

SW 630 - 001 – Advanced Clinical Social Work Practice in Integrated Healthcare

INSTRUCTOR: Abigail Eiler, LMSW, MSW
rowea@umich.edu; 734-845-1442
CLASS: Mondays; 8:00 – 12:00PM, SSWB B770
OFFICE HOURS: Mondays; 12:00-1:30PM and by appointment
Office Rm# 3764
SUBJECT: Interpersonal Practice
CREDITS: 3

“The price of inaction is far greater than the cost of making a mistake.”
– Meister Eckhart

Course Description

The objective of this course is to introduce social work students to the direct practice of integrated behavioral health in primary care. Students will become knowledgeable of the roles of behavioral health providers working in primary care settings, theories and models of care, and cross-cultural issues. They will develop skills in engagement, assessment, intervention planning and implementation, and practice evaluation. 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.

Course Objectives:

Students will develop skills and knowledge in the Core Competencies for Integrated Health as identified by SAMHSA.

1. **Interpersonal Communication:** ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.
2. **Collaboration and Teamwork:** ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.
3. **Screening and Assessment:** ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.
4. **Care Planning and Care Coordination:** ability to create and implement integrated care plans, ensuring access to an array of linked services and the exchange of information among consumers, family members and providers.
5. **Intervention:** The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.
6. **Cultural Competence and Adaptation:** The ability to provide services that are relevant to the culture of the consumer and family.

7. **System Oriented Practice:** The ability to function effectively within the organizational and financial structures of the local system of healthcare.
8. **Practice-Based Learning and Quality Improvement:** The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.
9. **Informatics:** The ability to use information technology to support and improve integrated healthcare.

Emphasis will be placed on: Practice Behaviors 7.IP, 7.SPE, 7.CO, 7.MHS

Course Design

This course uses an engaged-learning approach, which employs myriad pedagogical strategies such as: class discussions, small group work, experiential/simulated exercises, case examples, role-plays and other activities in order to facilitate understanding of the course content and to promote skill development. Most class classes will include a lecture or presentation, accompanied by a discussion or clinical practice/activity period. This course is designed to be practice-oriented and will highlight advanced clinical practice techniques to work effectively with clients and colleagues in a variety of integrated healthcare settings.

Social Work Ethics and Values

This course will examine current ethical issues and controversies in the field integrated health care. The NASW Code of Ethics www.socialworkers.org/pubs/code/code.asp will be used to inform practice in this area. Students will analyze ethical issues related to: stigmatization and psychiatric labels; client confidentiality; client rights and prerogatives; especially the rights of populations at risk; prevention and elimination of discrimination; equal access to resources, services, and opportunities; respect for the diversity of cultures; changes in policy and legislation that promote improvements in social conditions; and informed participation of the public.

INTENSIVE 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 social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will facilitate PODS learning and support students' development toward: a vision of social justice; learning social justice processes; applying intersectional and intercultural frameworks; and overall strengthening of critical consciousness, self-knowledge, and self-awareness.

Accommodations for Students with Disabilities

If you need an accommodation for a disability, contact me as soon as possible. It is possible that aspects of the course can be modified to facilitate your learning process. There are resources available to help us to meet your needs including Students with Disabilities, the Adaptive Technology Computing Site, etc. If you disclose a disability or special need to me I will treat that information as private and confidential. For more information and resources, please contact the Services for Students with Disabilities (G664 Haven Hall or 734-763-3000).

Health and Wellness Services

Health and wellness encompasses situations or circumstances that may impede your success within the program. The Office of Student Services offers health and wellness services that are directed to the MSW student body. Feel free to contact Health and Wellness Advocate Nyshourn Price-Reed (ndp@umich.edu); 734-936--0961, regarding any health, mental health or wellness issue. This could include need for advocacy and referral to University or community resources, financial resources or counseling. The MSW student Guide to Health and Wellness can be found at http://www.ssw.umich.edu/current/Health_Wellness_Guide.pdf.

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, services are available. For help, contact Counseling and Psychological Services (CAPS) at (734) 764-8312 and <https://caps.umich.edu/> during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult University Health Service (UHS) at (734) 764-8320 and <https://www.uhs.umich.edu/mentalhealthsvcs>, or for alcohol or drug concerns, see www.uhs.umich.edu/aodresources.

For a listing of other mental health resources available on and off campus, visit: <http://umich.edu/~mhealth/>.

Safety & 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.
Office of Student Services School of Social Work | Room 1748 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/>.

References and Referencing Style

When using others' work, it is mandatory to cite the original source. Social work publications generally follow the referencing format specified by the American Psychological Association (APA); therefore you are expected to follow this referencing style. Publication Manual of the American Psychological Association (6th Edition) is accessible via internet: <http://www.apastyle.org/manual/> Additionally, you may access APA examples at: <http://owl.english.purdue.edu/owl/resource/560/01/> for further help citing references in course assignments.

Intellectual Honesty and Plagiarism

It is your responsibility to be familiar with and abide by the School of Social Work's standards regarding intellectual honesty and plagiarism. These can be found in the MSW Student Handbook. These are taken from <http://www.ssw.umich.edu/studentGuide/2007/>.

Course Requirements

Course Assignments & Grading	Due Date	Points
Attendance & Participation	<i>Ongoing</i>	10
IMPACT Module: Daniel's Story & Reflection Paper	<i>May 14, 2017</i>	5
Psychopharmacology Quiz	<i>June 12, 2017</i>	10
SBIRT Online Training	<i>June 19, 2017</i>	5
Field Placement Presentation & Reflection Paper	<i>Various Dates; reflection paper is due one week after your presentation.</i>	40
Simulated Final Exam	<i>July 17 & 24, 2017</i>	30
Total Possible Points		100

Attendance & Participation (10 points)

Regular class attendance is a requirement of this course. Your grade will be negatively impacted if more than one class is missed. Please communicate any classes that you may miss to this Instructor via email (rowea@umich.edu) or phone/text (734-845-1442) prior to start of class. Any failure to communicate an absence to this Instructor will result in a one point deduction for that day.

Each class encourages dialogue regarding the readings and lecture. Participation in this course will occur in small and large group discussions. It is essential to abide by the NASW Code of Ethics and to maintain the highest level of respect for one another as colleagues/peers, as well as for the clients and communities that we will be discussing in class. Please avoid the use of electronics during the course. If you need to take a phone call or respond to a text message or email, then please step out of the class and return when you are done. It is expected that your computer only be used to take notes during lectures.

Levels of participation may vary based on comfort and interest in topics discussed. I will do my best to honor each student's participation level in the course. Please communicate any difficulty that you are experiencing related to course materials and discussions and I will do my best to help resolve the matter or identify appropriate support services if requested.

*****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.



<https://aims.uw.edu/daniels-story-introduction-collaborative-care>

In preparation for class on May 15, 2017, you are asked to watch a brief seven minute video called, *Daniel's Story: An introduction to Collaborative Care*. For this assignment you are responsible for completing a one page reflection paper, which will include:

- What are your initial thoughts on collaborative care based on the content of this video?
- In your current field placement, do you feel that collaborative care is the framework for your site's practice model?
 - If so, then what do you like about the model being utilized? Is it effective for the patients/clients you serve? What improvements still need to be made?
 - If not, then would implementing collaborative care help your current field site? How might it help the patients/clients the agency is serving? How might it not be appropriate for the mission and work of your current patient/client population?

Psychopharmacology In-Class Quiz (10 points)

Due: June 12, 2017

As a social worker, it is important to have basic knowledge regarding medical assisted interventions utilized to treat health and mental health disorders. This in-class quiz will assess your understanding of medications prescribed by Primary Care Physicians and Psychiatrists. The quiz will consist of 20 questions; each question will receive .5 points for a correct answer and 0 points for an incorrect answer.

SBIRT Online Training & Reflection Paper (5 points)

Due: June 19, 2017

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. This early intervention and treatment approach is utilized in integrated health clinics across the world. SBIRT focuses on persons with substance use disorders and those at-risk of developing these disorders.

SBIRTTraining.com was developed by [Clinical Tools, Inc](#) (CTI) with funding from the [National Institute on Drug Abuse](#) (Contract #HHSN271200800038C). **For this assignment, you will be required to complete their published online course, SBIRT Core.** This online course includes four 60 minute modules. It is designed to introduce the terms, topics, and resources essential to SBIRT. To enroll in the **SBIRT Core** online training, please follow the steps listed below:

Go to: <http://www.sbirtraining.com/home>

1. Click on the **CREATE ACCOUNT** link on the top right corner of the webpage.

2. After creating an account, click on the **TRAINING** tab at the top, middle of the webpage course. Click on **SBIRT Core Training**. Click on [Please Read Activity Description](#). Click on [Purchase this activity](#). You should be taken to a Checkout screen. The Cart Contents should have 1 SBIRT Core Training Activity. In COUPON DISCOUNT section, enter **DWMHA2016**. Enter your mailing address in the BILLING ADDRESS section. Click SUBMIT ORDER. You will be redirected to the site home page.

3. Click on Training and SBIRT Core Training. It will request you to complete demographic information. Enter information and click save.

4. Click Complete Activity Pre-Survey.

5. Click on each module to begin. Complete Activity Pre-Survey for each module. It will take you back to the module page. Click the module and then click Start the Module.

6. Once the online course is complete, please upload a copy or screenshot of the Certificate of Completion to CANVAS.

In addition to the online training, you are required to write a **1 – 2 page reflection paper** on SBIRT.

This paper should include the following:

- 1) In your own words, describe the intervention/treatment approach as you would to a client.
- 2) What personal reactions did you notice as you worked through the training?
- 3) What are you taking away from this assignment/training that will guide your future practice?

**Any late submissions will result in a 1 point deduction for the first day
and a ½ point for each subsequent day.**

Integrated Health Assessment, Presentation, & Reflection (40 points)

Part One (15 points):

Due: Along w/ Presentation

In April 2013, SAMHSA-HRSA Center for Integrated Health Solutions published, *A Standard Framework for Levels of Integrated Healthcare*. For this assignment, you will utilize purposive and snowball sampling to reach a conclusion about the level of integration and social work responsibilities' at your field placement. Once this level determined, you will be responsible for articulating how it impacts the provision of services for your case presentation and reflection paper.

You are expected to utilize the Integrated Practice Assessment Tool (IPAT) and create additional questions to collect quantitative and qualitative data about the clinic or agency. Questions **must** gather (qualitative, and if possible quantitative) information about:

- client demographics;
- common health and mental health diagnoses treated;
- use of evidence-based practices and training provided to utilize the EBPs;
- the role of social workers at the clinic/agency;
- responsibilities of MSW interns; and
- plans or hopes to improve the level of integration at the clinic/agency over the next five years.

You are required to interview a minimum of two – three people at your clinic/agency/school. Your key informant should be your field instructor. However, you are able to identify a different person as your key informant.. Responses to the questions will vary depending upon the level of knowledge of both on-the-ground operations and conceptual understanding of integrated healthcare.

Part Two (20 points):

You will be required to present a clinical case (or clinical/field placement quandary), as assigned. Early in the term, each student will sign up for one in-class clinical case presentation. At the conclusion of your presentation, you will engage in a clinical consultation with your peers.

The purpose of this assignment is to address a challenge from your practice where you would like feedback in order to gain greater understanding or new perspective in your work. Most times, the case presentations will be addressing areas where you are feeling “stuck” or need/want additional feedback on a particular process or issue.

Clinical Case Presentations (5 – 7 Minutes) should be prepared using PowerPoint and utilize the following format, each item represents one slide:

1. Share with the class your **clinical question or learning outcome** you would like to address in this case presentation.
2. **Brief case/scenario description:** presenting problem/concern, any critical issues, relevant histories (social, family, medical, psych, education). Please remember to protect the confidentiality of any case material and alter case information as needed. The purpose of this background information is to help us engage in the clinical formulation and intervention planning. Keep this case description information to a minimum.
3. **Summary of your clinical formulation or impressions.** Include how you incorporated best practice knowledge and skills for your assessment and clinical development. Also, discuss any colleague/worker/client system diversity factors that may have impacted on your clinical impressions and engagement process.
4. **Interventions, Strategies or Treatment Goals:** Links to any evidence-based practices or theories you have review or considered to develop your approach.
5. **Integrated Practice Assessment Tool:** Provide detail on the level of integration of the service delivery site and how it impacts the patient. In what ways does your agency support your patient’s needs? What is your agency missing that creates a barrier/challenge for enhancing your patient’s health and well-being?

Clinical Discussion and Report Out (10 minutes): Following your presentation, each clinical team will take a few minutes to discuss the case. Each group will report back to the class, focusing on providing feedback to the clinical question(s) or learning outcome presented.

Part Three (Five Points):

Written Case Presentation Reflection Paper (To be submitted via CANVAS, due on week after the case presentation discussion):

This reflection paper should provide an overview of the suggestions made by your clinical team. You are required to include what you have learned from your clinical question(s) or learning outcome(s). Explain how the IPAT results relate to the work that has been done with your patient and what can be provided in the near future to improve their treatment outcomes. Your written case reflection should be no more than 2 pages, single-spaced. You are also asked to create two (2) additional summary PowerPoint slides entitled “Clinical Team Recommendations” and “Clinical Self-Reflection” to add to your previous slides (total of at least 6 slides).

This presentation will be uploaded to your Seelio Portfolio.

Simulated Final Exam (30 points)

This course will prepare you with the skills necessary to complete an effective intervention with a simulated, clinically relevant client/patient encounter. Following Spring Break, you will sign up for an exam time slot on July 17 and July 24, during which you will receive a case vignette and clinical skill objective(s) to complete during your specified exam slot.

You will receive a set of case vignettes following class on July 10th to review and prepare; each student will be randomly assigned one case for their exam. Grades will be assigned based on evaluations completed by the simulated patient and course instructor. You will also complete clinical documentation and a self-evaluation immediately following your session.

Grading for this Course

A+ = 100%	B+= 89 – 91%	C+= 78 – 80%
A = 97 – 99%	B = 85 – 88%	C = 74 – 77%
A- = 92 – 96%	B- = 81 – 84%	C- = 70 – 73%

For All Assignments, You Will Be Graded On:

- **Meeting assignment parameters** (we will review parameters for each assignment ahead of time)
- **Good writing skills:** clarity of thought, organization, and flow
- **Effort/ability to self-reflect and think critically**
- **Demonstration of social work values** (PODS, empathy, strengths-based thinking, etc)
- **Insightfulness and clinical acuity**
- **Integration of reading** materials, as requested

Policy on Late Assignments:

Late assignments will not be accepted without confirmed medical and/or legal documentation, or a 24 hour written notice sent to this instructor prior to the identified due date. Failure to do so will result in the student earning an automatic zero for that assignment. Additionally, even if permission is granted to submit the assignment late, the student may receive an automatic one point reduction per day that the assignment is late. All of this is at the discretion of this instructor.

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 coursework approved by the instructor. The student must formally request an incomplete from the instructor prior to the final week of classes.

COURSE OUTLINE

MAY BE REVISED BY INSTRUCTOR TO FIT NEEDS OF THE COURSE

REQUIRED TEXTBOOKS: There is no textbook for this course.

5/8 Welcome Back! Ethics

- o Review of course expectations & syllabus
- o Ethical Considerations when Establishing Professional Boundaries w/ Colleagues and Clients
- o Exploring Inter-disciplinary Ethics

Required Readings:

NASW Code of Ethics: <http://www.socialworkers.org/pubs/code/code.asp>

Nursing Code of Ethics:

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>

Physician Code of Ethics:

<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/principles-medical-ethics.page>

Psychologist Code of Ethics: <http://www.apa.org/ethics/code/>

Case Managers Code of Ethics:

<http://ccmcertification.org/content/ccm-exam-portal/code-professional-conduct-case-managers>

5/15 Review: Framework to Integrated Health & Integrated Health Models

Required Readings:

Landis, S. E., Barrett, M., & Galvin, S. L. (2013). Effects of different models of integrated collaborative care in a family medicine residency program. *Families, Systems, & Health*, 31(3), 264.

Nasir, A., Watanabe-Galloway, S., & DiRenzo-Coffey, G. (2014). Health Services for Behavioral Problems in Pediatric Primary Care. *The journal of behavioral health services & research*, 1-6.

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.

Thielke, S., Vannoy, S., & Unützer, J. (2007). Integrating mental health and primary care. *Primary care: Clinics in office practice*, 34(3), 571-592.

Wissow, L. S., van Ginneken, N., Chandna, J., & Rahman, A. (2016). Integrating Children's Mental Health into Primary Care. *Pediatric Clinics of North America*, 63(1), 97-113.

Recommended Readings:

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.

Hunkeler, E. M., Katon, W., Tang, L., Williams Jr, J. W., Kroenke, K., Lin, E. H., ... & Hargreaves, W. A. (2006). Long term outcomes from the IMPACT randomised trial for depressed elderly patients in primary care. *Bmj*, 332(7536), 259-263.

5/22 Understanding Health & Mental Health Disorders: Chronic Illness, the DSM-5 & ICD-10

Required Readings:

Compas, B., Jaser, S., Dunn, M., & Rodriguez, E. (2012). Coping with chronic illness in childhood and adolescence. *Annual Review of Clinical Psychology*, 8, 455-480.

Hansen, H. B., Donaldson, Z., Link, B. G., Bearman, P. S., Hopper, K., Bates, L. M., . . . Teitler, J. O. (2013). Independent review of social and population variation in mental health could improve diagnosis in DSM revisions. *Health Affairs*, 32(5), 984-93.

Kupfer, D.J., Regier, D.A., & Kuhl, E.A. (2008). On the road to DSM-V and ICD-11. *European Archives of Psychiatry and Clinical Neuroscience*, 258 (Supp 5), 2-6.

Recommended Readings:

Currie C et al., eds. (2012). 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. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6).

Lin EHB, Katon W, Von Korff M, Rutter C, Simon GE, Oliver M, et al. Relationship of depression and diabetes self-care, medication adherence, and preventive care. *Diabetes Care*. 2004; 27(9):2154–60.

Miller, et. al (2009). Continuity of care for children with complex chronic health conditions: parents' perspectives. *BMC Health Services Research*, 9.

Perrin, J.M., Bloom, S.R., Gortmaker, S.L. (2007). The increase of childhood chronic conditions in the United States. *Journal of the American Medical Association*, 297(24), 2755-2759.

5/29 MEMORIAL DAY - NO CLASS!

6/5 Human Development, Attachment & ACES

Required Readings:

Davies, D. (2011). *Child Development: A Practitioner's Guide*. Ch. 1: Attachment as a Context of Development

Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1-2), 201-269.

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. *American Psychologist*, 67(4), 272-284.

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. *Developmental Psychology*, 49(4), 736- 748.

6/12 Medication Assisted Treatment (MAT)/ Psychopharmacology Other Intervention Strategies

*****In-Class Quiz*****

Required Readings:

Henry, A., Kisicki, M. D., & Varley, C. (2012). Efficacy and safety of antidepressant drug treatment in children and adolescents. *Molecular psychiatry*, 17(12), 1186-1193.

Manassis, K., & Wilansky-Traynor, P. (2013). Special Considerations in Treating Anxiety Disorders in Adolescents. In *Handbook of Treating Variants and Complications in Anxiety Disorders* (pp. 163-176). Springer New York.

Manson, C., Gordon, R., & Baldwin, D. (2016). Safety and Tolerability of Antidepressants. In *Pharmacovigilance in Psychiatry* (pp. 149-166). Springer International Publishing.

Prins, M. A., Verhaak, P. F., Bensing, J. M., & van der Meer, K. (2008). Health beliefs and perceived need for mental health care of anxiety and depression—The patients' perspective explored. *Clinical psychology review*, 28(6), 1038-1058.

Recommended Readings:

Gilmer, T. P., Dolder, C. R., Lacro, J. P., Folsom, D. P., Lindamer, L., Garcia, P., & Jeste, D. V. (2004). Adherence to treatment with antipsychotic medication and health care costs among Medicaid beneficiaries with schizophrenia. *American Journal of Psychiatry*.

Krupnick, J. L., Sotsky, S. M., Simmens, S., Moyer, J., Elkin, I., Watkins, J., & Pilkonis, P. A. (1996). The role of the therapeutic alliance in psychotherapy and pharmacotherapy outcome: Findings in the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal Of Consulting And Clinical Psychology*, 64(3), 532-539.

6/19 Substance Use Disorders / SBIRT *Guest Lecture: Umeika Stephens, DNP, PMHNP-BC, FNP-BC*

Required Readings:

Guerrero, E. G., Marsh, J. C., Khachikian, T., Amaro, H., & Vega, W. A. (2013). Disparities in Latino substance use, service use, and treatment: implications for culturally and evidence-based interventions under healthcare reform. *Drug and alcohol dependence*, 133(3), 805-813.

Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. *Drug and alcohol dependence*, 99(1), 280-295.

Ozechowski, T. J., Becker, S. J., & Hogue, A. (2015). SBIRT-A: Adapting SBIRT to Maximize Developmental Fit for Adolescents in Primary Care. *Journal of substance abuse treatment*. (2016) 62: 28–37

Saitz R, Alford DP, Bernstein J, Cheng DM, Samet J, Palfai T. Screening and brief intervention for unhealthy drug use in primary care settings: randomized clinical trials are needed. *J Addict Med.* 2010;4(3):123–30.

Recommended Readings:

Nelson-Zlupko, L., Kauffman, E., & Dore, M. M. (1995). Gender differences in drug addiction and treatment: Implications for social work intervention with substance-abusing women. *Social work*, 40(1), 45-54.

6/26 Intervention Strategies in Integrated Health & Crisis Interventions Motivational Interviewing/Cognitive Behavioral Therapy in Integrated Settings Care Planning & Coordination of Care/Complex Care Management

Guest Lecture: Jung Nichols, LMSW

Berry, J. G., Agrawal, R. K., Cohen, E., & Kuo, D. Z. (2013). The landscape of medical care for children with medical complexity. *Children's Hospital Association.*

Cohen, D. J., Davis, M., Balasubramanian, B. A., Gunn, R., Hall, J., Peek, C. J., ... & Pollack, D. (2015). Integrating behavioral health and primary care: consulting, coordinating and collaborating among professionals. *The Journal of the American Board of Family Medicine*, 28(Supplement 1), S21-S31.

DiTomasso, R.A., Golden, B.A., Morris, H.J., Eds. (2010). *Handbook of Cognitive Behavioral Approaches in Primary Care.* Ch 22: Pediatric Problems in Primary Care.

Luoma, J. B., Martin, C. E., & Pearson, J. L. (2014). Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry*

O'Donnell, L., O'Donnell, C., Wardlaw, D., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *American Journal of Community Psychology*, 33(1/2), 37-49.

Recommended Readings:

Bodenheimer, T. (2008). Coordinating care-a perilous journey through the health care system. *New England Journal of Medicine*, 358(10), 1064.

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: a brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256-264.

Taylor, E. F., Machta, R. M., Meyers, D. S., Genevro, J., & Peikes, D. N. (2013). Enhancing the primary care team to provide redesigned care: the roles of practice facilitators and care managers. *The Annals of Family Medicine*, 11(1), 80-83.

7/3 VCE Trainings

Class will not meet collectively for a face-to-face lecture this week. A Bluejeans link will be uploaded in the Announcement section of CANVAS to engage in a teleconference discussion at 9:30AM on July 3, 3017.

**Complete VCE training: [Child Sex Trafficking in America](#)
(Upload certificate of completion onto Canvas)**

Baldwin, S. B., Eisenman, D. P., Sayles, J. N., Ryan, G., & Chuang, K. S. (2011). Identification of human trafficking victims in health care settings. *Health Hum Rights*, 13(1), e36-e49.

Macy, R. J., Graham, L. M. (2012) Identifying Domestic and International Sex-Trafficking Victims During Human Service Provision. *Trauma, Violence, & Abuse*, 13(2), 59-76.

7/10 Social Work Integrated Healthcare, Support Groups & Clinical Skills Day

Required Readings:

Berge, J. M., Law, D. D., Johnson, J., & Wells, M. G. (2010). Effectiveness of a psychoeducational parenting group on child, parent, and family behavior: a pilot study in a family practice clinic with an underserved population. *Families, Systems, & Health*, 28(3), 224.

Humble, M.N., Lewis, M.L., Scott, D.L., Herzog, J.R. (2013). Challenges in rural social work practice: When support groups contain your neighbors, church members and the PTA. *Social Work with Groups*, 36 (2-3), 249 – 258.

Oliver, D.P., Washington, K., Wittenberg-Lyles, E., Gage, A., Mooney, M., & Demiris, G. (2015). Lessons learned from a secret Facebook support group. *Health and Social Work*, 40 (2), 125-133.

Powers, J.D. & Swick, D.C. (2014). Empirically supported mental health interventions with groups: Using research to support vulnerable students in schools. *Clinical Social Work Journal*, 42, 143 – 150.

Sheppard, M. & Clibbens, J. (2015). Preventive therapy and resilience promotion: An evaluation of social work led skills development group work. *Child and Family Social Work*, 20, 288 – 299.

Required Readings:

Hamberger, L. K., Rhodes, K., & Brown, J. (2015). Screening and Intervention for Intimate Partner Violence in Healthcare Settings: Creating Sustainable System-Level Programs. *Journal of Women's Health*, 24(1), 86-91.

7/17 Simulated Final Exams (8:00AM – 12:00PM)

7/24 Simulated Final Exams (8:00AM – 12:00PM)

