



# USC | School of Social Work

## Social Work 631

### Advanced Theories and Clinical Interventions in Health Care

#### 3 Units

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**Course Day:** Thursday  
**Course Time:** 8:00am-10:50am  
**Course Location:** SOS B48

#### I. COURSE PREREQUISITES

SOWK 505 and SOWK 545

#### II. CATALOGUE DESCRIPTION

Evaluation of theory, best practices, emerging issues, and skill development in health settings; interaction among cultural, socioeconomic, and organizational factors.

#### III. COURSE DESCRIPTION

This course builds upon first year Human Behavior and Practice foundation courses from a trans-disciplinary perspective. The goal is to facilitate integrating this knowledge with advanced analysis of research and theory for social work practice in health care settings serving diverse urban populations. The content of the course will include current and emerging health behavior theory, research, and practice specific to a variety of health related settings and to populations diverse on gender, age, ethnicity, sexual orientation and health status. Theories of behavior change will be related to research and practice across micro, meso, and macro practice arenas. A strengths resilience orientation will be presented relevant to all groups.

The goal is the development of a culturally relevant and evidence-based practitioner able to work at micro, meso and macro levels in health. Skills will include interviewing, social support and psycho-educational interventions with individuals and groups. Supportive context will include the varied roles of social workers in health care including team membership, collaboration, case management, advocacy and leadership. These integrated Behavior Practice skills will be adapted to assess, diagnose, engage, and treat populations such as the terminally and chronically ill, frail elderly, disabled, women, men, children, adolescents, and gay, lesbian, bisexual, transgender, and questioning persons, utilizing culturally relevant ecological perspectives. Ethical dilemmas involving right to life, right to die, advance directives, life support, surrogacy and other issues will be discussed. Self-determination, informed consent, social justice for oppressed populations, confidentiality and other social work values will be integrated into class learning.

**IV. COURSE OBJECTIVES**

The Advanced Theories and Clinical Interventions in Health Care course (SOWK 631) will:

Objective #	Objectives
1	Provide students with an advanced theoretical base for helping individuals, families, and groups in varied health care settings, utilizing a bio-psychosocial, ecological perspective in oral and written materials.
2	Teach students methods for constructing rationale for the selection and identification of critical elements of application and evaluation of practice approaches for work with individuals, couples, families, and groups, including (but not limited to) bereavement issues, crisis intervention, problem-solving, group, and stress management.
3	Facilitate opportunities for students to articulate personal and professional values and promote the skills required to perform as valued professionals in a trans-disciplinary setting including critical analysis of evidence-based alternatives, non-traditional health care practices of various cultural groups.
4	Assist students in increasing their knowledge of community resources for purposes of consultation, collaboration, advocacy, referral, and networking on behalf of clients and families and reinforce the need for lifelong learning resources to sustain excellence in current clinical practices as well as contribute to evolution of trends in the health and social work fields (such as Internet-related sources, professional associations, conferences, and journals).
5	Provide students with opportunities to demonstrate awareness of self as it impacts professional practice and ethical decision-making through the application of a strengths/resilience approach to analyze the social worker role.

**V. COURSE FORMAT / INSTRUCTIONAL METHODS**

Lecture, discussion with demonstration of techniques, role play, and class presentations constructed around learner needs and core curriculum elements.

**VI. STUDENT LEARNING OUTCOMES**

Student learning for this course relates to one or more of the following ten social work core competencies:

Social Work Core Competencies	SOWK 631	Course Objective
<b>1 Professional Identity</b>	*	<b>4 &amp; 5</b>
<b>2 Ethical Practice</b>		
<b>3 Critical Thinking</b>	*	<b>1 &amp; 2</b>
<b>4 Diversity in Practice</b>		
<b>5 Human Rights &amp; Justice</b>		
<b>6 Research Based Practice</b>		
<b>7 Human Behavior</b>	*	<b>2</b>
<b>8 Policy Practice</b>		
<b>9 Practice Contexts</b>		
<b>10 Engage, Assess, Intervene, Evaluate</b>	*	<b>1-3</b>

\* Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><b>Professional Identity</b>—Identify as a professional social worker and conduct oneself accordingly. Social workers competent in Professional Identity:</p> <ul style="list-style-type: none"> <li>▪ Serve as representatives of the profession, its mission, and its core values.</li> <li>▪ Know the profession’s history.</li> <li>▪ Commit themselves to the profession’s enhancement and to their own professional conduct and growth.</li> </ul>	<ol style="list-style-type: none"> <li>1. Practice personal reflection and self-correction to ensure continual professional development.</li> <li>2. Attend to professional roles and boundaries.</li> <li>3. Engage in career-long learning.</li> </ol>	<p>Class Participation</p>
<p><b>Critical Thinking</b>—Apply critical thinking to inform and communicate professional judgments. Social workers competent in Critical Thinking:</p> <ul style="list-style-type: none"> <li>▪ Are knowledgeable about the principles of logic, scientific inquiry, and reasoned discernment.</li> <li>▪ Use critical thinking augmented by creativity and curiosity.</li> <li>▪ Understand that critical thinking also requires the synthesis and communication of relevant information.</li> </ul>	<ol style="list-style-type: none"> <li>4. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.</li> <li>5. Analyze models of assessment, prevention, intervention, and evaluation.</li> <li>6. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues.</li> </ol>	<p>Assignments 1-4 Class Participation</p>
<p><b>Engage, Assess, Intervene, Evaluate</b>—Engage, assess, intervene, and evaluate with individuals, families, groups, organizations and communities. Social workers competent in the dynamic and interactive processes of Engagement, Assessment, Intervention, and Evaluation apply the following knowledge and skills to practice with individuals, families, groups, organizations, and communities.</p> <ul style="list-style-type: none"> <li>▪ Identifying, analyzing, and implementing evidence-based interventions designed to achieve client goals</li> <li>▪ Using research and technological advances</li> <li>▪ Evaluating program outcomes and practice effectiveness</li> <li>▪ Developing, analyzing, advocating, and providing leadership for policies and services</li> <li>▪ Promoting social and economic justice</li> </ul>	<ol style="list-style-type: none"> <li>7. Engagement: Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities. Use empathy and other interpersonal skills.</li> <li>8. Assessment: Assess client strengths and limitations. Select appropriate intervention strategies.</li> <li>9. Intervention: Implement prevention interventions that enhance client capacities. Help clients resolve problems. Negotiate, mediate, and advocate for clients. Facilitate transitions and endings (discharge planning).</li> </ol>	<p>Assignments 2 and 4</p>

**VII. COURSE ASSIGNMENTS, DUE DATES & GRADING**

All students are expected to regularly attend class and be on time. A student with more than two unexcused absences during the course of this seminar may receive a no credit. A student who is tardy three or more times to seminar may receive a grade of no credit. If a student receives a no credit grade in this seminar, they will be required to repeat this seminar.

This is a learner-centered course. For most class Units a packet of specialized resources is available for student review. Class participation is expected which means that a synthesis of readings and application is demonstrated.

Assignment	Due Date	% of Final Grade
<b>Assignment 1: Presentation</b>	Assigned Weekly	5%
<b>Assignment 2: Midterm</b>	Unit 7	30%
<b>Assignment 3: Group Presentation</b>	Units 8-14	25%
<b>Assignment 4: Final Paper</b>	One week after final class (unit 15) by 5pm PST (on-ground)	30%
<b>Class Participation</b>	Ongoing	10%

All assignments are expected to be handed in on time unless alternative arrangements have been made with the instructor prior to the due date of the assignment. All assignments are expected to be double spaced, in Times New Roman 12-point font, and in APA 6<sup>th</sup> edition format. If you are unsure of the APA “rules,” please refer to the guidelines provided on Blackboard (on-ground) and ARES (on-line).

Each of the major assignments is described below.

**Assignment 1: Presentation of Current Health Event**

Retrieve a current event article from a reputable news source (newspaper or news website, or magazine like Time, etc.), something that has arisen in the **past week**, related to a health issue. Articles may be policy oriented, epidemiological, or psychosocial.

Please send your current event article to the instructor by 4pm the day prior to class so that the instructor can post to blackboard and your colleagues have the opportunity to read the article. In class, be prepared to present the issue and main points to the class (about 5 minutes) and be ready to facilitate a 5-10 minute discussion on the topic.

**Your discussion should include:**

- a. a brief description of the article
- b. rationale for why this is an important issue for society
- c. rational for why this is an important issue for health social worker (or social workers in general)
- d. potential implications of report for policy and/or practice, and or ethics.

**- PLEASE USE THESE FOUR CATEGORIES FOR YOUR PRESENTATION -**

**Due Date: Will be assigned (at random) the first day of class. This assignment relates to student learning outcomes 4-6.**

**Assignment 2: Take Home Midterm**

For the midterm, you will receive a set of case vignettes in class/on the wall **during Week 5**. You will chose **ONE** of the cases to utilize for your practice midterm. The objective of this assignment is for you to take one case and apply your practice skills. You are being asked to provide an assessment, develop a treatment plan, discuss therapeutic interventions, and discuss resources coordination. Please denote which case you are responding to.

Please cover:

**Assessment**—We are asking you to discuss the immediate issues being presented and discuss how you are going to prioritize the individual's needs. This is not just a restatement of the case but should also guide your reader as to what content areas you will address.

**Treatment Plan**—What will the treatment plan include? What is your primary focus when formulating the initial treatment plan? Consider immediate and on-going needs of the individual.

**Therapeutic Intervention**—Talk about initial interventions for this case and discuss areas of focus. This may include crisis stabilization, compliance, grief and loss, education, etc.

**Resources Coordination**—What resources should you be presenting to the individual/family? Consider both immediate and long-term needs.

The mid-term should be 5-7 pages in length, NOT including any cover pages or reference page. 5-7 references required, with a minimum of 2 outside the required reading on the syllabus.

**Due Date: Please send an upload to Blackboard or e-mail copy to the instructor (the instructor will dictate the method) before class start time in Unit 7.**

*This assignment relates to student learning outcomes 4-9.*

**Assignment 3: Presentation**

This individual or group presentation on a topic relevant to the week the individual/group selects. The topics are population based; the group may pick any topic within the population group to address. The groups are: vulnerable populations (week 7), mental health (week 8), older adults (week 9), men (week 10), women (week 11), adolescent & children (week 12), chronic illness &, pain management (week 13) and substance use (week 14). Selection of groups will happen the second week of class.

This assignment will provide you with the opportunity to explore social work practice in response to a health problem/health behavior, and focus on health promotion. The presentation should: (1) demonstrate social work practice (techniques, interventions); (2) description of behaviors related to the issue; and (3) treatment plan for addressing coping and health promotion.

The presentation should include:

1. A description of the health problem: definition, incidence, and/or prevalence in the general population; population groups that are most affected (gender, age, ethnic minority, SES, etc.) and why; etiology of the problem (bio-psychosocial factors that contribute); association with other diseases; course of the illness/health problem, including prognosis.

2. Issue surrounding treatment (types of treatment available; side effects from treatment, access and cost of treatment, treatment decision-making, ethical issues regarding treatment).
3. Impact of the health problem on the individuals, family or larger social network. In some instances, it may be relevant to discuss the impact of the health problem on the community.
4. Each group will be expected to identify psychosocial issues related to the problem and the implications for social work intervention which encompasses relevant theory, research, and practice.

One hour before the start of class, please e-mail (or post) your presentation and list of resources to all class members. Include at least 5 research article references and 5-10 internet resources. Please make sure provide at least one take-home resources to your colleague. Presentations should be 20-30 minutes in length. Plan an additional 10 minutes for discussion. Remember to do your best to lead the class in a dynamic way that engages your colleagues. You should use interactive activities as well as lecture.

Grading is based on the areas listed above as well as your ability to integrate your activities and leave the audience with take-home points.

Please also provide a tangible resource to your colleagues (fact sheet, Tips, etc) that they can include as part of their resources for future practice.

**Presentation dates: Week corresponding to the topic chosen**

*This assignment relates to student learning outcomes 4-6.*

**Assignment 4: Take Home Final Paper**

For the final, you will receive a set of case vignettes in class during week 13. You will chose **ONE** of the cases to utilize for your final.

Like the mid-term assignment, the objective of this assignment is for you to take one case and apply your practice skills. You are being asked to provide an assessment, develop a treatment plan, discuss therapeutic interventions, discuss resources coordination, and discuss legal mandates **and/or** ethical standards. Please **DO NOT** restate the case in your write-up but rather use the case facts to guide your presentation of main case issues to be addressed.

**Please cover:**

**Assessment**—We are asking you to discuss the immediate issues being presented and discuss how you are going to prioritize the individual's needs.

**Treatment Plan**—What will the treatment plan include? What is your primary focus when formulating the initial treatment plan? Consider immediate and on-going needs of the individual.

**Therapeutic Intervention**—Talk about initial interventions for this case and discuss areas of focus. This may include crisis stabilization, compliance, grief and loss, education, etc.



**Resources Coordination**—What resources should you be presenting to the individual/family? Consider both immediate and long-term needs.

**Legal Mandates and/or ethical standards**—When discussing legal mandates and ethical considerations, remember that legal mandates are those set out by policies of the agency, county, and/or state/federal government. In contrast, ethical standards are those set out by the social work profession.

The mid-term should be 7-9 pages in length, NOT including any cover pages or reference pages. Please include 7-9 references with a minimum of 3 coming from outside the required reading on the syllabus.

**Due Date: Please email the paper (or submit through blackboard – this is at the discretion of the instructor) one week after the conclusion of the course by 5pm PST.**

*This assignment relates to student learning outcomes 4-9.*

**Class Participation (10% of Course Grade)**

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

**VIII. REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES**

**Required Textbooks** \*note, this book is available on Kindle and for the iPad

Kerson, T. S., McCoyd, J. L. M., & Associates (2010). *Social work in health settings: Practice in context* (3<sup>rd</sup> ed.). New York, NY: Routledge.

**Recommended Readings**

Students are expected to read journal articles that relate to the current discussion about the role of social work in the health care environment and the impact of public policy on health care social work practice. Students should come prepared to discuss the media's presentation of these issues. In addition, students should become familiar with the literature in this area. In particular, the following journals are especially pertinent:

American Journal of Public Health  
 Community Mental Health Journal  
 Health Affairs  
 Health and Social Work  
 Journal of the American Medical Association (JAMA)

Journal of Health and Social Behavior  
 Journal of Health and Social Policy  
 New England Journal of Medicine (NEJM)  
 Social Science and Medicine  
 Social Work and Health Care

## Recommended Texts

- Beder, J. (2006). *Hospital social work: The interface of medicine and caring*. New York, NY: Routledge.
- D'Ambruso, S. (Ed.) (2006). *Handbook of social work in health and aging*. New York, NY: Oxford University Press.
- Egan, M. (2010). *Evidence-based interventions for social work in health care*. New York, NY: Routledge.
- Gehlert, S., & Browne, T. A. (Eds.). (2006). *Handbook of health social work*. New York, NY: Wiley.
- Kolb, P. J. (2007). *Social work practice with ethnically and racially diverse nursing home residents and their families*. New York, NY: Columbia University Press.
- Loretz, L. (2005). *Primary care tools for clinicians: A compendium of forms, questionnaires and rating scales for everyday practice*. St. Louis, MO: Mosby.
- Poindexter, C. C. (2010). *Handbook of HIV and social work: Principles, practice and populations*. New York, NY: Wiley.
- Pritchard, C. (2006). *Mental health social work: Evidence-based practice*. New York, NY: Routledge.
- Rehr, H., & Rosenberg, G. (2006). *The social work-medicine relationship: 100 years at Mount Sinai*. New York, NY: Haworth Press.
- Rollnic, S., Miller, W. R., & Butler, C. C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York, NY: Guilford Press.
- Sobo, E. J., & Loustaunau, M. O. (2010). *The cultural context of health, illness and medicine*. Santa Barbara, CA: Praeger.

## Recommended Websites

Internet searches of the many private and governmental organizations dedicated to understanding health and mental- health policies that impact social work practice in the health care arena should also be explored to add to the student's learning. Examples include:

<a href="http://www.accesstobenefits.org">http://www.accesstobenefits.org</a>	<a href="http://www.medicarerights.org/">http://www.medicarerights.org/</a>
<a href="http://www.hhs.gov/">http://www.hhs.gov/</a>	<a href="http://www.esresearch.org/">http://www.esresearch.org/</a>
<a href="http://www.cdc.gov/nchs/">http://www.cdc.gov/nchs/</a>	<a href="http://www.childrensdefense.org/">http://www.childrensdefense.org/</a>
<a href="http://www.kff.org">http://www.kff.org</a>	<a href="http://www.familiesusa.org">http://www.familiesusa.org</a>
<a href="http://www.surgeongeneral.gov">http://www.surgeongeneral.gov</a>	<a href="http://www.bazelon.org">http://www.bazelon.org</a>
<a href="http://www.omhrc.gov/">http://www.omhrc.gov/</a>	<a href="http://www.nami.org">http://www.nami.org</a>
<a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a>	<a href="http://www.nmha.org">http://www.nmha.org</a>
<a href="http://www.apha.org">http://www.apha.org</a>	<a href="http://www.samhsa.gov">http://www.samhsa.gov</a>
<a href="http://www.ahcpr.gov/">http://www.ahcpr.gov/</a>	<a href="http://www.hsph.harvard.edu/healthliteracy/">http://www.hsph.harvard.edu/healthliteracy/</a>
<a href="http://www.measuredhs.com/">http://www.measuredhs.com/</a>	<a href="http://www.naswdc.org">http://www.naswdc.org</a>
<a href="http://www.hschange.com">http://www.hschange.com</a>	<a href="http://www.iaswresearch.org">http://www.iaswresearch.org</a>

## Important Fact Sheets

- America's Affordable Health Choices Act of 2009  
<http://www.kff.org/healthreform/upload/7952.pdf>
- Medicare – A Primer  
<http://www.kff.org/medicare/upload/7615-02.pdf>
- Medicare advantage fact sheet – 2009  
<http://www.kff.org/medicare/upload/2052-12.pdf>



Medicare prescription drug plans in 2009 and key changes from 2006

<http://www.kff.org/medicare/upload/7917.pdf>

New Option for States to Provide Federally Funded Medicaid and CHIP Coverage to Additional Immigrant Children and Pregnant Women

<http://www.kff.org/medicaid/upload/7933.pdf>

State Medicaid Fact Sheet – California

<http://www.statehealthfacts.org/mfs.jsp?rgn=6&rgn=1>

The Medicare prescription drug benefit – 2009

<http://www.kff.org/medicare/upload/7044-09.pdf>

The uninsured – A Primer

<http://www.kff.org/uninsured/upload/7451-04.pdf>

**Note:** Additional required and recommended readings may be assigned by the instructor throughout the course.

## Course Overview

Unit	Topics	Assignments
1	■ Setting the Stage for Practice in Health	
2	■ Setting the Stage for Practice in Health II	
3	■ Health Promotion	
4	■ Practice Skills and Assessment	
5	■ Grief, Loss, and Bereavement	Midterm Distributed
6	■ Practice Skills and Assessment	
7	■ Vulnerable populations	Midterm Due
8	■ Mental health	
9	■ Older adults	
10	■ Men	
11	■ Women	
12	■ Adolescents and Children	
13	■ Chronic Illness and Pain Management	Final Distributed
14	■ Managing Substance Abuse in Health Care Settings	
15	■ Community Work Models in Health Care Settings	
<b>STUDY DAYS / NO CLASSES</b>		
<b>FINAL EXAMINATIONS</b>		

## Course Schedule—Detailed Description

### Unit 1: Setting the Stage for Practice in Health

8/27/2015

#### Topics

Role/function of a social worker in healthcare

- ▼ Introductions
- ▼ Syllabus
- ▼ Assignments
- ▼ Historical perspective of medical social work
- ▼ Role/function of a social worker in healthcare: Assessment, treatment, case management, multidisciplinary teams, discharge planning, ethics, cultural relevancy and diversity

This Unit relates to course objectives 1, 2, and 5.

#### Required Readings

Congress, E. P. (2008). What social workers should know about ethics: Understanding and resolving practice dilemmas. *Advances in Social Work, 1*(1), 1-26.

Gregorian, C. (2005). A career in hospital social work: Do you have what it takes? *Social Work in Health Care, 40*(3), 1-14.

Kerson, T. S., McCoyd, J. L. M., & Associates (2010). Practice in context: The framework. In *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 1-26). New York, NY: Routledge.

#### Recommended Readings

Gehlert, S., & Browne, T. A. (Eds.). (2006). Social work roles in healthcare setting. In *Handbook of health social work* (2<sup>nd</sup> ed., pp. 23-42). New York, NY: Wiley.

Holliman, D. C., Dzegielewski, S. F., & Priyadarshi, D. (2001). Discharge planning and social work practice. *Social Work in Health, 32*, 1-19.

Kitchen, A., & Brook, J. (2005). Social work at the heart of the medical team. *Journal of Social Work in Health Care, 40*, 1-18.

Mizrahi, T., & Berger, C. S. (2005). A longitudinal look at social work leadership in hospitals: The impact of a changing health care system. *Health & Social Work, 30*(1), 156-65.

Pecukonis, E. V., Cornelius, L., & Parrish, M. (2003). The future of health social work. *Social Work in Health Care, 37*(3), 1-15.

Rizzo, V. M., & Abrams, A. (2000). Utilization review: A powerful social work role in health care settings. *Health & Social Work, 25*, 264-269.

Silverman, E. (2008). From ideological to competency-based: The rebranding and maintaining of medical social work's identity. *Social Work, 53*(1), 89-91.

Stuart, P. H. (2004). Individualization and prevention: Richard C. Cabot and early medical social work. *Social Work in Mental Health, 2*, 7-20.

Volland, P. J., Berkman, B., Phillips, M., & Stein, G. (2003). Social work education for health care: Addressing practice competencies. *Journal of Social Work in Health Care, 37*, 1-17.

**Unit 2: Setting the Stage for Practice in Health II****9/3/2015****Topics**

- Understanding human behavior in health and illness: Behavior theories—Can include: Strengths perspective, stress, solution-focused therapy, crisis intervention, social learning, and social capital.
  - ▼ Diversity of ethnicity, sexual identity, role group
  - ▼ Beyond culture: Strategies for caring for patients from diverse racial, ethnic and cultural groups
  - ▼ Review of social work practice skills: Engagement, assessment, diagnosis, treatment, termination, leadership in evidence-based practice and evaluation
  - ▼ Understanding human behavior in health and illness

This Unit relates to course objectives 1 and 3.

**Required Readings**

Gregg, J., & Saha, S. (2006). Losing culture on the way to competence: The use and misuse of culture in medical education. *Academic Medicine*, 81(6), 542-547.

Kotrola, K. (2005). Social work practice in health care: The need to use brief interventions. *Health & Social Work*, 30(4), 336-39.

**Recommended Readings**

Brun, C., & Rapp, R. C. (2001). Strengths-based case management: Individuals' perspectives on strengths and the case manager relationship. *Social Work*, 46, 278-288.

McAlynn, M., & McLaughlin, J. (2008). Key factors impeding discharge planning in hospital social work: An exploratory study. *Social Work in Health Care*, 46(3), 1-27.

National Association of Social Workers Code of Ethics. (n.d.). Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>

**Unit 3: Health Promotion****9/10/2015****Topics: CURRENT EVENT:**

- Health behavior change theories & public health education models:
  - ▼ Health behavior change theories
  - ▼ Public health education models: Transtheoretical Model (stages of change), Health Belief Model, Ecological model, Theory of Reasoned Action/Planned Behavior; Empowerment theory

This Unit relates to course objectives 1, 2, and 3.

**Required Readings**

Gehlert, S., & Browne, T. A. (Eds.). (2006). Theories of health behavior. In *Handbook of health social work* (2<sup>nd</sup> ed., pp. 179-193). New York, NY: Wiley.

Prochaska, J. O., & Velicer, W. F. (1997). Behavior change: The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38-48.

**Recommended Readings**

- Baffour, T. D., Jones, M. A., & Contreras, L. K. (2006). Family health advocacy: An empowerment model for pregnant and parenting African American women in rural communities. *Family and Community Health, 29*(3), 221-228.
- Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology, 23*, 569-579.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. *Health Education Quarterly, 15*(2), 175-183.
- West, R. (2005). Time for a change: Putting the transtheoretical (stages of change) model to rest. *Addiction, 100*, 1036-1039.

**Unit 4: Practice Skills & Assessment I****9/17/2015****Topics CURRENT EVENT:**

- ▼ Assessment in healthcare settings
- ▼ Crisis intervention & Solution-Focused Behavioral Therapy
- ▼ The Chronic Care Model

This Unit relates to course objectives 1, 2, and 3.

**Required Readings**

Bannink, F. P. (2007). Solution-focused brief therapy. *Journal of Contemporary Psychotherapy, 37*, 87-94.

The Chronic Care Model. (n.d.). Retrieved from [http://www.improvingchroniccare.org/index.php?p=The\\_Chronic\\_Care\\_Model&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2)  
(Instructor Note: Read these modules: The Chronic Care Model and Model Elements.)

Myer, R. A., & Conte, C. (2006). Assessment for crisis intervention. *Journal of clinical Psychology: In Session, 62*, 959-970.

**Recommended Readings**

- Boutin-Roster, C., Euster, S., Rolon, Y., Motal, A., BeLue, R., Kloine, R., & Charlson, M.E. (2005). Social work admission assessment tool for identifying patients in need of a comprehensive social work evaluation. *Health & Social Work, 30*, 117-125.
- Van Hook, M. P. (2003). Psychosocial issues within primary health care settings: challenges and opportunities for social work practice. *Social Work in Health Care, 38*(1), 63-80.

**Unit 5: Grief, Loss, and Bereavement****9/24/2015**Topics **CURRENT EVENT:**  
**distributed****Midterm will be****PRESENTATION:**

- ▼ Theories of grief, loss and bereavement
- ▼ Models of grief and loss intervention
- ▼ Resources and referrals for grief and loss

This Unit relates to course objectives 2 and 3.

**Required Readings**

Boelen, P. A., Bout, J., & Keizser, J. (2003). Traumatic grief as a disorder distinct from bereavement related depression and anxiety. A replications study with bereaved mental health care patients. *The American Journal of Psychiatry*, 160, 1339-1341.

Brooks, M. K. (2010). Hospice services: The dilemmas of technology at the end of life. In T. S. Kerson, J. L. M. McCoyd, & Associates, *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 235-246). New York, NY: Routledge.

Callister, L. C. (2006). Perinatal loss: A family perspective. *The Journal of Perinatal & Neonatal Nursing*, 20, 227-234.

Rothman, D. J. (2014). Where we die. *New England Journal of Medicine*, 370, 2457-2462.

**Recommended Readings**

Clements, P. T., Focht-New, G., & Faulkner, M. J. (2004). Grief in the shadows: Exploring loss and bereavement in people with developmental disabilities. *Issues in Mental Health Nursing*, 25, 799-808.

Holland, J. M., & Neimeyer, R. A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: A meaning-oriented contribution. *OMEGA*, 61(2), 103-130.

National Health Plan Collaborative: Toolkit to Reduce Disparities in Health Care, Available at: [http://nationalhealthplancollaborative.org/500\\_toolkit.html](http://nationalhealthplancollaborative.org/500_toolkit.html) 631/636 CROSSOVER

**Unit 6: Practice Skills II****10/1/2015**Topics **CURRENT EVENT:**

- ▼ Problem-solving therapy
- ▼ Short-term CBT

This Unit relates to course objectives 2 and 3.

**Required Readings**

Beck, J. S., & Tompkins, M. A. (2007). Cognitive therapy. In N. Kazantzis & L. LL'Abate (Eds.), *Handbook of homework assignments in psychotherapy* (pp. 51-64). New York, NY: Springer.

Fisher, E. B., Fitzgibbon, M. L., Glasgow, R. E., Haire-Joshu, D., Hayman, L. L., Kaplan, R. M., & Ockene, J. K. (2011). Behavior Matters. *American Journal of Preventive Medicine*,



40(5), e-15-e30.

Nezu, A. M., & Nezu, C. M. (2001). Problem-solving therapy. *Journal of Psychotherapy Integration, 11*(2), 187-205.

### Recommended Readings

Carvalho, J. P., & Hopko, D. R. (2009). Treatment of a depressed breast cancer patient with problem-solving therapy. *Clinical Case Studies, 8*(4), 263-276.

Dobson, K. S. (Ed.). (2009). *Handbook of cognitive behavioral therapies* (3<sup>rd</sup> ed.). New York, NY: Guilford Press.

Escobar, J. I., Gara, M. A., Diaz-Martinez, A. M., Interian, A., Warmna, M., Allen, L. A., & Rodgers, D. (2007). Effectiveness of a time-limited cognitive behavior therapy–type intervention among primary care patients with medically unexplained symptoms. *Annals of Internal Medicine, 5*(4), 328-335.

Gellis, Z., McGinty, J., Horowitz, A., Bruce, M., & Misener, E. (2007). Problem-solving therapy for late-life depression in home care: A randomized field trial. *American Journal of Geriatric Psychiatry, 15*, 968-978.  
(Instructor Note: On ARES.)

Malouff, J. M., Thorsteinsson, E. B., & Schutte, N. S. (2007). The efficacy of problem solving therapy in reducing mental and physical health problems: A meta-analysis. *Clinical Psychological Review, 27*(1), 46-57.

## Unit 7: Vulnerable Populations

10/8/2015

Topics **CURRENT EVENT:**

**Midterm**

**due**

### **PRESENTATION:**

- ▼ Lesbian, gay, and transgender health
- ▼ Homelessness and health
- ▼ Prisoner health
- ▼ Children's health
- ▼ Veteran's health

This Unit relates to course objectives 2, 3, and 4.

### Required Readings

Findley, P. A (2010). Returning veterans, traumatic brain injury, and Veterans' Administration services: A war related illness and injury study center. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 179-191). New York, NY: Routledge.

Gladwell, M. (2006). Million-Dollar Murray: Why problems like homelessness may be easier to solve than to manage. From the New Yorker.

Hoffman, N. D., Freeman, K., Swann, S. (2009). Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health, 45* (3), 222-229.

Zaleski, K., & Katz, L. (2014). Alice in wonderland: Exploring the experiences of female service members with a pregnancy resulting from rape. *Social Work in Mental Health, on-line first*, DOI:10.1080/15332985.2014.893945

### Recommended Readings

Cheng, J. K. (2012). Confronting the social determinant of health – obesity, neglect, and inequity. *New England Journal of Medicine*, 367, 1976-1977.

Richards, R., Merrill, R. M., Baksh, L., & McGarry, J. (2011). Maternal health behaviors and infant health outcomes among homeless mothers: U.S. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000-2007. *Preventive Medicine*, 52, 87-94. (Instructor Note: On ARES.)

Schneiderman, J. U., Leslie, L. K., Arnold-Clark, J. S., McDaniel, D., & Xie, B. (2010). Pediatric health assessments of young children in child welfare by placement type. *Child Abuse & Neglect*, 35, 29-39.

Schneiderman, J. U., Mennen, F. E., Negriff, S., Trickett, P. K. (2012). Overweight and obesity among maltreated young adolescents. *Child Abuse & Neglect*, 36, 370– 378.

## Unit 8: Mental Health in Health Care Settings

10/15/2015

### Topics **CURRENT EVENT:**

#### **PRESENTATION:**

- ▼ Severe mental illness and health disparities
- ▼ Mind-body connection

This Unit relates to course objectives 2, 3, and 4.

### Required Readings

Galon, P., & Graor, C. H., (2012). Engagement in primary care treatment by persons with severe and persistent mental illness. *Archives of Psychiatric Nursing, online first*. doi: 10.1016/j.apnu.2011.12.001

Robson, D., & Gray, R. (2007). Serious mental illness and physical health problems: A discussion paper. *International Journal of Nursing Studies*, 44, 457-466.

Solway, E. S. (2011). The lived experiences of tobacco use, dependence, and cessation: Insights and perspectives of people with severe mental illness. *Health & Social Work*, 36(1), 19-32. (Instructor Note: **631/636 CROSSOVER.**)

### Recommended Readings

Drake, R. E., Mueser, K. T., Brunette, M .F. (2007). Management of persons with co-occurring severe mental illness and substance use disorder: Program implications. *World Psychiatry*, 6, 131-136.

Bromet, E., Andrade, L. H., Hwang, I., Sampson, N. A., Alonso, J., & Girolamo, G et al. (2011). Cross-national epidemiology if DSM-IV major depressive episode. *BMI Medicine*, 9. 1-27.

Lawrence, D., & Kisely, S. (2010). Inequalities in healthcare provision for people with severe mental illness. *Journal of Psychopharmacology*, 24(11), S61-S68.

McCarthy, M. J., Powers, L. E., & Lyons, K. S. (2011). Poststroke depression: Social workers' role in addressing an underrecognized psychological problem for couples who have experienced stroke. *Health & Social Work*; 36, 139-148.

Morden, N. E., Mistler, L. A., Weeks, W. B., & Bartels, S. J. (2009). Health care for patients with serious mental illness: Family medicine's role. *Journal of the American Board of Family Medicine*, 22, 187-195.

## Unit 9: Clinical Practice with Older Adults

10/22/2015

### Topics CURRENT EVENT:

#### PRESENTATION:

- ▼ Healthy aging, aging in place, "young old" and "old old"
- ▼ The 3 "D's" – delirium, depression, and dementia
- ▼ Elder abuse and mandated reporting
- ▼ Caregiving

This Unit relates to course objectives 2 and 4.

### Required Readings

Cunningham-Ginchereau, R. C., & Perrot, C. (2010). The case of Junior: A study of collaboration, boundaries, and use of self. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 193-202). New York, NY: Routledge.

Damron-Rodriguez, J. (2008). Developing competence for nursing and social workers. *Journal of Social Work Education*, 44(3), 27-37.

Harris, P. B., & Durkin, K. (2010). A framework for working with people with early-stage dementia: A relationship-focused approach to counseling. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 203-214). New York, NY: Routledge.

Werner, J. M., Carlson, M., Jordan-Marsh, M., & Clark, F. (2011). Predictors of computer use in community-dwelling ethnically diverse older adults. *Human Factors*, 53, 431-447.

### Recommended Readings

Applebaum, P. (2007). Assessment of patients' competence to consent to treatment. *New England Journal of Medicine*, 357, 1834-1840.

Gorbien, M. J., & Eisenstein, A. R. (2005). Elder abuse and neglect: An overview. *Clinics in Geriatric Medicine*, 21(2), 279-292.

Gutheil, I. A., & Heyman, J. (2005). Communication between older people and their health care agents: Results of an intervention. *Health and Social Work*, 30(2), 107-116.

Hackstaff, L., Davis, C., & Katz, L. (2004). The case for integrating behavior change, client-centered practice and other evidence-based models into geriatric care management, *Social Work in Health Care*, 38(3), 1-19.

Lai, C. K., Chi, I., & Kayser-Jones, J. (2004). A randomized controlled trial of a specific reminiscence approach to promote the well-being of nursing home residents with dementia. *International Psychogeriatrics*, 16, 33-34.

Li, F., Harmer, P., Glasgow, R., Mack, K. A., Sleet, D., Fisher, J. et al. (2008). Translation of an effective Tai Chi intervention into a community-based falls-prevention program. *American Journal of Public Health*, 98, 1195-1198.

## Unit 10: Clinical Practice with Men

10/29/2015

### Topics **CURRENT EVENT:**

#### **PRESENTATION:**

- ▼ Social role and stress theories
- ▼ Access and use of health care
- ▼ Chronic illness
- ▼ Sexual health

This Unit relates to course objectives 2 and 4.

### Required Readings

Griffin, D. M. (2012). An intersectional approach to men's health. *Journal of Men's Health*, 9(2), 106-112.

Mahalik, J. R., Burns, S. M., & Syzdek, M. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science and Medicine*, 64, 2201-2209. doi: [10.1016/j.socscimed.2007.02.035](https://doi.org/10.1016/j.socscimed.2007.02.035)

Miller, R. (2010). Helping a man who had been living in a ventilator assistance facility to receive a new lung. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 145-155). New York, NY: Routledge.

Peterson, J. L., & Jones, K. T. (2009). HIV prevention for Black men who have sex with men in the United States. *American Journal of Public Health*, 99, 976-980.

### Recommended Readings

Bloch, S., Love, A., MacVean, M., Duchesne, G., Couper, J., & Kissane, D. (2007). Psychosocial adjustment of men with prostate cancer: A review of the literature. *BioPsychoSocial Medicine*, 1(2). doi:10.1186/1751-0759-1-2

Mustanski, B., Garofalo, R., Herrick, A., & Donenberg, G. (2007). Psychosocial health problems increase risk for HIV among urban young men who have sex with men: Preliminary evidence of a syndemic in need of attention. *Annals of Behavioral Medicine*, 34(1), 37-45.

Northouse, L. L., Mood, D. W., Montie, J. E., Sandler, H. M., Forman, J. D., Hussain, M., & Kershaw, T. (2007). Living with prostate cancer: Patients' and spouses' psychosocial status and quality of life. *Journal of Clinical Oncology*, 25, 4171-4177.

Raj, A., Santana, C., LaMarche, A., Amaro, H., Cranston, K., & Silverman, J. G. (2006). Perpetration of intimate partner violence associated with sexual risk behaviors among young adult men. *American Journal of Public Health*, 96, 1873-1878.

Saigal, C. S., Wessells, H., Pace, J., Schonlau, M., & Wilt, T. J. (2006). Predictors and prevalence of erectile dysfunction in a racially diverse population. *Archives of Internal Medicine*, 166, 207-212.

## Unit 11: Clinical Practice with Women

11/5/2015

### Topics **CURRENT EVENT:**

#### **PRESENTATION:**

- ▼ Access and use of health care
- ▼ Chronic illness
- ▼ Sexual health
- ▼ Eating disorders
- ▼ Violence

This Unit relates to course objectives 2 and 4.

### Required Readings

Barker, A. (2010). Following her lead: A measured approach to providing case management and mental health treatment to homeless adults. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 156-166). New York, NY: Routledge.

Hutchinson, M. K., Thompson, A. C., & Cederbaum, J. A. (2006). Multi-system factors contributing to health disparities in preventive health care among lesbian women. *Journal of Obstetrics, Gynecologic, and Neonatal Nursing*, 35, 393-402.

Xenakis, N. (2010). The young women's program: A health and wellness model to empower adolescents' with physical disabilities in a hospital-based setting. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 304-315). New York, NY: Routledge.

Rhodes, K. V., Kothari, C. L., Dichter, M., Cerulli, C., Wiley, J., & Marcus, S. (2011). Intimate partner violence identification and response: Time for a change in strategy. *Journal of General Internal Medicine*, 26, 894-899. DOI: 10.1007/s11606-011-1662-4

### Recommended Readings

Ell, K., Xie, B., Wells, A., Nedjat-Haiem, F., Lee, P., & Vourlekis, B. (2008). Economic stress among low-income women with cancer: Effects on quality of life. *Cancer*, 112, 616-625.

Fobair, P., Stewart, S. L., Chang, S., D'Onofrio, C., Banks, P. J., & Bloom, J. R. (2006). Body image and sexual problems in young women with breast cancer. *Psycho-Oncology*, 15, 579-594.

Gross, R., Brammli-Greenberg, S., & Bentur, N. (2003) Women caring for disabled parents and other relatives: implications for social workers in the health services. *Social Work in Health Care*, 37(4), 19-37.

Lyerly, A. D., Mitchell, L. M., Armstrong, E. M., Harris, L. H., Kukla, R., Kupperman, M., & Little, M. O. (2007). Risks, values, and decision-making surrounding pregnancy. *Obstetrics & Gynecology*, 109, 979-984.

Marcus, M. D., Bromberger, J. T., Wei, H., Brown, C., & Kravitz, H. M. (2007). Prevalence and selected correlates of eating disorder symptoms among a multiethnic community sample of midlife women. *Annals of Behavioral Medicine*, 33, 269-277.

Saulnier, C. F. (2002). Deciding who to see: Lesbians discuss their preferences in health and mental health care providers. *Social Work*, 47(4), 355-65.

## Unit 12: Clinical Practice with Adolescents & Children

11/12/2015

### Topics **CURRENT EVENT:**

#### **PRESENTATION:**

- ▼ Life span/developmental theories
- ▼ Sexuality
- ▼ Play, music, and art interventions

This Unit relates to course objectives 2 and 4.

### Required Readings

Fenstermacher, J. L. (2010). Social work in a pediatric hospital: Managing a medically complex patient. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 108-118). New York, NY: Routledge.

Kan, M. L., Cheng, Y. A., Landale, N. S., McHale, S. M. (2010). Longitudinal predictors of change in number of sexual partners across adolescence and early adulthood. *Journal of Adolescent Health*, 46, 25-31.

Park, M. J., Scott, J. T., Adams, S. H., Brindis, C. D., & Irwin, C. E. (2014). Adolescent and young adult health in the United States in the past decade: Little improvement and young adults remain worse off than adolescents. *Journal of Adolescent Health*, 55, 3-16.

Rounds, K., Wike, T. L., & Dombalis, H. (2010). Social work practice in an adolescent parenting program. In T. S. Kerson, J. L. M. McCoyd, & Associates (Eds.), *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 61-72). New York, NY: Routledge.

### Recommended Readings

Barakat, L. P., Patterson, C. A., Daniel, L. C., & Dampier, C. (2008). Quality of life among adolescents with sickle cell disease: Mediation of pain by internalizing symptoms and parenting stress. *Health and Quality of Life Outcomes*, 6, 60-69.

Bennett, D., Ambrosini, P., Kudes, D., Metz, C., & Rabinovich, H. (2005) Gender differences in adolescent depression: Do symptoms differ for boys and girls? *Journal of Affective Disorders*, 89(1), 35-44.

DeWalt, D. A., Dilling, M. H., Rosenthal, M. S., & Pignone, M. P. (2007). Low parental literacy is associated with worse asthma care measures in children. *Ambulatory Pediatrics*, 7, 25-31.

Hamama, R., Ronen, T., & Feigin, R. (2000). Self control, anxiety and loneliness in siblings of children with cancer. *Social Work in Health*, 31(1), 63-83.

Hering, E., Pritsker, I., Gonchar, L., & Pillar, G. (2009). Obesity in children is associated with increased health care use. *Clinical Pediatrics*, 8, 812-818.



- Kipke, M. D., Iverson, E., Moore, D., Booker, C., Ruelas, V., Peters, A. L., & Kaufman, F. (2007). Food and park environments: Neighborhood-level risks for childhood obesity in East Los Angeles. *Journal of Adolescent Health, 40*(4), 325-333.
- Kirsh, G., McVey, G., Tweed, S., & Katzman, D. K. (2007). Psychosocial profiles of young adolescent females seeking treatment for an eating disorder. *Journal of Adolescent Health, 40*(4), 351-356.
- Lee, J. M., Okumura, M., J., Freed, G. L., Menon, R. K., & Davis, M. M. (2007). Trends in hospitalizations for diabetes among children and young adults in the United States, 1993–2004. *Diabetes Care, 30*, 3035-3039.
- Lohman, B. J., Stewart, S., Gundersen, C., Garasky, S., & Eisenmann, J. C. (2009). Adolescent overweight and obesity: Links to food insecurity and individual, maternal, and family stressors. *Journal of Adolescent Health, 45*, 230-237.
- Mandell, D. S., Eleey, C., Cederbaum, J. A., Hutchinson, M. K., Jemmott, L. S., & Blank, M. B. (2008). Sexually transmitted infections among adolescents receiving special education services. *Journal of School Health, 78*, 382-388.
- Mulye, T. P., Park, M. J., Nelson, C. D., Adams, S. H., Irwin, C. E., & Brindis, C. D. (2009). Trends in adolescent and young adult health in the United States. *Journal of Adolescent Health, 45*, 8-24.
- Neumark-Sztainer, D. (2009). Preventing obesity and eating disorders in adolescents: What can health care providers do? *Journal of Adolescent Health, 44*(3), 206-213.
- Snethen, J. A., Broome, M. E., Knafel, K., Deatrack, J. A., Angst, D. B. (2006). Family patterns of decision-making in pediatric clinical trials. *Research in Nursing & Health, 29*(3), 223-237.
- Trasande, L., Liu, Y., Fryer, G., & Weitzman, M. (2009). Effects of childhood obesity on hospital care and costs, 1999-2005. *Health Affairs, 28*, w751-w760.

**Unit 13: Chronic Illness and Pain Management****11/19/2015****Topics****FINAL DISTRIBUTED**

- ▼ Social Work roles
- ▼ Eligibility and access
- ▼ Issues of caregiving
- ▼ Challenges of chronic vs. acute

This Unit relates to course objectives 2 and 4.

**Required Readings**

- Gehlert, S., & Browne, T. A. (Eds.). (2006). Pain management and palliative care. In *Handbook of health social work* ( 2<sup>nd</sup> ed., pp. 635-672). New York, NY: Wiley.
- National Family Caregivers Association (2004). A portrait of family care giving: America's invisible workforce. Retrieved from <http://www.bringingeldercarehome.com/Rept-Portrait%20of%20Fam%20Cqvq%20Feb%202004.pdf>

**Recommended Readings**

- American Pain Society (APS). (n.d.). Retrieved from <http://www.ampainsoc.org>
- Arnold, L. M., Crofford, L. J., Mease, P. J., Burgess, S. M., Palmer, S. C., Abetz, L., & Martin, S. A. (2008). Patient perspectives on the impact of fibromyalgia. *Patient Education and Counseling, 73*, 114-120.
- Gehlert, S., & Browne, T. A. (Eds.). (2006). Social work and chronic disease: Diabetes, heart disease, and HIV/AIDS. In *Handbook of health social work* (2<sup>nd</sup> ed., pp. 532-567). New York, NY: Wiley.
- Jones, B. L. (2006). Companionship, control, and compassion: A social work perspective on the needs of children with children and their families and end of life. *Journal of Palliative Medicine, 9*(3), 774-788.
- Lee, M. M. (2000). Alternative therapies used by women with breast cancer in four ethnic populations. *Journal of National Cancer Institute, 92*, 42-47.
- Lieberman, M. A., Winzelberg, A., Golant, M., Wakahiro, M., DiMinno, M., Aminoff, M., ... Christine, C. (2005). Online support groups for Parkinson's patients: A pilot study of effectiveness. *Social Work in Healthcare, 42*(2), 23-38.
- Meghani, S. H., & Cho, E. (2009). Self-reported pain and utilization of pain treatment between minorities and nonminorities in the United States. *Public Health Nursing, 26*(4), 307-316.
- Nainis, N., Paice, J. A., Turner, J., Wirth, J. H., Lai, J., & Shott, S. (2006). Relieving symptoms of cancer: Innovative art therapy. *Journal of Pain and Symptom Management, 31*(2), 162-169.

**11/26/2014 - THANKSGIVING BREAK****Unit 14: Substance Use in Healthcare Settings****12/3/2015****Topics CURRENT EVENT:****PRESENTATION:**

- ▼ Substance use and addiction theory
- ▼ Assessment, diagnosis, and intervention

**Required Reading:**

- Cederbaum, J. A., Guerrero, E. G., Mitchell, K. R., & Kim, T. (2014). Utilization of emergency and hospital services among individuals in substance abuse treatment. *Substance Abuse Treatment, Prevention, and Policy, 9*:16. doi:10.1186/1747-597X-9-16
- Claxton, N., Lamparska, B., & Maus, K. C. (2010). The child and parent team approach: A Philadelphia interdepartmental collaborative to provide community-based services to at-risk mothers and newborns. In T. S. Kerson, J. L. M. McCoyd, & Associates, *Social work in health settings: Practice in context* (3<sup>rd</sup> ed., pp. 235-246). New York, NY: Routledge.
- Draper, J. C., & McCance-Katz, E. F. (2005). Medical illness and comorbidities in drug users: Implications for addiction Pharmacotherapy treatment. *Substance Use & Misuse, 4*, 1899-1921.

**Recommended Readings**

- Baskin-Sommers, A., & Sommers, I. (2006). The co-occurrence of substance use and high-risk behaviors. *Journal of Adolescent Health, 38*, 609-611.
- Gehlert, S., & Browne, T. A. (Eds.). (2006). Substance use problems in health social work practice. In *Handbook of health social work* (2<sup>nd</sup> ed., pp. 367-414). New York, NY: Wiley.
- Padgett, D. K., Hawkins, R. L., Abrams, C., & Davis, A. (2006). In their own words: Trauma and substance abuse in the lives of formerly homeless women with serious mental illness. *American Journal of Orthopsychiatry, 76*, 461-467.
- VanDeMark, N. R., Russell, L. A., O'Keefe, M., Finkelstein, N., Noether, C. D., & Gampel, J. C. (2005). Children of mothers' with histories of substance abuse, mental illness, & trauma. *Journal of Community Psychology, 33*, 445-459.

**Unit 15: Community Work Models in Health Care Settings****THROUGHOUT****Topics**

- ▼ Chronic care model
- ▼ Compliance/adherence
- ▼ Preventive health

This Unit relates to course objectives 1, 2, and 4.

**Required Reading:**

- Folland, S. (2007). Does “community social capital” contribute to population health? *Social Science & Medicine, 64*, 2342-2354.
- Joosten, D. (2007). Preferences for accepting prescribed community-based, psychosocial, and in-home services by older adults. *Home Health Care Services Quarterly, 26*(1), 1-18.
- WestRasmus, E. K., Pineda-Reyes, F., Tamez, M., & Westfall, J. M. (2012). Promotores de salud and community health workers: An annotated bibliography. *Family & Community Health, 35*(2), 172–182. doi: 10.1097/FCH.0b013e31824991d2

**Recommended Reading**

- Hawe, P., & Shiell, A. (2000). Social capital and health promotion: A review. *Social Science and Medicine, 51*, 871-885.
- Reppucci, N. D., Woolard, J. L., & Fried, C. S. (1999). Social, community, and preventive interventions. *Annual Review of Psychology, 50*, 400-412.

## University Policies and Guidelines

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### IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email ([icederba@usc.edu](mailto:icederba@usc.edu)) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

### X. STATEMENT ON ACADEMIC INTEGRITY

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus*, the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: <http://www.usc.edu/dept/publications/SCAMPUS/gov/>. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: <http://www.usc.edu/student-affairs/SJACS/>.

Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

### XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday.

Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or [ability@usc.edu](mailto:ability@usc.edu).

### XII. EMERGENCY RESPONSE INFORMATION

**Note:** The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. "For recorded announcements, events, emergency communications or critical incident information."

To leave a message, call (213) 740-8311

For additional university information, please call (213) 740-9233

Or visit university website: <http://emergency.usc.edu>

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a **USC Trojans Alert** account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at <https://trojansalert.usc.edu>.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
<b>City Center</b>	Front of Building (12 <sup>th</sup> & Olive)	<b>Orange County</b>	Faculty Parking Lot
<b>MRF</b>	Lot B	<b>San Diego</b>	Building Parking Lot
<b>SWC</b>	Lot B	<b>Skirball</b>	Front of Building
<b>VKC</b>	McCarthy Quad		
<b>WPH</b>	McCarthy Quad		

Do not re-enter the building until given the "all clear" by emergency personnel.

**XIII. STATEMENT ABOUT INCOMPLETES**

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

**XIV. POLICY ON LATE OR MAKE-UP WORK**

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

**XV. POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS**

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

**XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

*Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]*

**Preamble**

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to

social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

## **XVII. COMPLAINTS**

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the concentration, Dr. Lawrence Palinkas, at [palinkas@usc.edu](mailto:palinkas@usc.edu). If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at [рмаiden@usc.edu](mailto:рмаiden@usc.edu). Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or [june.wiley@usc.edu](mailto:june.wiley@usc.edu) for further guidance.

## **XVIII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE**

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments before coming to class.
- ✓ Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

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*Don't procrastinate or postpone working on assignments.*

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