



Course Title:	Social Work Practice in Health Promotion and Disease Prevention
Course #/Term:	SW699 Spring/Summer 2020
Time and Place:	Mondays 8:00 a.m. to 12 noon
Credit Hours:	3
Prerequisites:	SW 521 and SW 560 or permission of instructor
Instructor:	Debra Mattison, Clinical Assistant Professor
Pronouns:	She, her, hers
Contact Info:	Email: debmatt@umich.edu Please put SW699 in subject line You may expect a response within 24-48 hours Monday-Friday
Office:	SSWB 3841
Office hours:	Mondays 12:00-2:00 p.m.

I welcome connecting with any and all of you throughout the semester and am happy to make individually scheduled appointments via phone or Zoom to ensure that you have access to talk with me to discuss any class questions or concerns. I am regularly available after class and at other times, so feel free to schedule a time to meet that works best for you.

WELCOME AND THANK YOU FOR CHOOSING TO BE IN THIS CLASS

It is an both a challenging and exciting time to be a part of Social Work practice in health care and efforts to further develop and implement effective integrated care models with improved linkages between mental health, behavioral health and primary care settings. With a focus on deliver of care by an ever more collaborative and effective interprofessional team, social workers are in a strategic position to redefine their place in healthcare and meet emerging workforce needs as healthcare leaders and practitioners.

My commitment in this course is to provide organized, meaningful content and opportunities for learning. Students are invited and expected to be actively engaged in the learning process by coming to class prepared, ready, willing and able to contribute to meaningful discussion and learning. I look forward to what we will experience and learn together!

This syllabus serves as our guiding contract agreement for the term. You are responsible for reading it no later than the beginning of our second class session. Please initiate 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 and students will be notified of any changes.

1. Course Statement

This course focuses on practice models and multi-level methods of intervention for effective social work practice in health care, including health promotion, disease prevention, assessment, treatment, rehabilitation, continuing care and discharge planning.

a. Course Description

This course is designed to explore aspects of social work practice in healthcare settings with biopsychosocial spiritual and family-centered perspectives. Practice issues to be explored include: screening and early intervention, intervention in major catastrophic or chronic diseases such as cancer, cardiovascular disease, HIV/AIDS, and depression; promotion of optimal adaptation to chronic illness through interpersonal, organizational, and environmental interventions; self-help and mutual aid, rehabilitation and continuing care, supporting caregivers, and integrative and complementary interventions. The complexities of healthcare social work will be examined in various settings including: inpatient and outpatient settings, clinics, home care agencies, hospice and community based centers. The current shifting role of social work in the interprofessional setting will be discussed. Students will be encouraged to think about their roles in facilitating health and wellness for individuals, families and communities. The role of individual differences and societal/cultural beliefs in relation to situations involving illness will be highlighted. Skill development will focus upon all phases of the helping process, including attention to multiple and varied aspects of assessment, intervention and treatment with individuals, families, groups and communities.

b. Course Content

This course will provide students with models and methods for positive health promotion, prevention of disease, the provision of comprehensive and effective treatment when illness occurs, and promotion of rehabilitation and optimal adaptation to chronic illness. Assessment, prevention and intervention strategies for use in healthcare social work practice at the individual, family, group, community and organizational levels will be addressed. Students will learn how to assess, plan, develop, and evaluate appropriate evidence-based interventions and how to use selected supervisory and managerial strategies to enhance positive outcomes for consumers. A focus of this course will involve examining dimensions of diversity (ability, age, class, color, culture, ethnicity, family structure, gender identity/expression, marital/relationship status, national origin, race, religion or spirituality, sex, and sexual orientation) as they relate to access to and utilization of care and appropriateness of services.

c. Course Objectives and Competencies

Upon completion of this course the student will be able to:

1. Demonstrate an understanding of the historical significance of social work in healthcare settings and explore the current range of opportunities for practice
2. Demonstrate an understanding of contemporary healthcare issues related to societal, political and organizational changes in health care.
3. Demonstrate an understanding of the nature of illness, its multidimensional aspects and the interrelationship between environmental, social, psychological, and biological factors in its cause, course and outcome.
4. Demonstrate an understanding of the impact and meaning of illness, life-threatening conditions, grief and bereavement on children, adults and families.

5. Demonstrate an understanding of the common psychosocial and spiritual challenges faced by individuals, families and communities confronting illness.
6. Demonstrate an understanding of the impact of differences in ability, age, class, color, culture, ethnicity, family structure, gender identity and expression, marital/relationship status, national origin, race, religion or spirituality, sex, and sexual orientation as these relate to various health practices, policies and services.
7. Assess and conduct psychosocial health risk/strengths assessments of individuals, families, groups or communities along a continuum of care.
8. Understand participation as an interdisciplinary team member in engaging in case advocacy and coordination and in case conferencing and collaboration
9. Build partnerships with key health constituencies for the purposes of health promotion, disease prevention and elimination of health disparities.
10. Plan, implement and evaluate culturally and gender sensitive individual, family, group, community and organizational interventions focused on prevention, treatment and/or rehabilitation.
11. Develop a reflective awareness of the practitioner's experiences of health and illness and the importance of self-care.
12. Incorporate social work values and ethical principles in planning, developing and implementing health care social work interventions.

Students will also develop skills and knowledge which reflects the **Core Competencies for Integrated Health as identified by SAMHSA.**

http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

1. **Interpersonal Communication:** The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.
2. **Collaboration and Teamwork:** The 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:** The 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:** The 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. **Infomatics:** The ability to use information technology to support and improve integrated healthcare.

Students will also develop skills and knowledge which reflects the Core Competencies for Integrated Health as identified by **NASW Standards for Social Work Practice in Health Care: Ethics and Values, Knowledge, Cultural and Linguistic Competency, Screening and Assessment, Care Planning and Intervention, Advocacy.**

d. Course Design

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, 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.

e. Curricular Themes

Relation to Multiculturalism & Diversity: Addressed throughout the course and is highlighted in content and discussions of various health practices, policies and services related to the key diversity dimensions.

Relation to Social Justice: Change is a central theme in the course, especially in discussions of health disparities and access to care issues that are discussed across the continuum of health care services from promotion/prevention to rehabilitation/continuing care.

Relation to Promotion, Prevention, Treatment and Rehabilitation is examined through content and exercises that focus on the methods and models of intervention for health promotion, disease prevention, treatment and rehabilitation in major catastrophic or chronic diseases and promotion of optimal adaptation to chronic illness.

Relationship to Behavioral and Social Science Research is presented throughout the course and includes findings from evaluation, prevention and intervention research in social work, medicine, nursing, public health, and health services research as well as health psychology, medical sociology, medical anthropology, health economics, and political science.

Relationship to SW Ethics and Values: This course will emphasize working on behalf of the most disadvantaged persons and groups at greatest risk of various negative health outcomes. Special emphasis will be placed on advocacy and environmental modifications. Issues related to specific health practices, managed care, client self-determination, confidentiality, dignity, HIPPA, and associated legal, ethical, and value concerns will also be addressed.

f. Relationship to Social Work Ethics and Values

Social work ethics and values will be addressed in this course using the NASW Code of Ethics. This course will increase awareness of the health-ethical issues and decision making in healthcare delivery and discuss the impact of social workers values and reactions to these issues.

g. Intensive Focus on Privilege, Oppression, Diversity and Social Justice and Diversity, Equity and Inclusion

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

apply intersectionality and intercultural frameworks and strengthen critical consciousness, self-knowledge and self-awareness to facilitate PODS learning in the context of social work in health care.

2. MY TEACHING PHILOSOPHY

2.1 Learning is in service to our clients.

2.2 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.

2.3 Relationship Focused Partnership: Mutual Learning Commitment

Many times learning experiences are 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. This learning philosophy will be a foundation for this course. My commitment is to provide organized, meaningful course material and opportunities for learning.

2.4 How We Commit to Communicate 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 course. 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.

2.5 Diversity, Equity and Inclusion

“The University of Michigan cannot be excellent without being diverse in the broadest sense of that word. We also must ensure that our community allows all individuals an equal opportunity to thrive.” Mark Schlissel, President

At the University of Michigan, our dedication to academic excellence for the public good is inseparable from our commitment to diversity, equity and inclusion. It is central to our mission as an educational institution to ensure that each member of our community has full opportunity to thrive in our environment, for we believe that diversity is key to individual flourishing, educational excellence and the advancement of knowledge.

Diversity: We commit to increasing diversity, which is expressed in myriad forms, including race and ethnicity, gender and gender identity, sexual orientation, socioeconomic status, language, culture, national origin, religious commitments, age, (dis)ability status and political perspective.

Equity: We commit to working actively to challenge and respond to bias, harassment, and discrimination. We are committed to a policy of equal opportunity for all persons and do not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status.

Inclusion: We commit to pursuing deliberate efforts to ensure that our campus is a place where differences are welcomed, different perspectives are respectfully heard and where every individual feels a sense of belonging and inclusion. We know that by building a critical mass of diverse groups on campus and creating a vibrant climate of inclusiveness, we can more effectively leverage the resources of diversity to advance our collective capabilities.

Learn more about SSW DEI and how to get involved :

<https://ssw.umich.edu/about/diversity-equity-inclusion/toolkit>

<https://diversity.umich.edu/about/defining-dei/>

Guiding Principles and Commitments for Learning

1. Our commitment to learning is in service to our clients.
2. We commit to maintaining a confidential space for open discussion and keep what is shared in class by a specific individual confidential. We do not repeat classroom remarks that link a person with his/her/their identity.
3. We seek to replace assumptions with curious questions and invitations to share and listen.
4. We seek to diminish fear, shame and blame that immobilizes the learning process.
5. We find ways to be curious and humane in our interactions.
6. We view the challenges of not yet “knowing” as a part of life-long learning and as preferable to stagnation and ignorance.
7. We expect to make mistakes and will honor them as a valuable part of the learning process
8. We validate that there is a difference between being uncomfortable and being unsafe.
9. We seek mutual growth, learning and benefit from sharing with each other.
10. We respect even when we disagree or have conflict. Disagreeing, not disconnecting.
11. We recognize and honor that each person is at a different point in their life learning and experience.
12. We will not assume or pre-judge the intent or motivation of others.
13. We will explore multiple perspectives on a topic, trying to understand and practice empathy, and respect that others may have a different lens than our own. We also understand that different perspectives may be attached to different positions of power.
14. We acknowledge that sexism, classism, racism, heterosexism, and other forms of discrimination (religion, age, ability, language, education, size, geographic location etc.) exist and may surface from time to time.
15. We recognize the differences between intent and impact and acknowledge the implications of both.
16. We acknowledge and take appropriate responsibility for the impact of our behaviors and actions.

17. We will practice forgiveness as we are learning and growing. However, we acknowledge we are not entitled to someone's forgiveness and it should not be presumed.
18. We will be aware of what we carry into the classroom space with us-- our mood, energy, experiences, beliefs, values...and what we carry out.
19. We will notice our preferences and resistances.
20. We will commit to moving outside our comfort zones to our learning edges. We may experience conflict, feel annoyed, anxious, angry, confused or defensive or some other feeling that may be uncomfortable. We will use these as a part of the learning experience to expand our knowledge and understanding.
21. Others you would like to add.....

*Sources: CRLT; Forward Space Guidelines by Zaharaa Hadi and Aubree Sepler, UM Program on Intergroup Relations.

3. EXPECTATIONS OF STUDENTS

3.1 Personal Accountability in Learning

Personal accountability shifts the focus from not solely being about what one is taught to a self-determination stance of 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.

To fully engage in the course topic and become a competent and skilled social work practitioner, it is expected that students will **complete all required readings** posted for each week prior to each class as these will serve as the foundation for class discussions, activities and assignments.

3.2 Professional 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 while also acknowledging that "safe" is not the same as "comfortable"
- ✓ 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.

3.3 Application of NASW Code of Ethics to 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/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

3.4 Class Presence

Showing up for class is not enough in our efforts to serve our clients. Presence is about how you show up, who you are in the class and what attitude and intention you bring.

Presence is a professional skill. Being present is more than just “showing up.” It involves attention and intention. 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.

Presence is crucial 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 share their thoughts, feelings, and experiences with us have a right to anticipate and receive our presence and demonstration of professional use-of-self.

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 both oneself and the class as a whole.

3.5 Participation and Use-of Self

Beyond physical presence, **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.

Students are expected to speak in class and should be prepared each week to be invited to share and to initiate knowledgeable sharing of their understanding, ideas, reactions and applications from readings and integration across progressive weeks of class.

Participation is not simply about frequency, but also about the level and quality of preparedness and thoughtful and integrative analysis and application of concepts. Some may feel uncomfortable speaking in class. **In service to our clients, we must learn to use our voices on their behalf.** Class participation provides the opportunity to develop speaking, advocacy and persuasive skills, as well as the ability to listen effectively. **Thus, verbally participating will be an opportunity to practice and develop skills even when it is sometimes challenging and/or uncomfortable.**

Ways to contribute to our class learning include your valuable suggestions, appropriate amplifications, alternative interpretations and perspectives, constructive criticism and relevant observations. Students are expected actively participate in and take pair/share and small group activities seriously as each student's learning is dependent upon each other's engagement.

In addition to responding to questions and discussions in class, there are a number of ways to prepare to speak in class which may make it less uncomfortable including:

- Prepare a response to share in weekly check-ins
- Preparing a comment about the assigned readings
- Bring an example, experience, observation of how course material applies to real life
- Raising a question you have been pondering to the whole class
- Prepare a response to share in weekly check-out

3.6 Digital Citizenship: Use of Phones, Computers, Electronic Devices

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.

The concept of "digital citizenship" is a complex topic that has become increasingly 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*](#)).

- Using electronic devices to assist in note taking and specifically directed class activities is encouraged for those who find this beneficial.
- Audio and/or video recording in class of lecture and/or class discussion is prohibited without written permission of professor and students.
- 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.
- **If you feel you must monitor email and text messages, you are respectfully asked to do so during breaks and/or to leave the class to do so.**

3.7 Class Attendance Policy: Please be here and be present.

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. The [Policy on Class Attendance](#) can be found in the MSW Student guide. Class grades include evaluation of attendance, class participation and engagement to support learning and demonstration of competencies in service to our clients.

3.7.1 Absence Competency Demonstration Make-up Assignments

Life happens and each individual may have absences due to 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 for up to three absences.**

Since course grades are based on demonstration of competency, students who choose to take the opportunity to successfully complete an Absence Competency Demonstration Make-Up assignment for a limited number of ANY absences within the required make-up timeframe will not have any absence deduction. Those who choose NOT to take the opportunity to complete the competency make-up will receive a **2 point competency deduction per each class missed.** Please see Canvas for Absence Competency Demonstration Make-Up assignment details.

3.7.2 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.

3.7.3 More than 3 absences represent a significant percentage of the course and opportunities to demonstrate competencies which CANNOT be adequately addressed with standard make-up assignments. This level of absence will require further, thoughtful discussion between the student and the instructor to explore if there are potential acceptable options for adequate demonstration of course learning objectives and competencies. Having more than three absences may potentially result in an incomplete grade, a course grade deduction and/or a non-passing grade for the course depending on the percentage of the course missed and impact on level of competency demonstration.

3.8 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.

Additional Policies, Information and Resources

Additional School and University policies, information and resources are available here: <https://ssw.umich.edu/standard-policies-information-resources>. They include:

- *Safety and emergency preparedness*
- *Mental health and well-being*
- *Teaching evaluations*
- *Proper use of names and pronouns*
- *Accommodations for students with disabilities*
- *Religious/spiritual observances*
- *Military deployment*
- *Writing skills and expectations*
- *Academic integrity and plagiarism*

5. Course Readings & Written Assignments

5.1 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.

To fully engage in the course and become a competent and skilled social work practitioner, it is expected that students will complete all required readings posted for each week prior to each class as these will serve as the foundation for class discussions, activities and assignments.

Required readings have been designed to provide you with a basic foundation while giving you freedom to individualize supplemental readings. The amount of assigned reading will vary from week to week, but overall, are consistent with graduate level workload expectations.

You are expected and encouraged to do literature searches and additional reading to meet some assignments and to pursue areas of interest. **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). Superior ratings in Professional Use of Self will require completion of all assigned readings.**

Required Course Readings

Required readings are posted on Canvas Website folder “Required Readings” and are also organized by class date in weekly folders. You may also search journal articles online through University of Michigan Electronic Journals at <https://search.lib.umich.edu/onlinejournals>

As you are completing the required readings, actively consider the following questions:

- How would you summarize or paraphrase the reading(s)?
- What are the author(s) main themes and take-away points?
- What did you learn from the reading(s): new concepts, theories, perspectives, theories, terminology?
- What reflections and/or questions do you have about the readings?
- How does this reading relate to other information about the topic; other course concepts we have discussed?
- How might the information you take from this article apply to your Social Work practice?

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

Selected Relevant Journals

American Journal of Epidemiology	Journal of the American Medical Association
American Journal of Public Health	Journal of the National Medical Association
Ethnicity and Disease	Journal of Psychosocial Oncology
Evidence-Based Social Work Practice	New England Journal of Medicine
Gerontologist	Pediatrics
Health and Social Work	Public Health Reports
Health Education and Behavior	Social Science and Medicine
Health Psychology	Social Work
International Social Work	Social Work in Health Care
Journal of Adolescent Health	Women and Health

Journal of Aging and Health
Journal of Gerontology
Journal of Health and Social Behavior
Journal of Health Care for the Poor and Underserved

Social Work in Public Health
Social Work in Mental Health

Some Useful Websites

World Health Organization Health Topic Fact Sheets
<https://www.who.int/news-room/fact-sheets>

National Center for Health Statistics. Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, Maryland. 2017.
<http://www.cdc.gov/nchs/hus.htm>

2016 Statistical Abstracts
https://www.census.gov/library/publications/time-series/statistical_abstracts.html

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

Women's Health
<https://www.womenshealth.gov>
<http://www.fda.gov/womens/default.htm>
<http://www.cdc.gov/Women/>
<https://www.cdc.gov/nchs/fastats/womens-health.htm>

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>

5.2 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 work should incorporate critical thinking, analysis and graduate level writing.

You must use and synthesize scholarly literature to support your completion of assignments. **Do not rely on direct quotations from your sources**; instead summarize them in your own words and provide appropriate citations.

All papers must be typewritten. 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 completion and submission.

5.3 Assignment 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 Assistance Career 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/> and the 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. Jones (2012) states...)

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>

5.4 Late Completion of Assignments

Submission dates for assignments are specified in the syllabus. 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 after the due date/time. Late deductions will be one point each day/partial day past the due date/time.

5.5 Submission of Written Assignments

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



All assignments are to be **submitted** to Canvas by **by 11:59 p.m. on the night before the due date unless otherwise specified.**

6.0 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.

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

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, DEI, 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 need to spend additional time outside of class 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 an A grade depending on individual time constraints, situation, goals and/or personal choices, 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 an overall course 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	A+ (100), A (95-99), and A- (90-94)	Exceptional, superior mastery
B grades	B+ (87-89), B (84-86), B- (80-83)	Adequate mastery
C grades	C+ (77-79), C (74-76) and C- (70-73).	Limited mastery
D grades	Below 70 Carries no credit	Deficient mastery
E grades	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 may be considered, but is not guaranteed.
- 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 well before the last day of class.** 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

I am open to discussing the option of accepting a revision of a regular written assignment that was turned in by the original due date when a student initiates this request and provides sufficient rationale for the request.

The MSW Student Guide policies on [Grades in Academic Courses and in Field Instruction](#) as well as [Student Grievance procedures](#) and the [policy for grading in special circumstances](#) provide further details on grading policies. Here are also some resources regarding [testing and grading from CRLT](#).

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, any papers will be returned directly to students. Hard copy 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 hard copy papers will be destroyed at the end of the semester/grading period through confidential methods provided by the SSW.

7. Written ASSIGNMENT SCHEDULE OVERVIEW

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 on a few large assignments.

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.

Assignment	Due Date	Point Value
BPSS Scenario Development Assessment	June 7 11:59 p.m.	10
BPSS Assessment Documentation	June 14 11:59 p.m.	10
SBIRT On-line Module/ Paper	June 21 11:59 p.m.	20
Health Diversity Group Presentation	July 5 5:00 p.m.	25
Screening Toolbox Group Presentations	Variable	15
Screening Toolbox Reflection	Variable	Extra Credit Credit Deduction
Articulation of Course Learning Paper or Audio/visual Recording	July 26	10
Professional Use of Self Completed Form	July 26 In Class	10

There will be additional in-class activities that we will complete during class time.

Please read Canvas/Files Assignment Folder for details on all assignments to ensure you understand assignment criteria and instructions. It is encouraged that you also review the grading rubric to help you optimize your earned grade.

Course Schedule, Learning Opportunities & Assigned Readings

Required Readings (on Canvas by week)

Assignment Due (criteria and rubrics on Canvas in Assignment folder)

Screening Tool

May 11 Course Overview

#1

Social Work Practice in Health Care: Macro, Mezzo, Micro

Integrated Health: Physical, Mental and Behavioral Health Intersectionality

Core Social Work Skills: SAMHSA Competencies

NASW Standards for Social Work Practice in Health Care Settings

Social Work Roles and Interprofessional Team Functioning

What We Bring to Health Care: Health Beliefs and Implicit Bias

Required Readings:

- **Course Syllabus**
- **NASW Standards for Social Work Practice in Health Care Settings (2016).**

<https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&portalid=0>

Optional Readings:

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.

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

Horowitz, 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.

Kodner, D. & Spreeuwenberg, C. (2002). Integrated care: Meaning, logic, applications, and implications—A discussion paper. *International Journal of Integrated Care, 2*(4), 1-6. <http://doi.org/10.5334/ijic.67>

Marlowe, D., Hodgson, J., Lamson, A., White, M., & Irons, T. (2012). Medical family therapy in a primary care setting: A framework for integration. *Contemporary Family Therapy, 34*, 244-258.

Sederer, L. (2016). The social determinants of mental health. *Psychiatric Services, 67*, 234-235. doi: 10.1176/appi.ps.201500232

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.

May 18
#2

Biopsychosocial Spiritual Assessments

Person Centered Care

Cultural and Diversity Considerations

Required Listening

Listen to Podcast on Bio Psychosocial Spiritual Assessment (17 minutes)

<http://podbay.fm/show/216662405/e/1169470860?autostart=1>

Optional Readings:

Cultural Cues for Clinicians

<http://depts.washington.edu/pfes/PDFs/CommunicationGuideAllCultures.pdf>

Crosby, L. E., Quinn, C. T., & Kalinyak, K. A. (2015). A biopsychosocial model for the management of patients with sickle-cell disease: Transitioning to adult medical care. *Advances in Therapy*, 32(4), 293-305.

Edozien, L. C. (2015). Beyond biology: The biopsychosocial model and its application in obstetrics and gynaecology. *BJOG: An International Journal of Obstetrics & Gynaecology*, 122(7), 900-903.

Graybeal, C. (2001). Strengths-based Social Work Assessment: Transforming the Dominant Paradigm. *Families in Society*, 82(3), 233-242.

Henningsen, P. (2015). Still modern? Developing the biopsychosocial model for the 21st century. *Journal of Psychosomatic Research*, 79, 362-363. doi: 10.1016/j.jpsychores.2015.09.003

Hermanns, M., Deal, M., & Hass, B. (2012). Biopsychosocial and spiritual aspects of Parkinson's disease: An integrative review. *Journal of Neuroscience Nursing*, 44(4), 194-205.

Keady, J., Jones, L., Ward, R., Koch, S., Swarbrick, C., Hellström, I., & Williams, S. (2013). Introducing the bio-psycho-social-physical model of dementia through a collective case study design. *Journal of Clinical Nursing*, 22(19-20), 2768-2777.

Taylor, L., Stotts, N., Humphreys, J., Treadwell, M. & Miaskowski, C. (2013). A biopsychosocial-spiritual model of chronic pain in adults with sickle cell disease. *Pain Management Nursing*, 14(4), 287-301.

Seabright, H. (2015). The biopsychosocial model: Reports of my death have been greatly exaggerated.” *Culture, Medicine and Psychiatry*, 40, 289-298. Doi: 10.1007/s11013-015-9471-6

May 25 NO CLASS: MEMORIAL DAY HOLIDAY

**June 1
#3**

Mental Health

Social Construction of Illness
Mental Status Exam

Mini Mental Status Exam
Documentation

Screening/Assessment Toolkit: PHQ-9

Required Reading

Castillo, E.G., Ijadi-Maghsoodi, R., Shadravan, S. et al. (2019). Community interventions to promote mental health and social equity. *Current Psychiatry Reports*, 21(35) 1-14. <https://doi.org/10.1007/s11920-019-1017-0>

Optional Readings:

Bryne, C. (2010) Challenging health care discrimination: Commentary on discrimination against people with mental illness. *Advances in Psychiatric Treatment* 16, 60–62. doi: 10.1192/apt.bp.108.006106

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.

Thornicroft, G., Rose, D., Kassam, A. (2007). Discrimination in health care against people with mental illness. *International Review of Psychiatry*, 19(2), 1130122.

Sidell, N. (2015). Social work documentation: A guide to strengthening your case recording. Washington, D. C.: NASW Press.

**June 8
#4**

**Biopsychosocial Spiritual Assessment of Your Assigned Client Scenario Due
Skill Building: Narrative Therapy
Therapeutic Engagement: Helping Clients Tell Their Stories**

Required Reading:

Hutto, D. D., & Gallagher, S. (2017). Re-authoring narrative therapy: Improving our self- management tools. *Philosophy, Psychiatry, & Psychology* 24(2), 157-167.

Optional Readings:

Alves, D., Fernandez-Navarro, P., Baptista, J., Ribeiro, E., Sousa, I., & Goncalves, M. (2014). Innovative moments in grief therapy: The Meaning reconstruction approach and the processes of self-narrative transformation. *Psychotherapy Research, 24*(1), 25-41.

Alves, D., Mendes, I., Goncalves, M. & Neimeyer, R. (2012). Innovative moments in grief therapy: Reconstructing meaning following perinatal death. *Death Studies, 36*(9), 795-818.

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy, 20*(4), 485-503.

Combs, G. & Freedman, J. (2016). Narrative therapy's relational understanding of identity. *Family Process, 55*(2), 211-224.

Leung, P. and Chan, C. (2006). The combined use of narrative and experience-near techniques in an investigation of meaning in women with breast cancer. *Psychosocial Oncology 15*(1), S5.

**June 15
#5**

**Bio Psychosocial Assessment Documentation of In-Class Interview Due
Living with Chronic Illness**

Adjustment to Illness Models
Transitional Care and Chronic Care Models
Screening/Assessment Toolkit: GAD 7

Required Reading:

Findley, P. A. (2014). Social work practice in the chronic care model: Chronic illness and disability care. *Journal of Social Work, 14*(1), 83–95. <https://doi.org/10.1177/1468017313475381>

Optional Readings:

Anderson, K., Green, C. & Payne, R. (2009). Racial and ethnic disparities in pain: Causes and consequences of unequal care. *The Journal of Pain, 10*(12), 1187-1204.

Christ, G., & Diwan, S., (2009). Chronic illness and aging, Section I. The demographics of aging and chronic diseases. *Council on Social Work Education. <https://www.cswe.org/getattachment/Centers-Initiatives/CSWE-Gero-Ed-Center/Teaching-Tools/Gero-Competencies/Practice-Guides/Assignments-Measurments/CI-Sec2-Role-SW.pdf.aspx>*

Collings, C. (2008). That's not my child anymore! Parental grief after acquired brain injury (ABI): Incidence, nature and longevity. *British Journal of Social Work, 38*, 1499-1517.

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.

Ledford, Christy J.W, et al. (2018). Applying the chronic care model to prenatal care: Patient activation, productive interactions, and prenatal outcomes. *Patient Education and Counseling*, 101(9), 1620–23. doi:10.1016/j.pec.2018.04.017.

June 22
#6

**SBIRT ASSIGNMENT DUE: On-Line Training and Reflection Paper
Screening/Assessment Toolkit: CAGE-AID; AUDIT-C/AUDIT
Patient Activation and Change Models
Skill Building Motivational Interviewing: Substance Abuse Disorders**

[Required Readings: None](#)

Optional Readings regarding Change and MI:

Watch on-line Video: Overview of MI

Matulich, B. (2013). Introduction to Motivational interviewing
<https://www.youtube.com/watch?v=s3MCJZ7OGRk>

Arkowitz, H.; Westra, H. A.; Miller, W. R. and Rollnick, S. (Eds), (2008). *Motivational interviewing in the treatment of psychological problems*. New York: The Guilford Press.

Barnett, E., Sussman, S., Simth, C., Rohrbach, L. A. & Spruijt-Metz, D. (2012). Motivational interviewing for adolescent substance abuse: A review of the literature. *Addictive Behaviors*, 37, 1325-1334.

Bertholet, N., Faouzi, M., Gmel, G., Gaume, J., & Daeppen, J. B. (2010). Change talk sequence during brief motivational intervention, towards or away from drinking. *Addiction*, 105(12), 2106-2112.

Erickson, S. J., Gerstle, M. & Feldstein, S. W. (2005). Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings: A review. *Archives of Pediatric Adolescent Medicine*, 159, 1173-1180.

Emmons, K.A. & Rollnick, S. (2001). Motivational Interviewing in health care settings: Opportunities and limitations. *American Journal of Preventive Medicine*, 20(1), pp. 68-74.

Kirkevold, Marit & Zoffmann, Vibeke (2015). Translating person-centered care into practice: A comparative analysis of motivational interviewing, illness-integration support, and guided self-determination.” *Patient Education and Counselling*, 99(3), 400–407, doi:10.1016/j.pec.2015.10.015.

Lindson-Hawley, Nicola, et al. (2015). Motivational interviewing for Smoking Cessation." *The Cochrane Database of Systematic Reviews*, (3), CD006936.

Manthey, T. J., Blajeski, S. & Monroe-Devita, M. (2012). Motivational interviewing and assertive community treatment: A case for training ACT teams. *International Journal of Psychosocial Rehabilitation*, 16, 5016.
http://www.psychosocial.com/IJPR_16/Motivational_Interviewing_and_ACT_Manthey.html

Miller, W.R. & Rollnick, S. (2013) (3rd ed). *Motivational interviewing: Helping people change*. New York: The Guilford Press.

Naar-King, S. & Suarez, M. (2011). *Motivational interviewing with adolescents and young adults*. New York: The Guildford Press.

Rollnick, S.; Miller, W.R. and Butler, C. C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York: The Guilford Press.

Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334. Retrieved July 31, 2012 from <http://www.stephenrollnick.com/index.php/all-commentary/64-what-is-motivational-interviewing>.

Rosengren, D. (2009). *Building motivational interviewing skills: A practitioner workbook*. New York: The Guilford Press.

Ryan, R. M., Lynch, M. F., Vansteenkiste, M., & Deci, E. L. (2011). Motivation and autonomy in counseling, psychotherapy, and behavior change: a look at theory and practice. *The Counseling Psychologist*, 39(2), 193-260.

Spencer, J. & Wheeler, S. (2016). A systematic review of motivational interviewing interventions in cancer patients and survivors. *Patient Education and Counseling*, 99, 1099-1105.

Tuccero, Donna, et al. (2016). Behavioral health in prevention and chronic illness management: Motivational interviewing." *Primary Care*, 43(2) 191-202.

Wahab, S. (2005). Motivational interviewing and social work practice. *Journal of Social Work*, 51(1), 45-60.

van Wormer, K. (2007). Principles of motivational interviewing geared to stages of change. *Journal of Teaching in Social Work*, 27(1-2), 21-35.

Optional Readings regarding Substance Use and SBIRT:

Center for Adolescent Substance Abuse Research (CeASAR). (n.d.). The CRAFFT screening tool. Retrieved from <http://www.childrenshospital.org/ceasar/crafft>.

Whitlock, E. Polen, M., Green, C., Orleans, C. & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky harmful alcohol use by adults: A summary of the evidence for the U. S. preventive services task force. *Anal of Internal Medicine*, 140, 558-569.

Ozechowski, T., Becker, S. & Hogue, A. (2016). SBIRT-A: Adapting SBIRT to maximize developmental fit for adolescents in primary care. *Journal of Substance Abuse Treatment*, 62, 28-37.

Guerrero, E., Khachikian, T., Amaro, H., & Vega, W. (2013). Disparities in Latino substance use, service use and treatment: Implications for culturally and evidence-based interventions under health care reform. *Drug and Alcohol Dependence*, 133(3), 805-813.

Watson, J. (2011). Resistance is futile? Exploring the potential of motivational interviewing. *Journal of Social Work Practice*, 25(4), 465-479.

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>

**June 29
#7**

**Trauma Informed Practice and Crisis Interventions
Intimate Partner Violence**

Required Readings: JIGSAW GROUPS will be assigned

Straussner, L. & Calnan, A. (2014). Trauma through the life cycle: A review of current literature. *Clinical Social Work Journal*, 42, 323-335.

Richmond, K., Burnes, T., & Carroll, K. (2012). Lost in trans-lation: Interpreting systems of trauma for transgender clients. *Traumatology*, 18(1), 45-57.

Sirin, S., Ryce, P., Gupta, T. & Rogers-Sirin, L. (2013). The role of acculturative stress on mental health symptoms of immigrant adolescents: A longitudinal investigation. *Developmental Psychology*, 67(4), 272-284.

Hamberger, L. & 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.

Optional Readings:

Substance Abuse and Mental Health Services Administration (2014a). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Pub. No. SMA 14-4884). Rockville, MD: *Substance Abuse and Mental Health Services Administration*.

<https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Substance Abuse and Mental Health Services Administration (2014b). A treatment improvement protocol: Trauma-informed care in behavioral health services (HHS Publication No. (SMA) 14-4816, TIP Series 5). Rockville, MD: *Substance Abuse and Mental Health Services Administration*.

<https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

Horowitz, K., McKay, M., & Marshall, R. (2005). Community violence and urban families. Experiences, effects and directions for intervention. *American Journal of Orthopsychiatry*, 75, 356-368.

Keeling, J. & Van Warmer, K. (2012). Social worker interventions in situations of domestic violence: What can we learn from survivors' personal narrative? *British Journal of Social Work*, 42(7), 1354-1370.

Luoma, J. Martin, C., & Pearson, J. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry*, 159(6), 909-916.

Racco, A., & Vis, J. A. (2015). Evidence based trauma treatment for children and youth. *Child and Adolescent Social Work Journal*, 32, 121-129.

Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., & Knafo, H., Murphy, A. (2016). Adverse childhood experience, poverty, and parenting stress. *Canadian Journal of Behavioural Science*, 48, 32-38.

July 6
#8

Diversity Health Group Presentations

[Read relevant literature/articles related to presentation](#)

July 13
#9

Suicide Risk Assessment

Prevention and Safety Planning

Required Reading

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

Resources

Columbia Suicide Severity Rating Scale (C-SSRS)

<http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english>

<https://www.speakingofsuicide.com/2017/10/03/10-things-to-say/>
<https://www.speakingofsuicide.com/2015/03/03/what-not-to-say/>
<https://www.speakingofsuicide.com/2013/06/21/you-cant-do-everything/>
<https://www.jointcommission.org/resources/patient-safety-topics/suicide-prevention/>
<http://zerosuicide.edc.org/toolkit>

Optional Readings

Britton, P. C., Bryan, C. J., & Valenstein, M. (2016). Motivational interviewing for means restriction counseling with patients at risk for suicide. *Cognitive and behavioral practice, 23*(1), 51-61.

Bolton, J., Gunnell, D. and Turecki, G. (2017). Suicide risk assessment and intervention in people with mental illness. *British Medical Journal, 351*.

Dhingra, K., Boduszek, D. and O'Connor, R. (2015). Differentiating suicide attempters from suicide ideators using the Integrated Motivational-Volitional model of suicidal behaviour. *Journal of Affective Disorders, 186*, 211-218.

Ghahramanlou-Holloway, M., Brown, G., Currier, G., Brenner, L., Know, K., Grammer, G., Carreno-Ponce, J. and Stanley, B. (2014). Safety planning for military (SAFE MIL): Rationale, design, and safety considerations of a randomized controlled trial to reduce suicide risk among psychiatric inpatients. *Contemporary Clinical Trials, 39* (1), 113-123.

Luoma, J. Martin, C., & Pearson, J. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry, 159*(6), 909-916

Turecki, G. & Brent, D. (2015). Suicide and suicidal behaviour. *Lancet, 387*, 1227-39.

July 20

End of Life Conversations: Assessment and Intervention

#10

Advanced Directives & Durable Power of Attorney for Health Care
Palliative Care and Hospice

Screening/Assessment Toolbox: Katz Index of ADLs

Required Readings: JIGSAW GROUPS will be assigned

Clark, E. & Kaufer, S. (2018). The profession of social work and the legacy of Kubler Ross. *Families in Society, 99*(4), 369-377.

<https://doi.org/10.1177/1044389418802158>

Darby, J. and Ward-Smith, P. (2016). End-of-Life communication with non-traditional families and lesbian, gay, bisexual and transgender patients for nurses. *Clinical Nursing Studies, 4*(4), 40-45.

Francoeur, R., Burke, N. and Wilson, A. (2016). The role of social workers in spiritual care to facilitate coping with chronic illness and self-determination in Advanced Care Planning. *Social Work in Public Health, 31*(5), 453-466.

Gardner, D., Doherty, M., Bates, G., Koplow, A. & Johnson, S. (2018). [Racial and Ethnic Disparities in Palliative Care: A Systematic Scoping Review.](#) *Families in Society, 99*(4), 301-316.

Optional Readings:

American Bar Association Consumer's Tool Kit for Health Care Advance Planning

Very helpful set of 10 tools to help explore what to think about and how to make decisions regarding advanced planning.

https://www.americanbar.org/content/dam/aba/administrative/law_aging/tool1.aut_hcheckdam.pdf

Chowns, G. and Richardson. H. (2016) Social work practice in end of life Care. *Journal of Social Work Practice, 30*920 115-120. To link to this article: <https://doi.org/10.1080/02650533.2016.1168387>

Nelson-Becker, H., Nakashima, M., & Canda, E. R. (2007). Spiritual assessment in aging: A framework for clinicians. *Journal of Gerontological Social Work, 48*(3/4), 331–347.

Malcolm Payne (2010) Inequalities, end-of-life care and social work. *Progress in Palliative Care, 18*(4) 221-227. DOI: [10.1179/096992610X12624290277187](https://doi.org/10.1179/096992610X12624290277187)

Van Dorn, R., Scheyett, A., Swanson, J., & Swartz, M. (2010). Psychiatric advanced directives and social workers: An integrative review. *Social Work, 55*(2), 157-67.

State Bar of Michigan: *Planning for Your Peace of Mind*
<http://www.legislature.mi.gov/publications/peaceofmind.pdf>

State of Michigan: Advanced Directives: *Planning for Medical Care in the Event of Loss of Decision-Making Ability*
[http://www.michigan.gov/documents/miseniors/Advance Directives 230752 7.pdf](http://www.michigan.gov/documents/miseniors/Advance_Directives_230752_7.pdf)

National Healthcare Decision Day
www.nhdd.org/public-resources

National Hospice and Palliative Care Organization
www.caringinfo.org

July 27
#11

Course Learning Reflection Paper Due
Class Participation Self-Evaluation Rubric Form Due

Leadership and Interprofessional Team Practice

Defining Your Role

Planning for Future; Resiliency

Course Summary: Revisit SAMHSA Core Competencies

Required Reading

Jones, B. & Phillips, F. (2016). Social work and interprofessional education in health care: A call for continued leadership. *Journal of Social Work Education, 52*(1), 18-29.

Optional Readings:

Angelini, D. (2011). Interdisciplinary and interprofessional education: What are the key issues and considerations for the future? *Journal of Perinatal & Neonatal Nursing, 25*(2), 175-179.

Lynch, S. I Franke, T. (2013). Communicating with pediatricians: Developing social work practice in primary care. *Social Work in Health Care, 52*, 397-416.

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Congratulations and thank you for being a part of our class.

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