Serious Mental Illness

GRADUATE SCHOOL OF APPLIED & PROFESSIONAL PSYCHOLOGY

Instructor: James Walkup

Course Objectives
This course introduces the student to the theory and practice of modern treatment of serious mental illness. An introductory knowledge of adult psychopathology is presupposed.

“Serious mental illness” is an administrative classification, typically combining information on diagnosis, disability, and duration. Practically speaking, most attention will be focused on schizophrenia and bipolar illness; chronic major depression; and severe, highly disabling, personality disorders. Roughly a third of the course will be concerned with advanced psychopathology, another third with treatment approaches, broadly defined, and a final third will try to touch on key systemic issues (organization/integration of services, communication across disciplines, housing/employment, financing, policy, etc.).

Classes

The course is based on three types of classes: class visits to various treatment sites; guest lectures; and regular class meetings incorporating some lecture material by the instructor, interactive exercises and class discussions. For site visits, we may gather at the school and go to the site, or if you live nearby, you can arrange to meet at the site. Generally, we will have to “caravan” and share rides, so students who have cars are asked to arrange to give rides to students who do not. Since we must unfortunately contend with commuter traffic, it will be important to leave yourself enough extra time to contend with mishaps or delays. Occasionally it will not be possible to return to the school in time for appointments immediately after class and arrangements will need to be made.

Visits. You will be asked to arrange an individual, out-of-class visit to a treatment setting. If you want to arrange to go with a small number of others, that’s fine too. You should get my approval for a site visit.

Requirements / Grading

Your final grade in the course is intended to reflect your grasp of the essential subject matter, the quality of your written work, and the level of skill and understanding reflected in your participation. Every effort will be made to provide explicit standards and continuous feedback.

Your final grade will be based on:

Class Participation

Your active participation in class affects everyone's learning experience. Because I am asking you to take an active role in shaping the class agenda, your participation is particularly important.
**Reading:** The reading is more demanding in this course than in less advanced courses, and more diverse in content. Familiarity with work in this area requires not only clinical skills and a sophisticated understanding of psychopathology; it requires an awareness of social and institutional processes more typically discussed in the social sciences. You will sometimes be given individual responsibility for a reading in class. While you will not always have to present, be prepared to discuss it with substantial familiarity, offering evaluation and commentary where appropriate.

**Class Comments:** If you present material, make every effort to speak plainly, avoiding technical jargon when it adds nothing, and try to focus on central points and themes. Excellent presentations exhibit an awareness of the difference between minor details and major points.

**Attendance:** Several class sessions will be visits. Class notes cannot easily make up for the experience of a visit; so attendance is very important.

**Assignments**

1. Response papers for class visits. When we make a class visit, write a one or two page response paper discussing some aspect of the visit. You can focus on agency mission, population served, symptoms or functional challenges treated, professional culture - anything germane to the course.

2. Response paper for individual or two-person visits to a site. You will be asked to arrange a visit to a service provision site serving people with SMI. I will work closely with you on this. You will also need to prepare to report to the class on your experience.

3. Homework. From time to time, you'll be given short exercises. All you need to do is make an honest effort.

4. Science-based memo, approximately 8 pages. You will be asked to use the scientific literature to write a focused memo on an assigned topic. You must get permission to write on another topic. I am happy to meet with you to help, but this is not a requirement.
   a. Some believe schizophrenia becomes milder in later years. Is this true? If so, why might it occur.
   b. It is said that several well-known people with bipolar illness seem to have enjoyed success attributable, in part, to their manic symptoms. Do you agree? Is this plausible? Typical? What is known about the relationship between manic symptoms and functioning.
   c. Bipolar diagnosis of children and adolescents have skyrocketed in recent years. Evaluate this trend. How much is good (increased recognition and treatment) vs. bad (labeling, unnecessary exposure to medication).
   d. Early treatment programs target people who are thought to be at high risk for developing schizophrenia. How successful have these been so far? If you were asked to implement one, how would you set it up?
   e. Some evidence suggests that clozapine both: (a) increases risks of death from agranulocytosis and (b) decreases risk from death by suicide. What does the evidence suggest about how we ought to think about these risk trade-offs. What is your opinion.
   f. The ADA requires reasonable accommodation in educational situations for people with psychiatric disabilities, including higher education and professional training. What challenges are posed by implementing this? How would you address them?
(5) Group project. We will work as a group on a practice-focused activity related to SMI. We will discuss in class.

Readings:

Assignments will vary by week. Some weeks everyone will read the same material. Some weeks you will sign up in advance to be ready to discuss a particular reading.

Everyone must read at least two first person accounts of a topic. These are marked with a “++”

Books


Schedule of Classes

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**Class 1: Introduction:**
Overview of Course. Social, historical, organizational, and policy context

Primary Reading: Mechanic, chap 5, 7, and 9.


**Class 2: Hospital**


Bring homework vignette on hospital admission distributed in prior class. Make notes on your opinion prior to class and be ready to discuss.

We will also prepare mock chart entries and discharge plans.


Walkup, J. 1997. The psychiatric unit comes to the general hospital. New Directions for Mental Health Services, 73, 11-23.

**Class 3: Hospital (continued)**

Bring homework vignette on behavioral disruption/community meeting. Make notes prior to class and be prepared to discuss.
Bach, P. and Hayes, S.  2002.  The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: a randomized controlled trial.


**Class 4: Visit to Inpatient Treatment Site (tba)**

**Community Care Issues and Dilemmas (classes 5-7)**

In class 3, we will discuss research and policy regarding homelessness and levels of appropriate housing.  After that, for the remainder

For each of the next 3 classes, we will devote the first part of the class to lecture and discussion of background information.  Then, the remainder of the class will be devoted to difficult issues that touch on clinical judgment and professional values.  Often these issues pose difficult dilemmas and challenges.  Prior to class, you will choose up “sides” so that we will be sure to hear a strong case for each viewpoint.  I am not looking for a debate.  Often any reasonable person can see there are good points on both sides.  I only want to hear you reflect on the issues at stake, and these impact your developing clinical identity and how you think about this work.

Note:  Everyone must sign up for and read at least one of the first person accounts in classes 4-6.

**Class 5: Homelessness and Mental Illness**

Chinman, Matthew; Rosenheck, Robert; Lam, Julie A.  September 2000.  The Case Management Relationship and Outcomes of Homeless Persons With Serious Mental Illness.  *Psychiatric Services*  51(9): 1142-1147


Encounters on the Streets:


Class 6: Housing and Program Development:


Program development and revealed preferences:


Balancing Respect for Autonomy & Clinical Concern


Class 7: Family Perspectives, Perspectives on Family

Patient’s Parents and Siblings

Expressed Emotion:


Siblings:


Family Systems:


First Person:


The Patient as Parent


**Class 8: Self-help, empowerment, the Clubhouse movement**

Visit to Fountain House in New York City.

Readings (to be discussed next week):

Fountain House materials (on reserve)


**Class 9: Disability, Accommodation, Work, and Recovery.**

First half of class for discussion of last week’s visit.

Guest Speaker (tba)

Readings:


Class 10: Schizophrenia and Psychosis (Psychopathology)


Dintino, C., Walkup, J., Sass, L. Untitled manuscript on negative symptoms.


Class 11: Schizophrenia and Psychosis (Treatment)


**Class 12: Major Mood Disorders (Chronic Depression/treatment)**

**Psychopathology:**


**Treatment:**


Teasdale, J. D.  1999. Emotional processing, three modes of mind and the prevention of relapse in depression. *Behavior Research & Therapy*, 37 (suppl 1), S53-S77.


Class 13: Major Mood Disorders (Bipolar/treatment)

++Caramagno T. (1992). The Flight of the Mind: Virginia Woolf’s Art and Manic-Depressive Illness. Berkeley: U of California Press. [This is not a first person account, but it can be counted toward the first person account reading requirement.]


Class 14: Severe Axis II


Class 15: DBT

Guest lecture.

Handouts.