 1) "Hospital With out Walls" videotape – available on loan from UBCC.
- 2) Mary Ann Test – History of ACT Model – 30 minute lecture <http://video.google.com/videoplay?docid=-3636883055558008415#>

MODULE FOUR**Motivating for Change and Motivational Interviewing**

- Empowerment focus-importance of client choice
- Using motivational enhancement techniques with people who have serious mental illness.
- Tracking consumer motivational outcomes with assessment tools and choosing treatment modalities based on outcomes
- Transtheoretical model and stages of change
- Motivational interviewing
- Use of the Transtheoretical model and motivational interviewing to address mental health problems (see Smyth, 1996)
- Clinical applications of MI

Required Readings:

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

Burke, B., Arkowitz, H., & Menchola, M. (2003). The Efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology, 71*(5), 843–861.

Hettema, J., Steele, J. & Miller, W. R. (2005) Motivational interviewing. *Annual Review of Clinical Psychology, (1)*: 91-111.

Miller, W. & Rollnick, S. (2002) (Eds.), *Motivational interviewing: Preparing people for change* (2nd ed.). New York: The Guilford Press. (Chapter 15 & faculty to assign other readings)

Required Readings for Cultural Competency:

Breland-Noble, A. M., Bell, C., & Nicolas, G. Family first: The development of an evidence-based family intervention for increasing participation in psychiatric clinical care and research in depressed African American adolescents. *Family Process, 45*, 153–170.

Miller, W. & Rollnick, S. (2002) (Eds.), *Motivational interviewing: Preparing people for change* (2nd ed.). New York: The Guilford Press. Suggested: Chapter 19, p284-298; Chapter 22 p.333-346

Uebelacker, L.A., Hecht, J., Miller, I.W. (2006). The Family Check-Up: A pilot study of a brief intervention to improve family functioning in adults. *Family Process, 45*, 223–236.

Suggested Readings:

Arkowitz, Hal, et al. (2008). *Motivational interviewing in the treatment of psychological problems*. Guilford Press, NY.

Barrowclough, C., Haddock, G., Tarrier, N., Lewis, S.W., Moring, J., O'Brien, N., Schofield, B., & McGovern, J. (2001). Randomized Controlled Trial of Motivational Interviewing, Cognitive Behavior Therapy, and Family Intervention for Patients With Comorbid Schizophrenia and Substance Use Disorders. *American Journal of Psychiatry, 158*, 1706-1713.

Rusch, N. & Corrigan, P.W. (2002). Motivational interviewing to improve insight and treatment adherence in schizophrenia. *Psychiatric Rehabilitation Journal, 26*(1), 23-32.

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

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

Squires, D. & Moyers, T. (2001) *Motivational Interviewing*. University of New Mexico. www.bhrm.org/guidelines/Addguidelines.htm .

MODULE FIVE

Wellness Self-Management and Recovery

- Motivating clients to engage in self-management
- Recovery treatment planning, and monitoring and evaluating progress toward treatment goals
- The symptoms of psychosis, depression, and mania are reviewed
- The culture of recovery
- The management of symptoms
- Mutual Aid and its healing components
- Interventions and outcomes for the strength-based perspective
- Trusting relationships and outcome measures

Required Readings:

(Textbooks) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 17.

And

Adams, J.R. Drakes, R.E. & Worlford, G.L. (2007). Shared decision-making preferences of people with severe mental illness. *Psychiatric Services*, 58, 1219-1221.

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.

Rubin, A., Springer, D.W., and Trawver, K. (2010). *Psychosocial Treatment of Schizophrenia*. Hoboken, NJ: Wiley. Chapter 2. A guide to implementation and clinical practice of illness management and recovery for people with schizophrenia. pp. 23-88.

Salerno, Anthony, et al. (2011). Wellness self-management: An adaptation of the illness management and recovery program in NYS. *Psychiatric Services*, May, 62, #5, 456-458.

Starnino, V.R., Mariscal, S., Holter, M.C., Davidson, L.J., Cook, K.S., Fukui, S., Rapp, C.A. (2010). Outcomes of an illness self-management group using wellness recovery action planning. *Psychiatric Rehabilitation Journal*, 34, 57-60.

Whitley, R.E. Gingerich, S., Lutz, W.J., Y Mueser, K.T. (2009). Implementing the Illness Management and Recovery program in community mental health settings: Facilitators and barriers. *Psychiatric Services*, 60, 202-209.

Required Readings for Cultural Competency:

Fujita, E., Kato, D., Kuno, E., Suzuki, Y., Uchiyama, S., Watanabe, A., Uehara, K., Yoshimi, A., & Hirayasu, Y. (2010). Implementing the illness management and recovery program in Japan. *Psychiatric Services*, 61, 1157-61.

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

Recommended Readings:

Harvey, P.D. & Bellack, A.S. (2009). Toward a terminology for functional recovery in schizophrenia: is functional remission a viable concept? *Schizophrenia Bulletin*, 35, 300-306.

- Hasson-Ohayon, I., Roes, D., & Kravetz, S. (2007). A randomized controlled trial of the effectiveness of the illness management and recovery program. *Psychiatric Services*, 58, 1461-1466.
- Hasson-Ohayon, I., Roes, D., & Kravetz, S. (2008). The psychometric properties of the Illness Management and Recovery scale: Client and clinician versions. *Psychiatry Research*, 160, 228-235.
- Levitt, A., Mueser, K.T., DeGenova, J., Lorezno, J., Bradford-Watt, D., Barobsa, A., et al (2009). A randomized controlled trail of illness management and recovery in multi-unit supported housing. *Psychiatric Services*, 60, 1629-1636.
- McHugo, G.J., Drake, R.E., Whitley, R., Bond, G.R., Campbell, K. Rapp, C.A. et al. (2007). Fidelity outcomes in the National Implementing Evidence-Based Practices Project. *Psychiatric Services*, 58, 1279-1284.
- Mueser, K.T., Meyer, P.S. Penn, D. L., Clancy, R., Clancy, D.M., & Salyers, M.P. (2006). The illness Management and Recovery program: Rationale, development, and preliminary findings. *Schizophrenia Bulletin*, 32(Suppl. 1), S32-S43.
- Newman, S., Steed, L., & Mulligan, K. (2004). Self-management interventions for chronic illness. *Lancet*, 364, 1523-1537.
- 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.
- Roe, D., Penn, D.L. Borty, L., Hasson-Ohayon, I., Hartwell, K., & Roes, S. (2007). Illness management and recovery: Generic issues of group format implementation. *American Journal of Psychiatric Rehabilitation*, 10, 131-147.

MODULE SIX

Medication Management

- Shared Decision-making and medication management in the recovery process
- **The current social work role in medication management**
- Support for “personal medicine” and shared decision making in psychopharmacology
- Concrete skills for self-management of medication
- Educating consumers about medication side effects and benefits to achieve quality of life
- Interventions and methods to facilitate medication regimes (social skills training, motivational enhancement, and behavioral tailoring)

Required Readings:

(Textbook) Drake, R. E., Merrens, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 19.

And

- Miller, R., & Mason, S.E. *Diagnosis schizophrenia*. (2002 2nd ed.). New York: Columbia University Press, pp. 68-81, Medication, (chapter 8).
- Deegan, P. and Drake, R.E. (2006) Shared decision making and medication management in the recovery process. *Psychiatric Services*, 57(11), 1636-1639.
- Deegan, P. (2007). The Lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support it. *Psychiatric Rehabilitation Journal*, 31(1), 62-69.

Zygmunt, A., Olfson, M., Boyer, C.A., and Mechanic, D. (2002). Interventions to Improve Medication Adherence in Schizophrenia, *American Journal of Psychiatry*, 159:1653–1664.

Required Cultural Competency Readings:

Gilmer, T. P., Ojeda, V. D., Barrio, C. Fuentes, D., Garcia, P., Lanouette, N. M. and Lee, K. C. (2009). Adherence to antipsychotics among Latinos and Asians with schizophrenia and limited english proficiency. *Psychiatric Services*, 60(2): 175-182.

Pi, E.H., and Simpson, G.M. (2006). Cross-cultural psychopharmacology: A current clinical perspective. *American Psychiatric Association*; 4:62-65.

Suggested Readings:

Preston, J., O’Neal, J., Talaga, M. (2010). *Handbook of clinical psychopharmacology for therapists (6th Ed.)*. Oakland, CA: New Harbinger.(faculty to assign readings).

Hamera, E., Pallikkathayil, L., Baker, D. and White, D.. (2010). Descriptive study of shared decision making about lifestyle modifications with individuals who have psychiatric disabilities. *Journal of the American Psychiatric Nurses Association*, 16(5):280 – 287.

Drake, R.E. and Deegan, P.E. (2009), Shared decision making is an ethical imperative. *Psychiatric Services*, 60:1007

MODULE SEVEN

Treatment for Concomitant Mental Health and Substance Abuse Problems

- Screening & Assessment & Tools in the public domain
- Developing an Integrated Recovery Plan
- Traditional Approaches to Non-Integrated Treatment
- Why IDDT?
- Integrated Treatment Approaches
- Coordination of Care & Collaboration
- Expected Course of treatment with Individuals with COD
- Relapse Prevention
- Drugs of Abuse

Required Readings:

(Textbook) Drake, R. E., Murrain, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 15.

And/Or

Rosenberg, J. & Rosenberg, S. (2006). *Community mental health: Challenges for the 21st century*. New York: Routledge Press. Chapters 6 and 15.

Steenrod, 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.

Required Readings for Cultural Competency:

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.

Suggested Readings:

Substance Abuse Treatment for Persons with Co-Occurring Disorders TIP 42 Integrated Dual Disorder Treatment (Dartmouth). Videos available on YouTube – search by title.

MODULE EIGHT

FREE WEEK: An opportunity to expand a module or explore other dimensions of mental health care/evidence-based practices related to adults with a diagnosis of SMI, i.e. geriatric, veterans, and forensic mental health issues.

MODULE NINE**Family Intervention**

- Using psychoeducation to enhance family members' ability to support the client's recovery
- Parenting issues for parents with a diagnosis of serious mental illness
- Overview and definition of psychoeducation in the context of evidence-based practice
- Literature-based examples and applications of psychoeducation as evidence-based practice
- Theoretical and historical overview of psychoeducation
- History of psychoeducation in relationship to the family and consumer advocacy movements
- Considerations for applied practice in cultural context
- Structure, content, format, timing, flexibility
- Implications for practice & policy

Required Readings:

(Textbook) Drake, R. E., Murrain, M.R., & Lynde, D.W. (2005). *Evidence-based mental health practice: A textbook*. New York: W.W. Norton. Chapter 17.

(Textbook) Rubin, A., Springer, D.W., and Trawver, K. (2010). *Psychosocial Treatment of Schizophrenia*. Hoboken, NJ: Wiley. Chapter 3. Psychoeducational Family Groups. pp. 89-144.

Breitborde, N.J., Moreno, F.A. Mai-Dixon, N., Peterson, R., Durst, L. Bernstein, B. Byreddy, S. & McFarlane, W.R. (2011). Multifamily group psychoeducation and cognitive remediation for first-episode psychosis: A randomized controlled trial. *BMC Psychiatry*, 12(11). 9.

Rummel-Kluge, C. & Kissling, W. (2008). Psychoeducation for patients with schizophrenia and their families. *Expert Reviews of Neurotherapeutics*, 8(7), 1067-1077.

- Sherman, M. & Carothers, R. (2005). Applying the readiness to change model to implementation of family interventions for serious mental illness. *Community Mental Health Journal*, 41, 115-128.
- Williams, C., & Mfoafor-M'Carthy, M. (2006). Care: Giving, receiving, and meaning in the context of mental illness. *Psychiatry*, 69(1), 26-46.

Required readings for Cultural Competency:

- Biegel, D., Isher, K., Katz, S. & Johnson, P. (2007). Predictors of family caregivers of women with substance use disorders or co-occurring substance and mental disorders. *Journal of Social Work Practice in the Addictions*, 7(1/2), 25-40.
- Guarnaccia, P. (1998). Multicultural experiences of family caregiving: A study of African American, European American, and Hispanic American families. *New Directions for Mental Health Services*, 77, 45-61.
- Shin, S.K. & Lukens, E.P. (2002) Effects of psychoeducation for Korean Americans with chronic mental illness. *Psychiatric Services*, 53(9), 1125-1131.

Suggested Readings:

- Betancourt, J., Green, A.R., Carrillo, J.E., & Ananeh-Firempong, O. (2003). Defining cultural competence: A practicing framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*. 118, 93-118.
- Chen, F.P. & Greenberg, J.S. (2004). A positive aspect of caregiving: The influence of social support on caregiving gains for family members of relatives with schizophrenia. *Community Mental Health Journal*, 40(5), 423-435.
- Dilworth-Anderson, P. Williams, I.C. & Gibson, B.E. (2002). Issues of race, ethnicity, and culture in caregiving research: A 20-year review (1980-2000). *Gerontologist*, 42(2), 237-272.
- Friedman-Yakoobian, M.S. de Mamani, A.W., & Mueser, K.T. (2009). Predictors of distress and hope in relatives of individuals with schizophrenia. *Israeli Journal of Psychiatry and Relational Science*, 46(2), 130-140.
- Greeff, A.P. Vansteenwegen, A., & Ide, M. (2006). Resiliency in families with a member with a psychological disorder. *American Journal of Family Therapy*, 34, 285-300.
- Jewell, T.C. Downing, D. & McFarlane, W.R. (2009). Partnering with families: Multiple family group psychoeducation for schizophrenia. *Journal of Clinical Psychology*, 65(8), 868-878.
- Moore, B. C. (2005). Empirically supported family and peer interventions for dual disorders. *Research on Social Work Practice* 15, 231-245.
- Pitschel-Walz, G., Leucht, S., Bauml, J., Kissling, W., & Engel, R.R. (2001). The effect of family interventions on relapse and rehospitalization in schizophrenia: A meta-analysis. *Schizophrenia Bulletin*, 27, 73-94.
- Snowden, L.R. (2005). Racial, cultural and ethics disparities in health and mental health: Toward theory and research at community levels. *American Journal of Community Psychology*, 35 (1-2), 1-8.

MODULE TEN

Supported Employment

- The importance of work for those diagnosed with a serious mental illness
- Historical context: evolution of vocational rehabilitation approaches
- Individual Placement and Support (IPS) model of supported employment: the evidence-based practice
 - Review of the evidence

- Principles of IPS
- Core practitioner skills
- Fidelity scale
- The role of the social worker in providing vocational support to clients in competitive employment
- Implications for social work practice.

Required Readings:

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

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.

Swanson, S.J. and Becker, D.R. (2011). *Supported Employment: Applying the IPS model to help clients compete in the workforce*. Center City, Minnesota: Hazelden. Chapters 1, 2, 9, and 12.

Required Readings for Cultural Competency:

Capella, M.E. (2002) Inequities in the VR system: Do they still exist? *Rehabilitation Counseling Bulletin*; 45,143-153.

Or

Olney, M.F., and Kennedy, J. (2002) Racial disparities in VR use and job placement rates for adults with disabilities. *Rehabilitation Counseling Bulletin*; 4, 177-185.

Recommended Readings:

Becker, D.R. and Drake, R.E. (2003). A working life for people with severe mental illness. NY: Oxford University Press.

Becker, D.R., Whitley, R. et al. (2007). Long term employment trajectories among supported employment participants with severe mental illness. *Psychiatric Services*, 58, 922-928.

Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal* 27(4), 345-359.

Cook, J. A. et al. (2005). Results of a multisite randomized trial of supported employment interventions for individuals with SMI. *Arch. Gen. Psychiatry* 62, 505-512

Leff, H.S., et al (2005). Effects of job development and job support on competitive employment for persons with SMI. *Psychiatric Services*, 56, 1237-1244.

Macias, C., Rodican C. F., Hargreaves W. A., Jones, D. R., et al. (2006). Supported Employment Outcomes of a Randomized Controlled Trial of ACT and Clubhouse Models. *Psychiatric Services* 57(10), 1406- 1415.

Marrone, J. et al. (2005). How mental health and welfare to work interact: the role of hope, sanctions, engagement, and support. *American J. of Psychiatric Rehabilitation* 8, 81-101.

Marshall, T., et al (2008). Key factors for implementing supported employment. *Psychiatric Services* 59, 886-892. SAMHSA's supported employment tool kit. <http://store.samhsa.gov/product/SMA08-4365> 

Suggested Resource:

Additional Resources for videos, current texts, and webcast links can be found at <http://www.dartmouth.edu/~ips/>  under "resources."

Suggested Cultural Competency Readings:

- Alverson, H., & Vincente, E. (1998). An ethnographic study of vocational rehabilitation for Puerto Rican Americans with severe mental illness. *Psychiatric Rehabilitation Journal*, 22, 69- 72.
- Cook, J. A., Pickett-Schenk, S. A., Grey, D., Banghart, M., Rosenheck, R. A., & Randolph, F. (2001). Vocational outcomes among formerly homeless persons with severe mental illness in the ACCESS program. *Psychiatric Services*, 52, 1075-1080.
- Harris, M., Bebout, R. R., Freeman, D. W., Hobbs, M. D., Kline, J. D., Miller, S. L., et al. (1997). Work stories: Psychological responses to work in a population of dually diagnosed adults. *Psychiatric Quarterly*, 68, 131-153.

MODULE ELEVEN**Social Skills Training**

- Application of social learning theory
- Using social skills training with people who have serious mental illness.
- Adapting social skills training for use with individuals with a diagnosis of specific disorders (schizophrenia, bipolar disorder, and depression).
- Tracking social skill development outcomes and using them to inform future practice
- Social skills training models.
- Outcome data for social skills training

Required Readings:

- Bellack, A.S. (2004). Skills training for people with severe mental illness. *Psychiatric Rehabilitation Journal*, 27(4), 375-391
- Kopelowicz, A, Liberman, R.P., and Zarate, R. (2006). Recent advances in social skills training for schizophrenia. *Schizophrenia Bulletin*, 32, S12-23.
- Liberman, R.P. (2007). Dissemination and adoption of social skills training: Social validation of an evidence-based treatment for the mentally disabled. *Journal of Mental Health*, 16(5), 595-623.
- Tsang, H.W.H (2001). Social skills training to help mentally ill persons find and keep a job. *Psychiatric Services*, 52, 7, 891-895.

Required Readings for Cultural Competency:

- Granholt, E., McQuaid, J.R., Auslander, L.A., & McClure, F.S. (2004). Group cognitive-behavioral social skills training for older outpatients with chronic schizophrenia. *Journal of Cognitive Psychotherapy: An international quarterly*, 18(3), 265-279.
- Kopelowicz, A., Zarate, R., Gonzalez-Smith, V., Mintz, J., & Liberman, R.P. (2003). Disease management in Latinos with Schizophrenia: A Family assisted, skills training approach. *Schizophrenia Bulletin*, 29(2), 211-227.
- Stanhope, V., Solomon, P., Pernell-Arnold, A., Sands, R.G., & Bourjolly, J.N. (2005). Evaluating cultural competence among behavioral health professionals. *Psychiatric Rehabilitation Journal*, 28(3), 225-233.

Suggested Readings:

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

MODULE TWELVE**Trauma and Serious Mental Illness**

- Role of trauma and serious mental illness as an area of emerging research.
- Epidemiology of trauma and severe mental illness.
- Etiology of trauma, post-traumatic stress disorder, and related illnesses in individuals with a diagnosis of serious mental illness.
- Trauma Informed Care- What is it and how does it fit with EBP?
- Implications for service delivery: assessing trauma in individuals with a diagnosis of serious mental illness.

Required Readings:

Shapiro, Robin (2010). *The trauma treatment handbook: Protocol across the spectrum*. WW. Norton & Co. (Chapters 7, 8, 9).

Butler, L. & Wolf, M. (fall 2009). Trauma-informed care: Trauma as an organizing principle in the provision of mental health and social services. *Trauma Psychology Newsletter* p. 7-11

Fallot, R. & Harris M. (Winter 2008). Trauma-informed approaches to systems of care. *Trauma Psychology Newsletter*, p 6-7.

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

Required Readings for Cultural Competency:

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.

Cohen, J. & Mannarino, A. P. (2008). Disseminating and Implementing Trauma-Focused CBT in Community Settings. *Trauma Violence Abuse*, 9.

Gray, M. J. Elhai, J. D. & Schmidt, L.O. Trauma Professionals' Attitudes Toward Evidence-Based Practices. *Behavior Modification*, 31, 732.

Suggested Readings:

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

Briere, J. N. et al. (2006). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. Sage Publications.

Herman, Judith (1997). *Trauma and recovery*. Basic Books, NY, NY.

O'Hanlon, Bill (2011) *Quick steps to resolving trauma*. W.W. Norton & Co., NY.

Morrissey, Jos., et al.(2005). Twelve month outcomes of trauma-informed interventions for women with co-occurring disorders. *Psychiatric Services*, 56 (10) 1213-1222.

Mueser, K. T. et al. (2007). The trauma recovery group: A cognitive-behavioral program for PTSD in persons with SMI. *Community Mental Health Journal*, 43, 281-304.

National Center for Trauma Informed Care (provides link to SAMHSA's Women, Co-occurring Disorders & Violence Study) provides training and technical assistance, and resources. <http://Mentalhealth.samhsa.gov/nctic/> .

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

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

Suggested Webcasts –

www.gifffromwithin.org/html/webcasts.html.  Several PTSD webcasts featuring Dr. Frank Ochberg.

Suggested Resources:

Selected UB SSW -Living Proof Podcast Series with related trauma themes.

www.socialwork.buffalo.edu/podcast/ 

Titles include

- #32- Dr. Harold Kudler. Helping veterans and their families succeed: Current research and practice guidelines in managing traumatic stress
- #35 – Dr. Elizabeth Tracy. Social networks and trauma: substance abuse and dual diagnosis among women.
- #38 and 40 – Dr. Mo Yee Lee. Integrating body, mind and spirit social work: Research and practice with female trauma survivors.
- #45 – Dr. Sharon Bowland. Strength and Struggle: Spirituality and recovery from trauma.
- #50 – Dr. Judith Herman. Justice from the victim's perspective. video.google.com. PTSD treatment – Dr. Robert Brown

MODULE THIRTEEN

Peer Support and Self Help

- History of consumer/survivor/peer movement in mental health
- Peer Support in the context of evidence-based practice
- Consumer-provided services
- Roles for consumer involvement in service provision
- Self-help groups and principles
- Peer support and technology (online, telephone, etc)
- Empirical evidence for peer support/self-help
- Connection to recovery framework/model
- Implications for practice and policy

Required Readings:

Bluebird, G. (2009). History of the consumer/survivor movement. Available online:

<http://www.power2u.org/downloads/HistoryOfTheConsumerMovement.pdf> 

Deegan, P.E., Rapp, C., Holter, M., & Riefer, M. (2008). Best Practices: A Program to Support Shared Decision Making in an Outpatient Psychiatric Medication Clinic. *Psychiatric Services*, 59(6): 603-605

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 .

- Holter, M.C., Mowbray, C.T., Bellamy, C.D., MacFarlane, P., Dukarski, J., Critical Ingredients of Consumer Run Services: Results of a National Survey. *Community Mental Health Journal*, 40(1), 47-63.
- Lucksted, Alicia, McNulty, Kathryn, Brayboy, Lorener, Forbes, Courtney (2009) Initial Evaluation of the Peer-to-Peer Program. *Psychiatric Services* 2009 60(2): 250-253.
- 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.
- Solomon, P. (2004). Peer Support/Consumer Provided Services Underlying Processes, Benefits, and Critical Ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.
- Zinman, S., Bluebird, G., & Budd, S. (2009). History of the mental health consumer movement. (webcast, with PPT slides) go to:
<http://promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference12172009.aspx> 

Required Readings for Cultural Competency:

- Jonikas, J.A., Kiosk, S., Grey, D.D., Hamilton, M.M., McNulty, J., & Cook, J.A. (2010) Cultural Competency in Peer-Run Programs: Results of a Web Survey and NAMI STAR Center and the University of Illinois at Chicago. Cultural Competence in Mental Health Peer-run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services. Available online:
<http://www.cmhsrp.uic.edu/download/CulturalCompetencyTool.pdf> 

Suggested Readings:

Optional. "Mad in America" is a controversial book that may generate lively discussions about the recovery movements and the role of medication management for SMI consumers in America. This book is being used as a required text in two participating schools.

(Textbook) Whitaker, R. (2010). *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*. New York: Basic Books.

Dixon, L., Stewart, T, Burland, J., Delahanty, J. Lucksted, A. & Hoffman, M (2001). Pilot study of the effectiveness of the family-to-family education program. *Psychiatric Services*, 52, 965-967.

Mowbray, C.T., Moxley, D.P., & Collins, M.E. (1998). Consumers as mental health providers: First-persons accounts of benefits and limitations. *The Journal of Behavioral Health Services & Research*, 25(4), 397-411.

Mowbray, C.T., Robinson, E.A., & Holter, M.C. (2002). Consumer drop-in centers: Operations, services, and consumer involvement. *Health and Social Work*, 27, 248-261.

Suggested Resources:

- Shery Mead: various video interviews available online on YouTube.
- Mary Ellen Copeland: various video interviews available online on YouTube.
- "Inside Outside: Building a Meaningful Life After the Hospital" video documentary. (This film is critical to my teaching of the course – I show it early in the semester, and refer to it throughout each module, but with a particular focused discussion during the peer support and recovery modules).

Available through SAMHSA and online, Pat Deegan, PhD, 50 min. 2004, NYAPRS at www.nyaprs.org. Statewide coalition of people who use or provide recovery based services.

MODULE FOURTEEN

Technology Transfer

- Principles for “technology transfer”
- Steps involved in implementing organizational change
- Stages of change applied to organizations & systems
- Addressing resistance in organizations
- Planning for the future—staying on top of a changing knowledge base

Required Readings:

(Textbook) Drake, R. E., Merrens, M.R., & Lynde, D.W.(2005). *Evidence-based mental health practice: A textbook..* New York: W.W. Norton. Chapter 8 and Epilogue: The future of EBP in mental health.

Isett, K.R. & Phillips, S.D. (2010). Improving practice-research connections through technology transfer networks. *The Journal of Behavioral Health Services and Research*, 37(11), 111-123.

Sexton, T.L., Chamberlin, PI, Landsverk, Oritz, A. & Schoenwald, S.K. (2010). Action brief: Future directions in the implementation of evidence based treatment and practices in child and adolescent mental health. *Administration in Policy and Mental Health*, 37, 132-134. DOI. 10.1007/s10488-009-0262-7.

Hamilton, A.B., Cohen, A.N. & Young, A.S. (2010). Organizational readiness in specialty mental health care. *Journal of General Internal Medicine*, 25(Suppl 1), 27-31.

Preston, J., O’Neal, Talaga, M. (2010). *Handbook of clinical psychopharmacology for therapists (6th Ed.)*. Oakland, CA: New Harbinger, pp. 1-56.

Required Readings for Cultural Competency:

Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polakovich, I.D. & Callejas, L.M. (2009). Cultural competence: A literature review and conceptual model for mental health services. *Psychiatric Services*, 60, 1046-1050. DOI: 10.1176/appi.ps.60.8.1046.

Mays, V.M., Gallardo, M., Shorter-Gooden, K., Robinson-Zanartu, C., Smith, M., McClure, F., Puri, S., Methot, L. & Ahhaitty, G. (2009). Expanding the circle: Decreasing American Indian mental health disparities through culturally competent teaching about American Indian mental health. *American Indian Culture and Research Journal*, 33(3), 61-83.

Suggested Readings:

Aarons, G.A., & Sawitzky, A.C. (2006). Organizational culture and climate and mental health attitudes toward evidence-based practice. *Psychological Services*, 3(1), 61-72.

Aron, L., & Zimmer, C. (2005). *The new frontier: Neuroscience advancements and their impact on nonprofit behavioral health care providers*. Milwaukee, WI: Alliance for Children and Families.

Farkas, M, et al (2005). Implementing recovery oriented EBP: Identifying the critical dimensions. *Community Mental Health Journal* (41), 141-159.

- Hardina, D. et al. (2006). *An Empowering Approach to Managing Social Service Organizations*. NY: Springer Publishing.
- Hodges, J. & Hardiman, E. R. (2006). Promoting healthy organizational partnerships and collaborations between consumer-run and community mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*.
- Mazade, N. A & Glover, R. (2007). Critical priorities confronting state mental health agencies. *Psychiatric Services* (58), 1148-1226

ADDENDUM: RESOURCES FOR CULTURAL COMPETENCY CONTENT

To teach students the definitions of culture and cultural competence

- To highlight the importance of cultural competence when delivering mental health services
- To highlight the range of diversity issues including age, culture, ethnicity, gender, race, and sexual orientation

Objectives:

Following completion of this module, students will be able to:

1. Define the concept of culture and the centrality that it has in the lives of consumers and practitioners.
2. Explore mental health morbidity and the burden of disease within each of the major cultures with which the students will be practicing.
3. Understand what it takes to ensure that a program's policies and practices ensure the delivery of culturally competent services.

Topic Outline:

- A. Culture – Race – Ethnicity
 1. Provide working definitions for the students of each of these significant concepts.
 2. Explore where they might overlap but how they are separate concepts
 3. Highlight the significance that each of these concepts has in the lives of consumers and providers of service
- B. Cultural Competence
 1. Present multiple definitions from the literature of cultural competence
 2. What does it take to be a culturally competent practitioner?
 3. When is an agency or program culturally competent?
- C. Incidence of Mental Illness Diagnosis and the Burden of Illness
 1. Mental Health Care for African Americans
 2. Mental Health Care for Hispanic Americans
 3. Mental Health Care for American Indians and Alaska Natives
 4. Mental Health Care for Asian Americans and Pacific Islanders
 5. Mental Health Care for Gay, Lesbian, Bisexual and Transgendered Individuals
 6. Mental Health Care for geriatric consumers
- D. National Standards for Culturally and Linguistically Appropriate Services in Health Care

Suggested Session Instruction methods and Class Activities:

- Lecture

- Discussion
- Suggested In-Class Activities:
 1. Have students consider their own experiences accessing health care services and the impact that their culture might have had on the quality of care they received
 2. Have students reflect on how the culture/ethnicity of the clients/consumers with whom they worked impacted the services they provided
 3. Discuss what the students feel it would take to make one a culturally competent service provider

Readings:

- U.S. Department of Health and Human Services, U.S. Public Health Service. (2001). *Mental health: Culture, Race and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General*. Retrieved June 2007 from <http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf>.
- U.S. Department of Health and Human Services, Office of Minority Health. (March 2002). *National Standards on Culturally and Linguistically Appropriate Services in Health Care*. Retrieved June 2007 from <http://www.omhrc.gov/assets/pdf/checked/executive.pdf>
- U.S. Department of Health and Human Services, Office of Minority Health, Agency for Healthcare Research and Quality. (August 2004). *Setting the Agenda for Research on Cultural Competence in Health Care*. Retrieved June 2007 from <http://www.ahrq.gov/research/cultural.pdf>.
- National Center for Cultural Competence. Georgetown University Center for Child and Human Development. *Foundations of Cultural & Linguistic Competence*. Retrieved June 2007 from <http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html>.
- The Commonwealth Fund. (October 2006) . *The Evidence Base for Cultural and Linguistic Competency in Health Care*. Retrieved June 2007 from http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf?section=4039.

Recommended Readings:

- Bartels S J, et. al. (2002) Evidence-Based Practices in Geriatric Mental Health Care. *Psychiatric Services*. 53:11, 1419 – 1431
- Cain, V. S. & Kington, R.S. (2003). Investigating the Role of Racial/Ethnic Bias in Health Outcomes. *American Journal of Public Health*, 93:2, 191 – 192.
- Carten, Alma J. (2006) African Americans and Mental Health. In Rosenberg, J. & Rosenberg, S. *Community Mental Health: Challenges for the 21st Century* (125-140) New York: Routledge Taylor & Francis Group.
- Gonzalez, M. J. & Acevedo, G. (2006) Psychological Interventions with Hispanic Patients: A Review of Selected Culturally Syntonic Treatment Approaches. In Rosenberg, J. & Rosenberg, S. *Community Mental health: Challenges for the 21st Century* (125-140) New York: Routledge Taylor & Francis Group.
- Kung, W.W., & Tseng, Y. (2006) Mental Health Issues of Chinese Americans: Help-Seeking Behaviors and Culturally Relevant Services. In Rosenberg, J. & Rosenberg, S. *Community Mental Health: Challenges for the 21st Century* (125-140) New York: Routledge Taylor & Francis Group.
- M, Afifi. (2007). Gender Differences in Mental Health. *Singapore Medical Journal*, 48:5, 385-391.

- Moradi, B. & Risco, C. (2006). Perceived Discrimination Experiences and Mental Health Of Latina/o American Persons. *Journal of Counseling Psychology*, 53:4, 411-421. National Medical Association. Cultural Competence Primer. Retrieved August 2011 from <http://www.npsf.org/askme3/pdfs/NMAPrimer.pdf> 
- Noh, S. & Kaspar, V. (2003). Perceived Discrimination and Depression: Moderating Effects of Coping, Acculturation, and Ethnic Support. *American Journal of Public Health*, 93:2, 232 – 238.
- Page, J., & Blau, J. (2006). Public Mental Health Systems: Breaking the Impasse in the Treatment of Oppressed Groups. In Rosenberg, J. & Rosenberg, S. *Community Mental Health: Challenges for the 21st Century* (103-116). New York: Routledge Taylor & Francis Group.
- Rosenberg, J., Rosenberg, S., Huygen, C., Klein, E. (2006). Stigma, Sexual Orientation, And Mental Illness. In Rosenberg, J. & Rosenberg, S. *Community Mental Health: Challenges for the 21st Century* (117-124). New York: Routledge Taylor & Francis Group.
- Snowden, L. R. (2003). Bias in Mental Health Assessment and Intervention: Theory And Evidence. *American Journal of Public Health*, 93:2, 239-265.
- Stanhope, V., Solomon, P., Pernel-Arnold, A., Sands, R., & Bourjolly, J. (2005). Evaluating Cultural Competence Among Behavioral Health Professionals. *Psychiatric Rehabilitation Journal*, 28:3, 225 – 233.
- U.S. Department of Health and Human Services, Center for Mental Health Services Administration, Center for Mental Health Services. (January 2001). Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups. Retrieved June 2007 from <http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/default.asp> 
- U.S. Department of Health and Human Services, Office of Minority Health. (March 2002). Teaching Cultural Competence in Health Care: A Review of Current Concepts, Policies and Practices. Retrieved June 2007 from <http://www.omhrc.gov/assets/pdf/checked/em01garcia1.pdf> 
- Van Citters A D, Bartels S J. (2004). A Systematic Review of the Effectiveness of Community-Based Mental Health Outreach Services for Older Adults. *Psychiatric Services*. 55:11, 1237 – 1249.
- Williams, D.R., Neighbors, H.W., & Jackson, J.S. (2003) Racial/Ethnic Discrimination and Health: Findings from Community Studies. *American Journal of Public Health*, 93:2, 200 -208.
- Yon A, Scogin F. (2007). Procedures for Identifying Evidence-based Psychological Treatments for Older Adults. *Psychology and Aging*. 22:1, 4-7.

Suggested resources

Multicultural Curriculum Design by Christine Sleeter at Georgetown University. The materials are geared for teaching Master's level education students but it may still have usefulness and transferability.

<http://classes.csumb.edu/MAE/MAE637-01/world/Resources.html> 

Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence, Judith Samuels, PhD, Wendy Schudrich, MSW, and Deborah Altschul, PhD, The NKI Center of Excellence in Culturally Competent Mental Health New York State Office of Mental Health (NYSOMH) Nathan Kline Institute for Psychiatric Research in Orangeburg NY. The Institute is affiliated with New York University.

The Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence provides a step-by-step methodology for mental health practitioners and agency administrators to identify and evaluate evidence-based practices (EBPs) for possible modification for cultural groups. The Toolkit also contains additional tools to help users apply the Toolkit effectively. These include:

- Case studies that highlight the use of the Toolkit methodology in practice.
- An accompanying checklist and workbook to help Toolkit users apply the methodology in an easy-to-use manner. These are also available as a link from our website.
- Instruments to help assess organizations' levels of cultural competence and readiness for change.
- A complete annotated bibliography with additional information on cultural competence within the field of mental health care.

The ToolKit Materials are available online at:

<http://ssrdqst.rfmh.org/cecc/index.php?q=node/86> 

Or contact the NKI Center of Excellence in Culturally Competent Mental Health at:

Statistics and Services Research Division,
Nathan Kline Institute for Psychiatric Research,
140 Old Orangeburg Road,
Orangeburg, NY 10962
Phone: 845 398-5489, Fax: 845 398-6592