UNIVERSITY OF MICHIGAN

SCHOOL OF SOCIAL WORK

SW619
Behavioral & Psychosocial Aspects of Integrated Health

Professor: Debra Mattison
She, her, hers

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Fall, 2018
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Please put SW619 in the subject line. Please allow 24 hours for email response Monday-Friday. Email is not monitored regularly on weekends.
Office Hours: **I welcome meeting with any and all of you throughout the semester** and am happy to make individually scheduled appointments to ensure that you have access to talk with me to discuss any class questions or concerns. I am usually available in the classroom prior to and after class and also have regular office hours to discuss any class questions or concerns.
Scheduled Office Hours: Tuesdays 9:00-2:00 p.m. and I am regularly available at other times, so feel free to stop in or schedule a time.

WELCOME and THANK YOU FOR BEING IN THIS CLASS

It is an both a challenging and 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 inter professional team, 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. We welcome other valued interprofessional colleagues to our class who also make valuable and unique contributions to health care teams.

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.

The syllabus serves as our guiding contract agreement for the term. You are responsible for reading it by the beginning of our second class session. Students are responsible for reading the syllabus and assignment instructions/grading rubrics and due dates.

Please feel free to initiate asking questions early in the term to ensure you understand the plan for the course including assignments and due dates. Changes may be made in the syllabus as appropriate at any time at the instructor's discretion. Course assignments, class powerpoints and other relevant documents can be found on Canvas at https://canvas.umich.edu

SYLLABUS TABLE OF CONTENTS

ASSIGNMENT CALENDAR GRID

Assignment	Due Date	Point Value	Page Length
Article of Choice #1 Paper	**Sept. 20**	**6**	**2-3**
Intro to IPE On-line Module	**Oct. 4**	**8**	**1**
Anatomy of Illness Part 1	**Oct. 11**	**20**	**5-6**
IPE in Action Event Wednesday	**Oct. 17**	**5**	**Extra Credit**
Pre-Class Activity #1 IAT	**Oct. 18**	**8**	**2-3**
Pre-Class Activity #2 Change	**Oct. 25**	**8**	**2-3**
Article of Choice #2 Paper	**Nov. 8**	**10**	**2-3**
Anatomy of Illness Part 2	**Nov. 29**	**20**	**5-6**
Professional Role Statement/Values Articulation	**Dec. 6**	**10**	**3**
Use of Self Rating Form	**Dec. 6**	**10**	**NA**

Learning is in service to our clients.

ABOUT THE COURSE

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 systems is an indication that collaborative, team-based, integrated physical and behavioral care is rapidly emerging.

This course will survey the distribution, determinants, and psychological and behavioral aspects of health, mental health and wellness across the life span. Social, economic, environmental, and cultural variations in and determinants of health, mental health, disease, and quality of life will be addressed, including the influence of factors such as race, gender, sexual orientation, and biological and genetic factors. Barriers to access and utilization, geopolitical influences, environmental justice, social injustice and racism, historical trends, and future directions will be reviewed. Health beliefs and models of health behavior will be presented, including help-seeking and utilization of health services. Stress, coping and social support, adaptation to chronic illness, the influences of privilege, stigma and discrimination, and quality of life, will also be covered. Classification systems of adult mental functioning and mental disorders will be presented, such as DSM-IV. Students will be taught to critically understand the strengths and limitations of the DSM classification system and its application within healthcare settings.

==While practical application of concepts will be encouraged and some interpersonal practice methods will be addressed, this course is NOT designated by the School of Social Work as a methods class.==

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.

Council on Social Work Education (CSWE) COURSE COMPETENCIES Educational Policy and Accreditation Standards (EPAS) 2015

This course will address and support competency development in the following CSWE identified core competency areas:

Competency 1: Demonstrate Ethical and Professional Behavior
Competency 2: Engage Diversity and Difference in Practice
Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice
Competency 4: Engage In Research-informed Practice
Competency 5: Engage in Policy Practice
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

COURSE DESIGN FORMAT

This course uses **a relationship-based engaged approach to learning**. A variety of collaborative learning methods will be used to promote skill development including

interactive lectures with active student participation, guest speakers, readings, in-class application exercises, role plays, practice clinical scenarios, videos and written assignments. **Understanding core class concepts and the ability to apply these concepts will be emphasized.**

Why Powerpoint Presentations are posted AFTER class

I share the following evidence-based abstract with you for your consideration regarding note taking. Given this research, I will not be posting powerpoints on Canvas prior to class. I will often provide note-taking outlines to assist with lecture notes.

"Taking notes on laptops rather than in longhand is increasingly common. Many researchers have suggested that laptop note taking is less effective than longhand note taking for learning. Prior studies have primarily focused on students' capacity for multitasking and distraction when using laptops. The present research suggests that even when laptops are used solely to take notes, they may still be impairing learning because their use results in shallower processing. In three studies, we found that students who took notes on laptops performed worse on conceptual questions than students who took notes longhand. We show that whereas taking more notes can be beneficial, laptop note takers' tendency to transcribe lectures verbatim rather than processing information and reframing it in their own words is detrimental to learning." Mueller, P. (2014). The pen is mightier than the keyboard: Advantages of longhand over laptop note taking. *Psychological Science*: doi:10.1177/0956797614524581

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.

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 and inclusion, illuminate injustices and oppression and are consistent with evidence-based 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 in the context of health and health care.

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.

MY TEACHING PHILOSOPHY

LEARNING IS IN SERVICE TO OUR CLIENTS.
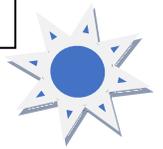
RELATIONSHIP FOCUSED PARTNERSHIP: MUTUAL LEARNING COMMITMENT

Many times learning experiences can be approached from expectations of what we will **get** from them. This approach focuses on the professor **giving** information and the student **getting** information. *Relationship-based learning* focuses instead on mutually **"giving, getting and growing" together** as we learn *with* and *from* each other and will be the learning philosophy used as the foundation for this course. My commitment is to provide organized, meaningful course material and opportunities for learning.

INTENTIONALITY

Intentional learning is not passive, but rather is focused on actively pursuing your learning goals. It happens when one intentionally chooses: **what** they want to achieve in this class, **why** these goals are important to them and **how** they engage and invest to reach these goals.

I invite you to enter this class with the intention that you are going to engage and invest in this intentional experience of learning.

INCREMENTAL SKILL BUILDING AND LEARNING

The course assignments are designed to be **INCREMENTAL,** building and demonstrating core competencies over time with a **variety of SMALLER** assignments rather than focusing only on a few larger assignments.

HOW WE COMMUNICATTE WITH EACH OTHER

It can often be easier to talk about people than talking with them. Talking with people often requires taking the risk to be honest, courageous and humble. Providing feedback is a core competency all social workers need and we will use this class to further develop this skill.

**We take responsibility to talk WITH each other
rather than ABOUT each other.**

Please provide feedback on your learning needs, how the class is going for you and suggestions for improvement **throughout** the class. We will do a mid-term and final evaluation, however the opportunity to respond to **feedback is much more beneficial for both professors and class members if it is ongoing and not just provided at the end of the term. You are encouraged to proactively address any concerns or needs with your class colleagues and myself as they arise.**

Guiding Principles and Commitments for Learning

*Our commitment to learning is **in service to our clients**.*
We seek **mutual** growth, learning and benefit from sharing with each other.
*We **respect** even when we disagree or have conflict. Disagreeing, not disconnecting.*
We recognize and honor that **each person is at a different point** in their learning and life experience.
*We **do not assume** or pre-judge the intent or motivation of others.*
We *acknowledge and take appropriate responsibility for the impact* of our behaviors and actions.
We seek to replace assumptions with **curious questions** and **invitations** to share and listen.
*We seek to **diminish fear, shame and blame** that immobilizes the learning process.*
We expect to make mistakes as a valuable part of learning and will honor this as a valuable part of 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 find ways to be **curious** and **humane** in our interactions.*
Please see more detailed guiding principles in posted Canvas document

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EXPECTATIONS OF STUDENTS

PERSONAL ACCOUNTABILITY IN LEARNING

Personal Accountability shifts the focus from not solely being about what one is taught, to self-determination and about what one consciously chooses to learn.

Your learning is not just about academic learning but also involves learning and improving life skills and professional use-of-self. Students are expected to take **personal responsibility** and be committed to their own learning experience by **being active and response-able** members of each class session.

Students are invited and expected to be active and engaged partners in the learning process by coming to class **prepared, ready, willing and able to contribute to meaningful discussion and learning**.

An optimal individual learning experience is one that is **active, self-directed** and requires **engagement**.

PROFESIONAL USE OF SELF
Respect for Others
- ✓ Students are encouraged and expected to demonstrate openness to ideas and perspectives different from one's own interests, views, belief and preferences.
- ✓ Listening and learning require a safe place and we commit to provide this safe space in this class

- ✓ Sharing differing ways of thinking and how one sees the world is not always focused on changing others' minds, but about cultivating a way of being with others that fosters curiosity and a desire to see and hear another's point of view.
- ✓ We will be mindful that in our desire to advocate for our own beliefs and values, that we do not commit the very acts of aggression, devaluation, marginalization, disenfranchisement and dismissal of others we are trying to prevent and advocate not happen to others or ourselves.

APPLICATION OF NASW CODE OF ETHICS AND PROFESSIONAL USE OF SELF IN THE CLASSROOM

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 not only for clients, but for colleagues and employers as well.

- *"Social workers should treat colleagues with respect…" "Social workers should avoid unwarranted negative criticism of colleagues in verbal, written and electronic communications with clients or with other professionals." Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability."* (NASW Code of Ethics, 2.01a and b)
- 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. See Use-of-Self documents on Canvas.
- As professionals, you are expected to **maintain confidentiality and respect** differences. You are asked to honor confidentiality of the information shared by professor, colleagues and guest speakers in order to support a safe atmosphere for sharing and learning.

For further elaboration of the values and ethical standards inherent in social work, students are encouraged to access the Code of Ethics in the UM SSW Student Guide or at https://www.socialworkers.org/LinkClick.aspx?fileticket=ms_ArtLqzeI%3D&portalid=0

CLASS PARTICIPATION AND PARTICIPATION

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. They are also critical to **our ultimate goal of service to our clients.** Predictability, reliability and consistency ("being there") are core to any strong relationship as well as being incredibly important to our clients and our employers. **Thus, "being here" with predictability, reliability and consistency is an important core competency for this class.**

> Our colleagues and guest speakers who are sharing ideas, feelings, and experiences have a right to anticipate and receive our presence and demonstration of professional use-of-self.
> Being *present* is more than just "showing up." It involves *presence.*
> Presence is perhaps one of the most important interventions we offer to our clients and thus we will practice the art of presence throughout this semester in this class.

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. **In service to our clients, we must learn to use our voices on their behalf**. **Thus, participating in class will be an opportunity to practice and develop this skill even when it is sometimes challenging and/or uncomfortable.**

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). **Students are expected to take pair/share and small group activities seriously as each student's learning is dependent upon each other's engagement.**

DIGITAL CITIZENSHIP: USE OF PHONES, COMPUTERS AND ELECTRONIC DEVICES

The concept of "digital citizenship" is a complex topic that has become increasing important and will continue to evolve as we explore the impact of technology on individuals and communities. In this class, we will be intentional about digital etiquette and respectful and ethical use of electronic devices for professional use. 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)*.

To foster an environment of safety, openness and presence, the focus of class time will center on understanding and discussion of the content presented, asking questions, sharing integrative ideas, giving examples, taking notes, practicing active listening and presence, or otherwise deepening yours and other's 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.
- **If you feel you must monitor email and text messages, you are respectfully asked to do so during breaks and/or to leave the classroom to do so.**
- Audio and/or video recording in class of lecture and/or class discussion is prohibited without written permission of professor and students.

Presence is a professional use-of-self skill. 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 automatic associated deductions.

Non-class related use

ATTENDANCE and ABSENCE POLICY: Please be Here and be Present.

You and Your Learning are Important to the Class

A significant part of learning in this course is interactive and experiential with discussion, in-class activities and guest speakers which cannot be fully replicated or replaced by make-up work. Therefore, both your learning and the learning of your colleagues are benefitted by your attendance. The School of Social Work Class Attendance Policy states: "It is expected that students attend classes and instructors are encouraged to monitor attendance." Attendance, participation and engagement are expectations and requirements (See Student Guide). Class grades include evaluation of attendance, participation and engagement. This class focuses on learning and demonstrating competencies in service to our clients. **Grades are based on points earned through demonstration of competency and class participation.**

Life happens and each individual may have absences from personal choices made regarding prioritization of competing demands as well due to uncontrollable events and circumstances. **Absences ARE NOT determined as "excused" or unexcused"** but rather as a reality that may occur and also acknowledged as events that impact competence learning and service to clients. Therefore, an opportunity is given to learn and demonstrate missed competencies **when one is absent from class for any reason. Since course grades are based on demonstration of competency, students who choose NOT to submit Make-Up Competency Assignments for ANY absence within the required make-up timeframe will receive a 2 point competency deduction per each class missed.**

COMPETENCY DEMONSTRATION MAKE-UP ASSIGNMENTS
- Students are asked to notify me of any planned absence with as much advanced notice as possible and provide notice of an unanticipated absence as soon as they are reasonably able to make contact.
- Completion of Make-up Competency Assignments are to be self-initiated by students who choose to do make-up work after any absence and must be submitted **no later than the second class period following the absence** unless otherwise agreed upon in advance with the professor.
  Make-up assignments will be graded as Pass-Marginal-Fail.
- There will be no opportunity to make-up in-class activities and quizzes.

Standard Make-up Competency Assignment for All Absences
1. Complete required readings for missed class.
2. Obtain any handouts distributed in class, class notes, announcements and any other information covered in the missed class.
3. Review class Powerpoint posted on Canvas including watching any embedded video(s).
4. Complete a 2-3 page double spaced typed paper addressing:
   - Integrative summary that illustrates completion of assigned readings, review of class powerpoint and relevant handouts and take-away knowledge to demonstrate learning/competency **application**
   - No APA referencing is needed for this make-up assignment.

More than 3 absences FOR ANY REASON will result in non-credit, non-passing grade for the course due to the significant percentage of the course missed which CANNOT be addressed with make-up assignments.

Partial Absences
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 include any of the following**: Lack of engaged presence

due to use of electronic devices for non-class related activities during class, late arrival after class start time, late return from break after class has resumed and/or early departure before class ends.

COMPLETE REQUIRED READINGs

> 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 as these will serve as the foundation for class discussions, activities and assignments. **Grades of A will require completion of assigned readings.**

The amount of assigned text reading will varying from week to week, but overall, assigned readings per week over the semester are consistent with graduate level workload expectations. Required readings have 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.

Additional relevant handouts may be distributed in class for reading. Additional reference materials specific to class topics will be discussed throughout the term.

REQUIRED COURSE TEXT
Gehlert S. & Browne, T. (2012). *Handbook of health social work* (Second Edition). Hoboken: John Wiley and Sons.
Additional required and optional readings resources are available on the course Canvas site.

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

Optional 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

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

ACADEMIC CONDUCT AND HONESTY

UM 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. Plagiarism is one form of cheating and is unacceptable and inconsistent with the NASW Code of Ethics and the Code of Academic and Professional Conduct which applies to all students enrolled in the School of Social Work. **Any form of cheating (use of someone else's work, obtaining or sharing tests from previous semesters, re-use of assignments from other classes), plagiarism (verbatim copy of another's material and not acknowledging the direct quotation or unacceptable paraphrasing which does not use one's own words and structure, and failure to acknowledge that the content is not original) and/or aiding and abetting academic dishonesty will result in a failing grade for the relevant assignment and is grounds for expulsion**. You are responsible for understanding the meaning of academic integrity and plagiarism. Please refer to the Student Guide to the Master's in Social Work Degree Program or see http://www.lib.umich.edu/academic-integrity/resources-students and https://guides.lib.umich.edu/swintegrity for further information.

COURSE ASSIGNMENTS

Assignment Descriptions and Rubrics

Assignments are designed to use a variety of evaluation methods including written papers, classroom activities and discussions to allow opportunities to address strengths and learning 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.

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. You are encouraged to initiate asking questions regarding assignments and grading prior to submission.

Writing Skills

Strong writing and communication skills are essential to effective professional practice. As professionals we will be continually assessed and judged 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. The Writing Coordinator for the School of Social Work is open to meeting with students during any phase of the writing process. The Writing Coordinator's office is housed within the Career Services Office. The Career Services Office also offers workshops, resources and individual assistance to help improve skills and confidence in written communication. *For more information or to schedule an appointment, contact:* SSW Writing AssistanceCareer Services (Room 1696; (734) 763-6259; ssw-cso@umich.edu).

Writing labs are also available through the Sweetland Writing Clinic in Angel Hall: http://www.lsa.umich.edu/sweetland/; English Language Institute http://www.lsa.umich.edu/eli

APA format is the definitive source for standardized writing in the behavioral and social sciences and is required for assignments requiring referencing. Please refer to the MLibrary APA Citation Guide as needed. The Purdue Owl website is another helpful resource for assistance with APA formatting.

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 paper text (i.e. Gehlert and Browne (2012) state…)
Reference page with all sources at the conclusion of the paper
All direct quotes must be referenced with source and page number
Referencing internet sources: http://www.apastyle.org/elecref.html

Late Completion of Assignments

Meeting deadlines, planning ahead and timeliness in completing tasks are all important parts of our professional lives. 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.** Commonly occurring life experiences (i.e. multiple demands/busy schedule, traveling, computer problems) are NOT considered grounds for exceptions for late assignments without deductions. Late deductions will be one point for the first day past the due date and one-half point for each day thereafter.

GRADING

> *Academic standards matter to our clients and the responsibilities with which we are entrusted in our work with and on behalf of them.*

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.

All assignments will be graded with these criteria:
- Address **specific assignment criteria** defined in instructions and rubric
- **Professional and academically sound writing skills** (clarity of thought, organization and flow, APA referencing as appropriate)
- Ability to **think critically and integrate concepts/content across the term**
- Demonstrate **professional use-of-self and social work values** and ethics (PODS, strengths-based perspective)
- **Integration and demonstration of completion and understanding assigned readings** and additional literature when appropriate
- **On time completion** by assigned due date

Graduate school standards anticipate that **for every credit hour spent in the classroom, students will spend 2-3 hours outside of the classroom** to complete readings and assignments at a level of mastery. Time constraints are validated as a part of life. We acknowledge that while not every assignment may be completed at the exceptional mastery level of A grade depending on one's individual situation, goals and/or choices, that meaningful learning can still occur.

> 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 and professional use-of-self and class participation as defined in course documents using a 100 point system.**

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 on an individual assignment is not a 90% overall course grade but a loss of one available point out of 100 points.

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 by the last scheduled day of the course**.

- If more than one-third of the number of required course assignments are incomplete and/or more than 3 classes are missed, an incomplete grade will not be given and 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 specific plan for completion.** If no contact has been initiated by the student with the instructor regarding incomplete work and/or no specific 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.

Additional Competency Credit and Revisions

There may be some opportunity to earn extra points on quizzes and through other specified activities which provides some margin to impact earned grades. **I am also open to discussing the possible option to accept a revision of a regular written assignment** that was turned in by original due date when a student initiates this request and provides rationale for request.

WRITTEN ASSIGNMENTS

1. **Pre-Class Application Activities   16 points total**
   These activities focus on application of the course concepts in a practical way. See Canvas for more information.

2. **IPE On-Line Module   4 points**
   This activity substitutes for portion of required readings. See Canvas for details.

3. **"Anatomy" of a Chronic Illness Paper   40 points total (20 points each)**
   This paper will be done over the course of the semester in two 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.

4. **Self-Selected Articles of Interest, Written Summary and Class Discussion 16 points total**
   You will have the opportunity to choose 2 articles of your own interest related to relevant and SPECFIC course topic areas.

5. **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 practice.

6. **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 professionals in 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 your understanding and application of what you have read, concepts from the class that apply to your field placement/clinical experiences, what you notice in the world and news regarding health care topics related to class.** The <u>quality of participation</u> 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.

Extra Credit Opportunities

The will be additional opportunities to engage in-class activities for extra credit throughout the semester. We will be doing in-class activities and random time-limited quizzes throughout the semester that may result in competency point credit. Students who miss either part or all of the quiz/activity due to an absence or tardiness will not able to make up these opportunities.

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

ASSIGNMMENT SCHEDULE OVERVIEW

Class material can often be emotionally dense and incremental learning can be helpful to allow time to process smaller sections of our learning goals. Class assignments are intentionally designed to be incremental, building and demonstrating core competencies over time with a variety of **SMALLER** assignments rather than focusing on only a few larger assignments. So, please consider not simply the number/frequency of assignments in evaluating workload, but also the total deliverables.
Assignments total 100 points and approximately 20-25 pages of written work.
*Changes may be made in the syllabus as appropriate at any time at the instructor's discretion.

SUBMISSION OF WRITTEN ASSIGNMENTS

Students are responsible for reading the assignment instructions/grading rubrics and self-monitoring due dates.

All assignments will be graded with these criteria:
- Address **specific assignment criteria** defined in instructions and rubric
- **Professional and academically sound writing skills** (clarity of thought, organization and flow, APA referencing as appropriate
- Ability to **think critically and integrate concepts/content across the term**
- Demonstrate **professional use-of-self and social work values** and ethics (PODS, strengths-based perspective)
- **Integration and demonstration of completion and understanding assigned readings** and additional literature when appropriate
- **On time completion** by assigned due date

I provide written feedback and often pose questions and comments to encourage reflection, different perspectives, etc. Please let me know if you have questions and reactions to my comments and wish to discuss them. I am always happy to meet with you.

Due to vision accommodation needs of the instructor, **paper copies of written assignments are to be submitted** at the beginning of the class on the due date with **all pages stapled together including relevant additional materials as assigned**. If you are unable to submit written assignments in class, please make other arrangements to get **a paper copy of your assignment** to class or to my office by the assignment due date and time.

DISTRIBUTION OF PAPERS TO STUDENTS

The federal informational privacy act prohibits anyone other than the student access to that student's papers. 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. Uncollected papers will be destroyed at the end of the semester/grading period through confidential methods provided by the SSW.

POLICIES, RESOURCES & GENERAL INFORMATION

ACCOMODATIONS FOR STUDENTS WITH DISABILITIES

If you are in need of an accommodation for a disability, accessibility concern or any condition that may interfere with your participation and learning in this course, please notify me during **the first week of class** and provide the appropriate accommodation recommendation documents so we can make every effort to meet your needs in a timely and effective way. Any information you provide is private and confidential and will be treated as such. Additional information about accommodations for students with disabilities, as well as a list of appropriate accommodation forms, is available here. Please present the appropriate paperwork at least two weeks prior to the need for the accommodation (test, project, etc.).
For more information, contact:
Services for Students with Disabilities
G-664 Haven Hall | 505 South State St.
(734) 763-3000 | ssdoffice@umich.edu

STUDENT MENTAL HEALTH AND WELLBEING

The University of Michigan is committed to advancing the mental health and well- being of all 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
  - The SSW embedded CAPS Counselor is Meghan Shaughnessy-Mogill, LLMSW. She is dedicated to supporting the wellbeing of social work students and the SSW community and offers short-term, solution-focused individual therapy. All services are free and confidential. Contact her at (734) 763-7894 or via email at mshaughm@umich.edu.
- University Health Service (UHS) at (734) 764-8320
- Additional campus health and wellness resources

The Office of Student Services' Health and Wellness Program provides supportive services to MSW students which promote wellness, self-care and maintenance of a healthy academic and mental health balance, as well as to increase disability awareness.

- SSW Health and Wellness Guide
- Contact the Health and Wellness Program at ssw.wellness@umich.edu

PROPER USE OF NAMES AND PRONOUNS

All students will be referred to by the names and pronouns they use (e.g. she, they, ze, he). If you have a name that differs from the one that appears on the roster, please inform the instructor before the second class period so that they use your correct name and pronouns. Students can designate their personal pronouns on the class roster via Wolverine Access: *Student Business > Campus Personal Information > Gender Identity.*
There are two inclusive restrooms in the SSW building: room 1784 (1st floor, near Registrar's Office) and B833T (Lower Level). Click here for the Spectrum Center's map of gender inclusive restrooms on campus.

SAFETY AND EMERGENCY PREPAREDNESS

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)764-7793 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 two emergency exits nearest the classroom. Each SSW classroom is equipped with door locks. Pressing the 🔒button (located on the door handle) to lock the door from within the room.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services (Room 1748) at (734) 936-0961 or via email at ssw-ADA compliance@umich.edu.
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. Click here to read more about the School of Social Work's emergency policies and procedures.

Additional resources:
- Report a hate crime or bias-related incident
- Register for UM Emergency Alerts
- View the annual Campus Safety Statement

Dependent Care Resources

For students with child or parenting/elder care responsibilities, feel free to consult the Students with Children website (http://www.studentswithchildren.umich.edu). This site is dedicated to the needs of students at UM who juggle parenting/elder care, study and work. Resources include childcare, financial assistance, social support, housing, and health care information.

For additional information on work/life support please also visit the Work/Life Resource Center site: http://hr.umich.edu/worklife/ and the UM Child Care gateway https://hr.umich.edu/benefits-wellness/family/childrens-centers

RELIGIOUS OBSERVATIONS

Students who will be absent during the semester due to religious observance should notify me **during the first week of class** to facilitate appropriate accommodations and arrangements to obtain class materials and coordinate Competency Make-up assignments. Please click here to find more information about the University's policy concerning religious holidays as well as a non-exhaustive list of religious holidays.

MILITARY SERVICE

Students who will be absent during the semester due to military service should notify me **as soon as possible** to facilitate appropriate accommodations and arrangements to obtain class materials and coordinate Competency Make-up assignments. Please click here for more information and resources for students called to Active Duty status while enrolled at the University of Michigan.

STUDENTS WITH DACA OR UNDOCUMENTED STATUS

The University of Michigan has a resource page for students with DACA or undocumented status. "This website seeks to provide information and resources for current and prospective undocumented and DACAmented students at the University of Michigan (U-M)."
https://undocumented.umich.edu

Learning is in service to our clients.

See Weekly Course Outline and Assigned Readings on next page.

> ❖ The instructor reserves the right to make changes to the syllabus as appropriate and will communicate changes to students in as timely a manner as possible.

Course Outline and Assigned Readings   R= Required Readings

Sept. 7   Course Overview
#1   Introduction to Integrated Health Care
**   Social Work Roles in Health Care Settings**

Required Readings:
- **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. 14   Social Epidemiology/Social Determinants of Health
#2   Social and Environmental Interaction; Communities and Health
**   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. 21	**Article of Choice #1 Written Summary Due**
#3	**Current Status of Health Care in U. S.**
	Disparities, Unequal Access
	Policy Considerations

Required Readings:
- **Gehlert & Browne: Chapter 5 (R)**
- **Application: Article of Choice #1 of interest relevant to this week's topic on health care disparities (See Canvas for assignment details)**
- Mason, S. (2013). The Affordable Care Act and social work. Families in Society: The Journal of Contemporary Social Services, 94, 67-68.
- 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.
- Woolf & Aron Chapters 4 and 8Corrigan, 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

- 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
- Silverstein, J. (March 12, 2013). How racism is bad for our bodies. The Atlantic. https://www.theatlantic.com/health/archive/2013/03/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
- Illes, R., Grace, A., Nino, J. & Ring, J. (2015). Culturally responsive integrated health care: Key issues for medical education. *The International Journal of Psychiatry in Medicine*, 50(1), 92-103.
- Health, United States, 2015. (2016). Hyattsville, MD: National Center for Health Statistics. Report No.: 206-1232. https://www.ncbi.nlm.nih.gov/books/NBK367640/

| **Sept 27 #4** | **Intersectionality of Health, Mental Health and Behavioral Health** |

Required Readings:
- **Gehlert & Browne: Chapters 8 and 20 (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, Ml, & 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.

Oct. 4.
#5

Introduction to IPE Online Module Due (Instructions in Canvas)
Interprofessional Teams, Collaboration Skills and Managing Conflict
Required Readings:

- 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. (R)

- 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.
- Orchard CA, Curran V, Kabene S. (2005). Creating a culture of interdisciplinary collaborative professional practice. *Medical Education Online* (serial online), 10-11.
- 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.

Oct. 11
#6

Anatomy of Illness Part 1 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:
- *Gehlert & Browne: A number of chapters may be relevant to your individual anatomy of illness or an area of interest. Please read at least ONE chapter from the most relevant chapters: 9, 12, 14, 15, 16, 17, 18, 19, 21, 22 or 23 and be prepared to discuss "take-aways" in class.*

- Woolf and Aron: Chapter 2 (online)
- 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
- 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.
- Wagner, E. (2000). The role of patient care teams in chronic disease management, *BMJ*, 320: 569.

Oct. 17   **IPE in ACTION Event at Crisler Arena 3-5:00 p.m. (5 extra credit points)**
Strongly Recommended for All Students
Required for Integrated Health Scholars

Oct. 18   **IAT PRE-CLASS ACITIVITY ASSIGNMENT DUE (SEE CANVAS)**
#7   **Implicit Bias in Health Care**

Required Readings:
- **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=W3whCBfONMZEQqyheWDAsEJiiNo%3D&response-content-disposition=inline%3B%20filename%3DManaging_uncertainty_A_grounded_theory_o.pdf

Oct. 25   **CHANGE PRE-CLASS ACTIVITY ASSIGNMENT DUE**
#8   **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

Nov. 2   **Meanings of Illness and Wellness: Social, Cultural, Spiritual**
#9   **Family World View Narratives**
   Community Supports

   Required Readings:
- **Gehlert & Browne: Chapters 13 and 11 (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.
- 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
- Danso, K. (2016). Nativity and health disparities: Predictors of immigrant health. *Social Work in Public Health, 31*(3). doi:10.1080/19371918.2015.1099494

- 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.
- Lunsky 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.

Nov. 8 **Article of Choice #2 Diversity Awareness Assignment: No In-class**
#10 **Meeting**
     Health and Diversity
     Culture, Race, Gender, Age, LGBTQ and Socioeconomic Position
     (See Canvas for assignment details)
     Diversity Awareness Summary Paper Due SUNDAY Nov. 11 no later
     than 11:59 p.m.

- Carlisle, S. (2015) Perceived discrimination and chronic health in adults from nine ethnic subgroups in the USA. *Ethnicity & Health*, 20(3), 309-326.

- 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. https://www.washingtonpost.com/national/health-science/a-group-of-middle-aged-american-whites-is-dying-at-a-startling-rate/2015/11/02/47a63098-8172-11e5-8ba6-cec48b74b2a7_story.html?utm_term=.2826b20c44f9
- 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/
- Fathi, F. (2011). Why weight matters: Addressing body shaming in the social justice community. *Columbia Social Work Review*, 2, 23-26.
- Reczek, C., Umberson, D. (2012). Gender, health behavior, and intimate relationships: Lesbian, gay and straight context. *Social Science and Medicine*, 74, 1783-1790.
- 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.
- 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.
- 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.
- 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.
- 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.
- Geroninus, 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.

Nov. 15   **Ethical Considerations in Health Care**
#11

Required Readings
- **Gehlert and Browne: Chapter 3 (R)**
- **NASW Code of Ethics**
  (https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English)

- 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
- Grady, C., Danis, R., Soeken, K., O'Connell, P., Taylor, C., Farrar, A. & Ulich, C. (2008). Does ethics education influence the moral action of practicing nurses and social workers? *The American Journal of Bioethics*, 8:4, 4-11, DOI: 10.1080/15265160802166017
- Reamer, F. (2013). *Social work values and ethics*. New York: Columbia University Press.

<mark>**Nov. 22**   **NO CLASS: THANKSGIVING BREAK   Enjoy!**</mark>

Nov. 29   **Anatomy of Illness Part 2 Paper Due (putting it all together)**
#12   **Sharing your Anatomy of an Illness Projects**
                 Health Literacy, Communication and Skill Development
                 Required Readings
                 Gehlert & Browne: Chapters 10 (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., LenziI, 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.*

- Liechty, J. (2011). Health literacy: Critical opportunities for social work leadership in health care and research. *Health and Social Work, 36*(2), 99-107.

Dec. 6   **Professional Statement and Values Articulation Assignment Due**
#13   **Self-Assessment of Class Participation and Use of Self Form Due**
                 Defining and Articulating Professional Identity, Roles and Outcomes
                 Social Work Leadership in Integrated Health

Required Readings:
- **Gehlert and Browne, Chapter 2 (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. (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.
- 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

Congratulations and Thank You For Your Valuable Contributions to Our Class!