

UNIVERSITY OF MICHIGAN School of Social Work

Advanced Clinical Social Work Practice in Integrated Healthcare SW 630 Section 002 – Focus on Children, Adolescents, and Transitional Age Youth

Winter 2015, Wednesdays 9:00 am – 12:00 am, B780 SSWB

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“Integration is in response to the fragmentation of health care. As individuals we are not fragmented, we are whole people. The current health care system does not recognize this. Integration is trying to fix a big problem, which is that we have two separate systems that take care of our health. Integration is a game changer for health care.”

– Benjamin Miller, Psy.D., assistant professor, Department of Family Medicine, University of Colorado School of Medicine

Course Description:

In the current healthcare system, it is all too common for individuals to face problems accessing care in artificially separate physical and behavioral healthcare systems, and to experience difficulty obtaining care that is collaborative, culturally competent, and responsive to their complex healthcare needs. A preponderance of scientific evidence demonstrates that separated, unresponsive, and fragmented healthcare is ineffective, costly, and unsustainable. As the rapid adoption of the “healthcare home” model is adopted in primary care (and evidence of this model’s positive effects are mounting), there is an increased need for social workers who can fit the model and provide collaborative, team-based, behavioral healthcare that is integrated with the physical care.

The course will introduce social work students to the direct clinical practice of integrated behavioral health in primary care. There will be a specific focus on work with children, adolescents, transitional age youth, and their caregivers and families. Students will become knowledgeable of the roles of behavioral health providers working in integrated health settings, theories and models of care, and cross-cultural issues. They will become fluent in the language and culture of health and will examine the unique role of the multidisciplinary team in delivering integrated healthcare. They will develop skills in engagement, assessment, intervention planning and implementation, and practice evaluation for work with children and adolescents. Because the populations served in primary care settings span the spectrum of severity in both the physical and behavioral health dimensions, students will develop competencies in engaging and supporting patients across a range of health conditions.

Students will gain a working knowledge of child development including risk and protective factors for child health outcomes. Special consideration will be given to the ways in which diversity factors such as

race, ethnicity, disadvantage, gender, sexual orientation, sexual identity and culture interact with and impact a child's development. Students will become fluent in the language and culture of health and will develop a working knowledge of a wide variety of chronic health conditions in children. The course will introduce students to the essential practice skills needed to effectively address the challenges of integrating services, care, and support for youth with physical and behavioral health problems.

Course Content:

This course will present content relevant to the essential skills and core competencies needed for the role of a social worker working children, adolescents, and transitional age youth in an integrated health setting. Through the use of case vignettes, role plays, small group activities, and lecture, students will then gain clinical skills of engagement, assessment, treatment planning, and intervention skills. Students will also be expected to complete readings and assignments outside of class that will be an integral part of the overall course content and complement the classroom learning experience.

Course Objectives:

Upon completion of the course, students will be able to:

1. Describe various theories and models of health and healthcare.
 2. Develop skills and knowledge in each of the Core Competencies for Integrated Health as identified by SAMHSA.
(www.integration.samhsa.gov/workfoce/Integration_Competencies_Final.pdf)
 - a. Interpersonal Communication
 - b. Collaboration & Teamwork
 - c. Screening & Assessment
 - d. Care Planning & Care Coordination
 - e. Intervention
 - f. Cultural Competence & Adaptation
 - g. Systems Oriented Practice
 - h. Practice-Based Learning & Quality Improvement
 - i. Informatics
 3. Understand the transactional nature of child development and identify risk and protective factors for behavioral and emotional outcomes.
 4. Provide accurate clinical case conceptualization including diagnosis and treatment planning.
 5. Recognize secondary traumatic stress/burnout and implement strategies for prevention and care for themselves.
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Course Relation to Curricular Themes

Theme Relation to Multiculturalism & Diversity:

Multiculturalism and Diversity will be addressed through discussion of child development and the ways in which differentials such as ability, age, class, race, culture, ethnicity, family structure, gender, marital status, national origin, race, religion or spirituality, sex, and sexual orientation impact a child's development and access to care.

Theme Relation to Social Justice:

Social Justice and Social Change will be central theme of the course as we examine the changes in our healthcare system including health disparities and access to care issues. Victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

Theme Relation to Promotion, Prevention, and Treatment & Rehabilitation: Promotion, Prevention, Treatment, and Rehabilitation will be addressed through discussion of risk, protective and promotive factors across the child/adolescent's development. Health prevention models will be discussed.

Theme Relation to Behavioral and Social Science Research: Behavioral and Social Science Research will be addressed in the readings, as we draw from the latest behavioral and social science research across many fields including social work, psychology, medical sociology, health economics, and political science.

Relationship to SW Ethics and Values: This course will emphasize working on behalf of the most disadvantaged persons and groups at greatest risk of various negative health outcomes. Social work ethics and values in regard to confidentiality, self-determination, and respect for cultural and religious differences are particularly important when working with children and youth. This course will cover the complexities of ethical dilemmas as they relate to work with child and adolescent populations and the ways that the professional Code of Ethics may be used to guide and resolve value and ethical issues.

Course Requirements and Grading

Attendance:

Class attendance and participation are critical to your learning and the success of this course. Attendance and participation will make up 10% of your final grade. Attendance at all classes is required. Students must notify the instructor prior to an absence. **If more than two class sessions are missed, the final grade will be lowered by one level for each additional missed class (e.g. A- becomes a B+).**

Participation:

You are expected to actively participate in each class session. This includes being prepared for each class and contributing verbally, through active listening, or by participating in all small group activities. The use of laptops to enhance (and not interfere with) your learning is allowed and encouraged.

Accommodations for Students with Disabilities:

If you need an accommodation for a disability, please let me know. We can work with the office of Services for Students with Disabilities (SSD) to help us determine appropriate accommodations. Any information you provide is private and confidential and will be treated as such. For more information, please contact the Services for Students with Disabilities Office at G664 Haven Hall (734) 764-3000, (734) 615-4461 (TDD), (734) 619-6661 (VP) or email ssdoffice@umich.edu

Religious Observances:

Students will be excused from class for religious observances. Please let the instructor know ahead of time about any conflicts between class sessions, assignments, and religious observances. Every reasonable effort will be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities.

Grading:

Letter grades ranging from “A” to “E” are earned, with “+” or “-” distinguishing the degree of performance. Specific expectations for each assignment are provided in a later section of this syllabus. Both content and format will be considered in assigning grades. Failure to follow APA guidelines for referencing will result in a lower grade. Each assignment will be given points and a corresponding letter grade. The criteria for each grade are as follows:

A+ = 100	B+ = 89-91	C+ = 79-81	D = 66-71
A = 97-99	B = 86-88	C = 76-78	E = less than 66
A- = 92-96	B- = 82-85	C- = 72-75	

All assignments are expected to be handed in on their due date prior to the class session start time and late assignments will be marked down 5% for every day late.

Expectations of Work:

The University of Michigan expects a student to put in a minimum of two hours weekly preparation for each credit awarded in a graduate/professional school. Although workload may vary from week to week, students can expect to spend an average of six hours per week in preparation for this course. Each student is expected to be on time, prepared for class by having completed all readings and assignments, and to participate in the learning environment.

Please note that academic integrity is of utmost importance. For details on student responsibilities for academic conduct, please see the Student Code of Academic and Professional Conduct in the *Student Guide to the Master's in Social Work Degree Program* (<http://www.ssw.umich.edu/studentguide/2008/>). Students who are found responsible for academic misconduct are subject to disciplinary action up to and including dismissal from the School of Social Work, revocation of degree, or any other sanction deemed appropriate to address the violation. Plagiarism is taken very seriously and is grounds for expulsion. Plagiarism is defined as representing someone else's ideas, words, statements, or works as one's own without proper acknowledgement or citation. Plagiarism includes self-plagiarism, which is reusing one's own work without acknowledging that the text appears elsewhere.

Incompletes:

Incompletes are given only when it can be demonstrated that it would be unfair to hold the student the stated time limits of the course. The Student Guide, Vol. 1, Sec. 8.01 states that and I grade *is used when illness or other compelling reasons prevent completion of work, and there is a definite plan and date for completion of course work approved by the instructor*. The student must formally request an incomplete from the instructor prior to the final week of classes.

Course Assignments

(1) Attendance & Participation	10%
(2) Recording of Skill Session & Reflection Due throughout	10%
(3) Presentation on Technology Due throughout	10%
(4) Behavioral Change Experience 1/14/2015 – 2/4/2015	15%
(4) Child Development Quiz 1/28/2015 – in class quiz	10%
(5) Working with Systems Clinical Write-Up 2/25/2015	15%
(6) TF-CBT Online Training Certificate 3/25/2015 If you have already completed this training, turn in a copy of your old certificate	5%
(7) Case Conceptualization & Integrated Health Treatment Plan Paper 4/8/2015	25%

Brief Descriptions of the Assignments

(details of each assignment and grading rubrics will be posted on Canvas as the dates near)

Attendance and Participation

As described elsewhere in this syllabus, attendance and participation are key components of the learning associated with each course. This is especially true for a skills-based course like this one. Any more than two absences will result in a lower grade and you must participate throughout class, as evidenced by engaged listening, thoughtful verbal participation, and/or small-group participation.

Recording of Skills Session & Reflection

Throughout the courses, students will be practicing skills with one another such as suicide assessments, trauma assessments, mental status exams, etc. Each week, we will audio record these sessions. Once throughout the semester, students can select which recording to turn in with a two-page (double spaced) reflection on their experience practicing the skill.

Presentation on Technology

Adeptly using technology for health benefit is key in integrated healthcare. Students will be expected to select a common behavioral health problem for children and investigate current technological advances that exist to support. This may include websites, online support groups/webinars, or smartphone applications. Students will prepare a brief 10-minute presentation to share with the entire class as well as a one-page write-up to hand in. Students should investigate whether any current research exists on their chosen behavioral problem and interventions with technology.

Behavioral Change Experience

Students will be presented with a range of possible behavior change assignments to take on for themselves. They will track their progress for one month and make weekly progress reports to the instructor. At the end, students will be asked to reflect on their experience and supports or barriers to implementing the change. Students will not be graded on their ability to produce the change but rather to engage in the experience of attempting such a change.

Child Development Quiz

Students will complete a brief 20-30 question quiz (primarily multiple choice and short answer) on child development.

Working with Systems Clinical Write-Up

Communicating across a multidisciplinary team and with different systems involved with children is a key skill of pediatric behavioral health social workers. Using a case presentation provided, students will write up the case in several different ways to present information needed to several systems. Students will be expected to understand the language and information necessary to communicate with the child, family, pediatrician, school, and social services.

TF-CBT Online Training Certificate

As a basic outline of CBT-related skills, students should complete the free online TF-CBT training available at <http://tfcbt.musc.edu/> . Students can hand in a completion certificate to show that they completed the training as requested.

Case Conceptualization & Integrated Health Treatment Plan Paper

Using either a case from field or a case provided, students will complete a thorough write-up conceptualizing the case and then making a treatment plan. The length of the paper is up to the student but will likely be between 5 and 10 pages. More important is the content of the paper which should demonstrate a working knowledge of child development, psychosocial aspects of health, an understanding of assessment and goal-setting, and outline a treatment plan that is appropriate for an integrated health setting (e.g., not just a psychotherapy plan). It should draw upon evidence and current research related to pediatric health, behavioral health, and integrated care.

Course Readings

No texts are required.

All readings are listed in the course outline and are posted on Canvas

<http://umich.instructure.com>

The following texts are **recommended** for purchase:

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by Laura Van Dernoot Lipsky. Berrett-Koehler, 2009

Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention by Christopher Hunger, Jeffrey Goodie, Mark Oordt, Anne Dobmeyer. APA, 2009

The Boy Who Was Raised as a Dog by Bruce Perry and Maia Szalavitz. Basic, 2007.

Child Development: A Practitioner's Guide (3rd Ed.) by Douglas Davies. Guilford, 2011.

Date	Topic	Classroom Experience	Readings
Class 1 1/7/2015	<p>Introduction Introduction Classroom Rules & Expectations Syllabus Review</p>	<p><u>Lecture Topic</u> Introduction to Integrated Health & Clinical Work with Children and Youth</p>	
Class 2 1/14/2015	<p>Basics of Integrated Health Integrated Healthcare and the Role of the Integrated Health Social Worker</p> <p>Child Development One Attachment & Environmental Impact on Development</p>	<p><u>Lecture Topics</u> Pediatric Primary Care: The Role of the Behavioral Health Social Worker How Children Develop</p> <p><u>Classroom Activities</u> Assigning behavioral change experiential assignments Core Curriculum on Childhood Trauma</p>	<p>NAMI (2011). <i>A Family Guide: Integrating Mental Health and Pediatric Primary Care</i>.</p> <p>Davies, D. (2011). <i>Child Development: A Practitioner's Guide</i>. Ch. 1: Attachment as a Context of Development</p> <p>Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. <i>Infant Mental Health Journal</i>, 22(1-2), 201-269.</p>
Class 3 1/21/2015	<p>Child Development Two Risk and Protective Factors, Elementary Age Children, Adolescents, and Transitional Age Youth</p>	<p><u>Lecture Topics</u> Identifying typical and atypical markers of development</p> <p><u>Classroom Activities</u> Behavioral change assignments Core Curriculum on Childhood Trauma</p>	<p>Davies, D. (2011). <i>Child Development: A Practitioner's Guide</i>. Ch. 3: Risk and Protective Factors: The Child, Family, and Community Contexts</p> <p>Perry, B.D. and Szalavitz, M. (2006). <i>The Boy who was Raised as a Dog</i>. Ch. 8: The Raven</p> <p>Yoshikawa, H., Aber, J.L., Beardslee, W. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. <i>American Psychologist</i>, 67(4), 272-284.</p> <p>Sirin, S.R., Ryce, P., Gupta, T., & Rogers-Sirin, L. (2013). The role of acculturative stress on mental health symptoms for immigrant adolescents: A longitudinal investigation. <i>Developmental Psychology</i>, 49(4), 736-748.</p> <p>Marshal, et. al (2011). Suicidality and depression</p>

			disparities between sexual minority and heterosexual youth: A Meta-analytic review. <i>Journal of Adolescent Health, 49</i> , 115-123.
In-Class Quiz: Child Development 1/28/2015			
Class 4 1/28/2015	<p style="text-align: center;">Trauma & Stress</p> <p>Understanding the Impact of Stress and Trauma on Children, Families, and Ourselves as Clinicians</p>	<p><u>Lecture Topics</u> Trauma and the relation to health Best practices in trauma assessment</p> <p><u>Classroom Experience</u> Reframing symptoms Trauma assessment Beyond self-care Core Curriculum on Childhood Trauma</p>	<p>Fellitti, et. al (1998). The relationship between ACES and leading causes of adult death. <i>American Journal of Preventive Medicine, 14</i>(4), 245-258.</p> <p>National Scientific Council on the Developing Child (2012). <i>The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain</i>. Working Paper 12, Center on the Developing Child, Harvard University.</p> <p>Harris, W., Lieberman, A.F., Marans, S. (2007). In the Best Interests of Society. <i>Journal of Child Psychology and Psychiatry, 48</i>(3/4), 392-411</p> <p>Van Dernoot Lipisky, L. (2009). <i>Trauma Stewardship</i>. Chapter 2: The Three Levels of Trauma Stewardship Chapter 4: The 16 Warning Signs of Trauma Exposure Response</p>
Behavioral Change Reflection Due 2/4/2015			
Class 5 2/4/15	<p style="text-align: center;">Health Needs of Children</p> <p>Chronic Conditions in Childhood</p>	<p><u>Lecture Topics</u> Guest lecture</p> <p><u>Classroom Experience</u> Supporting families</p>	<p>Perrin, J.M., Bloom, S.R., Gortmaker, S.L. (2007). The increase of childhood chronic conditions in the united states. <i>Journal of the American Medical Association, 297</i>(24), 2755-2759.</p> <p>Currie C et al., eds. (2012). <i>Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey</i>. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6).</p> <p>Miller, et. al (2009). Continuity of care for children with complex chronic health conditions: parents' perspectives. <i>BMC Health Services Research, 9</i>.</p>
Class 6 2/11/15	<p style="text-align: center;">Behavioral Health Needs of Children</p>	<p><u>Lecture Topics</u> Prevalence of behavioral health problems Culture and behavioral health</p>	<p>Alegria, et. al (2010). One size does not fit all: Taking diversity, culture, and context seriously. <i>Administration and Policy in Mental Health and Mental Health Services Research, 37</i>(1-2), 48-60.</p> <p>Lindsey, M. et. al (2013). Understanding the behavioral</p>

		<p>Psychoeducation Guest Lecture</p> <p><u>Classroom Experience</u></p> <p>Suicide assessment Mental status exam</p>	<p>determinants of mental health service use by urban, under-resourced black youth: Adolescent and caregiver perspectives. <i>Journal of Child and Family Studies</i>, 22(1), 107-121.</p> <p>Cathy, H. Q., & Kaiser, A. P. (2003). Behavior problems of preschool children from low-income families: Review of the literature. <i>Topics in Early Childhood Special Education</i>, 23(4), 188-216.</p> <p>Dall, A. (2011). Integrated Primary Care and Behavioral Health Services: Can the Model Succeed? A literature review on models, evidence-based practices and lessons learned for community clinics and health centers, and county specialty mental health programs. http://www.ibhp.org/uploads/file/lit%20review%20integrated%20care%20final.pdf</p>
<p>Class 7 2/18/15</p>	<p><i>Integrated Health Team Work</i> Working on Multidisciplinary Teams and Across Systems</p>	<p><u>Lecture Topics</u> Role and responsibilities of integrated health social work Guest Lecture</p> <p><u>Classroom Experience</u> Case conceptualization activity</p>	<p>DiTomasso, R., Golden, B., Morris, H., & Chiumento, D. (2010) <i>Primary Care: The Biopsychosocial Model and Cognitive-Behavioral Approaches</i>. In Handbook of Cognitive-Behavioral Approaches in Primary Care. Edited by DiTomasso, E., Golden, B., and Morris, H. New York: Springer.</p> <p>DiTomasso, R., Knapp, S., Golden, B., Morris, H., & Veif, K.J. (2010) <i>The Cognitive-Behavioral Clinician: Roles and Functions and Ethical Challenges in Primary Care</i>. In Handbook of Cognitive-Behavioral Approaches in Primary Care. Edited by DiTomasso, E., Golden, B., and Morris, H. New York: Springer.</p> <p>McDowell, M. & Klepper, K. (2000). A ‘chronic disorder’ health-care model for children with complex developmental disorders. <i>Journal of Paeditric Child Health</i>, 36, 563-568.</p> <p>Kazak, et. al (2010). A meta-systems approach to evidence-based practice for children and adolescents. <i>American Psychologist</i>, 65(2), 85-97.</p> <p>Antonelli, R.C., McAllister, J.W., Popp, J. (2009). Making care coordination a critical component of the pediatric health system: a multidisciplinary framework. <i>The Commonwealth Fund</i>. Retrieved online at http://www.commonwealthfund.org/~media/files/publications/fund-report/2009/may/making-care-coordination-a-critical-component/1277_antonelli_making_care_coordination_critical_final.pdf</p>

Working with Systems Clinical Write-Up due 2/25/15			
Class 8 2/25/15	Engagement & Cultural Competence How to Work with Diverse Families and Partner with Families in Treatment	<u>Lecture Topics</u> Basic engagement skills Cultural competence in the workplace <u>Classroom Experience</u> Engaging	Anderson, R.M., & Funnell, M.M. (2009). Patient empowerment: Myths and misconceptions. <i>Patient Education and Counseling</i> , 79(3), 277-282. Griner, D., & Smith, T.B. (2006). Culturally adapted mental health intervention: a meta-analytic review. <i>Psychotherapy Theory, Research, Practice, Training</i> , 43(4), 531-548. Ecklund, K., & Johnson, W.B. (2007). Toward cultural competence in child intake assessments. <i>Professional Psychology: Research and Practice</i> , 38(4), 356-362. Duckworth, M.P., Iezzi, T., Vijay, A., & Gerber, E. (2009). Cultural Competency in the Primary Care Setting. In <i>The Primary Care Toolkit: Practical Resources for the Integrated Behavioral Care Provider</i> . Edited by James, L., and O'Donohue, W.T. Springer.
SPRING BREAK – Enjoy your week off!			
Class 9 3/11/15	Assessment Basic Assessment Skills	<u>Lecture Topics</u> Basic assessment skills 5 As Asking the “tough” questions Spirituality <u>Classroom Experience</u> Mental Status Exam (MSE)	Valenstein, M., M.D., et. al (2009). Implementing standardized assessments in clinical care: Now's the time. <i>Psychiatric Services</i> , 60(10), 1372-5. Lee, M.Y., Ng S.M., Leung, P., & Chan, C. (2009). <i>Integrative Body-Mind-Spirit Social Work: An empirically based approach to assessment and treatment</i> . New York: The Oxford University Press. Chapter 3: Systemic Assessment: Everything is Connected, pp. 51-82. Hodge, D. R. (2005). Spiritual ecograms: A new assessment instrument for identifying clients' strengths in space and across time. <i>Families in Society</i> , 86(2), 287-296. Doran, N., Luczak, S. E., Bekman, N., Koutsenok, I., & Brown, S. A. (2012). Adolescent substance use and aggression: A review. <i>Criminal Justice and Behavior</i> , 39(6), 748-769.
Class 10 3/18/15	Assessment Standardized Assessments and Tracking Outcomes	<u>Lecture Topics</u> Using technology Standardized assessments	Posner, K., PhD., et al (2011). The columbia-suicide severity rating scale: Initial validity and internal

	Using Technology	<u>Classroom Experience</u> Suicide assessment Reading results of standardized measures	<p>consistency findings from three multisite studies with adolescents and adults. <i>The American Journal of Psychiatry</i>, 168(12), 1266-77.</p> <p>Laygo, R., & Sorci, R. (2009). Quality improvement in the integrated health care setting. In <i>The Primary Care Toolkit</i>, L.C. James & W.T. O'Donohue (Eds.). Spring Science + Business Media, 95-120.</p> <p>Kleinman, J. M., et. al (2008). The Modified Checklist for Autism in Toddlers: A Follow-up Study Investigating the Early Detection of Autism Spectrum Disorders. <i>Journal of Autism and Developmental Disorders</i>, 38(5), 827-839.</p> <p>Blucker, et. al (2014). Pediatric behavioral health screening in primary care: a preliminary analysis of the pediatric symptom checklist-17 with functional impairment items. <i>Clinical pediatrics</i>, 53(5).</p>
TF-CBT Online Training Completion due 3/25/2015			
Class 11 3/25/15	Intervention Skills	<u>Lecture Topics</u> Basic therapeutic skills CBT Case management <u>Classroom Experience</u> Practicing CBT – based interventions for behavioral health	<p>Drisko, J. W. (2004). Common factors in psychotherapy outcome: Meta-analytic findings and their implications for practice and research. <i>Families in Society</i>, 85(1), 81-90.</p> <p>Hubble, M.A., Duncan, B.L., and Miller, S.C., eds (1999). <i>The Heart of Soul of Change</i>. Chapter to be determined. APA.</p> <p>Kolko, D., & Perrin, E. (2014). The integration of behavioral health interventions in children's health care: Services, science, and suggestions. <i>Journal of Clinical Child & Adolescent Psychology</i>, 43(2), 216-228.</p> <p>Knekt, P., Lindfors, O., Laaksonen, M.A., Raitasalo, R., Haaramo, P., Jarvikoski, A. (2008). Effectiveness of short-term and long-term psychotherapy on work ability and functional capacity – a randomized clinical trial on depressive and anxiety disorders. <i>Journal of Affective Disorders</i>, 107(1-3), 95-106.</p> <p>Burns, D. (1999). <i>The Feeling Good Handbook</i>. New York: Penguin. Chapter 1: You can change the way you feel</p>
Class 12 4/1/2015 (no joke,	Intervention Skills	<u>Lecture Topics</u> Motivational	<p>Taggart et al (2012). A systematic review of interventions in primary care to improve health literacy</p>

we have class)		<p>Interviewing Parent Guidance</p> <p><u>Classroom Experience</u></p> <p>Practicing MI- and Parent-based interventions for behavioral health</p>	<p>for chronic disease behavioral risk factors. <i>BioMed Central Family Practice</i>, 13(49).</p> <p>Breitenstien, S.M., Gross, D., Christopherson, R. (2014). Digital delivery methods of parenting training interventions: a systematic review. <i>Worldview on evidence-based nursing</i>, 11(3)</p> <p>Bernstein, J., Heeren, T., Edward, E., Dorfman, D., Bliss, C., Winter, M. and Bernstein, E. (2010), A Brief Motivational Interview in a Pediatric Emergency Department, Plus 10-day Telephone Follow-up, Increases Attempts to Quit Drinking Among Youth and Young Adults Who Screen Positive for Problematic Drinking. <i>Academic Emergency Medicine</i>, 17: 890–902.</p>
Case Conceptualization/Treatment Planning Paper Due 4/8/2015			
Class 13 4/8/2015	<i>Clinic Day</i>	Skill Practicing	
Class 14 4/15/2015	<i>Wrap Up</i>	Career Panel Sharing/Reflections on Learning	