



[University Name]

I. Name of course

Advanced Clinical Social Work Practice in Integrated Healthcare

II. Course Description

The objective of this course is to introduce social work students to the direct practice of integrated behavioral health in primary care. Students will become knowledgeable of the roles of behavioral health providers working in primary care settings, theories and models of care, and cross-cultural issues. They will develop skills in engagement, assessment, intervention planning and implementation, and practice evaluation. Because the populations served in primary care settings span the spectrum of severity in both the physical and behavioral health dimensions, students will develop competencies in engaging and supporting patients across a range of health conditions.

The course will introduce students to the essential practice skills needed to effectively address the challenges of integrating services, care, and support for persons with health, mental health, and substance use problems. Students will become fluent in the language and culture of health and will develop a working knowledge of a wide variety of chronic health conditions. Students will examine the challenges of multidisciplinary team practice and current best practices for effective interventions. Throughout the course, students will critique behavior change theories, practice models, and evidence-based interventions for their utility in an integrated healthcare system. Building on the student's foundational knowledge of general practice skills (engagement, screening, comprehensive assessment, treatment planning, documentation, and evaluation) this course will emphasize practice skills and implementation of approaches designed to enhance effective communication, consumer engagement, motivation, and empowerment with clients and as a member of a collaborative health care team. Through the use of case vignettes, role plays and small group activities, students will gain experience and skills necessary to be effective in a variety of roles in primary care behavioral health (care managers, health coaches, patient advocates, counselors, team leaders). Finally, students will increase their knowledge of complementary and alternative therapies and the importance of self-care as healthcare professionals.



III. Rationale for Course

In the current healthcare system, it is all too common for consumers to face problems accessing care in artificially separate physical and behavioral healthcare systems, and to experience difficulty obtaining care that is collaborative, culturally competent, and responsive to their complex healthcare needs. A preponderance of scientific evidence demonstrates that separated, unresponsive, and fragmented healthcare is ineffective, costly, and unsustainable. For example, patients with severe mental illness have been shown to die an average of 25 years sooner than matched patients without severe mental illness, due to poor management of chronic disease and lack of routine primary care. Conversely, mounting evidence shows that costs are reduced, quality is improved, and fragmentation of care is minimized when behavioral health providers work as integrated members of primary care teams. The rapid adoption of ‘healthcare home’ team-based models by primary care systems is an indication that collaborative, team-based, integrated physical and behavioral care is rapidly emerging. Social Workers are ideally suited to meet this workforce need for skilled integrated behavioral healthcare professionals. Social Workers are trained to work collaboratively with cross-disciplinary teams of providers, are prepared to work flexibly in a variety of roles and functions, and possess the necessary skills to engage with highly diverse populations. As healthcare becomes more collaborative, social workers are in a strategic position to redefine their place in healthcare and address emerging workforce needs as integrated behavioral health care leaders and providers.

IV: Key Course Concepts

- | | |
|---------------------------|---|
| Integrated primary care | Continuum of Collaboration |
| Four Quadrant Model | Transtheoretical Model |
| Chronic Care Model | Shared Care |
| Self-determination Theory | Common Factors Model |
| Motivational Interviewing | Multidisciplinary Communication |
| 5 A’s Model | Strengths-based Assessment |
| Cultural Competence | Solution-focused Brief Therapy |
| Patient Self-management | Integrative Medicine |
| Patient Activation | Complementary and Alternative Therapies |
| IMPACT Model | SBIRT Model |



V: Course Units

UNIT I. UNDERSTANDING THE ROLE OF THE PRIMARY CARE BEHAVIORAL HEALTH PROVIDER

UNIT II: DEVELOPING SKILLS FOR ENGAGEMENT

UNIT III: BUILDING SKILLS FOR ASSESSMENT

UNIT IV. DEVELOPING SKILLS FOR INTERVENTION AND EVALUATION

VI. Required Texts

- 1) Curtis, R., & Christian, E. (Eds.). (2012). *Integrated Care: Applying Theory to Practice*. New York: Routledge.
- 2) Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2009). *Integrated Behavioral Health in Primary Care: Step by Step Guidance for Assessment and Intervention*. Washington, DC: American Psychological Association.

VII: Course Outline

1. Introduction to Integrated Healthcare and the Culture of Health (EP 2.1.9)
 - Integration models and continuum of integration
 - Evidence for integration
 - Multidisciplinary practice
 - The medical model and the different languages of healthcare
 - Payment models and ramifications to social work practice
 - Facilitators and barriers to integrated healthcare
2. The Role of Social Work in Integrated Healthcare (EP 2.1.1)
 - Primary care teams, definitions, functions, and benefits
 - Components of a well-functioning team
 - How to function effectively in an interdisciplinary setting
 - Leadership
 - Advocacy skills
 - Coordination and collaboration skills
 - Ethics and boundaries
3. Theories, Perspectives, and Practice Models in Integrated Healthcare (EP 2.1.7, 2.1.3)
 - BioPsychoSocialSpiritual
 - Strengths Resiliency/Empowerment
 - Stress Vulnerability Model
 - Health management
 - Chronic care model (Wagner)
 - Health self-management (Lorig)
 - Health beliefs
 - Transtheoretical theory of change (Stages of Change)

- Self-efficacy
- Self-determination theory (Ryan and Deci)
- 4. Engagement and Relationship Building in Integrated Healthcare (EP 2.1.10a)
 - Common factors model –relationship focus (Duncan, Miller & Hubble, Wampold)
 - Relationship skills review
 - Practice Behaviors
 - Verbal/non verbal
 - OARS
 - Person-focused
 - Effective multidisciplinary communication
 - Diversity & cultural factors
 - Cultural humility model
 - Family and community involvement
 - Translators
- 5. Comprehensive Assessment (EP 2.1.10b)
 - Advanced Assessment skills building on BioPsychoSocialSpiritual model
 - Emphasis on Health, Mental Health, and Addiction and interaction
 - Strengths based assessment
 - Informal, formal, & ongoing
 - Assessing client self-management skills
 - Using assessment to build therapeutic relationship
- 6. Structured Assessments and Screenings (EP 2.1.10b)
 - How to choose & utilize structured assessment
 - DSM refresher including GAF
 - Mental Status Exam
 - Depression (PHQ9)
 - Bipolar (MDQ)
 - Anxiety
 - Trauma Screen (TSS, ACE)
 - Substance Abuse (CAGE aid)
 - Activities of Daily Living (Katz)
 - Mini Mental State (brief cognitive screen)
 - How to utilize assessment to inform planning and intervention
- 7. Common Behavioral Health Conditions in Primary Care (EP 2.1.10c)
 - Most common reasons for primary care visits
 - Importance of integrated behavioral health services in primary care
 - Services that can be provided by a behavioral health consultant
 - 5 A's model for integrated behavioral healthcare
 - Depression epidemiology and facts
 - Integrated care model for depression
 - Diabetes epidemiology and clinical knowledge
 - Integrated care model for diabetes



8. Cross-Cultural Issues in Integrated Healthcare (EP 2.1.4)
 - Meaning of culture
 - Demographic shifts and projections
 - Health disparities
 - 3 models of cross-cultural competence
 - Processes for building knowledge, evaluating attitudes, developing skills
 - Delivering culturally competent healthcare using the 5 A's framework
9. Medication and Integrated Healthcare (EP 2.1.10b, 2.1.3)
 - Prevalence of cod
 - Service needs of cod clients
 - Common co-morbid, dual diagnosis disorders
 - Medication practice with clients with complex needs
 - Side effects of common medications
 - Medication assistance programs
 - Supporting client adherence
10. Care Planning and Documentation (EP 2.1.10b, 2.1.3)
 - What works for this client and what are they willing to accept
 - Client centered goals based on client's own desires
 - Develop care plan based on assessment and shared decision-making (SoC consistent)
 - Integrate other providers in shared planning and decision-making process
 - Engaging families and significant others in care planning process
 - Client centered family consultation model from Rochester
 - Developing effective goals
 - SMART (specific, measurable, attainable, recovery-oriented, and time limited) or
 - MAPS (measurable, attainable, positive, and specific)
 - Effective and concise documentation
 - Note types (SIP DAP SOAP)
 - Brief overview of electronic records/minimum data sets (payment, outcomes)
 - Change of Status
 - Ongoing monitoring, reviewing, and re-evaluating goals
 - Understanding and assuring that treatment meet medical necessity standards
 - Documentation and justification for continued medical care (NCQA criteria)
 - Considering proper level of care and cost of care
 - Examples: ASAM (American Society for Addiction Studies)
11. Interventions in Integrated Healthcare (EP 2.1.6, 2.1.10c, 2.1.3)
 - Selecting the most appropriate interventions
 - FLAIR (Washington University)
 - Motivational Interviewing
 - Solution-focused (1 class)
 - Evidence-based Practice Examples: CBT, DBT, IPT
 - Psychoeducation



- Effective educational strategies
- At appropriate health literacy level
- Brief models
 - IMPACT
 - SBIRT
- 12. Motivational Interviewing Part 1 (EP 2.1.10c)
 - Spirit of MI, DEARS
 - OARS practice
 - Stages of Change informed Intervention
 - Eliciting, recognizing, and sustaining change talk
- 13. Motivational Interviewing Part 2 (EP 2.1.10c)
 - Rolling with resistance
 - Phase II
 - Values focus instead of symptom focus
- 14. Complementary and Alternative Body-Mind-Spirit Interventions (EP 2.1.1, 2.1.4, 2.1.10)
 - Clinician and client wellness and health promotion
 - Spirituality
 - Mindfulness
 - Integrative medicine
 - Stress management
 - Hobbies and interests
 - Prevention
- 15. Evaluation of Client Progress and Social Worker Effectiveness (EP 2.1.6, 2.1.10d, 2.1.3)
 - Using technology to evaluate progress
 - Care plan review
 - Continuous Quality Improvement by use of ORS (outcome rating scale), SRS (session rating scale), other structured assessments

UNIT I. UNDERSTANDING THE ROLE OF THE PRIMARY CARE BEHAVIORAL HEALTH PROVIDER

Module 1: Introduction to Integrated Healthcare & the Culture of Health

Required Reading

Curtis, R., & Christian, E. (Eds.). (2012). *Integrated Care: Applying Theory to Practice*. New York: Routledge.

Chapter 1: Introduction to Integrated Care, pp. 3-19

Assignment: Build a Student Homepage

Having a homepage fosters an exchange of information and builds a community of learning with your course colleagues.



Information to include on your homepage:

- Introduction
- Why you are taking this course (besides, “it’s required”)
 - o Any other courses you’ve taken concerning mental health (it’s ok if you haven’t taken any others).
 - o Of the topics listed in the syllabus, which topic is of greatest interest to you? Which is of least interest? Why?
 - o What knowledge and experience do you have that is pertinent to your interest in this course?
- Personal Information
 - o Who you are both professionally and personally? Only include information that you are comfortable providing.
 - o Upload picture of yourself (this is optional) (can include others, pets, etc. but must include you).

Instructions for adding information to the Student Homepage area from the course website:

[Note: These instructions are for Blackboard, if your institution does not have a learning management system, you could introduce an open-source system for the class, such as Moodle]

- Click on “Course Tools” button on the left-hand side of your Blackboard interface
- Click on “Homepage”
- Follow the prompts on the page – enter YOUR information in the empty boxes.
 - o One paragraph for the introduction and one paragraph for the personal information are sufficient.
 - o Note – if you have experience with web page development, you may use html tags within each section, however, it is not required.
- To add a digital picture, treat it as an attachment to an email. In the appropriate box in the template click “browse”, find your file, click “open”, and then click “ok”.

Supplemental Reading List

- Pomerantz, A.S., Corson, J.A. & Detzer, M.J. (2009). The challenge of integrated care for mental health: Leaving the 50 minute hour behind and other sacred things. *J Clin Psychol Med Settings*, 16, 40-46.
- Thielke, S., Vannoy, S., & Unutzer, J. (2007). Integrating mental health and primary care. *Primary Care: Clinics in Office Practice*, 34, 571–592.
- Dall, A. (2011). Integrated Primary Care and Behavioral Health Services: Can the Model Succeed? A literature review on models, evidence-based practices and lessons learned for community clinics and health centers, and county specialty mental health programs. Retrieved July 30, 2012 from <http://www.ibhp.org/uploads/file/lit%20review%20integrated%20care%20final.pdf>



Module 2: The Role of Social Work in Integrated Healthcare

Required Reading

Curtis, R., & Christian, E. (Eds.). (2012). *Integrated Care: Applying Theory to Practice*. New York: Routledge.

Chapter 1: Introduction to Integrated Care, pp. 3-19

Chapter 15: Leadership in integrated care, pp.269-280

Jansson, B. (2011). *Improving healthcare through advocacy: A guide for health and helping professionals*. Hoboken, NJ: Wiley.

Chapter 3: An Advocacy Framework: Tasks, Skills and Activities, pp. 23-58

Chapter 4: Case Advocacy Skills, pp. 59-96

Chapter 12: A Framework for Policy Advocacy by Healthcare Professionals, pp. 377-390

Module 3: Theories, Perspectives, and Practice Models in Integrated Healthcare

Required Reading

Anderson, R.M., & Funnell, M.M. (2009). Patient Empowerment: Myths and Misconceptions. *Patient Education and Counseling*, 79(3), 277-282.

Gonzalez, V. M., Goeppinger, J., & Lorig, K. (1990). Four psychosocial theories and their application to patient education and clinical practice. *Arthritis Care and Research*, 3(3), 132-43.

Robinson, B. (2009). When therapist variables and the client's theory of change meet. *Psychotherapy in Australia*, 15(4), 60-65.

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.

Ryan R., Patrick, H., Deci, E., & Williams, G. (2008). Facilitating health behaviour change and its maintenance: Interventions based on self-determination theory. *The European Health Psychologist*, 10, 2-5.

Module 4: Engagement and Relationship Building

Required Reading



Duncan, B. & Miller, S. D. (2008). ‘When I’m good, I’m very good, but when I’m bad I’m better’: A new mantra for psychotherapists. *Psychotherapy in Australia*, 15(1), 62-71.

Sparks, J. A., Duncan, B. L., & Miller, S. D. (2008). Common factors in psychotherapy. In J. L. Lebow (Ed.), *Twenty-first century psychotherapies* (pp. 453-497). Hoboken, NJ: John Wiley & Sons, Inc.

Supplemental Reading List

- Perlman, H. H. (1979). *Relationship: The heart of helping people*. Chicago/London: The University of Chicago Press.

UNIT II: DEVELOPING SKILLS FOR ENGAGEMENT

Module 5: Comprehensive Assessment in Integrated Healthcare

Required Reading

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

Chapter 3: A screening and assessment primer, pp.35-57

Lee, M. Y., Ng, S. M., Leung, P., & Chan, C. (2009). *Integrative Body-Mind-Spirit Social Work: An empirically based approach to assessment and treatment*. New York: The Oxford University Press.

Chapter 3: Systemic Assessment: Everything is connected, pp. 51-82

Spitzer, W.J. (Ed.). (2005). *Strengths based perspective on social work practice in health care*. Petersburg, Virginia: The Dietz Press.

Chapter 1: Being well: A strength approach to health and healing, pp. 1-11

Assignments

Peter is a 47-year-old Latino male who is married and currently living with his wife (45) and 2 children (Samuel, M/12 and Anne, F/14). He has been a computer engineer at a large company for 15 years and is a respected colleague at the company. Recently, he has suffered from frequent stomachache and headaches, which finally led him to visit his doctor. He also shared that he has not been sleeping well for the past three months. Peter has a conflictual relationship with his wife and they argue over parenting issues and priorities with their two teenage children. Recently, Peter’s mother, who is 75-years-old, is diagnosed with liver cancer. He has a fairly close relationship with



his mother who lives two hours away from Peter. Peter does not have an active social life and he spends most of his time either at work or with his family.

If you were to conduct a bio-psycho-sociocultural-spiritual assessment with Peter, please discuss the following:

- Discuss dimensions to be included in the assessment.
- What questions would you ask to assess the different dimensions during the assessment process?
- Describe who you would include in the assessment process and for what purposes.
- Based on the assessment, how would you and Peter define his problem in a solvable manner?
- Based on the assessment, how would you facilitate Peter in developing helpful and attainable goals?

Page length of the assignment: About 5 pages

Supplemental Reading List

Bio-psycho-sociocultural-spiritual Assessment

- Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, 63 (1), 81.
- Bliss, D.L., & Pecukonis, E. (2009). Screening and brief intervention practice model for social workers in non-substance-abuse practice settings. *Journal of Social Work Practice in the Addictions*, 9(1), 21-40.
- Carrio, F., Suchman, A.L., Espstein, R.M. (2004). The Biopsychosocial Model 25 Years Later: Principles, Practice and Scientific Inquiry. *Annals of Family Medicine*, 2(6), 576-582.
- Cummings, N., O'Donohue, W., Hayes S. C., & Follette, V. (Eds.)(2001). *Integrated Behavioral Healthcare: Positioning Mental Health Practice with Medical/Surgical Practice*. Academic Press: American Psychological Association.
- Goldberg, M. (1998). *The Art of the Question: A Guide to Short-Term Question-Centered Therapy*. New York: John Wiley & Sons. Pp 3-55.
- Haidet, P. & Paterniti, D. (2003). "Building" a History rather than "Taking" One A Perspective on Information Sharing During the Medical Interview. *Archives of Internal Medicine*, 163 (10), 1134-1140.
- Hodge, D. R. (2001a). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work*, 46 (3), 203–15.
- Hodge, D. R. (2001b). Spiritual genograms: A generational approach to assessing spirituality. *Families in Society*, 82 (1), 35.

- Hodge, D. R. (2005a). Spiritual ecograms: A new assessment instrument for identifying clients' strengths in space and across time. *Families in Society*, 86 (2), 287–97
- Hodge, D. R. (2005b). Spiritual lifemaps: A client-centered pictorial instrument for spiritual assessment, planning, and intervention. *Social Work*, 50 (1), 77–88.
- Leung, P. P. Y., and Chan, C. L. W. (2006). The combined use of narrative and experience-near techniques in an investigation of meaning in women with breast cancer. *Psycho-Oncology*, 15 (1), S5.
- Mauer, B., & Druss, B. (2010). Mind and body reunited: Improving care at the behavioral and primary healthcare interface. *The Journal of Behavioral Health Services & Research*, 37(4), 529-542.
- Rosen, C. S., Drescher, K. D., Moos, R. H., Finney, J. W., Murphy, R. T., & Gusman, F. (2000). Six and Ten Item Indices of Psychological Distress Based on the Symptom Checklist-90. *Assessment*, 2000, Vol. 7 (2), 103-111.
- Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., Saitz, R. (2010). A Single-Question Screening Test for Drug Use in Primary Care. *Arch Intern Med*, 170(13),1155-1160.
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53(1), 80-93.

Strengths-based Assessment

- Aspinwall, L. (2003). *Toward a positive psychology: Social Development and cultural contributions. A Psychology of human strengths: fundamental questions and future directions for a positive psychology.* American Psychological Association: Washington DC.
- Biswas-Diener, R. (2006). From the Equator to the North Pole: A Study of Character Strengths. *Journal of Happiness Studies*. Vol. 7. pp 293-310.
- Cheavens, J.S., Feldman, D.B., Woodward, J.T., & Snyder, C.R. (2006). Hope in Cognitive Psychotherapies: On Working with Client Strengths. *Journal of Cognitive Psychotherapy*, 20(2), 135-145.
- Gutierrez, L.M., Parsons, R.J. & Cox, E.O. (Eds.)(1998). *Empowerment in social work practice: A sourcebook.* Pacific Grove, CA: Brooks/Cole.
- McQuaide, S. & Ehrenreich, J.H. (1997). Assessing client strengths. *Families in Society*, March/April, 201-212.
- Rapp, C.A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness.* New York: Oxford University Press.



- Saleebey, D. (2008). *The strengths perspective in social work practice, 5th ed.* New Jersey: Allyn & Bacon.
- Wierzbicka, A. (2009). What Makes a Good Life? A Cross-linguistic and Cross Cultural Perspective. *The Journal of Positive Psychology*, July, Vol. 4(4). pp 260-272.
- Van Wormer, K., & Davis, D. R. (2008). *Addiction treatment: A strengths perspective, 2nd edition.* Belmont, CA: Thomson/Brooks Cole. Chapter 5—Assessment of Alcohol and Other Drug Use (pp. 207-213).

Assessing client self-management skills

- Hibbard, J. H., Stockard, J., Mahoney, E. R., & Tusler, M. (2004). Development of the Patient Activation Measure (PAM): Conceptualizing and measuring Activation in patients and consumers. *Health Service Research*, 39 (4), 1005-1026.
- Hibbard, J. H., Mahoney, E. R., Stockard, J., & Tusler, M. (2005). Development and testing of a Short Form of the Patient Activation Measure. *Health Service Research*, 40 (6), 1918-1930.
- Kristjansson, E., Tugwell, P. S., Wilson, A. J., Brooks, P. M., Driedger, S. M., Gallois, C., O'Connor, A. M., Qualman, A., Santesso, N., Wale, J., & Wells, G. A. (2007). Development of the Effective Musculoskeletal Consumer Scale. *Journal of Rheumatology*, 34 (6), 1392-1400.

Useful websites

- NIDA Quick Screen: Clinician's Screening Tool for Drug Use in General Medical Settings: <http://www.drugabuse.gov/nmassist/>
- NIDA Research Report Series, Dec. 2008. *Comorbidity: Addiction and other mental illnesses.* <http://www.drugabuse.gov/PDF/RRComorbidity.pdf>

Module 6: Structured Assessments and Screening

Required Reading

Valenstein, M., Adler, D. A., Berlant, J., et al (2009). Implementing standardized assessments in clinical care: Now's the time. *Psychiatric Services*, 60 (10), 1372-1375. Retrieved July 31, 2012 from <http://ourgap.org/publications/publist.aspx?Category=Articles>

Assessment Tools to review

Bright Futures. (n.d.). Pediatric Symptom Checklist (PSC/Y-PSC). Retrieved July 31, 2012 from http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf

K10+ Self-administered Questionnaire. Retrieved July 31, 2012 from http://www.hcp.med.harvard.edu/ncs/k6_scales.php



Kurlowicz, L. & Wallace, M. (1999). The Mini Mental State Examination (MMSE). Try This: Best Practices in Nursing Care to Older Adults, Issue 3. Retrieved July 31, 2012 from http://www.getnhp.com/PDFs/ProviderPDF/Provider_Manual/Appendix/Tab%2013%20Mini%20Mental%20State.pdf

Mental Status Examination (MSE). Retrieved July 31, 2012 from <http://psychclerk.bsd.uchicago.edu/mse.pdf>

Prins, A., Ouimette, P., Kimerling, R., et al. (2003). Primary Care PTSD Screen (PC-PTSD). Retrieved July 31, 2012 from <http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp>

Shelkey, M. & Wallace, M. (2012). Katz Index of Independence in Activities of Daily Living (ADL). Try This: Best Practices in Nursing Care to Older Adults, Issue 2. Retrieved July 31, 2012 from http://consultgerirn.org/uploads/File/trythis/try_this_2.pdf

Standards for Bipolar Excellence Project [STABLE] (2007). STABLE resource toolkit. Retrieved July 31, 2012 from http://www.cqaimh.org/pdf/STABLE_toolkit.pdf

Depression Screening (PHQ-9), pp.6-11

Substance Use Screening and Assessment (CAGE-AID), pp.26-27

Suicide Risk Assessment (SBQ-R), pp. 28-34

Suicide Prevention Resource Center. (n.d.) Suicide Assessment Five-step Evaluation and Triage (SAFE-T) for mental health professionals. Retrieved July 31, 2012 from http://www.sprc.org/sites/sprc.org/files/library/safe_t_pcktcrd_edc.pdf

Videos to review

Bennett, A. & Evans, B. (2008). Mental Status Exam. <http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>

Assignments: Group Discussion and Role Play

Discuss: What are the relationships between comprehensive and structured assessments?

Role play: Break into groups of 3 to practice one or more of the assessment instruments from the required reading. Each group will consist of a social worker, a consumer, and an observer. Have the student consumer play the role of a consumer with whom they are familiar. After 5-7 minutes of interaction stop; all the group members should discuss the interaction for 2-3 minutes, then rotate roles.

Module 7: Common Behavioral Health Conditions in Primary Care

Required Reading



Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobbmeyer, A.C. (2009). *Integrated Behavioral Health in Primary Care: Step by Step Guidance for Assessment and Intervention*. Washington, DC: American Psychological Association. Pages 3-7, 65-72, 113-123.

Supplemental Reading List

- Brownson, R.C., Remington, P.L., & Davis J.R., (Eds.). (1998). *Chronic Disease Epidemiology and Control 2nd ed.* Washington, DC: American Public Health Association.
- Centers for Disease Control and Prevention. (2011). 2011 *National Diabetes Fact Sheet*. Atlanta, GA: Author. Retrieved July 31, 2012 from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- Feldman, M.D., & Christensen, J.F. (2008). *Behavioral Medicine: A Guide for Clinical Practice*. (3rd Ed.). New York: McGraw Hill.
- Glasgow, R.E., Funnell, M.M., Bonomi, A.E., Davis, C., Beckham, V., & Wagner, E.H. (2002). Self-management aspects of the improving chronic illness care breakthrough series: Implementation with diabetes and heart failure teams. *Annals of Behavioral Medicine*, 24, 80-87.
- Goldstein, M.G., Whitlock, E.P., & DePue, J. (2004). Multiple behavioral risk factor interventions in primary care: Summary of the research evidence. *American Journal of Preventive Medicine*, 27 (Suppl. 2), 61-79.
- Kessler, R.C., Demler, O., Frank, R.G., Olfson, M., Pincus, H.A., Walters, E.E., Wang, P., Wells, K.B., & Zaslavsky, A.M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *N Engl J Med*, 352(24):2515-23.
- Kroenke, K. & Mangelsdorff, A. D. (1989). Common symptoms in ambulatory care: Incidence, evaluation, therapy and outcome. *American Journal of Medicine*, 86, 262-266.
- Murray, C.J.L. & Lopez A.D. (Eds.) (1996). The global burden of disease: A comprehensive assessment of mortality and disability for diseases, injuries, and risk factors in 1990 and projected to 2020: Vol. 1 of Global Burden of Disease and Injury Series. Cambridge, MA: Harvard University Press.
- National Ambulatory Medical Care Survey: 2009 Summary Tables. National Center for Health Statistics. Centers for Disease Control and Prevention, Atlanta, GA.
- Reeves, M.J., & Rafferty, A.P. (2005). Healthy lifestyle characteristics among adults in the United States, 2000. *Arch Intern Med*, 165(8), 854-7.
- Regier, D.A., Narrow, W.E., Rae, D.S., Manderscheid, R.W., Locke, B.Z., & Goodwin, F.K. (1993). The de facto US mental and addictive disorders service system: Epidemiologic catchment area prospective 1-year prevalence rates of disorders and services. *Arch Gen Psychiatry*, 50(2), 85-94.



- United States Public Health Service. *Mental Health: A Report of the Surgeon General*. (1999). Washington, DC: Center for Mental Health Services. National Institute of Mental Health.
- World Health Organization. (2005). *Preventing Chronic Diseases - A Vital Investment*. Retrieved July 31, 2012 from http://www.who.int/chp/chronic_disease_report/en/
- Whitlock, E.P., Polen, M.R., Green, C.A., Orleans, C.T., & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky harmful alcohol use by adults: A summary of the evidence for the U.S. preventive services task force. *Annals of Internal Medicine*, 140, 558-569.
- Whitlock, E.P., Orleans, C.T., Pender, N., & Allen, J. (2002). Evaluating primary care behavioral counseling interventions: An evidence based approach. *American Journal of Preventive Medicine*, 22, 267-284.

Online resources

- The Agency for Healthcare Research and Quality (AHRQ) Academy for Integrating Behavioral Health and Primary Care: <http://integrationacademy.ahrq.gov/>
- California Mental Health Services Authority: <http://www.ibhp.org/>
- Integrated Primary Care: <http://www.integratedprimarycare.com/>
- American Diabetes Association: <http://www.diabetes.org/>

Module 8: Cross-Cultural Issues in Integrated Healthcare

Required Reading

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

Chapter 7: Cross-cultural issues in integrated care, pp. 145 - 164

YouTube video: Cultural Competency for Healthcare Providers

<http://www.youtube.com/watch?v=dNLtAj0wy6I>

Supplemental Reading List

- 2010 U.S. Census Briefs. Overview of Race and Hispanic Origin: 2010. U.S. Census Bureau. <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- Feldman, M.D., & Christiansen, J.F. (2008). *Behavioral Medicine: A Guide for Clinical Practice*. (3rd Ed.). New York: McGraw Hill.



- Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobbmeyer, A.C. (2009). *Integrated Behavioral Health in Primary Care: Step by Step Guidance for Assessment and Intervention*. Washington, DC: American Psychological Association.
- Pew Research Center. U.S. Population Projections: 2005-2050. <http://www.pewsocialtrends.org/2008/02/11/us-population-projections-2005-2050/>
- Satcher, D., Pamies, R.J., & Woelfl, N.L. (2006). *Multicultural Medicine and Health Disparities*. New York: McGraw Hill.
- Smedley, B.D., Stith, A.Y., & Nelson, A.R. (Eds.). (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Washington, DC: National Academies Press.

Optional video

- YouTube Video: Incompetent vs. Competent Cultural Care: <http://www.youtube.com/watch?v=fXVrCcjnZlM&feature=fvwrel>

Module 9: Medication and Integrated Healthcare

Required Reading

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

Chapter 5: Pharmacologic Competency, pp. 75-123

Assignment: Medication Scenario

Scenario: John is your client. He is a single white male 59 years old. He suffers from chronic pain and has been diagnosed with Major Depressive Disorder. The medication prescribed for John is Cymbalta, which is quite expensive. John currently is not covered by health insurance.

Conduct an online search to investigate indigent medication programs available and identify one program that could be used to assist your client. Write a two-page summary describing the medication assistance program that best suits John's needs. Briefly discuss the various assistance programs that you explored and what you have learned from this activity.

Supplemental Reading List

- Awad, A. G., & Voruganti, L. N. (2004). New antipsychotics, compliance, quality of life, and subjective tolerability—Are patients better off? *Canadian Journal of Psychiatry*, 49(5) 297–302.
- Llorente, M.D. & Urrula, V. (2006). Diabetes, Psychiatric Disorders, and the Metabolic Effects of Antipsychotic Medications. *Clinical Diabetes*, 24 (1) 68-74.
- Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6): 617-627.



- Center for Substance Abuse Treatment (2005). Substance abuse treatment for persons with co-occurring disorders (Treatment Improvement Protocol (TIP) Series 42 DHHS Publication No SMA 05-3992) Rockville, MD. Substance Abuse Mental Health Services.

Module 10: Care Planning and Documentation

Required Reading

Adams, N. & Grieder, D. (2005). Treatment planning for person-centered care. Amsterdam: Elsevier Academic Press.

Section 1: Planning the Trip, pp. 3-39

Section III: Chapter 6 and 7, pp. 119-155.

Module 11: Interventions in Integrated Healthcare

Required Reading

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

Chapter 4: Brief treatment: A model of clinical guidelines in integrated care, pp. 59-73

Lee, M. Y., Sebold, J., Uken, A. (2003). *Solution-focused treatment with domestic violence offenders: Accountability for change*. New York: Oxford University Press.

Chapter 8: Useful assumptions and tools, pp.130-148

Also, choose one from the following list:

Madras, B. K., Compton, W. M., Avula, D. et al., (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months later. *Drug and Alcohol Dependence*, 99, 280-295.

Mauer, B. J. (April 2009). *Behavioral health/primary care integration and the person-centered healthcare home*. Washington, DC: National Council for Community Behavioral Healthcare. Retrieved August 1, 2012 from <http://www.thenationalcouncil.org/galleries/resources-services%20files/Integration%20and%20Healthcare%20Home.pdf>



Mauer, B. J. (Feb 2006). *Behavioral Health / Primary Care Integration: The Four Quadrant Model and Evidence-Based Practices*. Washington, DC: National Council for Community Behavioral Healthcare. Retrieved August 1, 2012 from <http://www.thenationalcouncil.org/galleries/business-practice%20files/4%20Quadrant.pdf/>

Assignment: Intervention Scenario

Using the same case scenario as the Assessment module (Peter's case, p.9), please formulate an intervention plan based on your assessment. Include the following in your intervention plan:

- Who would you include in the treatment process?
- Please clearly describe the proposed intervention procedures. You can choose to base your intervention plan on any of the following as appropriate:
 - Models of integrated health
 - Appropriate evidence-supported treatments
 - A solution-focused approach

Page length of the assignment: About 5 pages

Supplemental Reading List

Models of Integrated Health

- Madras, B. K., Compton, W. M., Avula, D. et al., (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months later. *Drug and Alcohol Dependence*, 99, 280-295.
- Mauer, B., & Druss, B. (2010). Mind and body reunited: Improving care at the behavioral and primary healthcare interface. *The Journal of Behavioral Health Services & Research*, 37(4), 529-542.
- National Council for Community Behavioral Healthcare (Winter, 2004). *Behavioral Health / Primary Care Integration: The Four Quadrant Model and Evidence-Based Practices*, National Council for Community Behavioral Healthcare.
- Park, J. & Pollack, D., Bartels, S., & Mauer, B. (January 2005). *Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council. (Four Quadrant Model/Care Model)
- Thielke, S., Vannoy, S., & Unutzer, J. (2007). Integrating Mental Health and Primary Care, *Primary Care Clinical Office Practice*, 34, 571-592.

Evidence Supported Treatments

- Gilbody, S., Whitty, P., Grimshaw, J. et al. (March 16 2009). Educational and organizational interventions to improve the management of depression in primary care: A systematic review. *JAMA*. 2003; 289(23): 3145-3151
- Norcross, J. C., Hogan, T. P., & Koocher, G. P. (2008). *Clinician's Guide to Evidence Based Practices: Mental Health and the Addictions*. New York: Oxford University Press.
- O'Donohoe, W., Cummings, N., Byrd, M., & Henderson, D. (Eds.) (In Press). *Behavioral integrative care: Treatments that work in the primary care setting*. New York: Brunner-Routledge.
- Whitlock, T., Orleans, T., Pender, N., & Allan, J. (2002). Evaluating Primary Care Behavioral Counseling Interventions: An Evidence-based Approach, *American Journal Prevention Medicine*, 22(4), 267-84.

A Solution-Focused Approach to Health/Mental Health Treatment

- Knekt, P., & Lindfors, O. (2004). A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders: design, methods and results on the effectiveness of short-term psychodynamic psychotherapy and solution-focused therapy during a one-year follow-up. *Studies in social security and health*, no. 77.
- Knekt, P., Lindfors, O., Härkänen, T., Välikoski, M., Virtala, E., Laaksonen, M.A. et al. (2008). Randomized trial on the effectiveness of long-and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine*, 38, 689-703.
- McGarry, J., McNicholas, F., Buckley, H., Kelly, B.D., Atkin, L., & Ross, N. (2008). The clinical effectiveness of a brief consultation and advisory approach compared to treatment as usual in Child and Adolescent Mental Health Services. *Clinical Child Psychological Psychiatry*, 13(3), 365-376.
- Lee, M. Y. (2008). A Small Act of Creativity: Fostering creativity in clinical social work practice. *Families in Society*, 89(1), 19-32.
- Greene, G. J., & Lee, M. Y. (2011). *Solution-Oriented Social Work: A Practice Approach to Working with Client Strengths*. New York: Oxford University Press.
- Macdonald, A. J. (2005) Brief therapy in adult psychiatry: results from 15 years of practice. *Journal of Family Therapy* 27, 65-75.
- Schade, N., Torres, P., & Beyebach, M. (2011). Cost-efficiency of a brief family intervention for somatoform patients in primary care. *Families, Systems, & Health*, 29(3), 197-205.



- Smock, S. A., Trepper, T. S., Wetchler, J. L., McCollum, E. E., Ray, R., & Pierce, K. (2008) Solution-focused group therapy for level 1 substance abusers. *Journal of Marital and Family Therapy* 34(1), 107–120.
- Vogelaar, L., van't Spijker, A., Vogelaar, T, van Busschbach, J. J., Visser, M. S., Kuipers, E. J., van der Woude, C. J. (2011). Solution focused therapy: A promising new tool in the management of fatigue in Crohn's disease patients: Psychological interventions for the management of fatigue in Crohn's disease. *Journal Crohn's and Colitis*.

Useful website

- Solution-Focused Brief Therapy Association: <http://www.sfbta.org>

Module 12: Motivational Interviewing Part 1

Required Reading

Department of Health and Human Services, Center for Substance Abuse Treatment. (2011). Quick guide for clinicians based on TIP 35: Enhancing motivation for change in substance abuse treatment. DHHS Publication No. (SMA) 01-3602. Retrieved July 31, 2012 from <http://store.samhsa.gov/product/Enhancing-Motivation-for-Change-in-Substance-Abuse-Treatment/SMA12-4097>

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

Group Activities: Role Play

For this role play you will use the OARS Clinical Critique Form found on pages 169-183 in the curriculum guide:

Dvoracek, C. (2007). Curriculum guide: Motivational Interviewing. Pp. 169-183. Retrieved August 1, 2012 from <http://www.americanhumane.org/assets/pdfs/children/pc-rmqic-ntp-guide.pdf>

Break into groups of 3 to practice one or more of the assessment instruments from the required reading. Each group will consist of a social worker, a consumer, and an observer. The observers will rate the interaction using the Clinical Critique Form. Have the student consumer play the role of a consumer with whom they are familiar. After 5-7 minutes of interaction stop; all the group members should discuss the interaction for 2-3 minutes, then rotate roles.

It may be helpful to also show the students a video clip that contrasts the use of a traditional interviewing style with motivational interviewing. This clip uses a nurse and patient interaction about Diabetes: <http://www.youtube.com/watch?v=KNIPGV7Xyg>



The clips below provide a face to the problem and are good for students to see what stages of change individuals are in. Select parts to show.

Chris part 1: <http://www.youtube.com/watch?v=747T8gBUYoA>

Chris part 2: <http://www.youtube.com/watch?v=tXyXCizGYXI&feature=relmfu>

Chris part 3: <http://www.youtube.com/watch?v=hs48vRdBOMU&feature=relmfu>

Final update: <http://www.youtube.com/watch?v=avVfDIjtQSE>

Jessie: <http://www.youtube.com/watch?v=AAwjBmrGL18&feature=related>

Module 13: Motivational Interviewing, Part 2

Required Reading

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

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

Group Activities: Rolling with Resistance

The video clip: <http://wisewoman.info/?q=node/5> demonstrates rolling with resistance techniques. Watch the clip and discuss which techniques were used, how effective you thought they were, and what you would do differently.

Module 14: Complementary and Alternative Body-Mind-Spirit Interventions

Required Reading

Cook, C.A.L., Becvar, D.S., Pontious, S.L. (2000). Complementary Alternative Medicine in Health and Mental Health: Implications for Social Work Practice. *Social Work in Health Care*, 31, 39-57.

Lee, M. Y., Ng, S. M., Leung, P., & Chan, C. (2009). *Integrative Body-Mind-Spirit Social Work: An empirically based approach to assessment and treatment*. New York: The Oxford University Press.

Chapter 6: Nurturing the Body for Balance and Tranquility

Chapter 8: Spiritual Growth and Transformation: Expanding Life's Horizons



Chapter 15: Ethics and Integrative Body-Mind-Spirit Social Work

Assignments

Select one CAM Body-Mind-Spirit Intervention that you are interested in learning and practicing. Practice the selected intervention consistently for a week.

Write a 2-page reflection paper that includes the following content:

- Briefly describe the intervention and evidence for its benefits
- Reflect on your experience of the practice: Benefits and Challenges
- Identify one client that you are currently working with in your internship or a client group that you plan to use the intervention and describe the rationale for your selection and any potential concerns or considerations

Supplemental Reading List

Overview

- Coulter, I. & Willis, E. (2007). Explaining the growth of complementary and alternative medicine. *Health Sociology Review*, 16 (3-4), 214-225.
- Gant, L. M., Benn, R., Gioia, D., & Seabury, B. (2009). Incorporating integrative health services in social work education. *Journal of Social Work Education*, 45(3), 405-425.
- Wootton, J.C. & Sparber, A. (2001). Surveys of Complementary and Alternative Medicine: Part I. General trends and Demographic Groups. *The Journal of Alternative and Complementary Medicine*, 7(2), 195-208.
- Kessler, R.C., Davis, R.B., Foster, D.F., Rompay, V.I., Walters, E.E., Wilkey, S., Kaptchuck, T.J., Eisenberg, D.M. (2001). Long-Term Trends in the use of complementary and alternative medical therapies in the United States. *Annals of Internal Medicine*, 135(4), 262-268.
- Foster, D.F., Phillips, R.S., Hamel, M.B., Eisenberg, D.M. (2000). Alternative Medicine Use in Older Americans. *Journal of American Geriatrics Society*, 48(12). Dec.
- Ellinoy, B.J., Lake, J., & Hobbs, C. (2007). Patient Safety. In J. Lake, & D. Spiegel (Eds.), *Complementary and Alternative Treatments in Mental Health Care* (pp 37-63). American Psychiatric Publishing, Inc. Arlington, VA.
- Finger, W., Arnold, E.M. (2002). Mind-Body Interventions: Applications for Social Work Practice. *Social Work in Health Care*, 35(4), 57-78.

Promoting Wellness and Health



- Schueller, S.M. (2009). Promoting Wellness: Integrating Community and Positive Psychology. *Journal of Community Psychology*, 37(7), 922-937.
- Lawson, G., Venart, E., Hazler, R.J., & Kottler, J.A. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling, Education & Development*, 46, 5-19.
- Myers, J.E., Sweeney, T.J., & Witmer, J.M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, 78, 251-266.
- National Wellness Institute (n.d.). Defining wellness. Retrieved from http://www.nationalwellness.org/index.php?id_tier=2&id_c=26
- Newsome, S., Chambers Christopher, J., Dahlen, P., & Christopher, S. (2006). Teaching counselors self-care through mindfulness practices. *Teachers College Record*, 108(9), 1881-1900.
- Poulin, P.A. (2008). Mindfulness training as an evidenced-based approach to reducing stress and promoting well being among human services professionals. *International Journal of Health Promotion and Education* 46 (2) 72-80.
- Krasner M., S, Epstein R., M, Beckman H. Suchman A., L, Chapman B. Mooney C., J, Quill, T.E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. Sep 23; 302(12): 1284-93.
- Yearwood, E., & Riley, J.B. (2010). Curriculum infusion to promote nursing student well-being. *Journal of Advanced Nursing*, 66(6), 1356-1364.

Spirituality

- Abels, S. L. (Ed.). (2000). *Spirituality in social work practice: Narratives for professional helping*. Denver, CO: Love Publishing.
- Bullis, R. K. (1996). *Spirituality in social work practice*. Washington, DC: Taylor & Francis.
- Canda, E. R. & Furman, L. D. (2010). *Spiritual diversity in social work practice: The heart of helping*. NY: Oxford University Press.
- Van Hook, M., Hugen, B., and Aguilar, M. (Eds.). (2001). *Spirituality within religious traditions in social work practice*. Pacific Grove, CA: Brooks/Cole.

Evidence-informed CAM and Body-Mind-Spirit practices for diverse health and mental health problems

- Chan, Tso & Ho, et al. (2006). Short communication: the effect of a one-hour Eastern stress management session on salivary cortisol, *Stress and Health*, 22, 45-49.
- Beckman H, Regier N, Young J. (2007). Effect of workplace laughter groups on personal efficacy beliefs. *Journal of Primary Prevention*, 28(2), 167-82.

- Follette, V. M., Palm, K.M., & Pearson, A. N. (2006) Mindfulness and trauma: implications for treatment. *Journal of Rational-Emotive & Cognitive-Behavior Therapy* 24, 45-61.
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain, *Journal of Behavioral Medicine*, 8, 162–90.
- Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149, 936-943.
- Lee, M. Y., Zaharlick, A., & Akers, D. (2011). Meditation and Treatment of Female Trauma Survivors of Interpersonal Abuses: Utilizing Clients’ Strengths. *Families in Society*, 92(1), 41-49.
- Liehr, P. & Diaz, N. (2010). A pilot study examining the effect of mindfulness on depression and anxiety for minority children. *Archives of Psychiatric Nursing*, 24(1), 69-71.
- Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press.
- Liu, C. J., Hsiung, P. C., Chang, K.J., et al. (2008). A Study on the Efficacy of Body–Mind–Spirit Group Therapy for Patients with Breast Cancer. *J. Clin. Nurs.* 17: 2539-2549.
- Mehta, P. & Sharma, M. (2010). Yoga as a complementary therapy for clinical depression. *Complementary Health Practice Review*, 15(3), 156-169.
- Melancon, B., & Miller, L.H. (2005). Massage therapy versus traditional therapy for low back pain relief. *Holistic Nursing Practice*, May/June, 116-121.
- Napoli, M. (2011). *Tools for mindful living: Stepping stones for practice and CD*. Dubuque, IA: Kendall Hunt Publishing Company.
- Singh, N. N., Singh, A. N., Lancioni, G. E., Singh, J., Winton, A. S. W., & Adkins, A. D. (2010). Mindfulness training for parents and their children with ADHD increases the children’s compliance. *Journal of Child and Family Studies*, 19(2), 157-166.
- Schmidt, S. (2004). Mindfulness and healing intention: Concepts, practice, and research evaluation. *Journal of Alternative and Complementary Medicine*, 10, S7–S14.
- Targ, E. F. & Levine, E. G. (2002). The efficacy of a mind-body-spirit group for women with breast cancer: a randomized controlled trial. *Gen. Hosp. Psychiatry*, 24, 238-248.
- Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68, 615-625.



- Thomas, K.J., MacPherson, H., Thorpe, L., Brazier, J., Fitter, M., Campbell, M.J., Roman, M., Walters, S.J., & Nicholl, J. (2006). Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain. *British Medical Journal*, 333, 626-632.
- Uebelacker, L. A., Epstein-Lubow, G., Gaudiano, B. A., Tremont, G., Battle, C. L., & Miller, I. W. (2010). Hatha yoga for depression: Critical review of the evidence for efficacy, plausible mechanisms of action, and directions for future research, *Journal of Psychiatric Practice*, 16(1), 22-33.
- van der Kolk, B. A. (2002). The assessment and treatment of complex PTSD. In R. Yehuda (Ed.), *Treating Trauma Survivors with PTSD* (pp. 127-156). Washington, D C: American Psychiatric Press.
- Wein, H. (2000, October). *Stress and disease: New perspectives*. The NIH Word on Health. National Institutes of Health.
- Witkiewitz, K., Marlatt, G. A., & Walker, D. (2005). Mindfulness-Based Relapse Prevention for Alcohol and Substance Use Disorders. *Journal of Cognitive Psychotherapy: An International Quarterly*, 19, 211-228.

Journals

- Alternative Therapies in Health and Medicine
- Integrative Medicine
- Journal of Religion and Spirituality in Social Work

Useful websites

- Healthy Coping With Stress - <http://www.innerhealthstudio.com/coping-with-stress.html>
- Buddhist inspired resources for physicians and other health care professionals - <http://dharmadoctors.org>

Module 15: Evaluation of Client Progress and Social Worker Effectiveness

Required Reading

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

Chapter 17: An outcome and clinical research focus in an integrated care patient-centered medical home. pages 297-309.

Kessler, R., & Glasgow, R.E. (2011). A proposal to speed translation of health-care research into practice: Dramatic changes are needed. *American Journal of Preventive Medicine* 40(6), 637-644.

Assignment: Health Plan Employer Data and Information Set

As noted in your class lecture and class PowerPoint, the National Committee for Quality Assurance website identifies and explains HEDIS, the Health Plan Employer Data and Information Set, which is



the most widely used set of performance measures for analyzing the quality of managed care plans. The website also describes the processes of accreditation, performance measurement, and the widely used HEDIS report card.

Visit the NCQA website and read the information on HEDIS measures and the HEDIS report card. Write a two page summary of the pros and cons of using HEDIS measures and the HEDIS report card for continuous quality improvement. If you were the CEO of a managed care organization would the HEDIS measures be your outcome measures of choice? Explain your reasoning.

Supplemental Reading List

- Stiefel, F.C., Zdrojewski, C., Bek hadj, F., Boffa, D., Dorogi, Y. et al. (2008). Effects of multifaceted psychiatric intervention targeted for complex medically ill: A randomized controlled trial. *Psychotherapy Psychosomatics*, 77 (4), 247-256.
- Garg, A.X., Adhikari, N.K., McDonald, H., et al (2005). Effects of computerized clinical decision support systems on practitioner performance and patient outcomes: a systematic review. *Journal of American Medical Association* 293,1223–38.
- Jha, A.K., DesRoches, C.D., Campbell, E.G., et al.(2009). Use of electronic health records in U.S. hospitals. *New England Journal of Medicine*, 360,1628–38.

VIII: Papers/Assignments

Module 1: Build a Student Homepage

Module 5: Assessment case paper (5 pages)

Module 9: Medication Scenario (2 pages)

Module 11: Intervention case paper (5 pages)

Module 14: CAM Body-Mind-Spirit reflection paper (2 pages)

Module 15: HEDIS Pros and Cons (2 pages)

Class Participation

Students are expected to contribute to in-class discussions. You are required to read the assigned articles and be prepared to discuss them.

Attendance



Students are expected to attend all classes and participate in class activities. Attendance will be taken at each class. Students who have anticipate having difficulties with attendance should discuss this with the instructor during the first week of class.

HIPPA Policy Statement

In line with the HIPAA regulations concerning protected health information, it is important that you understand that any consumer information you present in your work must be de-identified. This means is that any information that would allow someone to know who the person was needs to be changed or eliminated. This includes obvious things like names, birthdates, and other information that is so unique to the person that it may allow for identification, either alone or when used in combination with other available information.