**West Chester University**

**SWG 590.21: Advanced Clinical Practice in Integrated Health –**

**Behavior, Health, Nutrition, and Recovery**

**Summer I 2016 (June 20-24, 8 am to 4 pm, WCU Graduate Center, Room 305)**

1. Course Instructors: Nadine Bean, PhD, LCSW

Associate Professor, Graduate Social Work Department

Reynolds Hall, Room 207

nbean@wcupa.edu

 O: 610.436.3253 C: 610.220.1345

 Patricia Davidson, DCN, RDN, CDE, LDN, FAND

 Assistant Professor, Nutrition Department

 Sturzebecker Health Sciences Center, Room 307

 pdavidson@wcupa.edu

 O: 610.436.1066

 Stacie Metz, PhD, MSW, MPH, MA

 Professor, Graduate Social Work Department

 Reynolds Hall, Room 206

 smetz@wcupa.edu

 O: 610.436.2101

1. Credit Hours: 3 Graduate Credit Hours
2. Course Description :

This course is an inter-professional, graduate level elective for students in health and behavioral health sciences for learning the latest in integrated health or "whole health" approaches to working with individuals, families, and communities around issues of behavior, food security, health, and recovery. SAMHSA, NIH, and HRSA, along with a number of other governmental and non-governmental health organizations and foundations have been calling for a more integrated (primary health care and behavioral health care) approach to services. Crucial to this approach is to understand the public health ramifications of food security and nutrition and the interconnectedness of these factors on a person's health and recovery.  Also addressed will be the interplay of health care needs, culture, values, and barriers to access to care. A number of integrated health organizations in the tristate area are looking for professionals trained in this whole health approach – able to work as part of an inter-professional team in collaborating with people toward improving health and supporting recovery. Health professionals and administrators from these organizations will be guest lecturers. Students will visit some of these organizations. Developing a hypothetical, integrated health program proposal (a team effort) is a key component of the course.

1. Learning Outcomes

By the end of this course, the student will be able to:

1. Distinguish, appraise, and integrate transdisciplinary sources of knowledge, including research-based knowledge, and practice wisdom in collaborative assessment of and planned intervention for patient centered problem solving.
2. Develop consensus on the ethical principles to guide all aspects of interprofessional patient care and team work and manage ethical dilemmas (Adapted from Interprofessional Education Collaborative Expert Panel, 2011).
3. Examine the manner in which culture is closely interwoven with conceptualizations of health and recovery by recognizing the extent to which a culture’s structures and values may oppress, marginalize, alienate or create or enhance privilege and power.
4. Engage in practices that advance social and economic justice for individuals and families and respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care (Adapted from IPEC, 2011).
5. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care (Adapted from IPEC, 2011).
6. Assess strengths and limitations of individuals and families challenged by health problems and access to care.
7. Provide a framework for assessment and intervention that prioritizes recovery and allows for ongoing monitoring of risk and protective factors by critically analyzing, monitoring and evaluating interventions.
8. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible (Adapted from IPEC, 2011).
9. Maintain competence in one’s own profession appropriate to scope of practice (Adapted from IPEC, 2011).
10. Engage in continuous professional and interprofessional development to enhance patient centered care and recovery (Adapted from IPEC, 2011).
11. **Required Text:**

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

**Internet Resources for Integrated Health Services**

* Academy of Nutrition and Dietetics Evidence Analysis Library: [www.eatright.org](http://www.eatright.org)
* Agency for Healthcare Research and Quality: [www.ahrq.gov](http://www.ahrq.gov)
* Alzheimer's Association: [www.alz.org](http://www.alz.org)
* American Association of Diabetes Educators: <https://www.diabeteseducator.org/>
* American Diabetes Association: <http://www.diabetes.org/>
* American Public Health Association: [www.apha.org](http://www.apha.org)
* Centers for Disease Control and Prevention, ACE Study: <https://www.cdc.gov/violenceprevention/acestudy/>
* Interprofessional Education Collaborative: <https://ipecollaborative.org>
* Mental Health America, [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)
* National Alliance on Mental Illness: [www.nami.org](http://www.nami.org)
* National Center for PTSD, United States Department of Veterans Affairs: [www.ptsd.va.gov](http://www.ptsd.va.gov)
* National Child Traumatic Stress Network: [www.nctsnet.org](http://www.nctsnet.org)
* National Council for Behavioral Health: <http://www.thenationalcouncil.org/>
* National Institutes of Health: [www.nih.gov](http://www.nih.gov)
* National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)
* National Institute of Aging: [www.nih.gov/nia](http://www.nih.gov/nia)
* National Institute on Alcohol Abuse and Alcoholism: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
* National Institute of Child Health and Human Development: [www.nichd.nih.gov](http://www.nichd.nih.gov)
* National Institute on Drug Abuse: [www.nida.nih.gov/NIDAHome1.html](http://www.nida.nih.gov/NIDAHome1.html)
* National Institute of Neurological Disorders and Stroke: [www.ninds.nih.gov](http://www.ninds.nih.gov)
* Patient Centered Medical Home Resource site: <https://pcmh.ahrq.gov/page/defining-pcmh>
* Substance Abuse & Mental Health Services Administration, Recovery to Practice: Bridging People, Knowledge, Tools, and Experience: <http://www.samhsa.gov/recoverytopractice/>
* Substance Abuse & Mental Health Services Administration – Health Resources and Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions (CIHS): <http://www.integration.samhsa.gov/about-us/about-cihs>
* US Department of Health and Human Services, Health Resources and Services Administration: <http://www.hrsa.gov/index.html>
1. **Instructional Methodology**

The teaching methods in this course will include lecture, large group discussion, small group discussion, analysis of case materials, audio/visual aids, simulations and small group exercises for an active learning environment. Students will be asked to present their observations and scholarly analyses in oral presentations and to write a final report on a group project. Knowledge of the reading assignments is expected for active class participation.

1. **Course/Classroom Expectations**
* *Class attendance* – Students are expected to attend the entire class each session every class. Timeliness is expected. More than one absence or three late arrivals will result in a drop of one letter grade for the course. Students are expected to notify the instructor prior to any absences or late arrivals and must get missed material from classmates. It is mandatory for students to be in class to take the in-class final exam.
* *Course readings* – Students are expected to complete and be prepared to discuss the assigned readings including the PowerPoint presentations posted on D2L. Class discussions and lectures are designed to be an integration of course material, not a review of all required readings. Students are accountable for assigned material not covered in class.
* *Respectful interactions* – Students are expected to interact with instructors and peers in a respectful, professional manner (e.g. active listening in class, use of non-discriminatory language, use of constructive debate and feedback, appropriate and professional use of email). Please refrain from use of electronic media including mobile phones or laptops to communicate with others during class time. Engaging in such behavior will affect the student’s class participation grade.
* *Timely completion of written assignments* – Students are expected to complete written assignments in a timely manner. Late assignments will only be accepted with prior approval from the instructor.
* *Professional quality of written assignments* – Students are expected to produce professional quality work. This includes using non-sexist and inclusive language, not engaging in plagiarism (intended or unintended), giving credit to original author(s) for concepts and ideas that are not the student’s own, and using scholarly references to support one’s ideas in APA format. APA manuals are available for purchase at the WCU bookstore. The following is the complete citation for the manual:

American Psychological Association (2009). *Publication Manual of the American Psychological Association.* (6th ed.). Washington, DC: Author.

An excellent online resource for APA is the OWL (Online Writing Lab) at Purdue University: <http://owl.english.purdue.edu>.

* *Plagiarism* – Plagiarism is a serious violation of West Chester University’s [Academic Integrity Policy](http://www.wcupa.edu/_INFORMATION/OFFICIAL.DOCUMENTS/GRADUATE.CATALOG/acadinfo.htm#integrity) and can result in expulsion from the University. Students admitted to West Chester University for a Master’s degree are expected to have a clear understanding of plagiarism, including its consequences and how to avoid it. Any student who does not feel prepared to submit graduate-level work that is properly cited must take it upon themselves to become familiar with standards of citation and documentation.
* For questions regarding ***Academic Dishonesty, the No‐Grade Policy, Sexual Harassment, or the Student Code of Conduct***, students are encouraged to refer to their department’s handbook, the *Graduate Course Catalogue*, the *Ram’s Eye View*, or the University website. Please understand that improper conduct in any of these areas will not be tolerated and may result in disciplinary action, including removal from the classroom and/or a failing grade.
* *Support* - Students who need academic support are expected to take advantage of the University’s Writing Center services, including on-line and in-person tutorials: <http://www.wcupa.edu/academics/writingcenter/>. Course instructors are also available during office hours for additional help with course assignments or content.
* ***Persons with Disabilities Accommodations***

If you have a disability that requires accommodations under the Americans with Disabilities Act (ADA), please present your letter of accommodations and meet with me as soon as possible so that I can support your success in an informed manner. Accommodations cannot be granted retroactively. If you would like to know more about West Chester University’s Services for Students with Disabilities(OSSD), please contact the OSSD which is located at 223 Lawrence Center. The OSSD hours of Operation are Monday – Friday 8:30 a.m. – 4:30 p.m. Their phone number is 610-436-2564, their fax number is 610-436-2600, their email address is ossd@wcupa.edu, and their website is at [www.wcupa.edu/ussss/ossd](http://www.wcupa.edu/ussss/ossd)

* ***Title IX Policy***

West Chester University and its faculty are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, the University requires faculty members to report incidents of sexual violence shared by students to the University's Title IX Coordinator, Ms. Lynn Klingensmith. The only exceptions to the faculty member's reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a University-approved research project. Faculty members are obligated to report sexual violence or any other abuse of a student who was, or is, a child (a person under 18 years of age) when the abuse allegedly occurred to the person designated in the University protection of minors policy. Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence is set forth at the webpage for the Office of Social Equity at <http://www.wcupa.edu/_admin/social.equity/>

* ***Email Communications Policy/”Netiquette”***

It is expected that faculty, staff, and students activate and maintain regular access to University provided e-mail accounts. Official university communications, including those from your instructor, will be sent through your university e-mail account. You are responsible for accessing that mail to be sure to obtain official University communications. Failure to access will not exempt individuals from the responsibilities associated with this course. These are professional communications and as such, you should include a proper salutation: Dear Dr. X or Professor Y. You should also use proper grammar and punctuation. “Text-talk” is for your friends and loved ones in informal communication. Please also sign your email with your full name. Thank-you!

1. **Assignments\*, Descriptions, and Outcomes**

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| --- | --- | --- |
| **Assignment/Description** | **Learning Outcomes Measured** | **% of Grade,****Date Due** |
| **Case Analysis Paper – Integrated Assessment and Planned Intervention (4-6 pages)****This is an individual paper and is based on a case that is posted to the course D2L site (the case of Pietro). More detailed expectations for the assignment and the grading rubric are also found on D2L.**  | 1, 3, 4, 6, & 7 | **30%****Due: 6/25, Saturday evening,** **11 pm in Dropbox** |
| **Free, 3-hour webinar/training in SBIRT (Screening, Brief Intervention, and Referral to Treatment) from SAMHSA/HRSA:**[**http://bigsbirteducation.webs.com/addictionwebinars.htm**](http://bigsbirteducation.webs.com/addictionwebinars.htm)**At the end of the training, please take a screen shot of your having successfully finished the training and place it in Dropbox.** | 7, 8, 9, & 10 | **20%****Due: 6/23, Thursday evening,** **11 pm in Dropbox** |
| **Final Project – PowerPoint or Prezi Presentation (20-25 slides) on a interprofessional, collaborative, integrated health program proposal, including plans for evaluation of services.****This is a group project that involves interprofessional collaboration in developing a hypothetical, integrated health program proposal for either an underserved, lower SES, urban, multi-cultural neighborhood (e.g. West Philadelphia, the city of Chester) or for a suburban/rural, multi-cultural community (e.g. Phoenixville, Coatesville, or Kennett Square, PA). Detailed expectations and a grading rubric will be posted to D2L.** *NOTE: Evidence of each group member’s contributions must also be submitted. Instructions about how to do this are in the detailed expectations for the assignment, posted on D2L.* | 1, 2, 3, 4, 5, 6, 7, 8, 9, & 10 | **30%****Due: 6/30, Thursday evening,** **11 pm in Dropbox** |

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| **Class Participation**Active learning in the classroom requires that instructors and students accept some degree of shared responsibility for learning and meaning. Students are expected to be prepared to discuss readings and to participate actively in the classroom. | 1, 2, 3, 5, 6, 7, 8 | **20%****\*Please refrain from use of electronic media including mobile phones or laptops to communicate with others during class time.** **\*Engaging in such behavior will affect the student’s class participation grade.** |

1. Grading Scale:

 A = 94 - 100 B+ = 87 - 89 C+ = 77 – 79 F = Below 70

A- = 90 - 93 B = 84 - 86 C = 74 - 76

 B- = 80 - 83 C- = 70 – 73

 Late assignments will only be accepted with prior approval from the instructor and for reasons as outlined in the Student Handbook. The student must provide documentation of the reason(s), such as a medical emergency, for late submission of an assignment. Turning in an assignment late and without prior notification of and approval from the instructor can result in the lowering of the grade, regardless of the circumstances.

1. **Course Outline (NOTE: e-reserves password is: integratedcare)**

**Introduction, Welcome, Pre-test (Day 1, 8-8:30 am)**

**Module 1 (Day 1, 8:30 am - 12 noon): Introduction to Integrated Healthcare; Culture of Health**

**Drs. Bean, Davidson, & Metz**

* + - * Integrating the perspectives of social work, nutrition, nursing, and public health
			* Trans-disciplinary/Interprofessional practice- What does it mean?
			* What is meant by a “Culture of Health”?
			* Trauma-informed, yet recovery and resiliency promoting framework
			* Importance of food security, nutrition, behavioral and primary care integration
				+ Discussion of the uniqueness of this model
			* Evidence for integration- Why is integration working?
			* Facilitators and barriers to integrated healthcare

**Honored Guest: Linda Adams, RN, DrPH, FAAN**

 **Professor of Nursing and Dean, College of Health Sciences, West Chester U.**

**Required Readings/**Recommended Readings

**INTEGRATING THE PERSPECTIVES/WHAT DOES INTERPROFESSIONAL PRACTICE MEAN?**

**Addy, C. L., Browne, T., Blake, E. W., & Bailey, J. (2015). Enhancing interprofessional education: Integrating public health and social work perspectives. *American Journal of Public Health, 105*, S106-S108. doi:10.2105/AJPH.2014.302502 (e-reserve)**

**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 2: Becoming the Behavioral Health Expert, pp. 21-35.**

Hall, J., Cohen, D. J., Davis, M., Gunn, R., Blount, A., Pollack, D. A., Miller, W. L., Smith, C., Valentine, N., & Miller, B. F. (2015). Preparing the workforce for behavioral health and primary care integration. *Journal of American Board of Family Medicine, 28*, S41-S51.

 doi: 10.3122/jabfm.2015.S1.150054 (e-reserve)

**Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving toward integrated health: An opportunity for social work. Social Work in Health Care, 54, 383-407.**

 **doi: 10.1080/00981389.2015.1025122 (e-reserve)**

**IMPORTANCE OF FOOD SECURITY, NUTRITION, BEHAVIORAL AND PRIMARY CARE INTEGRATION**

Centers for Disease Control and Prevention. (2014). *Healthier food retail: Beginning the assessment process in your state or community.* Atlanta: U.S. Department of Health and Human Services. <http://www.cdc.gov/obesity/downloads/hfrassessment.pdf>

**Drexel Center for Hunger Free Communities:** [**http://www.centerforhungerfreecommunities.org**](http://www.centerforhungerfreecommunities.org)

**Eliot, K.A., & Kolasa, K.M. (2015). The value in interprofessional, collaborative-ready nutrition and dietetics practitioners. *Journal of the Academy of Nutrition and Dietetics, 115*(10), 1578-1588.** [**http://dx.doi.org/10.1016/j.jand.2015.03.025**](http://dx.doi.org/10.1016/j.jand.2015.03.025)

World Health Organization. (2012). Summary report: All for equity. World conference on social determinants of health, Rio de Janeiro, Brazil, 19-21 October 2011

<http://www.who.int/sdhconference/resources/Conference_Summary_Report.pdf>

**UNIQUENESS OF MODEL**

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.

 <http://www.ibhp.org/uploads/file/lit%20review%20integrated%20care%20final.pdf>

**EVIDENCE FOR INTEGRATION**

Bondevik, G. T., Holst, L., Haugland, M., Baerheim, A., & Raaheim, A. (2015). Interprofessional workplace

 learning in primary care: Students from different health professions work in teams in real-life

 settings. *International Journal of Teaching and Learning in Higher Education, 27*(2), 175-182.

 <http://files.eric.ed.gov/fulltext/EJ1082874.pdf>

**FACILITATORS AND BARRIERS**

**Ely, L. T. (2015). Nurse-managed clinics: Barriers and benefits toward financial sustainability when integrating primary care and mental health. *Nursing Economics, 33*(4), 193-203.** (e-reserve)

**Module 2 (Day 1, 1 – 4 pm): Theories, Perspectives, and Practice Models in Integrated Healthcare**

* + - * + BioPsychoSocialSpiritual
				+ Self-determination Theory
				+ Strengths/Resiliency/Empowerment
				+ Stress/Vulnerability Model
				+ Chronic Care Model/ Health Self-management
				+ Medical Home Model

**Required Readings**/Recommended Readings

**BIOPSYCHOSOCIALSPIRITUAL PERSPECTIVE**

Institute of Medicine, Committee on Health and Behavior: Research, Practice, and Policy, Board on Neuroscience and Behavioral Health. (2001). *Health and behavior: The interplay of biological, behavioral, and societal influences*. Washington (DC): National Academies Press.

 <http://www.ncbi.nlm.nih.gov/books/NBK43743/>

 NOTE: This is a book. Do not print out. You can download it and save it as a resource.

**STRENGTHS/EMPOWERMENT/RESILIENCY**

**Anderson, R.M., & Funnell, M.M. (2009). Patient empowerment: Myths and misconceptions. *Patient Education and Counseling, 79*(3), 277-282.** (e-reserve)

**STRESS VULNERABILITY MODEL**

**Goh, C.; & Agius, M. (2010). The stress-vulnerability model how does stress impact on mental illness at the level of the brain and what are the consequences. *Psychiatric Danub Journal, 22* (2): 198-202.**

[**http://www.hdbp.org/psychiatria\_danubina/pdf/dnb\_vol22\_no2/dnb\_vol22\_no2\_198.pdf**](http://www.hdbp.org/psychiatria_danubina/pdf/dnb_vol22_no2/dnb_vol22_no2_198.pdf)

**CHRONIC CARE MODEL**

Bowen, J. L., Stevens, D. P., Sixta, C. S., Provost, L., Johnson, J. K., Woods, D. M., & Wagner, E. H. (2010).

 Developing measures of educational change for academic health care teams implementing the

chronic care model in teaching practices. *Journal of General Internal Medicine, 25* (Suppl 4) 586-592. (e-reserve)

**HEALTH SELF-MANAGEMENT MODEL**

Lorig, K. R., & Holman, H. R. (2003). Self-management education: History, definition, outcomes, and

 mechanisms. *Annals of Behavioral Medicine*, *26*(1), 1-7. (e-reserve)

**SELF DETERMINATION THEORY**

**Self Determination Theory:** <http://selfdeterminationtheory.org/theory/>

**MEDICAL HOME MODEL**

**Aysola, J., Werner, R.M, Keddem, S., SoRelle, R., & Shea, J.A. (2015). Asking the patient about patient-centered medical homes: A qualitative analysis. *J. Gen Intern Med, 30*(10), 1461-1467.** (e-reserve)

**Berryman, S. N., Palmer, S. P., Kohl, J. E., & Parham, J. S. (2013). Medical home model of patient-centered health care. *MEDSURG Nursing*, *22*(3), 166-196.** (e-reserve)

Collins, C., Hewson, D. L., Munger, R., & Wade, T. (2010). *Evolving models of behavioral health integration in primary care.* New York: Milbank Memorial Fund. (e-reserve)

NOTE: This is a book. Do not print out. You can download it and save it as a resource.

**Raja, S., Hasnain, M., Vadakumchery, T., Hamad, J., Shah, R., & Hoersch, M. (2015) Identifying elements of patient-centered care in underserved populations: A qualitative study of patient perspectives. PLOS ONE 10(5), 1-16.** [**http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0126708**](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0126708)

**MODULE 3 (Day 2, 8 – 11:30 am): Engagement & Relationship Building in Integrated Healthcare**

* + - * Practice Behaviors
				+ Collaborative practice
				+ Effective trans-disciplinary communication
				+ Person-centered, not diagnosis centered
			* Motivational Interviewing
				+ Verbal/non verbal
				+ MI/Trans-theoretical theory of change/OARS
			* Diversity & Cultural factors
				+ Cultural humility (versus cultural competency)
				+ Cultural belief systems regarding health, mental health, spirituality, and wellness

**Required Readings**/Recommended Readings

**COLLABORATIVE PRACTICE**

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

 **Chapter 5: Ethics in Integrated Care.**

 **Chapter 7: Cross-cultural Issues in Integrated Care.**

**Khan, B. A., Lasiter, S., & Boustani, M. A. (2015). The critical care recovery center: An innovative**

 **collaborative care model for ICU survivors. *American Journal of Nursing, 115*(3), 24-46.**

(e-reserve)

Low, C. M. (2015). The importance of integrated care and collaborative consultation for advancing early childhood mental health: Lessons learned from professional colleagues. *Brown University Child & Adolescent Behavior Letter, 31*(2), 1-7. (e-reserve)

**EFFECTIVE TRANS-DISCIPLINARY COMMUNICATION**

**Davis, K. E., Brigell, E., Christiansen, K., Snyder, M., McDevitt, J., Forman, J., & ... Wilkniss, S. M. (2011). Integrated primary and mental health care services: An evolving partnership model. *Psychiatric Rehabilitation Journal, 34*(4), 317-320.** (e-reserve)

**PERSON-CENTERED, NOT DIAGNOSIS CENTERED**

Flaherty, M. T. (2012). How parity and recovery are modernizing the medical model. Alcoholism & Drug

 Abuse Weekly, 24(24), 5-6. (e-reserve)

**MOTIVATIONAL INTERVIEWING**

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

 Chapters 1-3

 <http://web.vu.lt/mf/r.viliuniene/files/2014/10/Motivational-Interviewing-in-Health-Care.-Helping-Patients-Change-Behavior.pdf>

NOTE: This is a book. Do not print out. You can download it and save it as a resource.

What is Motivational Interviewing?

<http://www.stephenrollnick.com/index.php/all-commentary/64-what-is-motivational-interviewing>

**MODULE 4 (Day 2, 12:30 – 4 pm)**

**Collaborative Assessment and Screening Tools**

* + - * + Advanced Assessment skills building

How to utilize assessment to inform planning and intervention

Psycho-education on connection between health, mental health and nutrition

* + - * + Assessment Tools and Screening Instruments

Mental Status Exam (MMSE)

Depression Screening (PHQ9)

Suicide Screening (SAFE-T)

Anxiety Screening (GAD-7)

Trauma Screening (PC-PTSD)

ACE Screening Tool

Substance Abuse (CAGE, SBQ-R and SBIRT)

Assessment tools for food security and nutrition status

**Required Readings**/Recommended Readings

**ADVANCED ASSESSMENT SKILLS BUILDING**

**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.**

**PSYCHO-EDUCATION ON CONNECTION BETWEEN HEALTH, MENTAL HEALTH AND NUTRITION**

**Leyse-Wallace, R. (2013). *Nutrition and mental health*. Boca Raton, FL: CRC Press.**

(Chapter 1, pp. 1-12, only)

Available for online reading through the WCU library, go to following link and log-in: <http://site.ebrary.com.proxy-wcupa.klnpa.org/lib/westchester/detail.action?docID=10648169>

Brown, M. J., Thacker, L. R., & Cohen, S. A. (2013). Association between Adverse Childhood Experiences

and diagnosis of cancer. PLoS ONE, 8(6), e65524. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0065524>

**ASSESSMENT TOOLS AND SCREENING INSTRUMENTS**

**MENTAL STATUS EXAM**

Ramirez, M., Teresi, J. A., Holmes, D., Gurland, B., & Lantigua, R. (2006). Differential item functioning (DIF) and the Mini-Mental State Examination (MMSE): Overview, sample, and issues of translation. *Medical Care*, *44*(11), S95–S106. (e-reserve)

**Bennett, A. & Evans, B. (2008). Mental Status Exam. (Video tutorial, will be viewed in class.)** (<http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>

**DEPRESSION**

Patient Health Questionnaire (PHQ-9)

<http://www.med.umich.edu/1info/FHP/practiceguides/depress/phq-9.pdf>

**SUICIDE SCREENING**

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

**Chapter 11: Suicide Screening, Assessment, and Intervention with Adult Patients in**

 **Integrated Care, pp. 209-226.**

Suicide Prevention Resource Center. (n.d.) Suicide Assessment Five-step Evaluation and Triage (SAFE-T) for mental health professionals.

 <http://www.sprc.org/sites/sprc.org/files/library/safe_t_pcktcrd_edc.pdf>

**ANXIETY SCREENING TOOL**

GAD-7 (Generalized Anxiety Disorder) and PC-PTSD

 <http://www.integration.samhsa.gov/clinical-practice/screening-tools#anxiety>

**TRAUMA**

**American Academy of Pediatrics. (2014). Addressing adverse childhood experiences and other types of trauma in the primary care setting. Retrieved from:** [**https://www.aap.org/en-us/Documents/ttb\_addressing\_aces.pdf**](https://www.aap.org/en-us/Documents/ttb_addressing_aces.pdf)**.**

**CDC BRFSS Adverse Child Experience (ACE) Questionnaire (e-reserve)**

**Prins, A., Ouimette, P., Kimerling, R., et al. (2003). Primary Care PTSD Screen (PC-PTSD).**

[**http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp**](http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp)

**SUBSTANCE USE**

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

 **Chapter 9: Treating Patients with Substance Abuse Issues in Integrated Care, pp. 183-198**

LINK FOR SBQ-R: <http://www.integration.samhsa.gov/images/res/SBQ.pdf>

LINK FOR CAGE-AID: <http://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

LINK FOR SBIRT: <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

 SBIRT free webinar training: <http://bigsbirteducation.webs.com/addictionwebinars.htm>

**ASSESSMENT TOOLS FOR FOOD SECURITY AND NUTRITION STATUS**

Berkowitz, S.A., Bagget, T.P., Wexler, D.J., Huskey, K.W., & Wee, C.C. (2013). Food insecurity and metabolic control among U.S. adults with diabetes. *Diabetes Care, 35*, 3093-3099. (e-reserve)

**Schroeder, K., & Smaldone, A. (2015). Food insecurity: A concept analysis. *Nursing Forum, 50* (4), 274-284. (e-reserve)**

**MODULE 5 (Day 3, 8 – 11:30 am): Behavioral Health Challenges Presenting in Primary Care**

* + - Most common reason for primary care visits (mental health issues often at heart of other health complaints)
		- 5 A’s model for integrated behavioral healthcare
		- Integrated care model for depression
			* IMPACT
			* Depression epidemiology and facts
		- Integrated care model for diabetes
			* Diabetes epidemiology and clinical knowledge

**Required Readings**/Recommended Readings

**MOST COMMON REASONS FOR PRIMARY CARE VISITS: MENTAL HEALTH ISSUES**

**Hardy, S., & Gray, R. (2012). *The primary care guide to mental health* (1st ed.). Cumbria, U.K.: M & K Pub.**

**Chapter 1, Recovery; Chapter 2, Depression; and Chapter 3, Anxiety**

Available to read online via WCU library website, go to following link and log-in:

<http://site.ebrary.com/lib/westchester/detail.action?docID=10529608>

**5 A’s BEHAVIOR CHANGE MODEL FOR INTEGRATED BEHAVIORAL HEALTHCARE**

**5 A’s Behavior Change Model, Adapted for Self-Management Support Improvement (2002, Glasgow, et al, Whitlock, et al)**

 <http://www.improvingchroniccare.org/downloads/3.5_5_as_behaviior_change_model.pdf>

**INTEGRATED CARE MODEL FOR DEPRESSION**

Krahn, D. D., Bartels, S. J., Coakley, E., Oslin, D. W., Chen, H., McIntyre, J., &... Levkoff, S. E. (2006). PRISM-E: Comparison of integrated care and enhanced specialty referral models in depression outcomes. *Psychiatric Services (Washington, D.C.), 57*(7), 946-953. doi:10.1176/appi.ps.57.7.946 (e-reserve)

IMPACT: <http://aims.uw.edu/impact-improving-mood-promoting-access-collaborative-treatment>

**INTEGRATED CARE MODEL FOR DIABETES**

Laiteerapong, N., Karter, A. J., John, P. M., Schillinger, D., Moffet, H. H., Liu, J. Y., & ... Huang, E. S. (2013). Ethnic Differences in Quality of Life in Insured Older Adults with Diabetes Mellitus in an Integrated Delivery System. Journal of The American Geriatrics Society, 61(7), 1103-1110. doi:10.1111/jgs.12327

Log-in on WCU library website, via following link to access:

<http://onlinelibrary.wiley.com.proxy-wcupa.klnpa.org/doi/10.1111/jgs.12327/full>

**DIABETES EPIDEMIOLOGY AND CLINICAL KNOWLEDGE**

**Centers for Disease Control and Prevention. (2011). National Diabetes Fact Sheet. Atlanta, GA: Author.** [**http://www.cdc.gov/diabetes/pubs/pdf/ndfs\_2011.pdf**](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf)

Powers, M.A., Bardley, J., Cypress, M., Duker, P, Funnell, M.M., Hess Fischl, A., &…Vivian, E. (2015). Diabetes self-management education and support in type 2 diabetes: A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Journal of the Academy of Nutrition and Dietetics,* 1323-1334.

 [http://www.andjrnl.org/article/S2212-2672(15)00549-3/pdf](http://www.andjrnl.org/article/S2212-2672%2815%2900549-3/pdf)

**Module 6 (Day 3, 12:30 – 2:30 pm): Care Planning and Documentation**

* + - * Client-centered goals - based on client’s own desires
				+ What works for this client and what are they willing to accept?
				+ Develop care plan based on assessment and shared decision making
			* Integrating other providers in shared planning and decision-making process
				+ Engaging families and significant others in care planning processes
				+ Consumer Centered Family Consultation Model

**Required Readings**/Recommended Readings

**CLIENT-CENTERED GOALS**

Johnson, S. L., Kim, Y. M., & Church, K. (2010). Towards client-centered counseling: Development and testing of the WHO decision-making tool. *Patient Education and Counseling, 81*(3), 355-361. doi:10.1016/j.pec.2010.10.011 (e-reserve)

**Pomerantz, A. S. (2014). Listening to the voice of the patient. *Families, Systems & Health: The Journal of Collaborative Family Healthcare, 32*(4), 433-435. doi:10.1037/fsh0000086** (e-reserve)

**INTEGRATING OTHER PROVIDERS IN SHARED PLANNING AND DECISION-MAKING**

**Glueck, B. (2015). Roles, attitudes, and training needs of behavioral health clinicians in integrated primary care. *Journal of Mental Health Counseling, 37*(2), 175-188. doi:10.17744/mehc.37.2.p84818638n0744** (e-reserve)

**ENGAGING FAMILIES AND SIGNIFICANT OTHERS**

**Levkovich, N. (2015). The next frontier: Bringing collaborative care to scale. *Families, Systems & Health: The Journal of Collaborative Family Healthcare, 33*(4), 428-429. doi:10.1037/fsh0000164**

(e-reserve)

**CONSUMER CENTERED FAMILY CONSULTATION MODEL**

Jewell, T. C., Smith, A. M., Hoh, B., Ladd, S., Evinger, J., Lamberti, J. S., & ... Salerno, A. J. (2012). Consumer Centered Family Consultation: New York State's recent efforts to include families and consumers as partners in recovery. *American Journal of Psychiatric Rehabilitation*, *15*(1), 44-60. doi:10.1080/15487768.2012.655230 (e-reserve)

**Module 7 (Day 3, 2:30 – 4, Day 4, 8 – 9:30 am): Interventions in Integrated Healthcare**

* + - * Selecting the most appropriate interventions
				+ Medication and Integrated Healthcare
			* Evaluation of Client Progress
				+ 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
			* Clinician and client wellness and health promotion

**Required Readings**/Recommended Readings

**SELECTING THE MOST APPROPRIATE INTERVENTIONS**

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

 **Chapter 4: Brief Treatment: A Model for Clinical Guidelines in Integrated Care, pp. 59-75.**

**MEDICATION AND INTEGRATED HEALTHCARE**

**Curtis, R. & Christian, E. (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, pp. 297-310.**

**EVALUATION OF CLIENT PROGRESS**

* + - * + **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**

**Martin, M. P., White, M. B., Hodgson, J. L., Lamson, A. L., & Irons, T. G. (2014). Integrated primary care: A systematic review of program characteristics. *Families, Systems & Health, 32,* 101-115. doi: 10.1037/fsh0000017** (e-reserve)

Miller, B. F., Mendenhall, T. J., & Malik, A. D. (2009). Integrated primary care: An inclusive three-world view through process metrics and empirical discrimination. *Journal of Clinical, Psychological, and Medical Settings, 16*, 21-30. doi 10.1007/s10880-008-9137-4 (e-reserve)

**Reynolds, H.W., & Sutherland, E.G. (2013). A systemic approach to the planning, implementation, monitoring, and evaluation of integrated health services. *BMC Health Services Research, 13*, 1-11.** [**http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-168**](http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-168)

**Rosenzveig, A., Kuspinar, A., Daskalopoulou, S.S., & Mayo, N.E. (2014). Toward patient-centered care: A systemic review of how to ask questions that matter to patients. *Medicine, 93* (22), 1-10. (e-reserve)**

**CLINICIAN AND CLIENT WELLNESS AND HEALTH PROMOTION**

Atanes, A.C.M., Andreoni, S., Hirayama, M.S., Montero-Marin, J., Barros, V.V., Ronzani, T.M., &… Demarzo, M.M.P. (2015). Mindfulness, perceived stress, and subjective well-being: A correlational study in primary care health professionals. *BMC Complementary and Alternative Medicine, 15*, 303. doi:10.1186/s12906-015-0823-0 (e-reserve)

Asuero, A.M., Queraltó, J.M., Pujol-Ribera, E., Berenguera, A., Rodriguez-Blanco, T., & Epstein, R.M. (2014). Effectiveness of a mindfulness education program in primary health care professionals: A pragmatic controlled trial. *The Journal of Continuing Education in The Health Professions, 34*(1), 4-12. doi:10.1002/chp.21211 (e-reserve)

**Mauer, B.J., & Druss, B.G. (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.** (e-reserve)

**Module 8 (Day 4, 9:30 – 11 am): Planning for the Future: Advocating for Changes in Policy**

**Required Readings**/Recommended Readings

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

 **Chapter 15: Leadership in Integrated Care**

 **Chapter 16: Integrated Care Policy**

Hubley, S. H., & Miller, B. F. (2016). Implications of healthcare payment reform for clinical psychologists in medical settings. *Journal of Clinical Psychology in Medical Settings, 23*(1), 3-10. doi:10.1007/s10880-016-9451-1 (e-reserve)

**Module 9 (Day 4, 11 am – 12:30 pm): Post-test and Focus Group**

**Module 10 (Day 4, afternoon/evening): Group Meetings for Final Project/SBIRT Webinar** (<http://bigsbirteducation.webs.com/addictionwebinars.htm>)

**Module 11 (Day 5, 8:30 am to 3 pm): Field Visits to Integrated Health Care Organizations**

**La Comunidad Hispana (Kennett Square);**

**Creative Health Services; Community Health and Dental Care (Pottstown, shared campus)**

(We will be carpooling to both places – leaving from WCU, GC at 8:30 am. We will finalize plans by Day 3.)