Indiana University
School of Social Work

S683 Community-based Practice in Mental Health and Addiction (3 credits)

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I.   Course Description

Students enrolled in this course examine a wide range of community-based services provided for people with severe mental illness and/or severe addiction problems. Special attention is given to strength-based, client-driven, and evidence-based practice models. Content includes community-based services in areas of case management, employment, housing, illness management, family, dual disorder treatment, and consumer self-help. Students also examine a variety of issues involved in the provision of community-based services such as ethical and legal issues, quality and continuity of care, cultural competency, organizational and financial factors, and other relevant policy and practice issues.

II.   Course Objectives

Through active participation in the learning experiences and completion of the readings, assignments, and learning projects offered throughout this seminar, learners are expected to demonstrate the ability to:

1. Recognize the person "behind the illness" and demonstrate respect for the strengths and courage of persons and families affected by severe mental illness and addictions.

2. Apply person-in-environment, consumer-focused, and recovery-oriented perspectives to understand the diverse and complex issues involved in serving people affected by severe mental illness and addictions.

3. Apply social work values and ethics (e.g., confidentiality, consumer choice and self-determination), and relevant legal regulations within the context of community-based service to people affected by severe mental illness and addictions.

4. Critically analyze, synthesize, evaluate, and apply theoretical and empirical knowledge to community-based mental health and addictions services to persons affected by or at risk of severe mental illness and addictions, their families, and their communities.

5. Convey cultural competence in understanding human diversity, selecting and implementing effective community-based services without discrimination and with respect, knowledge, and skill related to consumers' age, gender, class, ethnicity, culture, religion, and sexual orientation.

6. Apply advanced intervention and communication skills in a variety of social work roles such as case manager, resource developer, counselor, educator, advocate, and planner in service to persons affected by or at risk of severe mental illness and addictions.

7. Collaborate with clients in tracking progress and evaluating the effectiveness of services to and for persons affected by severe mental health and addictions issues.

8. Apply knowledge of state and federal mental health and addictions policies, laws, and administrative and fiscal practices in community based service to persons affected by severe mental illness and addictions.

III. <u>Content Outline and Readings</u>

Class meetings will consist of a combination of lectures and guest speakers. Guest speakers will share their knowledge, experience, research, and insight on issues related to severe mental illness and community-based services.

▪ Required readings: On Oncourse Reserve

Required Text: There is no required text for this class – I will use a series of professional articles to supplement lectures. PLEASE note – I may change readings to keep current with the field. (Also, an extensive Mental Health Bibliography is included on Resources).

Recommended Texts:

Anthony, W., Cohen, M., Farkas, M., & Gagne, C. (2003). *Psychiatric rehabilitation* (2nd ed.). Boston, MA: Center for Psychiatric Rehabilitation, Boston University.

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

Hughes, R., & Weinstein, D. (Eds.). (2000). *Best practices in psychosocial rehabilitation.* Columbia, MD: International Association of Psychosocial Rehabilitation.

Mueser, K. T., & Gingerich, S. (1994). *Coping with schizophrenia: A guide for families.* Oakland, CA: New Harbinger Publications.

Mueser, K. T., Noordsy, D. L., Drake, R. E., & Fox, L. (2003). *Integrated treatment for dual disorders: Effective intervention for severe mental illness and substance abuse.* New York: Guilford Press.

Rapp, C., & Goscha, R. (2006). *The strengths model: Case management with people with psychiatric disabilities*. New York: Oxford University Press.

Saleebey, D. (2008). *The strengths perspective in social work practice* (5th ed.). Boston: Allyn & Bacon.

Van Wormer, K., & Davis, D. (2008). *Addictions treatment: A strengths perspective* (2nd ed.). Belmont, CA: Thomson.

Useful Websites:
http://psychservices.psychiatryonline.org/
http://www.psych.iupui.edu/ACT/
http://www.bhrm.org/guidelines/mhguidelines.htm
http://www.nimh.nih.gov/

Class Schedule: Each section represents a Unit – I will keep class informed about where they should be in terms of scheduled reading.

1. **Introduction to course and review syllabus**
    Understanding severe mental illness

    Readings
    - Estroff, S. E. (1989). Self, identity, and subjective experiences: In search of the subject. *Schizophrenia Bulletin, 15*, 189-196.
    - Ochocka, J., Nelson, G., & Jabsen, R. (2005). Moving forward: Negotiating self and external circumstances in recovery. *Psychiatric Rehabilitation Journal*, *28*(4), 315-322.
    - Ritsher, J, Lucksted, A., Otlinghan, P., & Grajales, M. (2004). Hearing voices: Explanations and implications. *Psychiatric Rehabilitation Journal, 27*(3), 219-227.
    - Schiff, A. (2004). Recovery and mental illness: Analysis and personal reflections. *Psychiatric Rehabilitation Journal, 27*(3), 212-218.
    - Stefandis, E. (2006). Being rational. *Schizophrenia Bulletin, 32*(3), 422-423.
    - Deegan, P. (2003). Discovering recovery. *Psychiatric Rehabilitation Journal, 26*(4), 368-376.
    - Resnick, S., Rosenheck, R., & Lehman, A. (2004). An exploratory analysis of correlates of recovery. *Psychiatric Services, 55*(5), 540-547.
    - Mueser, K. T., Corrigan, P. W., Hilton, D. W., Tanzman, B., Schaub, A., Gingerich, S., Copeland, M. E., Essock, S. M., Tarrier, N., Morey, B., Vogel-Scibilia, S., & Herz, M. I. (2002). Illness management and recovery: A review of the research. *Psychiatric Services, 53*(10), 1272-1284.
    - Roe, D., Chopra, M., & Rudnick, A. (2004). Persons with psychosis as active agents interacting with their disorder. *Psychiatric Rehabilitation Journal, 28*(2), 122-128.

- Bellack, A. (2006). Scientific and consumer models of recovery in schizophrenia: Concordance, contrasts, and implications. *Schizophrenia Bulletin*, *32*(3), 432-442.
- Onken, S., Craig, C., Ridgway, P., Ralph, R., & Cook, J. (2007). An analysis of the definitions and elements of recovery: A review of the literature. *Psychiatric Rehabilitation Journal, 31*(1), 9-22.
- Ware, N. C., Hopper, K., Tugenberg, T., Dickney, B., & Fisher, D. (2008). A theory of social integration as quality of life. *Psychiatric Services, 59*(1), 27-33.

Recommended Readings
- Torrey, E. F. (2001). *Surviving schizophrenia: A manual for families, consumers, and providers* (4th ed.). New York: Harper-Collins.
- Nasar, S. (1998). *A beautiful mind*. New York: Simon & Schuster.
- Sheehan, S. (1982). *Is there no place on earth for me?* New York: Vintage Books.
- Jamison, K. R. (1995). *An unquiet mind*. New York: Vintage Books.

2. **Topic: Principles of the Strengths Model/ Engagement/Treatment Alliance**

3. **Topic: Assessment**

Readings
- Blundo, R. (2001). Learning strengths-based practice: Challenging our personal and professional frames. *Families in Society, 82*(3), 296-304.
- Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society, 82*(3), 233-242.
- Anderson, K. M., Cowger, C. D., & Snively, C.A. (2008). Assessing strengths: Identifying acts of resistance to violence and oppression. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (5th ed., pp. 181-200). Boston: Allyn & Bacon.
- Posner, J., Eilenberg, J., Friedman, J., & Fullilove, M. (2008). Quality and use of trauma histories obtained from psychiatric outpatients: A ten-year follow-up. *Psychiatric Services, 59*(3), 318-321

4. **Topic: Case management/Assertive Community Treatment**

Readings
- Bond, G. R., Drake, R. E., Mueser, K. T., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management & Health Outcomes, 9,* 141-159.
- Dixon, L. (2000). Assertive community treatment: Twenty-five years of gold. *Psychiatric Services, 51*, 759-765.
- Mueser, K. T., Bond, G. R., Drake, R. E., & Resnick, S. G. (1998). Models of community care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin, 24*(1), 37-74.
- Rapp, C., & Goscha, R. (2004). The principles of effective case management of mental health services. *Psychiatric Rehabilitation Journal*, *27*(4), 319-333.

- Crane-Ross, D., Roth, D., & Lauber, B. G. (2000). Consumers' and case managers' perceptions of mental health and community support service needs. *Community Mental Health Journal, 36*, 161-178.
- Krupa, T., Eastabrook, S., Hern, L., Lee, D., North, R., Percy, K., et al. (2005). How do people who received assertive community treatment experience the service? *Psychiatric Rehabilitation Journal*, *29*(1), 18-24.

Recommended Readings
- Stein, L. I., & Santos, A. B. (1998). *Assertive community treatment of persons with severe mental illness*. New York: W. W. Norton.
- Sullivan, W.P. (1996). Beyond the twenty-eight day: Case management in alcohol and drug treatment. In Austin, C., & McClelland, R. (Eds.), *Perspectives on Case Management.* Milwaukee: Families International.

5. Topic: Working with families

Readings
- Dixon, L., McFarlane, W. R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., Mueser, K. T., Miklowitz, D., Solomon, P., & Sondheimer, D. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. *Psychiatric Services, 52*, 903-910.
- Kim, H. A., & Sakyer, M. (2008). Attitudes and perceived barriers to working with families of persons with severe mental illness: Mental health professionals' perspectives. *Community Mental Health Journal, 44*, 337-348.
- Glynn, S., Cohen, A., Dixon, L., & Niv, N. (2006). The potential impact of the recovery movement on family interventions for schizophrenia: Opportunities and obstacles. *Schizophrenia Bulletin*, *32*(3), 451-463.
- Pickett-Schenk, S. A., Lippincott, R. C., Bennett, C., & Steigman, P. J. (2008). Improving knowledge about mental illness through family-led education: The journey of hope. *Psychiatric Services, 59*(1), 49-56.
- Cohen, A. N., Glynn, S. M., Murray-Swank, A. B., Barrio, C., Fischer, E. P., McCutcheon, S. J., et al. (2008). The family forum: Directions for the implementation of family psychoeducation for severe mental illness. *Psychiatric Services, 59*(1), 40-48.
- Friedrich, R., Lively, S., & Rubenstein, L. (2008). Siblings' coping strategies and mental health services: A national study of siblings of persons with schizophrenia. *Psychiatric Services, 59*(3), 261-267.

Recommended Readings
- Mueser, K. T., & Glynn, S. M. (1999). *Behavioral family therapy for psychiatric disorders* (2nd ed.). Oakland, CA: New Harbinger.
- Lefley, H. P., & Johnson, D. L. (Eds.). (2002). *Family interventions in mental illness: International perspectives*. Westport, CT: Praeger Publishers.
- McFarlane, W. R. (2002). *Multifamily groups in the treatment of severe psychiatric disorders*. New York: Guilford Press.

6. **Topic: Medication**

<u>Readings</u>
- Black, E., Murphy, A., & Gardner, D. (2009). Community pharmacist services for people with illness: Preferences, Satisfaction, and Stigma. *Psychiatric Services, 60*(8), 1123-1127.
- Agyapong, V.I., Nwankwo, V., Bangaru, R., & Kirrane, R. (2009). Sources of patients' knowledge of the adverse effects of psychotropic medication and the perceived influence of adverse effects on compliance among service users attending community mental health services. *Journal of Clinical Psychopharmacology, 29*(6), 565-570.
- Mann, S. B. (1999). Talking through medication issues: One family's experience. *Schizophrenia Bulletin, 25*, 407-409
- Sajatovic, M., Davies, M., Hrouda, D. (2004). Enhancement of treatment adherence among patients with bipolar disorder. *Psychiatric Services, 55*(3), 264-269.
- Pi, E., & Simpson, G. (2005). Cross-cultural psychopharmacology: A current clinical perspective. *Psychiatric Services, 56*(1) 31-33.
- Piat, M., Sabetti, J., & Bloom, D. (2009). The importance of medication in consumer definitions of recovery: A qualitative study. *Issues in Mental Health Nursing, 30*, 402-490.

<u>Recommended Readings</u>
- Diamond, R. (1998). *Instant psychopharmacology: A guide for the nonmedical mental health professional.* New York: Norton.
- Bentley, K. J., & Walsh, J. (2001). *The social worker and psychotropic medication: Toward effective collaboration with mental health clients, families, and providers* (2nd ed.). Belmont, CA: Wadsworth.

7. **Topic: Vocational and educational programs**

<u>Readings</u>
- Provencher, H. L., Gregg, R., Mead, S., & Mueser, K. (2002). The role of work in the recovery of persons with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 26*(2), 132-144.
- Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J., & Haslett, W. R. (2009). The long term impact of employment on mental health service use and costs for persons with severe mental illness. *Psychiatric Services, 60*(8), 1024-1031.
- Bailey, J. (1998). I'm just ordinary person. *Psychiatric Rehabilitation Journal, 22*(1), 8-10.
- Drake, R., & Bond, G. (2008). The future of supported employment for persons with severe mental illness. *Psychiatric Rehabilitation Journal, 31*(4), 367-376.
- Marrone, J., & Golowka, E. (1999). If work makes people with mental illness sick, what do unemployment, poverty, and social isolation cause? *Psychiatric Rehabilitation Journal, 23*, 187-193.
- Bond, G. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, *27*(4), 345-359.

- Salyers, M., Becker, D., Drake, R., Torrey, W., & Wyzik, P. (2004). A ten-year follow-up of a supported employment program. *Psychiatric Services, 55*(3), 302-308.

Recommended Readings:
- Drake, R. E., & Bond, G. R. (Eds.) (2008). Special 10th anniversary issue on supported employment. *Psychiatric Rehabilitation Journal, 31*(4).

8. Topic: Housing and residential services
Readings
- Newman, S. J. (2001). Housing attributes and serious mental illness: Implications for research and practice. *Psychiatric Services, 52*, 1309-1317.
- Robbins, P., Callahan, L., & Monahan, J. (2009). Perceived coercion to treatment and housing in housing-first and supported housing programs. *Psychiatric Services, 60*(9), 1251-1253.
- Leff, H. S., Chow, C. M., Pepin, R., Conley, J., Allen, I. E., & Seaman, C. A. (2009). Does one size fit all? What we can and can't learn from a meta-analysis of housing models for persons with mental illness. *Psychiatric Services, 60*(4), 473-482.
- Newman, S., & Goldman, H. (2008). Putting housing first, making housing last: Housing policy for persons with severe mental illness. *American Journal of Psychiatry, 165*(10), 1242-1248.
- Rog, D. (2004). The evidence on supported housing. *Psychiatric Rehabilitation Journal*, *27*(4), 334-344.

Recommended Readings
- Wong, Y. I., & Solomon, P. L. (2002). Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations. *Mental Health Services Research, 4*, 13-28.

9. Topic: Consumer empowerment and self-help
Readings
- Solomon, P. (2004). Peer support/peer provided services: Underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal, 27*(4), 392-401.
- Schutt, R. K., & Rogers, E. S. (2009). Empowerment and peer support: Structure and process of self-help in a consumer-run center for individuals with mental illness. *Journal of Community Psychology, 37*(6), 697-710
- Brown, L. D. (2009). How people can benefit from mental health consumer-run organizations. *American Journal of Community Psychology, 43*(3-4), 177-188.
- Solomon, P., & Draine, J. (2001). The state of knowledge of the effectiveness of consumer provided services. *Psychiatric Rehabilitation Journal, 25*(1), 20-27.
- Restall, G., & Strutt, C. (2008). Participating and planning an evaluation of mental health services: Building capacity. *Psychiatric Rehabilitation Journal, 31*(3), 234-238.

- Carlson, L. S., Rapp, C., & McDiarmid, D. (2001). Hiring consumer-providers: Barriers and alternative solutions. *Community Mental Health Journal, 37*(3), 199-213.
- Segal, S. P., Silverman, C., & Temkin, T. (1993). Empowerment and self-help agency practice for people with mental disabilities. *Social Work, 38*(6), 705-712.
- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin, 32*(3), 443-450.

10. **Topic: Dual disorder (severe mental illness and substance abuse)**
    <u>Readings</u>
    - Torrey, W. C., Drake, R. E., Cohen, M., Fox, L. B., Lynde, D., Gorman, P., et al. (2002). The challenge of implementing and sustaining integrated dual disorders treatment programs. *Community Mental Health Journal, 38*(6), 507-521.
    - Gagne, C., White, W., & Anthony, W. (2007). Recovery: A common vision for the fields of mental health and addictions. *Psychiatric Rehabilitation Journal, 31*(1), 32-36.
    - Horsfall, J., Cleary, M., Hunt, G. E., & Walter, G. (2009). Psychosocial treatment for people with co-occurring severe mental illnesses and substance use disorders (dual diagnosis): A review of the empirical evidence. *Harvard Review of Psychiatry, 17*(1), 24-34.
    - Drake, R., O'Neal, E., & Wallach, M. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental illness and substance use disorders. *Journal of Substance Use Treatment, 34*, 123-138.
    - Drake, R. E., Essock, S. M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for clients with severe mental illness. *Psychiatric Services, 52*, 469-476.
    - Drake, R., Mueser, K., Brunette, M., & McHugo, G. (2004). A review of treatments for people with severe mental illness and co-occurring substance abuse disorders. *Psychiatric Rehabilitation Journal, 27*(4) 360-374.
    - Drake, R. E., McHugo, G. J., Xie, H., Fox, M., Packard, J., & Helmstetter, B. (2006). Ten-year recovery outcomes for clients with co-occurring schizophrenia and substance abuse disorders. *Schizophrenia Bulletin, 32*(3), 464-473.

    <u>Recommended Readings</u>
    - Munetz, M. R., Grande, T. P., & Chambers, M. R. (2001). The incarceration of individuals with severe mental disorders. *Community Mental Health Journal, 37*(4), 361-372.

11.   Topic: Ethical issues and special considerations regarding gender, sexual orientation, and ethnic background

Readings

- Ritsher, J. E., Coursey, R.D., & Farrell, E. W. (1997). A survey of issues in the lives of women with severe mental illness. *Psychiatric Services, 48*, 1273-1282.
- Hellman, R. E. (1996). Issues in the treatment of lesbian women and gay men with chronic mental illness. *Psychiatric Services, 47*, 1093-1098.
- Dobalian, A., & Rivers, P. (2008). Racial and ethical disparities in the use of mental health services. *Journal of Behavioral Health Services and Research, 35*(2), 128-141.
- Anglin, D., Link, B., & Phelan, J. (2006). Racial differences in stigmatizing attitudes toward people with mental illnesses. *Psychiatric Services, 57*(5), 857-862.
- Sullivan, W. P., & Carpenter, J. (2010). Community-based mental health services: Is coercion necessary? *Journal of Social Work in Disability & Rehabilitation, 9*, 148-167.
- Razzano, L., Cook, J., Hamilton, M., Hughes, T., & Matthews, A., (2006). Predictors of mental health services use among lesbian and heterosexual women. *Psychiatric Rehabilitation Journal, 29*(4), 289-297.
- Swartz, M. S., Sibert, T. E., & Mosher, L. R. (1994). Should it be easier to commit people involuntarily to treatment? In S. A. Kirk & S. D. Einbinder (Eds.), *Controversial issues in mental health* (pp. 252-264). Needham Heights, MA: Allyn and Bacon.
- Neale, M. S., & Rosenheck, R. A. (2000). Therapeutic limit setting in an assertive community treatment program. *Psychiatric Services, 51*, 499-505.
- Davis, S. (2002). Autonomy versus coercion: Reconciling competing perspectives in community mental health. *Community Mental Health Journal, 38*(3), 239-250.
- Ida, D. (2007). Cultural competency and recovery within diverse populations. *Psychiatric Rehabilitation Journal, 31*(1), 49-53.
- Zuekas, S. & Fleishman, J. (2008). Self-rated mental health and racial/ethnic disparities in mental health services. *Medical Care, 46*(9), 915-923.

12.   Topic: Understanding the context of services and future trends
Readings

- Jacobson, N., & Curtis, L. (2000). Recovery as a policy in mental health services: Strategies emerging from the states. *Psychiatric Rehabilitation Journal, 23*(4), 333-341.
- Mechanic, D., & Bilder, S. (2004). Treatment of people with mental illness: A decade-long perspective. *Health Affairs*, *23*(4), 84-95.

- Shera, W. (2001). Managed care and the severely mentally ill: Current issues and future challenges. In N. W. Veeder and W. Peebles-Wilkins (Eds.), *Managed care services: Policy, programs, and research*. New York: Oxford University Press.

- Croghan, T. W., Schoenbaum, M., Sherbourne, C. D., & Koegel, P. (2006). A framework to improve the quality of treatment for depression in primary care. *Psychiatric Services*, *57*(5), 623-630.

- Bond, G. R., Evans, L., Salyers, M. P., Williams, J., & Kim, H. (2000). Measurement of fidelity in psychiatric rehabilitation. *Mental Health Services Research, 2,* 75-87.

- McHugo, G. J., Drake, R. E., Teague, G. B., & Xie, H. (1999). The relationship between model fidelity and client outcomes in the New Hampshire Dual Disorders Study. *Psychiatric Services, 50*, 818-824.

- Davidson, L., Tondora, J., O'Connell, M. J., Kirk, T. Jr., Rockholz, P., & Evans, A. C. (2007). Creating a recovery-oriented system of behavioral health care: Moving from concept to reality. *Psychiatric Rehabilitation Journal, 31*(1), 23-31.

IV. Course Assignments and Grading

1. PRIMARY CONSUMER OR FAMILY FOCUSED PAPER (100 points)

For this paper (minimum approximately 8-10 pages) students will focus attention on the recipient of service. The paper can be as broad (issues impacting women) or as narrow (homeless veterans with depression) as the student chooses. The paper should detail the number of people impacted, the special issues they face, their experience facing illness and interfacing with the system of care, particular gaps in the service system, and promising interventions that seemed to be well tailored to deal with the issues their consumers face. It is also acceptable to focus on the families of the individual challenged by mental illness or addictions.

2. OPEN RESEARCH PAPER (100 points)

This research paper (minimum is generally around 12 pages) that focuses on a topic of interest to you related to some aspect of community mental health for people with severe mental illness. The paper should include a review of best practices from a bio-psycho-social framework. Issues to be covered include: medication, the types of services routinely offered including empirical support for such treatment, what support services should be offered, current policies that impact care, including fiscal policies, and a review of any model programs reported in the literature. This is a second year, upper division graduate course – and the paper should reflect this. You must demonstrate a command of the literature. **Your paper cannot be on a topic selected for another course assignment. It would probably be wise to check with me on your topic. Because this is the second paper I expect more in this paper in nearly every area.**

3. TWO TESTS – EACH WORTH 50 POINTS

V. Course Policies

1. ASSIGNMENTS

Course papers should be typed, double spaced, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style. Please remember to include your mailbox number on the cover page of your papers. If you need to extend a deadline you must speak to me in advance of the due date and an agreement will be reached. Any paper more than a day late (except by prior agreement) will be marked down by 10%. No paper will be accepted if it is more than two weeks late.

2. ATTENDANCE & PARTICIPATION

Students are expected to attend and participate in all class sessions. Student's accomplishment of course objectives is considered to be the mutual responsibility of

students and the course instructor. It is anticipated that class sessions will provide for the mutual exchange of ideas and experiences, the discussion of assigned readings, and experiential activities designed to facilitate skill development and integration of learning. Therefore, class attendance and active participation in class activities are required for the satisfactory completion of the course objectives. <u>Grades for students missing more than 2 of the scheduled classes may be reduced one full letter grade. Late arrivals and early departures will also lead to course point deductions. If you miss five or more classes you will fail the course. If you are late 5 times you will suffer a 1 grade reduction.</u>

3. AMERICANS WITH DISABILITIES ACT POLICY

In compliance with ADA guidelines students who have any condition, either permanent or temporary, which might impact their ability to perform in this class should inform the professor. Adaptations of teaching methods and class materials, including text, reading materials, and testing will be made to ensure equitable participation.

4. PROFESSIONALISM

Students are expected to conduct themselves in a professional manner. Professionalism includes respect for other students and the instructor. This is operationalized to include preparation for class, regular attendance, appropriate participation, active listening, and providing colleagues with appropriate feedback when requested. All cell phones and beepers are expected to be turned off or put on vibrate during class. Rude behavior and showing a lack of respect can result in a request for a performance review. Using laptops to shop or visit via email will result in them being banned from this section.

VI.   Grading Criteria for IUSSW

In the Indiana University School of Social Work MSW program, grades of *B* are the expected norm. Reflecting competency and proficiency, grades of *B* reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that *B* is the average grade. Grades in both the *A* and the *C* range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned *A* grades in their undergraduate studies may conclude that a *B* grade reflects a decrease in their academic performance. Such is not the case. Grades of *B* in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a *B* grade in graduate school is analogous to an *A* grade in undergraduate studies. MSW students must work extremely hard to achieve a *B* grade. If you are fortunate enough receive a *B*, prize it as evidence of the professional quality of your work.

Grades of *A* reflect *Excellence.* Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin.

Excellence is a rare phenomenon. As a result, relatively few MSW students earn *A* grades.

Grades of *B* signify *good* or *high* quality scholarly products and academic or professional performance. Grades in the *B* range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the *good* and the *excellent*. We expect that most MSW students will earn grades in the *B* range—reflecting the *good* or *high* quality work expected of competent future helping professionals.

Grades of *C* and *C+* signify work that is *marginal* in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. *Satisfactory* in many respects, its quality is not consistently so and cannot be considered of *good* or *high* quality. We anticipate that a minority of MSW students will earn *C* and *C+* grades.

Grades of *C-* and lower reflect work that is *unsatisfactory*. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of *C-*, *D*, and *F*.

Grade **minimums** are as follows [Note: grades below *C* are *Unsatisfactory* in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	**83%**	**Good, High Quality (expected of most MSW students)**
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality
D+	67%	Unsatisfactory Quality
D	63%	Unsatisfactory Quality
D-	60%	Unsatisfactory Quality
F	<60%	Unsatisfactory Quality

Effective practice of generalist social work requires excellent writing skills to communicate information accurately and concisely to others involved in helping client systems. For this reason, formal writing assignments in social work courses will be evaluated both for the content and ideas presented and for the clarity of that presentation. An A paper is one that is **heavily researched** and **documented**, finds experts to interview, etc., is well written, organized, and neatly presented. **Direct quotes must be indicated by the use of quotation marks and a page number or paragraph numbers (commonly used when**

quoting some web-based material) must be offered. If I find more than two direct quotes that do not include a page or paragraph number it is at minimum a 10% penalty.

A paper that received a B is also a very good paper. Unless you are a particularly gifted student it will be impossible for you to put forth a last minute effort and earn an A in this course. To be successful a student should strive to become an expert in this subject area – it means really covering the literature on a given subject. Therefore, chose an area of genuine interest – one that you feel some measure of passion about. The assigned grade reflects my judgment of the overall quality of your work, not the effort you extended in completing the assignment. The grade for papers in this course will be based on the following criteria:

I.   Presentation and Appearance

      A.   Clarity
      B.   Neatness
      C.   Correct grammar (noun-verb agreement, sentence structure, proper and consistent verb tense, etc.)
      D.   Spelling
      E.   Punctuation
      F.   Use of professional literature
      G.   Correct usage of APA style

II. Organization
      A.   Conceptual level
      B.   Relevance to Social Work
      C.   Methodology
      D.   Structure and format of the paper
      E.   Logical sequencing and continuity of ideas
      F.   Clarity of expression

VII.   Course Policies

In accordance with the Indiana University School of Social Work grading policy, social work majors must earn at least a "C" to pass this course.

Academic dishonesty (including cheating on exams and plagiarism in papers) is not consistent with ethical conduct in social work practice and is unacceptable in social work classes. In cases of academic dishonesty, university guidelines will be followed. **Any student caught cheating or plagiarizing (offering the work of someone else as one's own) will fail the course.**

To avoid plagiarism, credit sources whenever you use someone else's language or ideas. Such crediting must be detailed and specific. To simply include a work in your list of references is insufficient. Rather, you must specifically acknowledge a source sentence-by-sentence, as necessary. See the APA Manual (5th Ed.) for guidelines for in-text references.

1. WHAT STUDENTS CAN EXPECT

I will work hard to make this course informative and fun and to treat students with respect. I will be available to you during regular office hours and at other times that meet our mutual schedules. You can expect that course assignments will be returned to you no later than one week from the time you turned it in.

2. ACADEMIC MISCONDUCT

Academic dishonesty (including cheating on exams and plagiarism in papers) is not consistent with ethical conduct in social work practice and is unacceptable in social work classes. In cases of academic dishonesty, university guidelines will be followed (consult your university handbook for details). Academic misconduct includes but is not limited to the following: use of unauthorized information or assistance, plagiarizing, falsification, fabrication, or dishonesty in reporting research, and alteration of grades or University forms. Any student caught cheating or plagiarizing (offering the work of someone else's as his or her own) will fail the course. Failure of a required social work course will result in automatic dismissal from the social work program. A student's right to appeal such dismissal is outlined in material distributed at student orientation meetings.

3. COLLEGE INCOMPLETE POLICY

As stipulated in the University policy, "Incompletes (I)" are granted only when the student has satisfactorily completed at least three-quarters of the course requirements and then experiences a significant health problem or other personal difficulty that prevents the completion of the remaining coursework. <u>A request for such a grade option must be discussed with the professor prior to the final class</u>. A date for completion of the incomplete work will be negotiated between the professor and the student. University policies governing the circumstances under which an "I" grade are given and deadlines for conversion to a letter grade will be adhered to. Consult your student handbook for a detailed explanation.

4. EVALUATION OF COURSE

Consistent with School and University policy, at the end of the semester, students will have an opportunity to complete anonymous evaluations of the course and instructor. You are also invited to submit anonymous feedback at any time, or contact me personally during office hours or after class with suggestions and comments.