



SCHOOL OF SOCIAL WORK

UNIVERSITY OF MICHIGAN

Course title: Behavioral, Psychosocial and Ecological Aspects of Health, Mental Health and Disease

Course #/term: SW600, Section 008 Winter 2021

Time/place: Tuesdays 9 a.m. to 12 noon

Credit hours: 3

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Pronouns: She, her, hers

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You may expect a response within 48 hours Monday-Friday.
Please put SW600 in the subject line.

Office hours: **I welcome communicating and connecting with each of you throughout the semester.** I am happy to make individual scheduled phone/zoom appointments to ensure that you have access to talk with me to discuss any class interests, feedback, questions or concerns. Due to public health guidelines, in-person appointments in private offices are not recommended.

Welcome and thank you for being a part of this class. It is both a challenging and exciting time to be a part of the movement to develop and implement effective integrated care models which explore the interconnected relationships between physical, mental, behavioral, ecological and spiritual aspects of health. As healthcare requires an evermore collaborative interprofessional team, social workers are in a strategic position to develop knowledge, skills, and competencies necessary to take an active leadership role in addressing these ongoing dramatic shifts in healthcare delivery. I look forward to what we will experience and learn together in this course. We welcome valued interprofessional colleagues to our class and their valuable and unique contributions to our learning.

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 to meet learning needs, and students will be notified of any changes. Course assignments and other relevant course documents can be found on Canvas at <https://canvas.umich.edu>

COVID-19

For the safety of all students, faculty, and staff on campus, it is important for each of us to be mindful of safety measures that have been put in place for our protection. By returning to campus, you have acknowledged your responsibility for protecting the collective health of our community. Your participation in this course on an in-person/hybrid basis is conditional upon your adherence to all safety measures mandated by the state of Michigan and the University, including maintaining physical distancing of six feet from others, and properly wearing a face covering in class. Other applicable safety measures may be described in the [Wolverine Culture of Care](#) and the [University's Face Covering Policy for COVID-19](#). Your ability to participate in this course in-person/hybrid may be impacted by failure to comply with campus safety measures. Individuals seeking to request an accommodation related to the face covering requirement under the Americans with Disabilities Act should contact the [Office for Institutional Equity](#). If you are unable or unwilling to adhere to these safety measures while in a face-to-face class setting, you will be required to participate on a remote basis. I also encourage you to review the [Statement of Student Rights and Responsibilities](#) and the [COVID-related Addendum to the Statement of Student Rights and Responsibilities](#).

The health of an individual is connected to the health of others and we are all in this together. We commit to caring for one another and for the members of the communities in which we live, work, and learn. The University asks that we all demonstrate a compassionate spirit by intentionally and consistently following these and other health guidelines and requirements.

Health-Related Class Absences

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online or provided with alternative learning opportunities. Please notify me by email about your absence as soon as practical, so that I can make accommodations. Please note that documentation (a doctor's note) for medical excuses is *not* required.

Student Video Cameras

Students are invited to turn on and leave their Zoom cameras on. Having cameras on is a way to increase engagement and can help faculty assess student understanding. For students concerned about showing personal environments, we suggest enabling a [virtual background](#). Please speak with me individually if you have circumstances which may interfere with you meeting this expectation. The SSW may also assist with possible study areas available within the SSWB for students to participate in online courses if they lack stable or reliable internet access.

Zoom Login

Please be sure you sign-in to your licensed UM Zoom Account with your UM credentials rather than simply accessing Zoom via other methods. This will decrease problems with login to class Zoom meetings.

Watch this video for details. <https://www.youtube.com/watch?v=rziSpZNhfl>

If you had a free Zoom account prior to coming to UM, you will need to be sure you use your UM licensed account for class related thing. You can merge your Zoom accounts through this link: <https://documentation.its.umich.edu/zoom-account-switch>

Please do Zoom updates regularly to make sure you have access to needed features for class.

For IT Assistance contact:

<https://its.umich.edu/help>

Syllabus Table of Contents

My syllabus is long, but please don't let that scare you. I believe in providing detailed information to help you succeed in meeting your learning goals. I also value providing many invitations for learning in these pages. My week by week schedule is intentionally filled with diverse readings to both encourage new exploration and support the diverse existing interests of individuals in this class. I intend and hope it will be a helpful resource for you.

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Learning is in service to our clients.

We commit to take responsibility to talk to each other rather than about each other.

1. Course Statement

a. Course description

This course will survey the distribution, determinants, and biomedical, psychological and behavioral aspects of health inclusive of physical, mental and behavioral health and disease across the life span from pre-birth to death. Social, economic, environmental, structural and cultural variations in and determinants of health, disease, and quality of life will be addressed, including the influence of factors such as race, gender, sexual orientation, geography, ability, biological, genetic and epigenetic factors. Barriers to access and utilization, geopolitical influences, environmental justice, social injustice, oppression and racism, historical trends, and future directions will be reviewed. Health beliefs and models of health behavior (e.g. Health Belief Model, Theory of Planned Behavior,) and structural determinants of health (e.g. Minority Stress Theory) will be presented, including help-seeking and utilization of health services. Stress, allostatic load, coping and social support, adaptation to chronic illness, the influences of privilege, stigma and discrimination, quality of life, and death and dying will also be covered.

b. 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, community, and epigenetic factors affecting health, disease, and quality of life. 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, 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.

c. Course objectives and competencies

1. Analyze the major causes of mortality and morbidity in the United States, and how they differ among various population groups. (EPAS 2, 3, 5)

2. Evaluate the impact of diversity dimensions, for example, ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, geography, religion or spirituality, sex, and sexual orientation, etc., and in particular the impact of discrimination and privilege on health across the lifespan. (EPAS 2, 3)
3. Explain the influence of social, economic, geopolitical, and environmental factors on mortality and morbidity, and the ethical and social justice implications across the lifespan. (EPAS 1, 2, 3, 5)
4. Compare concepts and definitions of health and disease, including their evolution, strengths, and limitations, as well as the implications for health promotion, disease prevention, treatment, rehabilitation, and social work practice. (EPAS 2, 3)
5. Examine biological, socioeconomic, cultural, and behavioral risk and protective factors for health, disease, and quality of life across the lifespan. (EPAS 2, 3)
6. Apply current theories and models of health behavior (e.g. substance use, smoking, exercise and nutrition) and their implications for health promotion, disease prevention, treatment, rehabilitation, and social work practice across the lifespan. (EPAS 4)
7. Distinguish how cultural and religious differences in health beliefs and practices may impact utilization of health services, and barriers to care. (EPAS 3, 5)
8. Determine how stress, strain, and chronic illness impact health, coping, and adaptation among individuals in relation to health and disease across the lifespan. (EPAS 3, 4)

d. Course design

This course is an online course done synchronously (in real time) via Zoom with online attendance expected. You will need access to a computer during each in class session to participate in activities which involve accessing, entering information and uploading documents to Canvas.

This course uses **a relationship-based engaged approach to learning**. A variety of collaborative learning methods will be used to promote learning and skill development including interactive lectures with active student participation, readings, in-class application exercises, videos, guest speakers and written assignments. Understanding, along with the ability to apply core course concepts will be a focus.

e. Curricular themes

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 on differences in mortality and morbidity in population subgroups and access and barriers to care. *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 interprofessional sources such as epidemiology, demography, medical sociology, health psychology, medical anthropology, social work, public health, medicine, nursing, and health services research.

f. Relationship to social work ethics and values

Social work ethics and values related to behavioral, psychosocial, and ecological aspects of health and disease will be integrated into this course various Social Work sources of guiding ethical and value-based principles including:

- National Association of Social Workers (NASW) Code of Ethics <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>,
National Association of Black Social Workers(NABSW) Code of Ethics <https://www.nabsw.org/page/CodeofEthics> and
- International Federation of Social Workers(IFSW) Global Social Workers Statement of Ethical Principles <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>

Special emphasis will be placed on issues related to health care and the social worker's responsibility to promote the general welfare of society. In addition, ethical issues related to working with various client systems will be reviewed, such as confidentiality, privacy, rights and prerogatives of clients, the client's best interest, proper and improper relationships with clients, interruption of services, and termination.

g. Intensive focus on PODS

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing 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. Multiculturalism and Diversity will be

addressed throughout this course related to cultural differences in health beliefs and health behavior and the role of protective factors and social support in health status and disease outcomes.

Students will be encouraged to actively contribute from their experiences, field placement practice, current news and knowledge of readings to considerations of health and health care to:

- Identify, develop and promote a vision of social justice
- Learn to recognize and reduce mechanisms that support oppression and injustice
- Actively work to engage in and strengthen social justice and anti-racism processes
- Apply intersectionality and intercultural frameworks
- Demonstrate intersectional humility in communication and interactions with others
- Strengthen critical consciousness, self-knowledge and self-awareness of one's own self and positionalities to facilitate PODS learning
- Recognize the impacts of privilege and inequities on various levels of social ecology and health
- Learn from and value those with different voices, values, and experiences
- Initiate and promote dialogue and collaboration with others

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, dedication to academic excellence for the public good is inseparable from 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 but not limited to 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>

<https://ssw.umich.edu/news/articles/2020/07/27/61832-center-for-equitable-community-family-well-being-launches-website>

2. My Teaching Philosophy

2.1 Learning is in service to our clients.

2.2. Relationship Focused Partnership

You are invited to enter into a 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. This will be the intentional learning philosophy used as the foundation for this course.

2.3 Intentionality

Intentional learning is not passive, but rather is focused on actively pursuing your learning goals. It involves intentionally choosing: **what** you want to achieve in this class, **why** these goals are important to you and **how** you 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.**

2.4 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. My commitment is to provide organized, meaningful course material and intentionally designed opportunities for learning.

2.5 How We 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. 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.

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

Guiding Principles and Commitments for Learning are provided in a Canvas document. These principles illuminate our commitments to each other in this class and you are responsible for reading and demonstrating these behaviors in this class.

3. Expectations of Students

3.1 Demonstrate School of Social Work Technical Standards

These standards acknowledge that given the ethical responsibilities of professional social work practice to promote and protect the well-being of the clients and communities we serve, that the following abilities and attributes are essential for the profession and apply in the classroom, field placements, our school, university and community.

Communication:

- Communicate effectively, responsibly, and in a timely manner in interactions with other students, faculty, field instructors, staff, clients and client systems, and other professionals they might come in contact within their student role.
- Demonstrate the capacity to use effective verbal and nonverbal communication skills, including the ability to listen objectively and interpret nonverbal communication.
- Communicate clearly through written products at a level appropriate for their stage of education.

Intellectual and Cognitive Skills:

- Think critically and apply problem solving skills.
- Acquire knowledge and process experiences to inform practice.
- Demonstrate a willingness to continually reflect on their own values, attitudes, beliefs, emotions, biases, current and past experiences, and consider how these factors affect their thinking, behavior, interactions and relationships.
- Take responsibility for their own actions and consider the impact of these actions on others.

- Be punctual and dependable, prioritize responsibilities, manage time, and attend class and field in accordance with relevant policy.
- Observe deadlines, and conscientiously arrange and keep appointments.
- Navigate transportation to attend field and classroom requirements.
- Integrate new and changing information obtained from the classroom and practice environment.
- Accept and integrate into practice constructive feedback received in both the classroom and field settings.

Emotional and Behavioral Readiness:

- Seek appropriate help to insure that personal issues do not interfere with professional and academic performance.
- Demonstrate the ability to tolerate demanding workloads, adapt to changing environments and situations.
- Maintain respectful relationships with peers, faculty, field instructors, staff, clients and client systems, and other professionals.
- Show the capacity to successfully complete required field practicum hours and demonstrate positive progress in the required social work competencies

3.2 Personal Accountability In Learning

Personal Accountability shifts the focus from being solely about what one is taught, to self-determination and about what one consciously chooses to learn.

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

3.3 Professional Use of Self

Respect for Others

- ✓ Students are encouraged and invited 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.

3.4 In-class application of NASW Code of Ethics and Professional Use of Self

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.

3.5 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. Any form of cheating 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 and will **result in a failing grade for the relevant assignment and is grounds for expulsion.**

Examples of cheating include: copying/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. **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.

3.6 Attendance, presence and participation

a. Presence

Showing up for class is not enough. Presence is about **how** you show up, **who** you demonstrate 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.

b. Digital citizenship: Use of phones, computers and electronic devices

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, etc.) confirms that these devices can be a supportive learning 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 self and 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 must monitor email and text messages, you are respectfully asked to do so during breaks whenever possible.

Presence is a professional use-of-self skill. Therefore, 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.

c. Participation

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. Class participation provides the opportunity to develop speaking, advocacy, discussion, facilitation, and persuasion skills, as well as the ability to listen effectively. Thus, verbal participation in class is an opportunity to practice and develop skills even when it can be sometimes challenging and/or uncomfortable.

Participation is not simply about frequency, but also about the level and quality of preparedness and thoughtful and integrative analysis and application of concepts. Students are expected to be prepared each week to initiate and to be invited to contribute knowledgeable sharing of their understanding, ideas, reactions and applications from readings and integration across progressive weeks of class. Some may feel uncomfortable speaking in class and we will support speaking even when uncomfortable.

Ways to contribute to our class learning include your valuable suggestions, thoughtful amplifications, alternative interpretations and perspectives, constructive criticism and relevant observations (see related Canvas document for more ideas). **Students are expected to read assigned readings in order to actively participate in pair/share and small group activities/breakout rooms with preparation and intention 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:

- Prepare a response to share in weekly check-ins
- Prepare a comment about the assigned readings
- Bring an example, experience, observation of how course material applies to real life situations

- Prepare and raise a course question you have been pondering to the whole class
- Prepare a response to share in weekly check-out

We will utilize a variety of strategies to encourage safe spaces, engagement and mutual accountability for all voices to be heard in this class.

d. Attendance and absence policy

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. Therefore, grades are based on points earned through demonstration of competency and class participation.

Students have requested that their educational experience provide preparation for professional practice environments. Thus, our attendance policy seeks to prepare one for practice by addressing impact and professional behavior when absent. Life happens and each individual may have absences from personal choices made regarding prioritization of competing demands, as well those due to uncontrollable events and circumstances. Professional behavior in academic and professional practice environments involves taking initiative to communicate with the instructor regarding absences and initiating responsibility for follow-up regarding what is missed when absent. These are practice behaviors that are critical in service to our clients.

e. Absences

In this class, **absences are NOT seen as “excused” or “unexcused”** but rather as a reality that may occur. Students are asked to demonstrate professional behavior by providing the instructor with **advanced notification** for known, planned absences and notification when one is reasonably able after an unanticipated absence.

As relevant preparation for professional practice, students are responsible for class readings, assignments and in-class competence learning that occurred in their absence. Therefore, an opportunity is given for students to **take initiative for class content** missed when absent for any reason by completing a competency make-up assignment. **Remember, learning competencies is in service to the client.**

f. Competency demonstration make-up assignments for all absences

Completion of Competency Make-Up Assignments is a choice students have after absence for any reason. It is up to the student to initiate Competency Make-Up Assignments.

Standard Competency Make-Up Assignment instructions for **all absences** are provided in Canvas and must be completed no later than the second class following the absence (unless pre-negotiated for a different date with the instructor) by submitting via Canvas to Competency Make-up Assignment submission area. Make-up assignments will be graded as Pass-Fail. NOT submitting Competency Make-up Assignments for any absence within the required make-up timeframe will result in a 2 point competency deduction per each class missed.

Please note that established course assignments are due as scheduled even if absent.

g. Partial absences

Promptness in attendance is 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 can negatively impact learning and may negatively impact class participation demonstration. A partial absence may 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.

h. More than 3 absences

More than three absences represent a significant percentage of the course which cannot be sufficiently addressed with established competency make-up assignments. This level of absence will require further discussion with the instructor to explore options for demonstration of course learning knowledge and objectives. It is the student's responsibility for initiating discussion to address absences. If no communication and plan has been agreed upon by the last day of class, grades will be given based on current completed work and absentee policy. **This level of absence may result in an incomplete grade, a course grade deduction and/or non-passing grade.**

4. Text and Course Materials

4.1 Course Readings

Readings serve as the foundation for class discussions, activities and assignments. To fully engage in the course and become a more competent and skilled practitioner, it is

expected that students will complete all weekly required readings **prior** to each class session.

Grades of A will require completion of all assigned readings.

The quality and preparedness of responses illustrating completion of the readings will be used as a part earned grades 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 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.

Required Course Text

Gehlert, S., & Brown, T. (2019). Handbook of Health Social Work, (3rd Edition). Jossey-Bass.

[The full book is available for download for free through the University of Michigan Library website](#) and also at

<https://onlinelibrary.wiley.com/doi/book/10.1002/9781119420743>

Additional required and recommended readings, as well as multimedia including podcasts, TED Talks, videos, etc. are posted on Canvas under Modules in the relevant week.

5.0 Assignment Descriptions And Rubrics

Students are responsible for reading the assignment instructions and grading rubrics and to self-monitor due dates. **You are encouraged to initiate asking questions regarding assignments and grading prior to completion and submission.**

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.

5.1 Assignment expectations

Writing and communication skills are essential to effective professional practice. As professionals we will be continually assessed on our ability to express ideas clearly and professionally on behalf of our clients, our organizations, our profession and ourselves.

Written work should incorporate critical thinking, analysis and graduate level writing. Using and synthesizing scholarly literature to support your completion of some assignments is expected. **Do not rely on direct quotations from your sources; instead summarize concepts in your own words and provide appropriate citations.**

Graduate level writing and communication skills are encouraged in this course including 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](#) (734) 763-6259; ssw-cso@umich.edu).*

Writing labs are also available through the Sweetland Writing Clinic:

<https://lsa.umich.edu/sweetland/graduates/writing-workshop.html>

and the English Language Institute Graduate Writing Clinic

<https://lsa.umich.edu/eli/language-clinics/graduate-writing-clinic-for-international-students.html>

APA format is a 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. Referencing internet sources:

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

5.2 Submission of written assignments

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

All assignments are to be typed and submitted via Canvas by 11:59 p.m. on the night before our in-session class.

Please note that WORD, pdf or text documents are preferred as Canvas does not accept ".pages files".

5.3 Late completion of assignments

Meeting deadlines, planning ahead and timeliness in completing tasks are all important in demonstrating competencies. Late assignments are accepted with deductions of one point each day/partial day after the due date/time.

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 our them.

Grades are the outcome of student efforts and demonstration of competency. *They are “earned” based on demonstration of competencies rather than “given” or based on effort alone.* 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.

Graduate school standards anticipate that for every credit hour spent in the classroom, students will spend additional time 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 an A grade, that meaningful learning can still occur.

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 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 grading 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
- Integration and demonstration of completion and understanding assigned readings and additional literature when appropriate
- On time completion by assigned due date/time

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. When considering an individual assignment grade (i.e. 8 out of 10 points earned), think of the score as points earned rather than an overall course percentage. For example, an 8 out of 10 on an individual assignment is **not** an 80% overall course grade but a loss of 2% of the available 100 points earned.

Final letter grades are defined as follows:

A grades	A (95-100), 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	

6.1 Grades of Incomplete

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 submitted by the student and approved by the instructor no later than the last scheduled day of the course.**

In fairness to all students, incomplete grades will NOT be given based on requests for time extensions to complete assignments without a compelling reason beyond the common human experiences of having limited time or multiple class deadlines.

Students are responsible for initiating advanced contact well before the last day of class with the instructor to request consideration of an incomplete grade and to establish a specific plan for completion. If more than one-third of required course assignments are incomplete and/or a student has more than 3 total absences (full or partial combined), an incomplete grade may be considered in unusual situations, but is not guaranteed. 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.

6.2 Assignment revisions for additional competency credit

I am open to discussing the option of accepting a revision of a regular written assignment that was submitted on time by the original due date when a student initiates this request and there is agreement that revisions meet learning goals.

The MSW Student Guide provides 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.

Assignment Overview and Schedule: See Canvas Files for Details

Assignment	Due Date*	Point Value
Disparities Article Summary	Feb. 1	10
Anatomy of an Illness Part 1	Feb. 8	20
Implicit Bias Online Module	Feb. 15	15
IPE On-line Module	Feb. 22	10
Change Process	Mar. 10 & Mar. 15	10
Articulation of Professional Role	April 19	5
Anatomy of Illness part 2	April 26 Exam Week	20
Use of Self Rating Form*	April 26 Exam Week	10

***11:59 p.m. night before relevant class meeting.**

* Expectations are defined in a separate Canvas Professional Use of-Self folder with Use of Self grading rubric. **Please read these at the beginning of the semester so you are clear about what is expected and how you are being evaluated.**

7.0 Class Recording and Distribution of Course Materials

7.1 Audio and video recording

Audio and video recordings of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course

management website. On days when classes are recorded, students will be notified a recording is occurring. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor. Reviewing recorded sessions are a part of absence make-up options, but do not equate to synchronous attendance.

7.2 Class PowerPoints and handouts

Class PowerPoints and handouts may not be shared, reproduced, distributed, sold or published to others, in whole or in part, without written consent of the instructor.

8.0 Additional Policies, Information And Resources

Accommodations for students with disabilities:

If you are in need of any accommodations, please let me know at your earliest convenience. 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.](#) For more information, contact: **Services for Students with Disabilities**
Phone: (734) 763-3000; **Email:** ssdoffice@umich.edu

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*

Weekly Class Schedule on next page



Schedule of Topics, Required Readings & Assignments

❖ The instructor may make changes to the syllabus as appropriate to meet learning needs and will communicate changes to students in as timely a manner as possible.

✚ **Required Readings/Watching/Listening: Indicated in red**

✚ **Additional Reading Options: Indicated in black are provided to invite and support you in exploring diverse areas of particular interests.**

**Jan. 19
#1** **Course Introduction and Overview
Definitions and Dimensions of Health
Integrated Health**

Required Readings:

Gehlert and Browne Textbook: Chapter 1: The Conceptual Underpinnings of Social Work in Health Care

Envisioning the future of social work : Report of the CSWE Futures Task Force (2018). Counsel on Social Work Education.

<https://www.cswe.org/getattachment/About-CSWE/2020-Strategic-Plan/Futures-Task-Force/CSWE-FTF-Four-Futures-for-Social-Work-FINAL-2.pdf.aspx>

Core competencies for integrated behavioral health and primary care: SAMHSA-HRSA Center For Integrated Health Solutions (2014).

https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Integration_Competencies_Final.pdf?daf=375ateTbd56

- 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.
- Pallai, E., & Tran, K. (2019). Narrative health: Using story to explore definitions of health and address bias in health care. *The Permanente Journal*, 23.

**Jan. 26
#2** **Social Determinants of Health; Socio-Ecological Models
Social and Environmental Interaction; Distribution of Health and
Illness; Measurement of Health Indicators and Risk Factors**

Required Readings:

- Gehlert and Browne Textbook: Chapter 8: Community and Health
- WATCH: YouTube Video: Determinants of Health—An Introduction.
- Textbook: Chapter 21: Social Work and Genetics

- Adler, N., Cutler, D., Fielding, J., Galea, S., et al (2016). Addressing social determinants of health and health disparities. *National Academy of Medicine, Vital Directions for Health and Health Care Series*, 1-16.
- Akers, A., Muhammad, M. & Corbie-Smith, G. (2011). "When you got nothing to do, you do somebody": A community's perceptions of neighborhood effects of adolescent sexual behaviors. *Social Science and Medicine*, 72, 91-99.
- Beckie, T.M. (2012). A systematic review of allostatic load, health, and health disparities. *Biological Research for Nursing*, 14(4), 311-346.
- Bircher J. & Kuruvilla, S. (2014). Defining health by addressing individual, social, and environmental determinants: New opportunities for health care and public health. *Journal of Public Health Policy*, 35(3), 363-386.
- 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.
- Braveman, P. & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(2), 19-31.
- Braverman, P., Egerter, S., & Williams, D. (2010). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381-398.
- 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
- Gehlert et al. (2008). Targeting health disparities: A model linking upstream determinants to downstream interventions. *Health Affairs*, 27(2), 339-349.
- Geronimus, A. et al (2006). "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. *American Journal of Public Health*, 96(5), 826-833.
- Gottlieb, L., Sandel, M., & Adler, E. N. (2013). Collecting and applying data on social determinants of health in health care settings. *JAMA Internal Medicine*, 173 (11), 1017-1020.
- HealthyPeople.Gov (US Department of Health and Human Services). Social Determinants of Health: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- 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.

- Lane, C. (2014). Income inequality is making Americans sick. Health in America is determined as much by zip code as genetic code. *Psychology Today Side Effects Blog*.
- Omelchenko, K. L., Hall, C. A., Gainey, M. E., & Olson, G. E. (2018). Rhythms of the heart: An interprofessional community health collaboration to increase cardiovascular health knowledge. *Health Education Journal*, 77(5), 606-614.
- Toyokawa et al. (2012). How does the social environment 'get into the mind'? Epigenetics at the intersection of social and psychiatric epidemiology. *Social Science & Medicine*, 74, 67-74.
- Viner et al. (2012). Adolescence and the social determinants of health. *The Lancet*, 379, 1641-1652.
- Williams, D. (2012). The social factors of health. [YouTube]. <https://www.youtube.com/watch?v=MTJ6OjLa8UY>
- Wolbring, G. (2011). People with disabilities and social determinants of health discourses. *Canadian Journal of Public Health*, 102(4), 317-19.
- World Health Organization. (2010). A conceptual framework for action on the social determinants of health. Washington, DC.

**Feb. 2
#3**

Disparity Article Sharing Summary Paper Due
Disparities; Unequal Access and Care
Policy Considerations

Required Readings: JIGSAW COLOR GROUPS

- Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl. 2), 5-8.
- Watch: How racism makes us sick. (See Canvas module)
- Rainbow Color Group Jigsaw articles (as agreed upon by your group)
- A list of additional diverse articles related to health and healthcare disparities can be found in this week's Canvas modules.

**Feb. 9
#4**

Anatomy of Illness Part 1 Due
Social Construction of Illness; Stigma
Meanings of Illness and Wellness: Social, Cultural, Spiritual (BPSS)
Family World View Narratives

Required Readings: JIGSAW GROUPS

Group A

- Gehlert & Browne text: Chapter 13: Religion, Belief an Spirituality in Health Care
- Weaver, H. (2015). Disability through a Native American Lens: Examining influences of culture and colonization. *Journal of Social Work and Rehabilitation*, 14(3-4), 148-162.

Group B

- Gehlert and Browne text: Chapter 15: Families, Health and Illness
- 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.
- 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.
- 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.
- 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.
- Hatzenbuehler et al. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 103(5), 813-821.
- Hunt, J. (2014). Bio-Psycho-Social-Spiritual Assessment? Teaching the skill of spiritual assessment. *Social Work & Christianity*, 41(4).
- 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.
- Park, C. L. (2007). Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*, 30(4), 319-328.
- Pont, S. J., Puhl, R., Cook, S. R., & Slusser, W. (2017). Stigma experienced by children and adolescents with obesity. *Pediatrics*, 140(6)e20173034. DOI: <https://doi.org/10.1542/peds.2017-3034>
- 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.
- Verhagen, I., Steunenbergh, 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/s12913-014-049

- Williams, D., Christensen, M. C. & Capous-Desyllas, M. (2016). Social work practice and sexuality: Applying a positive sexuality model to enhance diversity and resolve problems. *Families in Society: The Journal of Contemporary Human Services* 97(4), 287-294.

Feb. 16
#5

IMPLICIT BIAS MODULE DUE (SEE CANVAS)

Implicit Bias in Health Care

Required Readings:

- **FIRST WATCH YouTube video on Implicit Bias (5 minutes)**
- **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.**
- 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: How 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.
- 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.
- 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.
- 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.
- 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.

Feb. 23
#6

Intro to IPE Module Due

Interprofessional Practice Teams, Collaboration Skills

Required Readings: JIGSAW GROUPS

Gehlert and Browne Text

- **Group A:** Chapter 2: Social Work Roles and Healthcare Settings
- **Group B:** Chapter 9: The Implementation of Integrated Behavioral Health Models

AND ALL READ

- Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams. *Health & Social Work, 41*(2), 101-109. (**everyone read this**)
- Orchard CA, Curran V, Kabene S. (2005). Creating a culture of interdisciplinary collaborative professional practice. *Medical Education Online* (serial online), 10-11.
- Nancarrow, S., Booth, A., Ariss, S., Smith, T., Enderby, P. & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health, 11*(19), 1-11.
- Reeves et al. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Library: Cochrane Database of Systematic Reviews*.
- Suter et al. (2009). Ten key principles for successful health systems integration. *Healthcare Quarterly, 13*, 16-23.
- 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.
- 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.
- Uhlig, P., Doll, J., Brandon, K., Goodman, C., Medado-Ramirez, J.; Barnes, M., Dolansky, M., Ratcliffe, T., Kornswad, K., Raboin, W., Hitzeman, M., Brown, J., Hall, L.(2018). Interprofessional practice and education in clinical learning environments: Frontlines perspective (Editorial). *Academic Medicine, 93*(10). 1441-1444.

March 2
#7

Intersectionality of Physical and Mental Health

Required Readings: JIGSAW COLOR GROUPS

Everyone read the following 5 pages:

- Saxena, S., & Maj, M. (2017). Physical health of people with severe mental disorders: Leave no one behind. *World Psychiatry, 16*(1), 1-2.
- Bryne, C. (2010) Challenging health care discrimination: Commentary on discrimination against people with mental illness. *Advances in Psychiatric Treatment 16*, 60–62.
- **AND Rainbow Color Group Assigned JIGSAW Readings**

- Gehlert & Browne (2nd edition of the text): Chapter 8 Physical and Mental Health Interactions (see Canvas Module file)
- De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D. A. N., Asai, I., ... & Newcomer, J. W. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World psychiatry*, 10(1), 52-77.
- McCloughen, A., Foster, K., Huws-Thomas, M., & Delgado, C. (2012). Physical health and wellbeing of emerging and young adults with mental illness: An integrative review of international literature. *International journal of mental health nursing*, 21(3), 274-288.
- Ohrnberger, J., Fichera, E., & Sutton, M. (2017). The dynamics of physical and mental health in the older population. *The Journal of the Economics of Ageing*, 9, 52-62.
- Mays, V. M., Jones, A., Delany-Brumsey, A., Coles, C., & Cochran, S. D. (2017). Perceived discrimination in healthcare and mental health/substance abuse treatment among blacks, latinos, and whites. *Medical care*, 55(2), 173.
- Alegria, M., Valls, MI, & Pumariega, A. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics of North America*, 19, 759-774.
- 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.
- El-Gabalawy, R., Mackenzie, C. S., Shooshtari, S., & Sareen, J. (2011). Comorbid physical health conditions and anxiety disorders: a population-based exploration of prevalence and health outcomes among older adults. *General Hospital Psychiatry*, 33(6), 556-564.
- Henderson et al. (2014). Mental health-related stigma in health care and mental health-care settings. *The Lancet Psychiatry*, 1, 467-482.
- 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.
- Kilbourne, Amy M. PhD; Perron, Brian E. PhD; Mezuk, Briana PhD; Welsh, Deborah MS; Ilgen, Mark PhD; Bauer, Mark S. MD (2009). Co-occurring conditions and health-related quality of life in patients with bipolar disorder, *Psychosomatic Medicine*: 71(8) 894-900. doi: 10.1097/PSY.0b013e3181b49948
- 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.

- Mays, V. M., Jones, A., Delany-Brumsey, A., Coles, C., & Cochran, S. D. (2017). Perceived discrimination in healthcare and mental health/substance abuse treatment among blacks, latinos, and whites. *Medical care*, 55(2), 173.
- McCloughen, A., Foster, K., Huws-Thomas, M., & Delgado, C. (2012). Physical health and wellbeing of emerging and young adults with mental illness: An integrative review of international literature. *International Journal of Mental Health Nursing*, 21(3), 274-288.
- McCann, E. (2000). The expression of sexuality in people with psychosis: breaking the taboos. *Journal of Advanced Nursing*, 32(1), 132-138.
- 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.
- Perreira, K. M. & Ornelas, I. J. (2011). The physical and psychological well-being of immigrant children. *The Future of Children*, 21(1): 195-218.
- 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.
- Semenza, D. C., & Grosholz, J. M. (2019). Mental and physical health in prison: How co-occurring conditions influence inmate misconduct. *Health & justice*, 7(1), 1.
- Thoits, P. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*. 51S, S41-S53.
- Thornicroft, G., Rose, D., Kassam, A. (2007). Discrimination in health care against people with mental illness. *International Review of Psychiatry*, 19(2), 1130122.
- Vistorte, A. O. R., Ribeiro, W. S., Jaen, D., Jorge, M. R., Evans-Lacko, S., & Mari, J. D. J. (2018). Stigmatizing attitudes of primary care professionals towards people with mental disorders: A systematic review. *The International Journal of Psychiatry in Medicine*, 53(4), 317-338.
- 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.

**Mar. 9
#8**

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

Required Readings: JIGSAW Groups

- Gehlert and Browne (each group will read one chapter and watch video)
Group A: Chapter 20 Chronic Illness AND TED Talk on Diabetes
Group B: Chapter 22 Pain Management and Palliative Care AND TED Talk on Male/Female health
- Townsend, A., Wyke, S. & Hunt, K. (2006). Self-managing and managing self: Practical and moral dilemmas in accounts of living with chronic illness. *Chronic Illness*, 2, 185-195.
- Lawrence, S., Hazlett, R., & 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.
- 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.
- Gouin, J., Glaser, R., et al (2012). Chronic stress, daily stressors and circulating inflammatory markers. *Health Psychology*, 31, 264-268.
- Morrissey et al. (2014). Relationship between pain and chronic illness among seriously ill older adults: Expanding role for palliative social work. *Journal of Social Work in End-Of-Life & Palliative Care*, 10(1), 8- 33.
- 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
- Shah et al. (2019). Gerontological social work and cardiac rehabilitation. *Social Work in Health Care*, 58(7), 633-650.
- Thoits, R. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*. 51S, S41-S53.
- Wagner, E. (2000). The role of patient care teams in chronic disease management, *BMJ*, 320: 569.
- 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>

Mar. 16
#9

CHANGE PROCESS ASSIGNMENT DUE

Models of Health Behavior Change

Change Processes and Responsibilities for Health Changes

Required Readings:

- Gehlert and Browne text: Chapter 7: Theories of Health Behavior
- 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.
- Prochaska & DiClemente: Transtheoretical Model (Stages of Change)
<https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html>

- Social Work Podcast: Prochaska and DiClemente's Stages of Change Model for Social Workers
Singer, J. B. (Producer). (2009, October 10). Prochaska and DiClemente's Stages of Change Model for Social Workers [Episode 53]. *Social Work Podcast* [Audio podcast]. Retrieved from <https://socialworkpodcast.blogspot.com/2009/10/prochaska-and-diclementesstages-of.html>
- 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.
- Laranjo et al. (2015). The influence of social networking sites on health behavior change: a systematic review and meta-analysis. *Journal of the American Medical Informatics Association, 22*(1), 243-256.
- Reczek, C., Umberson, D. (2012). Gender, health behavior, and intimate relationships: Lesbian, gay and straight context. *Social Science and Medicine, 74*, 1783-1790.
- 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>
- Zomahoun et al. (2017). Effectiveness of motivational interviewing interventions on medication adherence in adults with chronic diseases: a systematic review and meta-analysis. *International Journal of Epidemiology, 46*(2), 589-602.
- 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>

Mar. 23 Well-Being Break (No Class)

Mar. 30 Complementary, Integrative Therapies
#10 Pharmacology

Required Readings: TEXT AND ARTICLE OF CHOICE

- **Gehlert and Browne text: Chap. 14: Complementary and Alternative Approaches AND**
- **Choose an article in an area of interest regarding a complementary/integrative therapy approach you think may be relevant to your future practice. Resources for ideas:**
<https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>

- Linde, K. et al (2015). Efficacy and acceptability of pharmacological treatments for depressive disorders in primary care: Systematic review and network meta-analysis. *Annals of Family Medicine*, 13(1), 69-79.
- Farmer, R. L., Bentley, K. J., & Walsh, J. (2006). Advancing social work curriculum in psychopharmacology and medication management. *Journal of Social Work Education*, 42(2), 211-229.
- Bride, B., Abraham, A., Kintzle, S. & Roman, P. (2013). Social workers' knowledge and perceptions of effectiveness and acceptability of medication assisted treatment of substance use disorders. *Social Work Health Care*. 52(1):43-58.

April 6
#11

Exploring Selected Areas of Practice

Required Readings: TEXT CHAPTER AND ARTICLE OF CHOICE

Gehlert and Browne text: Choose one chapter from the following text chapter options:

- **Chapter 16: Social Work with Children and Adolescents with Medical Conditions**
- **Chapter 17: Social Work with Adults in Healthcare Settings**
- **Chapter 18: Nephrology Social Work**
- **Chapter 19: Oncology Social Work**
- **Chapter 21: Social Work and Genetics**
- **Chapter 17(in 2nd edition) Substance Abuse Problems in Health Social Work Practice** (See Canvas Module file)
- **Chapter 16 (in 2nd edition) Social Work with Older Adults I Health-Care Settings** (See Canvas Module file)

AND

Choose an article about social work practice with a specific population, area, setting of practice of interest to you. The list below gives you some examples, but is not meant to be inclusive or limiting to your choice.

- DiazGranados, D., Dow, A. W., Appelbaum, N., Mazmanian, P. E., & Retchin, S. M. (2018). Interprofessional practice in different patient care settings: A qualitative exploration. *Journal of interprofessional care*, 32(2), 151-159.
- González-Ramos, G., Cohen, E. V., Luce, V., & González, M. J. (2019). Clinical social work in the care of Parkinson's disease: Role, functions, and opportunities in integrated health care. *Social Work in Health Care*, 58(1), 108-125.

- Goodwin, S., MacNaughton-Doucet, L., & Allan, J. (2016). Call to action: Interprofessional mental health collaborative practice in rural and northern Canada. *Canadian Psychology, 57*(3), 181.
- Kaeser, M. A., Hawk, C., Anderson, M. L., & Reinhardt, R. (2016). Community-based free clinics: opportunities for interprofessional collaboration, health promotion, and complex care management. *Journal of Chiropractic Education, 30*(1), 25-29.

Apr. 13
#12

Ethical Considerations in Health Care

Required Readings (Jigsaw Groups)

- Gehlert and Browne text: Chapter 3: Ethics in Health Care
- Banks, S. (2016) Everyday ethics in professional life: Social work as ethics work. *Ethics and Social Welfare, 10*:1, 35-52.
- Codes of Ethics:
NASW Code of Ethics
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

National Association of Black Social Workers(NABSW) Code of Ethics
<https://www.nabsw.org/page/CodeofEthics>

The International Federation of Social Workers(IFSW) Global Social Workers Statement of Ethical Principles
<https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>
- Chesire, A. (February, 2014). Ethics in genetic testing: A social work perspective. *Social Work Today, 14*(1), 20.
<https://www.socialworktoday.com/archive/012014p20.shtml>
- Delany, C., Richards, A., Stewart, H., & Kosta, L. (2017). Five challenges to ethical communication for interprofessional paediatric practice: a social work perspective. *Journal of Interprofessional Care, 31*(4), 505-511.
- 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](https://doi.org/10.1080/15265160802166017)
- Reamer, F.G. (2018). Ethical issues in integrated health care: Implications for social workers. *Health & Social Work, 43*(2), 118-124
- Reamer, F. (2014). The evolution of social work ethics: Bearing witness. *Advances in Social Work, 15* (1), 163-183.
- Reamer, F. (2013). *Social work values and ethics*. New York: Columbia University Press.

- Rossiter et al. (2002). Ethics as a located story: A comparison of North American and Cuban clinical ethics. *Theory & Psychology*, 12(4), 533-556.
- Sabrina Keinemans (2015). Be sensible: Emotions in Social Work ethics and education. *The British Journal of Social Work*, 45, (7) 2176–2191.

April 20
#13

Articulation of Professional Role: Assignment Due

Communication with Clients

Report out on Anatomy of an Illness

Looking Back, Looking Forward: Social Workers as Leaders

Required Readings (Jigsaw Groups)

- Gehlert & Browne text: Chapter 12: Communication in Health Care
- Allen, H. (2012). Is there a social worker in the house? Health care reform and the future of medical social work [Viewpoint]. *Health & Social Work*, 37, 183–186.
- 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.
- Gehlert, S., Walters, K., Uehara, E. & Lawlor, E. (2015). The case for a national health social work practice-based research network in addressing health equity. *Health and Social Work*, 40(4), 1-3. doi: 10.1093/hsw/hlv060
- 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.
- Liechty, J. (2011). Health literacy: Critical opportunities for social work leadership in health care and research. *Health and Social Work*, 36(2), 99-107.
- 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.
- de Saxe Zerden, L., Lombardi, B. M., & Guan, T. (2019). Integrated behavioral health and social work: A global perspective. *Global Social Welfare*, 6(1), 49-56.

April 27
Exam
Week

Anatomy of Illness Part 2 Due

Completed Use of Self Form Due (See Canvas Module)

Congratulations on your learning in service to your clients.

Thank you for your valuable contributions to our class.