



## Behavioral and Psychosocial Aspects of Integrated Health

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SW 619 Fall, 2016    Thursdays 9:00 a.m. to 12:00 p.m.  
 Course Location: School of Education 2320

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### WELCOME TO THIS CLASS

It is an exciting time to be a part of the movement to develop and implement effective integrated care models with improved linkages between mental health, behavioral health and primary care settings. It is particularly exciting for social workers who are ideally suited to meet the need for skilled integrated health care professionals. Social Workers are trained to work collaboratively with cross- disciplinary teams of providers, are prepared to work flexibly in a variety of roles and functions, and possess the necessary skills to engage with highly diverse populations. As healthcare requires an ever more collaborative, social workers are in a strategic position to redefine their place in healthcare and address emerging workforce needs as integrated behavioral health care leaders and providers.

This course will consist of a variety of collaborative learning methods including interactive lectures with active student participation, guest speakers, readings, in-class application exercises, videos and written assignments. Understanding core class concepts and the ability to apply these concepts will be emphasized. My commitment is to provide organized, meaningful course material and opportunities for learning. Students are invited and expected to be actively engaged in the learning process by coming to class fully prepared, ready, willing and able to contribute to meaningful discussion and learning. Please feel free to contact and meet with me throughout the semester as needed with questions, concerns and suggestions. I look forward to what we will experience and learn together.

### Guiding Principles and Commitments

We will make a **safe atmosphere and space** for open discussion.

We seek **mutual** growth, learning and benefit from sharing with each other in this class.

We **respect** even when we disagree or have conflict.

We **do not assume** or pre-judge the intent or motivation of others.

We seek to replace assumptions with **curious questions** and **invitations** to share and listen.

We seek to **diminish fear, shame and blame** that immobilize the learning process.

We **view mistakes** and not yet “knowing” as a part of life-long learning and as preferable to stagnation and ignorance.

We acknowledge that one of the definitions of “isms” is that we have been systematically taught misinformation about others and ourselves. We will **not blame** people for the misinformation we have learned, but will **hold each other responsible** for not repeating misinformation or harmful behavior after we have learned otherwise and **to actively challenging** myths and stereotypes.

We find ways to be **curious and humane** in our interactions.

## **Personal Accountability**

Students are expected to take **personal responsibility** and be committed to their own learning experience by being active and responsible members of each class session. An optimal individual learning experience is one that is **active, self-directed** and requires engagement. It is not solely about what **one is taught**, but also about what **one consciously chooses to learn**. As class participants, we will seek to contribute to a meaningful and successful experience for the class as a whole; however, each student is ultimately responsible for her/his own depth, challenge, and experience of one's individual learning.

## **Course Description:**

In the current healthcare system, it is all too common for consumers to face problems accessing care in artificially separate physical, mental, and behavioral health care systems, and to experience difficulty obtaining care that is collaborative, culturally appropriate, and responsive to their complex health care needs. A preponderance of scientific evidence demonstrates that separated, unresponsive, and fragmented health care is ineffective, costly, and unsustainable. For example, patients with severe mental illness have been shown to die an average of 25 years sooner than matched patients without severe mental illness, due to poor management of chronic disease and lack of routine primary care. Conversely, mounting evidence shows that costs are reduced, quality is improved, and fragmentation of care is minimized when behavioral health providers work as integrated members of health care teams. The rapid adoption of 'health care home' team-based models by primary care and specialty care (e.g., oncology) systems is an indication that collaborative, team-based, integrated physical and behavioral care is rapidly emerging.

## **Course Content:**

This course will provide students with an overview of major causes of mortality and morbidity in the United States, including demographic, biological, behavioral, social, and community factors affecting health, disease, and quality of life. Selective international comparisons will be made. Special emphasis will be placed on risk factors and protective factors and implications for health promotion and disease prevention over the life span. A major focus of this course will be the impact of race, ethnicity, culture, gender, age, and sexual orientation on health and disease, as well as the effects of poverty, discrimination, and privilege on access, utilization, and quality of care. Comparative definitions and theories of health and disease, including their evolution, strengths, limitations, and implications for social work and social welfare, will be presented. Theories and research on health behavior will be examined, including cultural differences in health beliefs and practices, use of health services, and barriers to care. Research and theory on stress, coping, and adaptation to illness over the life span will be presented, including the role of social support and the impact of discrimination and privilege on health status and disease outcomes. Implications for social work practice and social policy will be addressed throughout this course.

## **Course Objectives:**

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

1. Describe the major causes of mortality and morbidity in the United States, and identify significant differences among various population groups.
  - 1.1. Discuss the impact of diversity dimensions such as ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation across the life span.
  - 1.2. Discuss the influence of social, economic, geopolitical, and environmental factors on mortality and morbidity.
  - 1.3. Discuss the ethical and social justice implications of differences in mortality and morbidity across population subgroups.
2. Compare concepts and definitions of health and disease, including their evolution, strengths, and limitations, as well as the implications for social work and social welfare.

- 2.1. Identify biological, socioeconomic, cultural, and behavioral risk and protective factors for health, disease, and quality of life across the life span.
- 2.2. Explain the impact of poverty, discrimination, and privilege on health status and disease outcomes, including the ethical and social justice implications.
- 2.3. Discuss the implications of concepts of health and disease for health promotion, disease prevention, treatment, and rehabilitation.
3. Describe current theories and models of health behavior and their implications for health promotion, disease prevention, treatment, and rehabilitation.
  - 3.1. Describe socioeconomic, cultural, and religious differences in health beliefs and practices, utilization of health services, and barriers to care.
  - 3.2. Describe stress, strain, coping, and adaptation as they relate to health and disease across the life span.

### **Relationship of the Course to Four Curricular Themes:**

*Multiculturalism and Diversity* will be addressed throughout this course and will be highlighted in content related to differences in health outcomes, beliefs, behaviors, and the role of protective factors and social support in health status and disease outcomes. The key diversity dimensions will be examined as they relate to health beliefs and health behavior.

*Social Justice and Social Change* will be addressed in content examining differences in mortality and morbidity in population subgroups, and access and barriers to care. This course emphasizes the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge.

*Promotion, Prevention, Treatment, and Rehabilitation* will be addressed through content on concepts and definitions of health and disease, theories and models of health behavior, and stress, coping, and adaptation as they relate to health and disease across the life span.

*Behavioral and Social Science Research* will be presented throughout the course and will include findings from epidemiology, demography, medical sociology, health psychology, medical anthropology, social work, public health, medicine, nursing, and health services research.

### **Relationship of the Course to Social Work Ethics and Values**

Social work ethics and values will be addressed in the context of the NASW Code of Ethics. This course will increase awareness of the intersectionality of medical ethics, social work ethics and bioethics. Students will evaluate ethical issues involved in medical-ethical issues and dilemmas and decision making in health social work and discuss the impact of the social worker's values and reactions to these issues.

### **Focus on Privilege, Oppression, Diversity and Social Justice (PODS)**

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Students are invited and expected to actively contribute from their experiences, field placement practice and knowledge of readings, etc. to help support and develop a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self- knowledge and self-awareness to facilitate PODS learning.

### **ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**

Students needing accommodation for a disability should notify the instructor during **the first week of class** and provide the appropriate accommodation recommendation documents to ensure needs are met in a timely and effective way. Resources are available (i.e. adaptive technology computing site, Services for Students with Disabilities; <http://ssd.umich.edu>). Students with disabilities may contact Services for

Students with Disabilities at 734-763-3000 to coordinate reasonable accommodations. To the extent permitted by law, information will be treated as private and confidential.

### **STUDENT MENTAL HEALTH AND WELLBEING**

The University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed and/or in need of support, there are services available. For assistance, contact Counseling and Psychological Services (CAPS) at 734-764-8312 or <https://caps.umich.edu>; University Health Services at 734-764-8320 or <https://www.uhs.edu/mentalhealthsvsc>. For alcohol and drug concerns and/or assistance regarding sexual assault contact <https://www.uhs.umich.edu/aodresources#sexualassault>. For a listing of other mental health resources available on and off campus, see <http://www.umich.edu/~mhealth/students.htm> or <http://www.umcpd.org/>

### **SAFETY AND EMERGENCY PREPAREDNESS**

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB(7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email [ssw-ADAcpliance@umich.edu](mailto:ssw-ADAcpliance@umich.edu).

Office of Student Services

School of Social Work | Room 1748

[734-936-0961](tel:734-936-0961)

For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>. Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

### **RELIGIOUS OBSERVATIONS AND MILITARY SERVICE**

Students who will be absent during the semester due to religious observance and/or military services should notify me **during the first week of class** to facilitate appropriate accommodations and arrangements to obtain class materials and coordinate make-up class activities and assignments.

### **ACADEMIC CONDUCT, HONESTY & INTEGRITY**

Social Work students are held to the highest standards of academic and professional conduct.

Cheating is the act of obtaining or attempting to obtain credit for academic work through use of any dishonest, deceptive or fraudulent means. Any form of cheating will result in a failing grade for the relevant assignment and is grounds for expulsion.

Plagiarism is unacceptable and inconsistent with the NASW Code of Ethics and the Code of Academic and Professional Conduct and is taken very seriously at the University of Michigan 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 (e.g., in a paper for another current or previous class).

**You are responsible for reviewing and understanding the Student Code of Academic and Professional Conduct** in the *Student Guide to the Master's in Social Work Degree Program* for a discussion of student responsibilities for academic conduct and integrity. 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.

### **APPLICATION OF NASW CODE OF ETHICS AND PROFESSIONAL USE OF SELF**

The social work program is one of professional preparation. In addition to acquiring theoretical knowledge, students are expected to acquire professional values, to integrate knowledge from a range of courses, to develop professional skills and be socialized into the profession.

The NASW Code of Ethics outlines a set of core values that form the basis of the Social Work profession's purpose and perspective. The Code encourages behaviors which promote professionalism and respect for clients, colleagues and employers.

- It is expected that all students conduct themselves in a manner consistent with the Code of Ethics and demonstrate professional use-of-self behaviors in class including respect, courtesy and ACTIVE listening with fellow students, the instructor and guest presenters.
- As professionals, you are expected to maintain confidentiality and respect differences.
- You are expected to take personal responsibility and be committed to your own learning experience by being an active and responsible and response-able member of each class.

For further elaboration of the values and ethical standards inherent in social work, students are encouraged to access the Code of Ethics at: <http://www.socialworkers.org/pubs/code/code.asp> and the Student Guide (Chapter 13).

### **DISTRIBUTION OF PAPERS TO STUDENTS**

The federal informational privacy act prohibits anyone other than the student access to that student's papers. This means that papers cannot be left where anyone else can have open access. Papers should be returned by the instructor directly to or mailed to the student. During the semester, papers will be returned directly to students. Papers submitted at the end of the term may be returned by mail to the student, if the student supplies a self-addressed, self-stamped envelope to the instructor no later than the last day of class for return by U.S. Mail.

### **COURSE REQUIREMENTS**

#### **ATTENDANCE**

As a graduate student, class attendance, completion of assigned readings for each class, participation and engagement are highly valued as these behaviors contribute to the quality of learning for the individual and the class as a whole. Classroom interactions cannot be replicated nor the benefit received exclusively from reading class materials. Therefore, attendance, participation and engagement are expectations and requirements (See Student Guide). Class grades will be negatively impacted by absences and/or lack of participation and engagement.

- School of Social Work Class Attendance Policy 5.03: It is expected that students attend classes and instructors are encouraged to monitor attendance.
- **With a core focus on learning and competency development in service to our clients, ALL ABSENCES FOR ANY REASON will require completion of a make-up quiz and/or written assignment** completion to demonstrate mastery of class content missed for each absence if credit for the missed class is desired by the student. This work will be graded as Pass-Fail.

- Students are responsible for initiating contact with me to pre-arrange/arrange for make-up quiz and for specifics regarding additional written assignments as early as they are aware of an anticipated absence or as they are reasonably able to make contact after an unanticipated absence. In most cases, a reasonable timeframe is anticipated to be as soon as possible **prior** to a planned absence or if not possible, within 1-3 days after an unplanned absence.
- Make-up quizzes and make-up written assignments must be completed prior to the second class session following the absence.
- Students who **choose not to do make-up work** or **who do not initiate** and complete make-up work within the required timeframe will receive a 3 point deduction per each class missed.
- **Four or more absences for any reason will result in non-credit, non-passing grade for the course due to the significance of the portion of the course missed.**
- Promptness in attendance is also valued as it conveys professionalism, respect and courtesy and creates a safe environment for sharing among one another and our guest speakers. We will begin and resume class promptly after designated break(s).
- Partial absences also negatively impact learning and will result in class participation deduction. A partial absence is defined as any one of the following: late arrival after class start time, late return from break after class has resumed and/or early departure before class ends.

### **PREPARATION, PARTICIPATION AND ENGAGEMENT**

Beyond physical presence through attendance, class participation is vital to the learning experience of this course and focuses on being emotionally and intellectually present and engaged in class each week.

Active engagement and sharing of your diverse ideas, perspectives and experiences are highly valued and expected.

Active and meaningful engagement requires advanced preparation which includes completion of assigned readings, critical thinking about application and integration into your field work and identifying thoughts and questions you wish to bring to class for discussion.

Students should **be prepared each week to both be called on and to initiate knowledgeable sharing** of their understanding, ideas, reactions and applications from readings in weekly class discussions and integration across progressive weeks. The quality and preparedness of responses illustrating completion of the readings will be used as a part of the assignment of grading for class participation and will differentiate grades of exceptional mastery (A) from grades of mastery (B).

### **PROFESSION USE OF COMPUTERS, PHONES AND OTHER ELECTRONIC DEVICES**

Our colleagues and guest speakers who are sharing ideas, feelings, and experiences have a right to anticipate and expect our presence, attention and professional use of self.

Research regarding portable technology (laptop computers, phones, PDAs, etc.) confirms that these devices can be a supportive classroom tool when used with a clear goal (i.e. note taking, interactive exercises) while also having negative consequences such as time spent on non-course tasks (i.e. emails, texting) and disruption to others (*CRLT Occasional Papers, No. 30 Use of Laptops in the Classroom: Research and Best Practices*).

The focus of class time is understanding and discussion of the content presented, asking questions, sharing integrative ideas, giving examples, writing notes, practicing active listening and presence, or otherwise deepening your knowledge of the material in some way.

- Using electronic devices to assist in note taking and specifically directed class activities is encouraged for those who find this beneficial.

- Checking email, texting, searching the net for non-class related activities, reading non-class materials, etc. equate to talking/interrupting while someone else is talking and are not acceptable during class.
- Students who feel they must monitor email and texts are asked to do so during breaks and/or to leave the room to do so.
- Use of non-class related computer/phone/electronic devices/reading materials will be considered as the equivalent of being absent from class and will impact attendance and class participation grades with associated automatic deductions.

## ASSIGNMENTS

Assignments are designed to use a variety of evaluation methods including written papers, class room activities and discussions and in-class activities to allow opportunities to address strengths and preferences of diverse individual students. The goal of the course assignments is to promote integration and meaning of the material and competency in services provided to clients. You are empowered to self-direct your learning and assignments with some opportunities to choose areas of interest in some assignments.

**You are responsible for reading the syllabus and assignment instructions and class information is posted on Canvas.** The instructor reserves the right to make changes to the syllabus as appropriate and will communicate any changes to students in as timely a manner as possible.

Paper copies of written assignments are to be submitted at the beginning of the class on the date due with **all pages stapled together including relevant additional materials as assigned.** If you are unable to submit written assignments, please make other arrangements to get a paper copy of your paper to class or to my SSW mailbox by the assignment due date and time. **Emailed assignments will not be accepted.**

## LATE COMPLETION OF ASSIGNMENTS

Meeting deadlines, planning ahead and timeliness in completing tasks are all important parts of professional behavior and competencies. Fairness goals guide consistent application of expectations for all students. Therefore, late assignments will not be accepted without deduction unless the circumstances are both rare and compelling (i.e. hospitalization, death in the family). Commonly occurring life experiences (i.e. multiple demands/busy schedule, traveling, computer problems) are NOT considered grounds for exceptions for late assignments.

## ASSIGNMENT DESCRIPTIONS AND RUBRICS

Written assignment descriptions and grading rubrics have been provided to clearly explain assignment expectations and point values. Please review these prior to completing and submitting your assignments to help you meet assignment criteria.

## WRITING SKILLS

Written skills are essential to effective social work practice. As professionals we will be continually assessed and evaluated on our ability to express ideas clearly and professionally on behalf of our clients, our organizations, our profession and ourselves. Graduate level writing skills will be expected in this course including appropriate grammar, in-text citations, references, organization of thought, clarity of expression and creativity in your writing. For personal assistance with writing, contact the School of Social Work, Office of Student Services, or the University of Michigan's Sweetland Writing Center, 1139 Angell Hall, (734) 764-0429; <http://www.lsa.umich.edu/sweetland/>

All papers must be typewritten and double-spaced using a 12-point font and one inch margins.



**APA format** is the definitive source for standardized writing in the behavioral and social sciences and is required for assignments requiring referencing. Use APA style for your papers, including proper headings and citations. See Publication Manual of the American Psychological Association. Sixth edition.

Please refer to the APA Style manual in various UM libraries or the following sites:

<http://www.apastyle.org/>

<http://www.apastyle.org/learn/tutorials/brief-guide.aspx>

<http://owl.english.purdue.edu/owl/resource/560/01/>

Referencing internet sources: <http://www.apastyle.org/elecref.html>

Key components of APA format to be used in written papers include:

- Title page with running head
- Double spaced 12 font with 1 inch margins
- Number pages except for title page in upper right corner
- Indent 5 spaces for first line of every paragraph
- Sources must be cited in the text of the paper
- Reference page with all sources at the conclusion of the paper
- All direct quotes must be referenced with source and page number

### **REQUIRED READING**

Readings are considered a foundation of the course and you will be expected to know the content of the readings and to incorporate this knowledge into your assignments. It is expected that assigned readings posted for each week will be completed prior to each class to enhance discussion and interaction. Grades of A will require completion of all assigned readings. SCANNING the readings does not meet the definition of completion of the readings.

### **ADDITIONAL READINGS**

The amount of required text reading has been designed to provide you with a basic foundation while giving you freedom to individualize supplemental readings. You are expected and encouraged to do literature searches and additional reading to meet some assignments and to pursue areas of interest. You must use scholarly literature to support your presentation of material. You need to use multiple sources and synthesize them. Do not rely on direct quotations from your sources; instead summarize them in your own words. Additional relevant handouts will also be distributed in class for reading and additional reference materials specific to class topics may be discussed throughout the term.

### **SOME RELEVANT JOURNALS**

Social Work in Health Care

Health and Social Work

Social Work in Public Health

American Journal of Epidemiology

Ethnicity and Disease

Health Psychology

Journal of Aging and Health

Journal of Health for the Poor and Underserved

Journal of the National Medical Association

New England Journal of Medicine

Women and Health

Social Work in Mental Health

Ethnicity and Health

Social Science and Medicine

Journal of Health and Social Behavior

American Journal of Public Health

Health Education and Behavior

Journal of Adolescent Health

Journal of Gerontology

Journal of the American Medical Association

Journal of Psychosocial Oncology

Pediatrics

Social Work in Public Health



**REQUIRED COURSE TEXTS AND ARTICLES:**

Gehlert S. & Browne, T. (2012). *Handbook of health social work* (Second Edition). Hoboken: John Wiley and Sons.

Curtis, R. & Christian, E. (2012). *Integrated care: Applying theory to practice*. New York: Taylor & Francis.

**Supplemental Reading (On-line)**

Woolf, S. & Aron, L. (Eds.) (2013). *U. S. Health in International Perspective: Shorter lives, poorer health*. New York: National Academies Press. <http://www.nap.edu/download/13497>

**Additional readings resources are available on the course Canvas site.**

**Useful Websites:**

National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying*. Hyattsville, Maryland. 2011. <http://www.cdc.gov/nchs/hus.htm>

2012 Statistical Abstracts. Available: <http://www.census.gov/compendia/statab/>

National Library of Medicine, Medline Plus Health Information  
<http://medlineplus.gov/>

Women's Health USA, 2012  
<http://www.mchb.hrsa.gov/whusa12/index.html>

Office of Women's Health, Quick Health Data Online, DHHS  
<http://www.healthstatus2010.com/owh/index.html>

National Women's Health Information Center, DHHS  
<http://www.4woman.gov/>

CDC Women's Health  
<http://www.cdc.gov/Women/>

CDC Lesbian/ Bisexual Health  
<http://www.cdc.gov/lgbthealth/women.htm>

CDC Men's Health  
<http://www.cdc.gov/men/>

CDC Gay and Bisexual Men's Health  
<http://www.cdc.gov/msmhealth/>

CDC LBGT Health  
<http://www.cdc.gov/lgbthealth/about.htm>

FDA Women's Health Website  
<http://www.fda.gov/womens/default.htm>

## GRADING

**Grades are the outcome of student efforts and demonstration of competency. They are “earned” not “given.”** While this course has been designed to provide information and learning experiences, what you ultimately gain will largely depend on your use-of-self, your engagement in the class and your commitment to take responsibility for your individual learning.

**Academic standards matter to our clients** and the responsibilities with which we are entrusted in our work with and on behalf of them. Graduate school standards anticipate that for every credit hour spent in the classroom, students will spend 2-3 hours outside of the class room to complete readings and assignments at a level of mastery (i.e. 6-9 hours for a 3 credit course).

Final Grades will be based on individual personal performance and demonstration of course competencies and expectations including the quality of the work, demonstration of reading and ability to apply concepts. The total accumulation of points earned reflect competencies demonstrated in the context of one’s normal life challenges regarding time, obligations, multiple demands and the choices each student makes. When considering an individual assignment grade, i.e. 9 out of 10 points earned, think of the score as points earned rather than a percentage. For example, a 9 out of 10 is not a 90% overall course grade. It is 9 out of 10 points earned by demonstrating course competencies and one point unearned out of the total 100 points possible.

Students who feel that after feedback, they would like to redo a written assignment for re-submission and consideration of additional earned points should notify me promptly and may submit a revision **within one week** after the paper was returned. The original paper and the revised paper with changes clearly highlighted should be submitted.

Final letter grades are defined by the School of Social Work as follows:

- A grades** Earned for **exceptional individual performance and superior mastery** of the material. The use of A+ (100), A (95-99), and A-(90-94) should distinguish the degree of superiority.
- B grades** Earned for students who demonstrate **mastery of the material**. B+ (87-89) indicates performance just above the mastery level but not in an exceptional manner. B (84-86) indicates mastery and B- (80-83) indicate just below the mastery level.
- C grades** **Mastery of the material is limited**. C- is the lowest grade which carries credit. C+ (77-79), C (74-76) and C- (70-73).
- D grades** Indicate deficiency and carry no credit. (below 70)
- E grades** Indicate failure and carry no credit.
- I grades** Incomplete grades can be given in **rare situations** in which significant unforeseen, extraordinary and compelling reasons prevent completion of work AND there is a **definite plan and date for completion pre-approved by the instructor**.
- If more than one-third of the required course work is incomplete and/or 3 or more classes are missed, an incomplete grade will not be given & credit for the course is not possible.
  - In fairness to all students, incomplete grades will not be given based on requests for time extensions to complete assignments without a compelling reason and sufficient justification provided beyond common life experiences of having limited time or multiple class deadlines.
  - Students are responsible for initiating advanced contact with the instructor to request an incomplete grade and to establish a plan for completion. If no contact has been initiated by the student with the instructor regarding incomplete work and/or no plan has been

established to complete work by the last day of class, a grade will be given based on the completed work submitted thus far. This may potentially result in a grade which carries no credit.

## **WRITTEN ASSIGNMENTS and CLASS PARTICIPATION**

### **1. Application Activities Assignments 17 points total**

These two activity assignments focus on application of the course concepts in a practical way. They will involve in-class discussion, analysis and demonstration of your understanding of course readings and concepts.

### **2. “Anatomy” of a Chronic Illness Paper 45 points Total**

This paper will be done over the course of the semester in three distinct parts. This will provide you with an opportunity to apply course concepts in an incremental format leading to a holistic view of the “anatomy” of an illness.

### **3. Self-Selected Articles of Interest and Written Summary and Class Discussion 18 points total**

You will have the opportunity to choose 3 articles of your own interest in relevant course topic areas.

### **4. Social Work Role and Values Articulation Paper 10 points**

This final assignment is designed to help prepare you for articulating your role and your values in your integrated health social work practice.

### **5. Class Participation, Class Attendance, Engagement & Professional Use Self 10 points**

Class attendance, participation and professional use of self are core behaviors that are highly valued in this class and are a part of the learning experience which has relevant application to future professional practice. As social workers and other helping professionals, it is important to be able to speak out to advocate for clients and to address issues as a silent worker can have limited impact.

Class participation involves sharing and discussing class concepts and their application to our work. Participation is not simply talking and sharing your opinions. **Each week come prepared to discuss**, understanding and application of what you have read, concepts from the class that apply to your field placement, what you notice in the world regarding health care topics related to class. The quality of participation is important and effectively comes from reading the assigned texts, analyzing theories and concepts and then noticing how to apply them to working with clients and organizations.

**Expectations are further defined in a separate Profession Use- of-Self document and a Class Participation Self-Evaluation Rubric posted document.**

**❖ More detailed assignment descriptions, requirements and guidelines are available in Canvas.**

**Course Outline and Assigned Readings    R= Required Readings**

**Sept. 8**            Course Overview  
 #1                    Introduction to Integrated Health Care  
                           Social Work Roles in Health Care Settings

Required Readings:

- **Curtis & Christian: Chapter 1 (R)**
- **Gehlert & Browne: Chapter 1 (R)**
  
- Craig, S., Frankford, R., Allan, K., Williams, C., Schwartz, C., Yaworski, A., Janz, G., Malek-Saniee, S. (2016). Self-reported patient psychosocial needs in integrated primary health care: A role for social work in interdisciplinary teams. *Social Work in Health Care*, 55(1). doi:10.1080/00981389.2015.1085483
- Summergrad, P. & Kathol, R. (2014). Integrated Care in Psychiatry: Redefining the role of mental health professionals in the medical setting. Chapter 1: A vision of integrated psychiatric and medical care for 2023. New York: Springer.
- Theodoridou, A., Hengartner, M. P., Gairing, S. K., Jäger, M., Ketteler, D., Kawohl, W., Lauber, C., & Rössler, W. (2015). Evaluation of a New Person-Centered Integrated Care Model in Psychiatry. *Psychiatric Quarterly*, 86(2), 153-168.

**Sept. 15**            Social Epidemiology/Social Determinants of Health  
 #2                    Social and Environmental Interaction  
                           Health Indicators and Risk Factors; Distribution of Health and Illness

Required Readings:

- **Gehlert & Browne: Chapters 4 and 7 (R)**
- Woolf & Aron Chapters 3, 4, and 7
- Bowen, R. & Walton, Q. (2015). Disparities and the social determinants of mental health and addictions: Opportunities of a multifaceted social work response. *Health and Social Work*, 40(3), 59-64.
- Braverman, P., Egerter, S., & Williams, D. (2010). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381-398.
- Philip, D. & Reisch, M. (2015). Rethinking social work's interpretation of "environmental justice": From local to global. *Social Work Education*, 34(5). 471-483.
- Wolbring, G. (2011). People with disabilities and social determinants of health discourses. *Canadian Journal of Public Health*, 102(4), 317-19.
- Pamela Jackson, David R. Williams (2006). The intersection of race, gender, and SES. Chapter 5 in *Gender, Race, Class, and Health: Intersectional Approaches*. San Francisco: Jossey-Bass.
- Gass, E. & Bezold, M. P. (2013). Generation Y, shifting funding structures, and health care reform: Reconceiving the public health paradigm through social work. *Social Work in Public Health*, 28(7), 685-693. doi:10.1080/19371918.2011.619460

Sept. 22  
#3

**Article of Choice #1 Written Summary Due**  
Implicit Bias in Health Care

Required Readings:

- **Article of Choice #1 in area of interest relevant to this week's topic (R)**
- **Zestcott, C., Blair, I., & Stone, J. (2016). Examining, the presence, consequences and reduction of implicit bias in health care: A narrative review. *Group Process & Intergroup Relations*, 19(4), 528-542. (R)**
- Hall, W., Chapman, M., Lee, K., Merino, Y., Thomas, T.,; et al (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health* 105(12), 60-76.
- Blair, I., Steiner, J., & Havranek, E. (2011). Unconscious (Implicit) bias and health disparities: Where do we do from here? *The Permanente Journal*, 15(2), 71-78.
- Chapman, E., Kaatz, A., & Carnes, M. (2013). Physicians and implicit bias: doctors may unwittingly perpetuate health care disparities. *Journal of General Internal Medicine*, 28(11). 1504-1510.
- Cooper, L., Roter, D., Carson, K., Beach, M., Sabin, J., Greenwald, A. & Invi, T. (2012). The association of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. *American Journal of Public Health*, 102(5), 979-987.
- Malat, J. & Hamilton, M. A. (2015). Preference for same-race health care providers and perceptions of interpersonal discrimination in health care. *Journal of Health and Social Behavior*, 47(2), 173-187.
- Henderson, C., Noblett, J., Parke, H., Clement, S., Coggrey, A., Gale-Grant, O., Schulze, B., Druss, B. & Thornicroft, G. (2014). Mental health related stigma in health care and mental health-care settings. *The Lancet Psychiatry*, 1(6), 467-482.
- Poteat, T., German, D. & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Social Science & Medicine*, 84, 22-29.  
[http://s3.amazonaws.com/academia.edu.documents/44741765/Managing\\_uncertainty\\_A\\_grounded\\_theory\\_o20160414-5603-1j50dfd.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472763862&Signature=W3whCBfONMZEQyheWDAsEJiiNo%3D&response-content-disposition=inline%3B%20filename%3DManaging\\_uncertainty\\_A\\_grounded\\_theory\\_o.pdf](http://s3.amazonaws.com/academia.edu.documents/44741765/Managing_uncertainty_A_grounded_theory_o20160414-5603-1j50dfd.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472763862&Signature=W3whCBfONMZEQyheWDAsEJiiNo%3D&response-content-disposition=inline%3B%20filename%3DManaging_uncertainty_A_grounded_theory_o.pdf)

Sept. 29  
#4

**Application of Change Theory Activity Due**  
Theories, Perspectives and Practice Models in Integrated Health Care  
Definitions of Health and Responsibility  
Change and Health Care Behaviors

Required Readings:

- **Gehlert & Browne: Chapter 6 (R)**
- **Minkler, M. (1999). Personal responsibility for health? A review of the arguments and the evidence at century's end. *Health Education & Behavior* 26 (1), 121-140. (R)**

- Woolf & Aron Chapter 5
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.
- Zittel, K.M.; Lawrence, S. & Wodarski, J.S. (2002). Biopsychosocial model of health and healing: Implications for health social work practice. *Journal of Human Behavior in the Social Environment*, 5(1): 19-33.  
<https://www.centerforebp.case.edu/client-files/pdf/iddtposter.pdf>
- U. S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration: Enhancing motivational change in substance abuse treatment.  
<https://store.samhsa.gov/shin/content/SMA13-4212/SMA13-4212.pdf>

Oct. 6  
#5

### Part 1 Anatomy of Illness Paper Due

Social, Cultural, Spiritual Meanings of Illness and Wellness  
Family World View Narratives

#### Required Readings:

- **Gehlert & Browne: Chapters 11, 12 and 13 (R)**
- Park, C. L. (2007). Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*, 30(4), 319-328.
- Conrad, P. & Barker, K. (2010). The social construction of illness: Key insights and policy implications. *Journal of Health and Social Behavior*, 51(S), S67-S79.

Oct. 13  
#6

### Article of Choice #2 Written Summary Due

Common Chronic Diseases/Conditions:  
Heart Disease, Cancer, Diabetes, HIV, Obesity  
Morbidity and Mortality; Quality of Life Considerations  
Pain Management and Palliative Care

#### Required Readings:

- **Article of Choice #2 in area of interest relevant to this week's topic**
- **Gehlert & Browne: Chapter 20 and 22 (R)**
- Woolf and Aron: Chapter 2
- Lawrence, S., Hazlett, R., and Hightower, P. (2010). Understanding and acting on the growing childhood and adolescent weight crisis: A role for social work. *Health & Social Work*, 35(2): 147-153.
- Pappas, C., Ai, A., & Dietrick, B. (2015). Addressing childhood obesity using a multidisciplinary approach with social workers. *Health & Social Work*, 40(2), 151-154. doi:10.1093/hsw/hlv011
- Geronimus, A. et al (2006). "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. *American Journal of Public Health*, 96(5), 826-833.
- Thoits, R. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*. 51S, S41-S53.

- Gouin, J., Glaser, R., et al (2012). Chronic stress, daily stressors and circulating inflammatory markers. *Health Psychology, 31*, 264-268.

Oct. 20

#7

## INVITED INTEGRATED HEALTH GUESTS

Current Status of Health Care in U. S.

Disparities, Unequal Access

Policy Considerations

### Required Readings:

- **Gehlert & Browne: Chapter 5 (R)**
- **Browne, T., Pitner, R. & Freedman, D. (2013). When identifying health disparities as a problem is a problem: Pedagogical strategies for examining racialized contexts. *Journal of Prevention and Intervention in the Community, 41*, 220-230. (R)**
- Woolf & Aron Chapters 4 and 8
- Corrigan, P., Pickett, S., Batia, K. & Michaels, P. (2014) Peer navigators and integrated care to address ethnic health disparities of people with serious mental illness. *Social Work in Public Health, 29*:6, 581-593.
- Feagin, J. & Bennefield, Z. (2014). Systemic racism and U. S. health care. *Social Science & Medicine, 103*, 7-14.
- Grant, J., Mottet, L., Tanis, J., Harrison, J., Herman, J., & Keisling, M. (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. *National Transgender Discrimination Survey*. Washington.
- Krahn, G., Walker, D., Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health, 105*(S52), S198-S206.
- Bhattacharya, G. (2013). Contextualizing disparity reduction in rural health care: A call to action. *Journal of Family Social Work, 16*, 86-100.
- Hartley, D. (2004). Rural health disparities, population health, and rural culture. *American Journal of Public Health, 94*(10), 1675-1678.
- Stroumsa, D. (2014). The state of transgender health care: Policy, law, and medical frameworks. *American Journal of Public Health, 104*(3), e31e37.
- Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities  
[http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)
- The New England Regional Health Equity Council (RHEC) (2016). Health Equity Profile and Call to Action.  
[https://drive.google.com/a/umich.edu/file/d/0BxNlb\\_OgMsZZDVEN3djNG1Jcnc/view](https://drive.google.com/a/umich.edu/file/d/0BxNlb_OgMsZZDVEN3djNG1Jcnc/view)
- Silverstein, J. (March 12, 2013). How racism is bad for our bodies. The Atlantic. <http://www.theatlantic.com/health/archive/2-13/03/how-racism-is-bad-for-our-bodies/273911/>
- Policy Link(2014). Health Equity: Moving beyond “health disparities.”  
<http://www.policylink.org/sites/default/files/Health%20Equity%20101%20Final%20May%202014%20AS%20pdf.pdf>



- LaVeist, T., Richardson, W. & Richardson, N. (2011). The state of racial inequities in health care. Robert Wood Johnson Foundation.  
<http://www.rwjfleaders.org/sites/default/files/Scholars%20Forum%20research%20paper%20111314b.pdf>

Oct. 27  
#8

### Article of Choice #3 Written Summary Due

Health and Diversity

Culture, Race, Gender, Age, LGBTQ and Socioeconomic Position

#### Required Readings:

- **Article of Choice #3 In area of interest relevant to this week's topic(R)**
- **Curtis & Christian: Chapter 7 (R)**
- **Gehlert & Browne: Chapter 15(R)**
- Rieker, P. & Bird, C. (2005). Rethinking gender differences in health: Why we need to integrate social and biological perspectives. *Journal of Gerontology: Series, 60B* (Special Issue II), 40-47.
- Achenback, J. & Keating, D. (April 10, 2016). A new divide in American death. Washington Post.  
<http://www.washingtonpost.com/sf/national/wp/2016/04/10/2016/04/10/a-new-divide-in-american-death/>
- Cadigan, J. & Skinner, D. (2015). Symptoms of depression and their management among low-income African-American and White mothers in the rural South. *Ethnicity & Health, 20:3*, 293-308.
- Bernstein, L. & Achenbach, J. (November 2, 2015). A group of middle-aged whites in the U. S. is dying at a startling rate. *Health and Science* Washington Post. [www.washingtonpost](http://www.washingtonpost.com)
- Maleku, A. & Aguirre, R. (2014). Culturally competent health care from the immigrant lens: A qualitative interpretive meta-synthesis (QIMS). *Social Work in Public Health, 29:6*, 561-580.
- Coates, T. (2014). The Case for Reparations. *The Atlantic*, 54-71.
- Williams, D.R. & Collins, C. (2004). Reparations: A viable strategy to address the enigma of African American health. *American Behavioral Scientist, 47(7)*: 977-1000.
- Hinze, S., Lin, J. & Andersson, T. (2012). Can we capture the intersections? Older black women, education and health. *Women's Health Issues, 22(1)*, e91-98.
- Nemoto, T., Operario, D., Keatley, JA., Hongmai, B.S. & Sugano, E. (2005). Promoting health for transgender women: Transgender Resources and Neighborhood Space (TRANS) program in San Francisco. *American Journal of Public Health 95(3)*: 382-384.
- Carlisle, S. (2014) Disaggregating race and ethnicity in chronic health conditions: Implications for public health social work. *Social Work in Public Health, 29:6*, 616-628.
- Carlisle, S. (2015) Perceived discrimination and chronic health in adults from nine ethnic subgroups in the USA. *Ethnicity & Health, 20(3)*, 309-326.

- Christ, G., & Diwan, S., (2009). Chronic Illness and Aging, Section I. The demographics of aging and chronic diseases. *Council on Social Work Education*. <http://www.cswe.org/file.aspx?id=25462>
- Rich, J.A. & Grey, C.M. (2005). Pathways to recurrent trauma among young Black men: Traumatic stress, substance use, and the “Code of the Street.” *American Journal of Public Health, 95(5)*: 816-824.
- Krieger, N. (2003). Gender, sexes, and health: What are the connections- and why does it matter. *International Journal of Epidemiology, 32*, 652-657.
- Read, J. & Gorman, B. (2010). Gender and health inequality. *Annual Review of Sociology, 36*, 371-386.
- Connell, R. (2012). Gender, health, and theory: Conceptualizing the issue in local and world perspectives. *Social Science and Medicine, 74*, 1675-1683.
- Hankivsky, O. (2012). Women’s health, men’s health, and gender and health: Implications of intersectionality. *Social Science and Medicine, 74*, 1712-1720.
- Reczek, C., Umberson, D. (2012). Gender, health behavior, and intimate relationships: Lesbian, gay and straight context. *Social Science and Medicine, 74*, 1783-1790.

Nov. 3  
#9

## Part 2 Anatomy of Illness Paper Due

Addressing Health, Mental Health and Behavioral Health Challenges

### Required Readings:

- **Gehlert & Browne: Chapters 8 and 17 (R)**
- **Curtis & Christian: Chapter 5 and Chapter 8 (R)**
- Thornicroft, G., Rose, D., Kassam, A. (2007). Discrimination in health care against people with mental illness. *International Review of Psychiatry, 19(2)*, 1130122.
- Marshal, M., et al., (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *Journal of Adolescent Health, 49*, 115-123.
- Thoits, P. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior, 51S*, S41-S53.
- Kilbourne, A., et al (2008). Improving general medical and mental health services in community-based practices. *Administration and Policy in Mental Health and Mental Health Services, 35*, 337-345.
- Copeland, V. & Snyder, K. (2011). Barriers to mental health treatment services for low-income African American women whose children receive behavioral services: An Ethnographic investigation. *Social Work in Public Health, 26*, 78-95.
- Nakash, O., et al (2014). Ethnic disparities in mental health treatment gap in a community-based survey and in access to care in psychiatric clinics. *International Journal of Social Psychiatry, 60(6)*, 575-583.

- Alegria, M., Valls, M., & Pumariega, A. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics of North America*, 19, 759-774.
- Xiong, G., et al (2015). Understanding preventative health screening services use in persons with serious mental illness: How does integrated behavioral health primary care compare? *International Journal of Psychiatry in Medicine*, 48(4), 279-298.

**Nov. 10** Health Care Communication Challenges and Skill Development  
**#10** Health Literacy  
 Delivering Bad News; End of Life Discussions  
 Genetic Counseling

Required Readings:

- **Gehlert & Browne: Chapters 10, 21 and 23 (R)**
- Johnson, R., Roter, D. Powe, N., & Cooper, L. (2004). Patient race/ethnicity and quality of patient–physician communication during medical visits. *American Journal of Public Health*, 94 (12). 2084-2090.
- Baile, W., Buckman, R., Lenzi, R., Glober, G., Beale, E. & Kudelka, A. (2000). SPIKES--A six-step protocol for delivering bad news: Application to the patient with cancer. *The Oncologist*, 5(4), 302-311.
- Thompson, T., Mitchell, J., Johnson-Lawrence, V., Watkins, D. & Modlin, C. (2015). Self-rated health and health care access associated with African American men's health self-efficacy. *American Journal of Men's Health*.
- Chesire, A. (February, 2014). Ethics in genetic testing: A social work perspective. *Social Work Today*, 14(1), 20.  
<http://www.socialworktoday.com/archive/012014p20.shtml>
- Liechty, J. (2011). Health literacy: Critical opportunities for social work leadership in health care and research. *Health and Social Work*, 36(2), 99-107.

**Nov. 17** **Application Leadership Activity Due**  
**#11** Role of Social Work in Integrated Health Care  
 Leadership in Integrated Care

Required Readings:

- **Gehlert & Browne: Chapters 2(R)**
- **Curtis & Christian: Chapters 2 and 15 (R)**
- Stanhope, V., Videka, L., Thorning, H. & McKay, M. (2015). Moving Toward Integrated Health: An Opportunity for Social Work. *Social Work in Health Care*, 54(5), 383-407.
- McCabe, H. A., & Sullivan, W. P. (2015). Social work expertise: An overlooked opportunity for cutting-edge system design under the Patient Protection and Affordable Care Act. *Health & Social Work*, 40(2), 155-157.  
 doi:10.1093/hsw/hlv005

Nov. 24 NO CLASS: THANKSGIVING BREAK

Dec. 1 Part 3 Anatomy of Illness Paper Due  
#12 Social Support and Health  
Community Based Interventions

Required Readings:

- **Gehlert, S.; Sohmer, D.; Sacks, T.; Mininger, C.; et al. (2008). Targeting health disparities: A model linking upstream determinants to downstream interventions, *Health Affairs*, 27(2), 339-349. (R)**
- **In addition to above required article, choose and read one of the following articles below/or an article of your own choosing on this week's topic and be prepared to discuss in class: (R)**
- Verhagen, I., Steunenberg, B., de Wit., & Ros, W. (2014). Community health worker interventions to improve access to health care services for older adults from ethnic minorities: a systematic review. *BMC Health Services Research*, 14(1). doi:10.1186/s12913-014-0497-1
- Ingram, M. et al (2014). A community health worker intervention to address the social determinants of health through policy change. *Journal of Primary Prevention*, 35(2), 119-123.
- Chung, B., Corbette, C.E., Boulet, B., Cummings, J.R., et al. (2006). Talking Wellness: A description of a community-academic partnered project to engage an African-American community around depression through the use of poetry, film and photography. *Ethnicity and Disease* 16: 67-78.
- Charyton, C., Elliott, J., Bo, L. & Moore, J. L. (2009). The impact of social support on health related quality of life in persons with epilepsy. *Epilepsy Behavior*, 16(4), 64-645.
- Boyd, A.S. & Wilmoth, M.C. (2006). An innovative community-based intervention for African American women with breast cancer: The Witness Project. *Health & Social Work* 31(1): 77-80.
- Lunskey Y. (2008). The impact of stress and social support on the mental health of individuals with intellectual disabilities. *Salud Publica Mex*, 50(suppl 2), S151-S153.
- Reinschmidt, K.M. & Chong, J. (2007). SONRISA: A curriculum toolbox for promotores to address mental health and diabetes. *Preventing Chronic Disease* 4(4): 1-9.
- Walsh, F. (2007). Traumatic loss and major disasters: strengthening family and community resilience. *Family Process* 46(2): 207-227.
- Huhman, M., Berkowitz, J.M., Wong, F.I., Prosper, E., Gray, M., Prince, D. & Yuen, J. (2008). The VERB™ campaign's strategy for reaching African-American, Hispanic, Asian, and American Indian children and parents. *American Journal of Preventive Medicine* 34 (6S): S194-S209.
- Contento IR, Koch PA, Lee H, Calabrese-Barton A. (2010). Adolescents demonstrate improvement in obesity risk behaviors after completion of

*Choice, Control & Change*, a curriculum addressing personal agency and autonomous motivation. *Journal of American Dietetic Association*, 110(12):1830-1839.

- Yi, J. & Zebrack, B. (2010). Self-Portraits of Families with Young Adult Cancer Survivors: Using Photovoice. *Journal of Psychosocial Oncology*, 28(3), 219-243.
- Danso, K. (2016). Nativity and health disparities: Predictors of immigrant health. *Social Work in Public Health*, 31(3). doi:10.1080/19371918.2015.1099494

**Dec. 8**  
#13

**Professional Statement Assignment Due**  
**Self-Assessment of Class Participation and Use of Self Form Due**  
Inter-professional Practice and Team Building  
Ethics in Integrated Care  
Defining and Articulating Professional Identity, Roles and Outcomes

Required Readings:

- **Curtis & Christian, Chapter 6 (R)**
- **Horevitz, E., & Manoleas, P. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care*, 52(8), 752-787. (R)**
- Orchard CA, Curran V, Kabene S. (2005). Creating a culture of interdisciplinary collaborative professional practice. *Medical Education Online* (serial online), 10-11.
- Nancarrow, S., Booth, A., Ariss, S., Smith, T., Enderby, P. & Roots, a. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health*, 11(19), 1-11.
- Zwarenstein M, Goldman J, Reeves S.(2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, Issue 3. Art. No.: CD000072. DOI: 10.1002/14651858.CD000072.pub2.
- Taber, D. J., Pilch, N. A., McGillicuddy, J. W., Bratton, C. F., Chavin, K. D., Baliga, P. K. (2013). Improved patient safety and outcomes with a comprehensive interdisciplinary improvement initiative in kidney transplant recipients. *American Journal of Medical Quality*, 28(2), 103-112.