

CLINICAL SOCIAL WORK: HEALTH, SPRING 2022

19:910:516

Insert Class Day / Meeting Time: 2 hours 40 minutes

Instructor:

Office:

Phone: (cell)

Email:

I. CATALOG COURSE DESCRIPTION

Theories and skills of direct clinical practice are applied at an advanced level for individuals, families, and groups in health care settings. Crisis intervention skills, case management, and professional practice as part of an interdisciplinary team are addressed.

II. COURSE OVERVIEW

This course aims to help students develop knowledge and skill with the full range of social work skills used in health care social work. A model of practice is introduced that suggests that social workers need to be simultaneously attuned to the psychosocial problems confronting people with major health problems at the same time as they recognize and work to alleviate the structural or systemic roots of many health problems. The model introduced here builds on generalist practice as introduced in the first year of study and approaches to advanced intervention. In introducing this approach, major attention is paid to the special needs of people with health problems, the nature of the health care organizations that render care, and social work's role as one of the health professions.

Given the ongoing change in health care financing, organization, and delivery, especially the advent of managed care, attention will be paid to the opportunities, as well as the threats posed by emerging developments, and the adaptation of skills needed to respond to this changing environment.

Focus is on 1) working with people who are experiencing extensive, often long term health problems; 2) working with people of different ethnic and minority groups, people with diverse sexual orientations, and especially vulnerable people, including poor people, older adults, and people with disabilities; 3) work carried out in the fast-paced context of crisis and time constraints; 4) the tools needed to function in complex health care systems, and 5) consideration of the principles and skills of interdisciplinary practice. There will also be some attention to the health care practitioner's role in effecting institutional change.

III. PLACE OF THE COURSE IN THE PROGRAM

This is an elective (distribution requirement) in the Advanced Practice Year targeted primarily for students with a special interest in health care. However, the material covered may be of use to

students interested in other fields of practice. A prerequisite is satisfactory completion of the Professional Foundation Year.

IV. PROGRAM LEVEL LEARNING GOALS AND THE COUNCIL OF SOCIAL WORK EDUCATION'S SOCIAL WORK COMPETENCIES

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at www.cswe.org.

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competencies serve as program-level Learning Goals for the MSW Program and include the following. In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competencies serve as program-level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education, students will be able to: demonstrate ethical and professional behavior; engage in diversity and difference in practice; advance human rights and social, economic, and environmental justice; engage in practice-informed research and research-informed practice; engage with individuals, families, groups organizations and communities; intervene with individuals, families, groups, organizations, and communities; and evaluate practice with individuals, families, groups, organizations, and societies.

This course will assist students in developing the following competencies:

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Clinical social workers understand the importance of the assessment process and recognize that it is ongoing and that it directly informs their interventions. Clinical social workers value holistic assessment and therefore use the bio-psycho-social-spiritual assessment process and analyze clients' strengths and resiliencies, coping skills, and adaptation to traumatic and stressful life events in a full assessment. Practitioners of clinical social work understand how their personal experiences may impact the assessment process. Clinical social workers recognize the power of intergenerational family patterns on individuals and explain these to clients while avoiding deterministic approaches to identifying such patterns. When applicable, clinical social workers rely on the *Diagnostic and Statistical Manual of Mental Disorders* to enhance their assessment, conduct differential diagnoses, and communicate with other health-care providers about clients' presenting problems and symptomatology. Clinical social workers elicit client feedback about their experience of the assessment process, reflect upon varied meanings of the assessment, and share these assessment outcomes with clients.

Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems—poverty, crime, social injustice, institutional racism, sexism, religious and/or ideological bias, homophobia, and transphobia—and incorporate this understanding into their assessments.
- Select, modify and adapt, and evaluate clinical assessment tools and approaches depending on the needs and social characteristics of clients and current empirical evidence.

- Assess how issues of privilege, social injustice, and inequities in access to resources play a role in client difficulties and how they affect the assessment process, including assisting the client in voicing concerns to the entire treatment team.
- Reflect on their own issues of power and privilege and how they impact the therapeutic relationship.

The achievement of this competency will be assessed using the final assignment (Review Essay) for the course.

COURSE LEARNING GOALS

Upon completion of this course, students will be able to:

1. Develop the advanced skills and knowledge required to adapt social work skills to the fast-paced and changing health care environment while retaining an emphasis on social work values and ethics.
2. Develop the requisite knowledge and skills to work effectively with diverse vulnerable and oppressed populations, predominantly minority persons, people from different ethnic groups, and the immigrant groups found in large numbers in New Jersey, women, people of varying sexual orientation, the elderly, and people with disabilities.
3. Build on the theories and skills introduced in Social Work Practice I & II and advanced direct intervention. Student familiarity with institutional change strategies is also an aim.
4. Deepen practice knowledge and skills, emphasizing those especially applicable to health care social work practice, such as crisis intervention and grief therapy approaches found effective with people experiencing profound health problems.
5. Develop an understanding of the complex nature of health care delivery systems and skills in interdisciplinary team collaboration and practice.

SCHOOL OF SOCIAL WORK MISSION STATEMENT AND SCHOOL WIDE LEARNING GOALS

The mission of the School of Social Work is to develop and disseminate knowledge through social work research, education, and training that promotes social and economic justice and strengthens individual, family, and community well-being, in this diverse and increasingly global environment of New Jersey and beyond.

School-Wide Learning Goals: Upon graduation, all students will be able to:

1. Demonstrate Ethical and Professional Behavior;
2. Engage Diversity and Difference in Practice; and
3. Engage, Assess, and Intervene with Individuals, Families, Groups, Organizations, and Communities

V. REQUIRED TEXTS AND READINGS

**PLEASE NOTE THAT THESE ARE EDITED VOLUMES, AND ALL CHAPTERS SHOULD BE CITED BY THEIR AUTHOR'S NAME AND "IN" THESE TEXTS AS PER APA 7 (SEE EXAMPLE IN ASSIGNMENTS).*

Gehlert, S., & Browne T. A. (Eds.) (2019). *Handbook of health social work* (3rd edition). John Wiley & Sons, Inc.

* Available electronically (e-book) through Rutgers Library. <https://bit.ly/2YuDsgj>

* Print version is available in the R.U. Library on all three campuses.

McCoyd, J. L. M., Kerson, T. S., & Associates (Eds.) (2016). *Social work in health settings: Practice in Context* (4th edition). Routledge.

* Available electronically (e-book) through Rutgers Library. <https://bit.ly/37Vt18O>

* Print version is available in the R.U. Library on all three campuses.

**Note: Per RUL re: e-books: Students should not try downloading the entire book-this may be treated as a checkout, blocking other users for a period. There are workarounds, however. Students should:*

Either read the chapters online or download individual chapters. See the table of contents for the book. In one session, there may be a limit on how many pages students can download, but if they close their browsers, then open it and login again, they usually can download more pages/chapters. Alternatively, students can open a different browser or come back the next day to download more chapters. When you download chapters, you get a PDF file that doesn't expire. You can search the text, and copy passages for use, etc.

**Note: Most required readings are available in Canvas via the "Reading List" link.*

The Instructor cannot respond to technical questions.

Refer Canvas questions to:

email: help@oit.rutgers.edu

ph: 833-648-4357

Other required readings (separate from the textbook) are available through the Rutgers University Library "Reading List" that is integrated into your Canvas course. To find your readings:

Click on the "Reading List" tab in the Canvas navigation bar to the left-hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media).

For further instructions, [please click here for a video tutorial](#)

Supplemental Readings:

Unless specifically listed as "supplemental," all readings are to be completed in preparation for the corresponding module activities. Additional required readings may be assigned at the discretion of the Instructor.

'Supplemental' (recommended, not required) readings will help your understanding of course material, assignments, and your field practice. You are expected to read a generous selection of supplemental readings and incorporate them into your course assignments (as appropriate).

Library Help:

Please refer all Rutgers library-related and/or electronic reserve questions to the Social Work Librarian, **Meredith Parker** meredith.parker@rutgers.edu p. 848-932-6124 *or* to any librarian via the RUL Ask A Librarian service: copy and paste the entire link into your browser: <http://www.libraries.rutgers.edu/help> -- library link is also available within Canvas.

You can also copy and paste the resource into the QuickSearch Function of the Rutgers Library website and follow the links to the resource.

VI. COURSE REQUIREMENTS

METHODS OF INSTRUCTION

The format for the class may include lectures, discussions, videos, small group exercises, panels, role play, and guest speakers. It is designed for maximum student participation and sharing of experiences and insights in order to facilitate the integration of theory and practice in health care settings.

Canvas will be used to manage the course. Canvas is a learning management system (LMS) designed to aid in the communication and dissemination of course information and materials. Students are to ensure that they have access to a working computer with a camera and microphone as well as a reliable Internet broadband connection.

- Students are expected to check Canvas course "Announcements" frequently, as this is the Instructor's primary method of communication with the class. Entering Canvas online from your computer/device is ideal as it will give you full functionality (as opposed to the mobile phone APP).
- Students are expected to set up 'notification' preferences in Canvas to receive timely notifications of correspondence items, including but not limited to: Announcements; Discussion thread posts - to see your classmates and Instructor's comments and weekly discussions (as necessary); Grades comments. To receive prompt correspondence from me/classmates, you should also set your 'preferred email' so that your Canvas Email will be forwarded to your most frequently used email

address (e.g., Gmail). Otherwise, you will need to manually/proactively check your Canvas Inbox (Email) daily.

This link (that links to an external site) provides information about how students can set up notifications - <https://community.canvaslms.com/docs/DOC-10624>

- It is expected and is good course technology practice that students will download and organize all relevant items, including assignment due dates, the first week of the semester (e.g., syllabus, handouts, pdfs of readings (from the Reading List on the left of Canvas) onto their own personal computer/device in the event of a power outage or hacker problems. Moreover, these materials are an important part of creating your "professional library," and you will find them useful resources post-graduation.
- The Instructor cannot respond to technical questions. Refer Canvas questions to: email: help@oit.rutgers.edu ph: 833-648-4357

INSTRUCTOR AND STUDENT ROLES

The Instructor plays an active part in the learning process. Students can expect that the professor will convey clear, specific information about theory, advanced social work practice, and social work values and ethics. Assignments have been developed in a format that encourages learning, as well as provides the Instructor with a means with which to evaluate the student. *The student plays an active part in the learning process.* As with all social work classes, participating in the process of the educational experience is vital. It is expected that students will attend all classes, come to class prepared to discuss the topic, and complete assignments on time. Students will demonstrate, in-class sessions and in assignments, that they have read the readings (and a generous selection of supplemental readings), can relate readings and class material to their field experiences, and have sought out empirical evidence for the validity of various theories and the effectiveness of various intervention approaches.

Throughout all formats in this course (e.g., on-the-ground and online class verbal discussions; written discussion posts, written and verbal assignments):

- Confidentiality (omission or significant modification of highly sensitive information) and anonymity (omission of identifying information: e.g., person, organization, geographic locale, dates) as defined by NASW Code of Ethics is expected regarding clients and class colleagues. As is the case for all social work courses, especially clinical social work courses, students (and the professor) are expected to treat information (client and personal) discussed in the modules and presented in papers respectfully.
- Anonymity must be protected (e.g., use pseudonyms in place of actual names of persons and organizations and geographic locations; omit the use of proper names [and do *not* use actual/real initials] and use the descriptive or role label, such as "the patient's mom/ her dad/their maternal grandmother/his brother/her sibling;" or descriptive terms such as acute care medical hospital vs. hospital name; or continent vs. the name of country); omit dates.

- The Instructor cannot control what is discussed outside of the module activities; therefore, students must use discretion as to what information they choose to reveal.
- It has been my experience that some students are attracted to courses like this out of personal interest; perhaps they have experienced physical illness, disability, death/loss, or family situations surrounding topics in this course that can evoke emotional reactions. These experiences are valuable and essential and will give you important insight. The decision of whether or not to talk about your personal experiences in the class is your decision – I do not require or expect students to disclose personal information, and I feel that everyone, regardless of their experience, has valuable insights to contribute. *That said, personal disclosures should relate to the learning goals and the course material.* Sometimes when students talk about personal experiences, they later feel some regret or concern. I encourage you to think carefully about what you share and to discuss it privately with me if you feel that would be helpful. I also can help guide students to appropriate resources on campus if they are feeling upset or distressed.
- In the spirit of mindfulness practice and to create a 'soundscape' conducive to teaching and learning -- a classroom milieu free from extraneous noise and distractions -- all electronic devices (e.g., laptop, cell phone, iPod, etc.) *must be silenced and stored out-of-sight before entering the classroom and during breaks* (in OTG classrooms). *This extends to synchronous classes in that other notifications should be silenced on your computer during class time, and you should keep your microphone muted when not speaking.* It is preferred that cameras be kept on throughout class so all class members can be interactive. Zoom backgrounds or screens can be used to ensure the privacy of other household members.
- Behavior in this course must also comply with the University's code of conduct (<http://studentconduct.rutgers.edu/university-code-of-student-conduct>).
- Failure to comply with course policies will result in in-class participation (and assignment) point deductions at the Instructor's discretion or other appropriate action.

OVERVIEW OF ASSIGNMENTS

Written assignments are due at the specified date/time. Turn-it-In is enabled, and plagiarism will be caught- so please assure that you are following the APA citation forms and NASW ethics.

Late papers/assignments/exams will be accepted only in very unusual and compelling circumstances and only if cleared with the Instructor in advance. No opportunities for make-ups will be granted unless the student provides written documentation of extenuating circumstances. Late papers/assignments not arranged in advance may receive a grade of zero (0.0). In this era of technology, technical difficulties are not deemed a compelling reason for the late submission of assignments. A failure on any assignment may make it difficult to successfully complete the course.

Please be advised that waiting until the last minute to complete and/or submit an assignment (hard copy or electronic) may leave you vulnerable to technical problems, possibly resulting in a failing grade for that assignment (and possibly the course). It can take up to approximately 15 minutes for a submitted assignment to be uploaded and time-stamped in Canvas (items are not

immediately uploaded). Thus, plan to submit well before the actual time due as the Instructor will use only the verified documentation/time-stamp (Eastern Time/E.T.) in Canvas and not the time that students say they submitted

Unless otherwise specified by the Instructor, written assignments must be typed, double spaced, using one-inch margins, 12-point font, numbered pages, formal English, and the *American Psychological Association (7th ed.)* style of documentation and referencing. You may refer to yourself in the first person ("I" is ok), and you should try to avoid passive voice. Typographical errors, poor grammar or syntax, misspelling, incorrect word choice, poor organization, and other problems that impede communication clarity will result in lower grades. Students who fail to follow instructions will be penalized. Plagiarism, cheating, sabotage, or any other violation of academic or professional standards for ethical behavior will not be tolerated and will fail the assignment and course. All assignments for this class must reflect social work values and ethics, including awareness of diversity issues and economic and social (in)justice.

For all Assignments, appropriate citation of the text readings is required. Our texts are edited volumes. Therefore, a typical citation format will be:

Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. A. Browne (Eds.), *Handbook of health social work* (3rd edition), (pp. 331-357). John Wiley & Sons, Inc.

The full description of each assignment (and its rubric/s) can be found at the end of this syllabus and in the course shell.

1. Interview Paper (100 points). Due Week # 6 (February, XX 2022)

This assignment builds towards the final essay paper. The student will interview a social worker, nurse, or other health providers who significantly know a particular disease trajectory. This will also include the 10 points for the Essay Planning Response paper.

2. IPE Event (100 points) Due by Week # 13 (April, XX, 2022)

Attend one of the IPE events (Schedule pending: March / April 2022). The IPE allows the student to engage actively with the other medical, nursing, pharmacy, and social work students. A written response paper is required after the event. If the student cannot attend the October IPE, please have the student write to the SSW IPE office: ipe@ssw.rutgers.edu and IPE coordinator: Mary Beth Ali ma930@rutgers.edu to inquire about additional IPE events for this semester. Students must include their professor in the email to affirm registration, attendance, and confirmation of IPE experience.

3. Review Essay (100 points) Due Week # 13 (April, XX, 2022)

[Pecha Kucha Presentation: Sessions 14 & 15

This essay (term paper) provides students the opportunity to investigate a physical medical condition of their interest. They will explore issues such as: What is the current state of knowledge compared to historical understandings? What medical and social "truths" have changed, and how has practice evolved to meet new understandings? What debates in the field (social work and interdisciplinary) have emerged? How have research directions changed? To

what extent does the Literature and research in this area incorporate race, class, gender, and other structured inequalities? Are there significant health disparities, and how are social workers working to remedy them? How is the condition viewed cross-culturally/nationally?

4. Attendance and Participation (100 points) *

Attendance*

- ~ Students are expected to attend all classes in-person and online, arrive on time, preferably with cameras on for remote classes.
- ~ Students are expected to notify the Instructor *prior* to each missed class.
- ~ Consistent lateness (roughly three or more) will result in a 10-point deduction.
- ~ The Instructor will excuse an absence (no deduction) only for compelling reasons (student's illness, emergency, and other extenuating circumstance to be determined by the Instructor); Notification of absence does not automatically indicate an excused absence.
- ~ Unexcused absences will result in point deductions.
- ~ Absences may occur due to unforeseen extenuating circumstances; however, more than three absences for any reason (including illness and compelling circumstances, yet excluding religious observance as per university policy) will result in course failure. [Instructor reserves the right to appraise any exceptions to this course policy]
- ~ Students are responsible for obtaining class notes, handouts, and announcements provided during the missed session from a fellow student.

| | |
|-----------------------|-------------------|
| 0 absence= | 100 |
| 1 unexcused absence= | 85 |
| 2 unexcused absences= | 75 |
| 3 unexcused absences= | 60 |
| 4 absences = | 0 course failures |

Class Participation*

- ~ Active engagement in discussing class material and engaging in case discussions
- ~ Examples of in-class participation include asking relevant questions, contributing thoughtful comments, active participation in small/large group exercises, presentation of case material, helping others to understand the material, bringing (or sending) to class relevant articles/newspaper clippings/media/current events information
- ~ Class participation also includes the notion of citizenship, conducting oneself in a professional manner (e.g., respect for others; refraining from the use of electronic devices aside from the use for class attendance; avoiding eating on camera).

| | |
|---------------|--|
| Outstanding = | 100 |
| Very Good = | 85 |
| Good = | 80 |
| Poor = | 70 |
| Failing = | 50 (Unable to judge learning from classroom interaction) |

* The two scores will be added together and divided by two.

VII. GRADING

Grade Statement and Rubrics:

Grades are increasingly contentious. They have also been broadly inflated and standards not held equally across classes. This is supplied to have an understanding of the way this professor assesses student work.

It should be understood that students are not graded "on a curve," which would require that the majority get a C (average under the normal bell curve) and the other 20% +-are above that and 20%+- below that. That said, there is some degree of comparison in ***that those who go above and beyond the bare requirements, who write well and clearly, and who integrate excellent analysis and/or creativity are going to earn A's.***

Those who just meet the requirements of the assignment, with no indication of strong engagement with the material and adequate writing and analysis, will receive B's. Conversely, those who fail to meet some aspect of the assignment requirements or who have a poor syntax or multiple writing errors and minimal analysis should not expect to get any higher than a C.

The assignments for this course each will involve an integration of the class readings, lectures, and discussions. These assignments, together with an evaluation of students' attendance/class participation and involvement on the Discussion Boards, will make up the course grade.

| | |
|-------------------------------------|------------------|
| Interview Paper | 100 points (20%) |
| IPE Involvement | 100 points (20%) |
| Review Essay and Presentation | 100 points (50%) |
| Attendance/Participation..... | 100 points (10%) |

Final grades in this class, as in most courses in the School of Social Work, are letter grade numerical equivalents. Listed below are the corresponding percentages/points (as defined in this course) and general definition of these grades:

| <u>Grade</u> | <u>Definition</u> | <u>Numerical Equivalent</u> |
|--------------|-------------------|-----------------------------|
| A | Excellent | 92-100 |
| B+ | Very Good | 87-91 |
| B | Good | 82-86 |
| C+ | Average | 77-81 |
| C | Poor | 70-76 |
| F | Unsatisfactory | 0-69 |

Scores to be rounded up at .5

VIII. COURSE EVALUATION

Rutgers University issues an electronic survey that evaluates both the course and the Instructor. This survey is completed by students at the mid-point and the end of the semester, and all responses are anonymous.

IX. COURSE OUTLINE

*REMINDER: COURSE READINGS IN THE TEXTBOOKS ARE CITED HERE FOR EASE, NOT FOLLOWING APA 7 CITATION-STYLE, WHICH IS REQUIRED IN YOUR PAPERS.

NOTE: BOTH "ON THE GROUND" (I.E., IN-PERSON LOCATED AT THE BRICK & MORTAR ON- CAMPUS CLASSROOM) AND "SYNCHRONOUS-REMOTE" (I.E., VIA THE ZOOM CLASSROOM) CLASS FORMATS WILL MEET FOR 2 HOURS AND 40 MINUTES, WITH A BRIEF BREAK TO BE DETERMINED BY THE INSTRUCTOR.

NOTE: REQUIRED ASSIGNMENTS AND READINGS ARE EXPECTED TO BE COMPLETED BEFORE CLASS TIME

**SPRING Semester begins:
Tuesday, January 18, 2022**

• Week # 1: January, XX, 2022

Complete Required Readings:

- Gehlert & Browne- Foreword, Introduction
Chapter 1 "Conceptual underpinnings of social work in health care"
- McCoyd, Kerson & Associates
Chapter 1 "Practice in context: the framework"
- Craig, R. W. (2007). A day in the life of a hospital social worker: Presenting our role through the personal narrative. *Qualitative Social Work*, 6, 431-446.
<https://doi.org/10.1177/1473325007083355>
- Williams, D.R., & Cooper, L.A. (2020, June 23/30). COVID-19 and health equity—A new kind of "Herd Immunity." *JAMA*, 323(24), 2478-2479. <https://doi.org/10.1001/jama.2020.8051>
- Otis-Green, S. (2013). Health care social work. In *Encyclopedia of social work* (pp. 1-6). (20th ed.). New York, NY: National Association of Social Workers Press & Oxford University Press.
<https://doi.org/10.1093/acrefore/9780199975839.013.176>

Supplemental

NASW Center for Workforce Studies (2006). Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Special report: Social work services in health care settings. NASW: Washington, DC.

• Week # 2: January XX, 2022

Complete Required Readings

- Gehlert & Browne
Chapter 2 "Social work roles and health-care settings"
Chapter 15, "Families, health, and illness"
- McCoyd, Kerson & Associates
Chapter 2- "Primer on micro practice"
- Beddoe, L. (2011). Health social work: Professional identity and knowledge. *Qualitative Social Work*, 12(1), 24-40. <https://doi.org/10.1177/1473325011415455>
- Dane, B. O., & Simon, B. L. (1991). Resident guests: Social workers in host settings. *Social Work*, 36(3), 208-213. <https://doi.org/10.1093/sw/36.3.208>
- Fraser, M. W., Lombardi, B. M., Wu, S., Zerden, L. d. S., Richman, E. L., & Fraher, E. P. (2018). Integrated primary care and social work: A systematic review. *Journal of the Society for Social Work and Research*, 9(2), 175- 215. <https://doi.org/10.1086/697567>
- Kelly, P. L., Heyman, J. C., Tice-Brown, D., & White-Ryan, L. (2020). Interprofessional practice: Social work students' perspectives on collaboration. *Social Work in Health Care*, 59(2), 108-121. <https://doi.org/10.1080/00981389.2020.1719565>

Supplemental

- Gehlert & Browne
Chapter 4, "Public health and social work"
Chapter 5 "Health policy and social work"
 - McCoyd, Kerson & Associates
Chapter 23- "Public health S.W. primer"
Chapter 32- "Research for health efforts in the West Bank, Palestine"
Abramson, J., (1993). *Orienting social work employees in interdisciplinary settings: Shaping professional and organizational perspectives. Social Work*, 38(2), 152-157.
- Dziegielewski, S. F. (2013). *The changing face of health care social work: Opportunities and challenges for professional practice* (3rd ed.). New York: Springer.
[Ch. 3: *The evolution of social work practice in health care, Table 3.1 "Core Services Provided by Health Care Social Workers" p. 65]*
- Gibbons, J., & Plath, D. (2009). *Single contacts with hospital social workers: The clients' experiences. Social Work in Health Care*, 48(8), 721-735.
- Judd, R. G., & Sheffield, S. (2010). *Hospital social work: Contemporary roles and professional activities. Social Work in Health Care*, 49(9), 856-871.
<https://doi.org/10.1080/00981389.2010.499825>

Keefe, B., Geron, S. M., & Enguidanos, S. (2009). *Integrating social workers into primary care: physician and nurse perceptions of roles, benefits, and challenges*. *Social Work in Health Care*, 48(6), 579-596.

<https://doi.org/10.1080/00981380902765592>

Videka, L., Ohta, B. et al. (2018). *Integrated health care roles for social workers*. In V. Stanhope & S. L. A. Straussner (Eds.), *Social work and integrated health care* (pp. 215-236). Oxford University Press. [Ch. 14]

Week 3: February XX, 2022

Complete Required Readings

- Gehlert & Browne
Chapter 12, "Communication in health care"
Chapter 15- "Families, health, and illness" [*This is assigned a second time to ensure it is fully read as it is such a critical reading.*]
- McCoyd, Kerson & Associates
Chapter 16 Returning veterans, constrictive bronchiolitis, and Veterans' Affairs: a WRIISC
- Abramson, J., & Mizrahi, T. (1996). When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. *Social Work*, 41(3), 270-281.
- Cumming, S., Fitzpatrick, E., McAuliffe, D., McKain, S., Martin, C., & Tonge, A. (2007). Raising the *Titanic*: Rescuing social work documentation from the sea of ethical risk. *Australian Social Work*, 60(2), 239-257.
- Dziegielewski, S. F. (2013). *The changing face of health care social work: Opportunities and challenges for professional practice* (3rd ed.). New York: Springer.
[Ch. 7: Documentation and record-keeping in the health care setting, p. 163-194]
- Maramaldi, P., et al. (2014). Interdisciplinary medical social work: A working taxonomy. *Social Work in Health Care*, 53(6), 532-551.
<https://doi.org/10.1080/00981389.2014.905817>
- Umberson, D., & Thomeer, M. B. (2020). Family matters: Research on family ties and health, 2010 to 2020. *Journal of Marriage and Family*, 82(1), 404-419.
<https://doi.org/10.1111/jomf.12640>

Supplemental

McCoyd, Kerson & Associates

Chapter 10 "Family-focused care of an adolescent with a burn: A multidisciplinary approach"

Lynch, S. (2014). *Social workers in pediatric primary care: Communication, gender, and scope of practice. Social Work in Health Care, 53(2), 115-134.*
<https://doi.org/10.1080/00981389.2013.851141>

McKinney, K. G., Kempson, D. A. (2012). *Losing touch in social work practice. Social Work, 57(2), 189.*

Munch, S. (2004). *Gender-biased diagnosing of women's medical complaints: Contributions of feminist thought, 1970-1995. Women and Health, 40(1), 101-121.*
https://doi.org/10.1300/J013v40n01_06

Zimmerman, J., & Dabelko, H. I. (2007). *Collaborative models of patient care: New opportunities for hospital social workers. Social Work in Health Care, 44(4), 33-47.*

Week # 4: February XX, 2022

Complete Required Readings

- Gehlert & Browne
Chapter 3 "Ethics and social work in health care"
- McCoyd, Kerson & Associates
Chapter 5 "Getting there: Decision-making in the NICU"
Chapter 29- "Following her lead: a measured approach to working with homeless adults"
- Cooper, L. A., Beach, M. C., & Williams, D. R. (2019). Confronting bias and discrimination in health care—When silence is not golden. *JAMA Internal Medicine, 179(12), 1686-1687.*
<https://doi.org/10.1001/jamainternmed.2019.4100>
- Csikai, E. (1998). The emerging social work role on hospital ethics committees: A comparison of social worker and chair perspectives. *Social Work, 43(3), 233-242.*
<https://doi.org/10.1093/sw/43.3.233>
- Kusmaul, N., Bern-Klug, M., & Bonifas, R. (2017). Ethical issues in long-term care: A human rights perspective. *Journal of Human Rights and Social Work, 2(3), 86-97.*
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- FitzGerald, C., & Hurst, S. (2017). Implicit bias in health-care professionals: a systematic review. *BMC Medical Ethics, 18(1), 19.* <https://doi.org/10.1186/s12910-017-0179-8>

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Davenport, J. (1997, Summer). *Ethical principles in clinical practice. The Permanente Journal, 1(1), 21-24.* <https://www.thepermanentejournal.org/issues/1997/summer.html>

Healy, T.C. (2004). *Levels of directiveness: A contextual analysis. Social Work in Health Care, 40(1), 71-91.* https://doi.org/10.1300/J010v40n01_05

Peterson, K. J. (2012). *Shared decision making in health settings: A role for social work. Social Work in Health Care, 51(10), 894-908.* <https://doi.org/10.1080/00981389.2012.714448>

Week # 5: February XX, 2022

Complete Required Readings

- Gehlert & Browne
Chapter 7, "Theories of health behavior"
Chapter 10, "Social work practice and disability issues"
Chapter 13 "Religion, belief, and spirituality in health care"
- McCoyd, Kerson, and Associates
Chapter 26 "Social work in the pediatric endocrinology and diabetes setting"
- Kattari, S. K., Olzman, M., & Hanna, M. D. (2018). "You look fine!": Ableist experiences by people with invisible disabilities. *Affilia: Journal of Women and Social Work, 33(4), 477-492.* <https://doi.org/10.1177/0886109918778073>
- Keast, K. (2012). A toolkit for single-session groups in acute care settings. *Social Work in Health Care, 51(8), 710-724.* <https://doi.org/10.1080/00981389.2012.699024>

Supplemental

Gehlert & Browne

Chapter 8, "Community and health"

Chapter 20 "Chronic disease and social work: Diabetes, heart disease, and HIV/AIDS"

McCoyd, Kerson & Associates

Chapter 11- "The Young Woman's Program: A health and wellness model to empower adolescents with physical disabilities in a hospital-based setting"

Chapter 14- *Woman to Woman: a hospital-based support program for women with gynecologic cancer and their families*

Chapter 31- "Community-based health and social services for Bhutanese refugees"

Doka, K. J. (2011). *Religion and spirituality: Assessment and intervention. Journal of Social Work in End-of-Life & Palliative Care, 7(1), 99-109.*

<https://doi.org/10.1080/15524256.2011.548049>

Levick, J., Quinn, M., & Vennema, C. (2014). NICU parent-to-parent partnerships: A comprehensive approach. *Neonatal Network: The Journal of Neonatal Nursing, 33(2), 66-73.*

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Munch, S., & Levick, J. (2001). "I'm Special, Too": Promoting sibling adjustment in the neonatal intensive care unit. *Health & Social Work, 26*(1), 58-64.
<https://doi.org/10.1093/hsw/26.1.58>

Week # 6, February XX, 2022

Complete Required Readings:

- Gehlert & Browne
Chapter 9, "The implementation of integrated behavioral health models"
- McCoyd, Kerson & Associates
Chapter 3 "Barriers for a mentally ill mother's adoption plan"
- Dattilio, F. M., Davis, E. A., & Goisman, R. M. (2007). Crisis with medical patients. In F. M. Dattilio & A. Freeman (Eds.), *Cognitive-behavioral strategies in crisis intervention* (3rd Ed.) (pp. 199-219). New York: The Guilford Press. [Ch. 8]
- Shulman, N. M. (2015). A model of crisis intervention in critical and intensive care units of general hospitals. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 658-677). Oxford University Press. [Ch. 24] <https://bit.ly/38AzJkH>
- Webb, N. B. (2015). Family and community contexts of children and adolescents facing crisis or trauma. In N. B. Webb & L. C. Terr (Eds.), *Play therapy with children and adolescents in crisis* (4th ed.) (pp. 3-21). The Guilford Press. [Ch. 1] <https://bit.ly/3e1odjl>
- Yeager, K. R., & Roberts, A. R. (2015). Bridging the past and present to the future of crisis intervention and crisis management. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 3-35). Oxford University Press. [Ch. 1] <https://bit.ly/38AzJkH>
- Yeager, K. R., Burgess, A. W., & Roberts, A. R. (2015). Crisis intervention for persons diagnosed with clinical disorders based on the stress-crisis continuum. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 128-150). Oxford University Press. [Ch. 5] <https://bit.ly/38AzJkH>

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Eaton-Stull, Y., & Miller, M. (2015). Models for effective crisis intervention. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 681-693). Oxford University Press. [Ch. 25] <https://bit.ly/38AzJkH>

Greene, G., & Lee, M. (2015). How to work with clients' strengths in crisis intervention: A solution-focused approach. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 69-98). Oxford University Press. [Ch. 3] <https://bit.ly/38AzJkH>

- Nader, K. (2015). *Differential diagnosis in the assessment of children and adolescents after crises and traumatic events*. In N. B. Webb & L. C. Terr (Eds.), *Play therapy with children and adolescents in crisis* (4th ed.) (pp. 22-49). The Guilford Press. [Ch. 2] <https://bit.ly/3e1odjl>
- Sadock, B. J., & Sadock, V. A. (2007). *Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (10th Ed.). Philadelphia: Wolter Kluwer/Lippincott Williams & Wilkins. pp. 232-242: excerpt of Ch. 7: mental status examination.
- Spencer, P.C., & Munch, S. (2003). *Client violence toward social workers: The role of agency management in community mental health programs*. *Social Work*, 48(4), 532-544.
<https://doi.org/10.1093/sw/48.4.532>
- Webb, N. B., & Baggerly, J. (2015). *Play therapy to help symptomatic children and adolescents after crisis and trauma*. In N. B. Webb & L. C. Terr (Eds.), *Play therapy with children and adolescents in crisis* (4th ed.) (pp. 50-78). The Guilford Press. [Ch. 3] <https://bit.ly/3e1odjl>
- Wenzel, A., Brown, G. K., & Beck, A. T. (2009). *Cognitive therapy for suicidal patients: Scientific and clinical applications*. Washington, DC: American Psychological Association.
Chapter 1: Classification and assessment of suicide ideation and suicidal acts
Chapter 2: Correlates of and risk factors for suicidal acts
Chapter 7: Cognitive case conceptualization of suicidal acts

Week # 7: March XX, 2022

Complete Required Readings:

- McCoyd, Kerson & Associates
Chapter 4 "Fetal Surgery"
Chapter 5 "Getting there: Decision-making in the NICU"
Chapter 25 "Screening for perinatal depression in an inner-city prenatal setting"
- Alhusen, J. L., Ray, E., Sharps, P., & Bullock, L. (2015). Intimate partner violence during pregnancy: Maternal and neonatal outcomes. *Journal of Women's Health*, 24(1), 100-106.
<https://doi.org/10.1089/jwh.2014.4872>
- Cacciatore, J. (2010). Stillbirth: patient-centered psychosocial care. *Clinical Obstetrics & Gynecology*, 53(3), 691-9. <https://doi.org/10.1097/GRF.0b013e3181eбалc6>
- Marty, C. M., & Carter, B. S. (2018). Ethics and palliative care in the perinatal world. *Seminars in Fetal & Neonatal Medicine*, 23, 35-38. <https://doi.org/10.1016/j.siny.2017.09.001>
- McCoyd, J. L. M., Munch, S., & Curran, L. (2018). On being mother and patient: Dialectical struggles during medically high-risk pregnancy. *Infant Mental Health Journal*, 39(6), 674-686.
- Prather, C., Fuller, T. R., Jeffries IV, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: a

review of historical and contemporary evidence and implications for health equity. *Health Equity*, 2(1), 249-259. <https://doi.org/10.1089/heq.2017.0045>

- Rutman, D., Hubberstey, C., Poole, N. Schmidt, R.A. & van Bibber, M. (2020) Multi-service prevention programs for pregnant and parenting women with substance use and multiple vulnerabilities: Program structure and clients' perspectives on wraparound programming. *BMC Pregnancy Childbirth* 20, 441. <https://doi.org/10.1186/s12884-020-03109-1>

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Brownlee, K., & Oikonen, J. (2004). *Toward a theoretical framework for perinatal bereavement. British Journal of Social Work*, 34, 517-529.

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Cha, S. & Masho, S. W. (2014). *Intimate partner violence and utilization of prenatal care in the United States. Journal of Interpersonal Violence*, 29(5), 911-927.

Damskey, M. D. (1997). *No one really died here. In K. M. Mahmoudi & B. W. Parlin (Eds.), Sociological inquiry: A humanistic perspective (6th Ed.) (pp. 115-126). Dubuque, Iowa: Kendall/Hunt.*

Davies, B., & Limbo, R. (2010). *The grief of siblings. In N. B. Webb (Ed.), Helping bereaved children: A handbook for practitioners (3rd Ed.) (pp. 69-90). New York: The Guilford Press. [Ch. 4]*

Hrelic, D. A. (2019). *Intimate partner violence in pregnancy: Screening, assessment, and intervention. American Nurse Today*, 14(8), 6-9.

Levick, J., Fannon, J., Bodemann, J., & Munch, S. (2017). *NICU bereavement care and follow-up support for families and staff. Advances in Neonatal Care*, 17(6), 451-460.

<https://doi.org/10.1097/ANC.0000000000000435>

Levick, J., Quinn, M., Holder, A., Nyberg, A., Beaumont, E., & Munch, S. (2010). *Support for siblings of NICU patients: An interdisciplinary approach. Social Work in Health Care*, 49(10), 919-933. <https://doi.org/10.1080/00981389.2010.511054>

McCoyd, J. M., Koller, J., & Walter, C. A. (2021). *Grief and loss across the lifespan: A biopsychosocial perspective. New York, NY: Springer Publishing Company LLC.*

Chapter 2 "Grief and Loss in the Context of Perinatal Attachment and Loss"

<https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/reader.action?docID=6414179&ppg=1>

Munch, S. (2000). *A qualitative analysis of physician humanism: Women's experiences with hyperemesis gravidarum. Journal of Perinatology*, 20, 540-547.

<http://www.nature.com.proxy.libraries.rutgers.edu/jp/journal/v20/n8/abs/7200464a.html>

Price, S. K. (2008). *Women and reproductive loss: Client-worker dialogues designed to break the silence. Social Work*, 53(4), 367-376.

<http://login.proxy.libraries.rutgers.edu/login?url=http://search.proquest.com.proxy.libraries.rutgers.edu/docview/215270087?accountid=13626>

Shay-Zapfen, G., & Bullock, L. (2010). Impact of intimate partner violence on maternal-child health. *MCN, American Journal of Maternal Child Nursing*, 35(4), 206-212.

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The TEARS Foundation, New Jersey Chapter <https://thetearsfoundation.org/newjersey/>

Week # 8: March XX, 2022

Complete Required Readings:

- Gehlert & Browne
Chapter 16 "Social work with children and adolescents with medical conditions"
- McCoyd, Kerson & Associates
Chapter 7- "S.W. in a pediatric hospital: managing a medically complex patient"
- Christie, D., & Wilson, C. (2005). CBT in pediatric and adolescent health settings: A review of practice-based evidence. *Pediatric Rehabilitation*, 8(4), 241-247.
<https://doi.org/10.1080/13638490500066622>
- McCoyd, L. M., Akincigil, A., & Paek, E. K. (2010). Pediatric disability and caregiver separation. *Journal of Family Social Work*, 13(3), 251-268.
<https://doi.org/10.1080/10522151003716353>
- Van Schoors, M., De Mol, J., et al. (2018). Parents' perspectives of changes within the family functioning after a pediatric cancer diagnosis: A multi-family member interview analysis. *Qualitative Health Research*, 28(8), 1229-1241. <https://doi.org/10.1177/1049732317753587>

Supplemental

Gehlert & Browne

Chapter 7, "Community and health"

McCoyd, Kerson & Associates

Chapter 6- "Working with families of HIV-positive children"

Goodman, R. F. (2007). Living beyond the crisis of childhood cancer. In N.B. Webb (Ed.), *Play therapy with children in crisis* (3rd ed.) (pp. 197-227). New York: The Guilford Press. [Ch. 10]

Hurwitz, C. A., Duncan, J., & Wolfe, J. (2004). Caring for the child with cancer at the close of life. *JAMA*, 292(17), 2141-2149.

Institute of Medicine, National Research Council. (2014). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States: A guide for the health care sector*. Washington, DC: National Academies Press.

<https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/243838.pdf>

O'Halloran, M.S., Inela, A. M., & Copeland, E. (2005). *Crisis intervention with early adolescents who have suffered a significant loss*. In A. R. Roberts (Ed.), *Crisis intervention handbook* (3rd Ed.) (pp. 362-394). New York: Oxford University Press. [Ch. 16]

Webb, N. B. (2010). *The child and death*. In N. B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (3rd Ed.) (pp. 3-21). New York: The Guilford Press. [Ch. 1]

Webb, N. B. (2010). *Assessment of the bereaved child*. In N. B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (3rd Ed.) (pp. 22-47). New York: The Guilford Press. [Ch. 2]

SPRING RECESS (March 14-18, 2022)

Week # 9: March XX, 2022

Complete Required Readings:

- Gehlert & Browne
Chapter 20 "Chronic disease: Diabetes, heart disease, and HIV/AIDS"
- McCoyd, Kerson & Associates
Chapter 19- "In-home support for Junior: a study of collaboration and own use of boundaries"
- Fallowfield, L., & Jenkins, V. (2004). Communicating sad, bad, and difficult news in medicine. *The Lancet*, 363, 312-319. [https://doi.org/10.1016/S0140-6736\(03\)15392-5](https://doi.org/10.1016/S0140-6736(03)15392-5)
- Harrison, M. E., & Walling, A. (2010). What do we know about giving bad news? A review. *Clinical Pediatrics*, 49(7), 619-626. <https://doi.org/10.1177/0009922810361380>
- McManimen, S., McClellan, D., Stoothoff, J., Gleason, K., & Jason, L. A. (2019). Dismissing chronic illness: A qualitative analysis of negative health care experiences. *Health Care for Women International*, 40(3), 241-258. <https://doi.org/10.1080/07399332.2018.1521811>

Supplemental

Gehlert & Browne

Chapter 14 "Developing a shared understanding: When medical patients use complementary and alternative approaches"

McCoyd, Kerson & Associates

Chapter 20- "Geriatric S.W. in a community hospital: high touch, low tech work in a high tech, low touch environment"

Chapter 21 "A framework for working with people with early-stage dementia: a relationship-focused approach to counseling"

DeVries, H. M., & Ogland-Hand, S. M. (2007). *Crisis with older adults*. F. M. Dattilio & A. Freeman (Eds.), *Cognitive-behavioral strategies in crisis intervention* (3rd Ed.) (377-396). New York: The Guilford Press. [Ch. 15]

Docherty, D., & McColl, M. A. (2003). *Illness stories*. *Social Work in Health Care*, 37(1), 19-39. https://doi.org/10.1300/J010v37n01_02

Week #10: March XX, 2022

Complete Required Readings:

- Gehlert & Browne
Chapter 19 "Oncology social work"
- McCoyd, Kerson & Associates
Chapter 9- "Genetic testing following a pediatric cancer diagnosis: a role for direct practice social workers in helping families with Li-Fraumeni syndrome"

Chapter 17- "Work with undocumented immigrants when serious illness intersects with no insurance"
- Billson, A., & Tyrrell, J. (2003). How to break bad news. *Current Pediatrics*, 13, 284-287. <https://doi.org/10.3322/canjclin.56.4.197>
- Christ, G. H., & Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. *CA: A Cancer Journal for Clinicians*, 56, 197-212. <https://doi.org/10.3322/canjclin.56.4.197>
- Kaul, R. (2001). Coordinating the death notification process: the roles of the emergency room social worker and physician following a sudden death. *Brief Treatment and Crisis Intervention*, 1(2), 101-114. <http://triggered.stanford.clockss.org/ServeContent?url=http://btci.stanford.clockss.org%2Fcgi%2Fpreprint%2F1%2F2%2F101.pdf>
- Teo, I., Krishnan, A., & Lee, G. L. (2018). Psychosocial interventions for advanced cancer patients: A systematic review. *Psycho-Oncology*, 28(7), 1394-1407. <https://doi.org/10.1002/pon.5103>
- Wheeler, M., de Bourmont, S., Paul-Emile, K., Pfeffinger, A., McMullen, A., Critchfield, J. M., & Fernandez, A. (2019). Physician and trainee experiences with patient bias. *JAMA Internal Medicine*, 179(12), 1678-1685. <https://doi.org/10.1001/jamainternmed.2019.4122>

Supplemental:

Gehlert & Browne

Chapter 16 "Social work with older adults in health-care settings"

Baker, L. (2012, Winter). *Easing the difficult situation: "We need to talk."* National Association of Perinatal Social Workers (NAPSW) Forum, 10-11. (Available from the Education Committee Chair at <http://www.napsw.org/>)

Bell, S. A., Bern-Klug, M., Kramer, K. W. O., & Saunders, J. B. (2010). Most nursing home social service directors lack training in working with lesbian, gay, and bisexual residents. *Social Work in Health Care*, 49(9), 814-831.

Week # 11: April, XX, 2022

Complete Required Readings

- Gehlert & Browne
Chapter 23 "End-of-life-care"
Chapter 22 "Pain management and palliative care"
- McCoyd, Kerson & Associates
Chapter 22 "The future of end of life care: as palliative care gains momentum, what is the future of hospice?"
- Bern-Klug, M. (2009). A framework for categorizing social interactions related to end-of-life care in nursing homes. *The Gerontologist*, 49(4), 495-507. <https://doi.org/10.1093/geront/gnp098>
- Chapple, A., & Ziebland, S. (2010). Viewing the body after bereavement due to a traumatic death: Qualitative study in the U.K. *BMJ: British Medical Journal*, 340, c2032. <http://login.proxy.libraries.rutgers.edu/login?url=http://www.jstor.org/stable/40702726>
- Goldblatt, H., Granot, M., & Zarbiv, E. (2018). "Death lay here on the sofa": Reflections of young adults on their experience as caregivers of parents who died of cancer at home. *Qualitative Health Research*, 29(4), 533-544. <https://doi.org/10.1177/1049732318800676>

Supplemental Readings:

Christ, G. H., Siegel, K., & Christ, A. E. (2002). Adolescent grief: "It never really hit me...until it actually happened". *JAMA (Journal of the American Medical Association)*, 288(10), 1269-1279. <https://doi.org/10.1001/jama.288.10.1269>

Hurwitz, C. A., Duncan, J., & Wolfe, J. (2004). *Caring for the child with cancer at the close of life.* *JAMA*, 292(17), 2141-2149. <https://doi.org/10.1001/jama.292.17.2141>

McCoyd, J. L. M., Walter, C. A., & Levers, L. L. (2012). *Issues of loss and grief.* In L. L. Levers (Ed.), *Trauma counseling: Theories and interventions* (pp. 77-97). Springer.

Sanders, S. Bullock, K., & Broussard, C. (2012). Exploring professional boundaries in end-of-life care: Considerations for hospice social workers and other members of the team. *Journal of Social Work in End-of-Life & Palliative Care*, 8(1), 10-28.
<https://doi.org/10.1080/15524256.2012.650671>

Seligson, H. (2014, March 21). An online generation redefines mourning. *The New York Times*. Retrieved from http://www.nytimes.com/2014/03/23/fashion/an-online-generation-redefines-mourning.html?_r=2

Wiener, L., et al. (2012). Allowing adolescents and young adults to plan their end-of-life care. *Pediatrics*, 130(5), 897-905. <https://doi.org/10.1542/peds.2012-0663>

Van Loon, R. A. (1999). Desire to die in terminally ill people: A framework for assessment and intervention. *Health & Social Work*, 24(4), 260-268.
<https://doi.org/10.1093/hsw/24.4.260>

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Institute of Medicine (2014, September 17). *Dying in America: Improving quality and honoring individual preferences near the end of life*. Washington, D.C.: The National Academies Press. Retrieved from
file:///Documents/COURSES/COURSES-Current/CSW%20Health/CSW-Health2015/RESERVES/ADD%3F%202015/endoflife_IOM_2014%20report/Dying%20in%20America:%20Improving%20Quality%20and%20Honoring%20Individual%20Preferences%20Near%20the%20End%20of%20Life%20-%20Institute%20of%20Medicine.webarchive
[*see various links to documents and the report release video link]

<http://www.swhpn.org/> (Social Work Hospice and Palliative Care Network)

<http://www.hospicefoundation.org/> (Hospice Foundation of America)

<http://www.nhdd.org/> (National Healthcare Decisions Day)

<http://www.polst.org/> (National POLST)

<http://www.state.nj.us/health/advancedirective/polst.shtml> (New Jersey POLST)

Week # 12: April, XX , 2022

Complete Required Readings:

- Gehlert & Browne
Chapter 21- "Social work and genetics"
- McCoyd, Kerson & Associates
Chapter 13- The social worker on the genetic counseling team: a new role in social work oncology"

- Werner-Lin, A., McCoyd, J. L. M., Doyle, M. H. & Gehlert, S. J. (2016). Leadership, literacy, and translational expertise in genomics: Challenges and opportunities for social work. *Health Social Work, 41*(3), 51-59. <https://doi.org/10.1093/hsw/hlw022>
- Werner- Lin, A., McCoyd, J. L. M., & Bernhardt, B. A. (2016). Balancing genetics (science) and counseling (art) in prenatal Chromosomal Microarray Testing. *Journal of Genetic Counseling, 25*, 855–867. <https://doi.org/10.1007/s10897-016-9966-5>

Read but scan:

- Hillary, R.F., Stevenson, A.J., McCartney, D.L., Campbell, A., Walker, R.M., Howard, D.M., Ritchie, C.W., Horvath, S., Hayward, C., McIntosh, A.M., Porteous, D.J., Deary, I.J., Evans, K.L., & Marioni, R.E. (2020). Epigenetic measures of aging predict the prevalence and incidence of leading causes of death and disease burden. *Clinical Epigenetics, 2*, 115. <https://doi.org/10.1186/s13148-020-00905-6>

Week # 13, APRIL XX, 2022

Complete Required Readings:

- Gehlert & Browne
Chapter 5- "Public health social work"
- McCoyd, Kerson & Associates
Chapter 12- "The role of the social worker in transgender health care"
Chapter 18- "An integrated health care approach to promote smoking cessation for persons with serious mental illness"
Chapter 30- "Pediatric public health: educating professionals and communities about children's health and environmental exposures"
- Craig, S. L., & Muskat, B. (2013). Bouncers, brokers, and glue: The self-described roles of social workers in urban hospitals. *Health & Social Work, 38*(1), 7-16. <https://doi.org/10.1093/hsw/hls064>

Supplementary:

- Fuzzell, L., Fedesco, H. N., Alexander, S. C., Fortenberry, J. D., & Shields, C. G. (2016). "I just think that doctors need to ask more questions": Sexual minority and majority adolescents' experiences talking about sexuality with health-care providers. *Patient Education and Counseling, 99*(9), 1467-1472. <https://doi.org/10.1016/j.pec.2016.06.004>
- Monterio, C., Arnold, J., Locke, S., Steinhorn, L. & Shanske, S. (2016). Social workers as care coordinators: Leaders in ensuring effective, compassionate care. *Social Work in Health Care, 55*(3), 195-213. <https://doi.org/10.1080/00981389.2015.1093579>
- Nicholas, D. B., Zwaigenbaum, L., Muskat, B., Craig, W. R., Newton, A.S., Kilmer, C., Greenblatt, A., Roberts, W., & Cohen-Silver, J. (2016). Experiences of emergency department care from the

perspective of families in which a child has autism spectrum disorder. *Social Work in Health Care*, 55(6), 409-426. <https://doi.org/10.1080/00981389.2016.1178679>

Week # 14: April, XX, 2022

Complete Required Readings:

- Badger, K., Royse, D., & Craig, C. (2008). Hospital social workers and indirect trauma exposure: an exploratory study of contributing factors. *Health and Social Work*, 33(1), 63-71. <https://doi.org/10.1093/hsw/33.1.63>
- Figley, C. (Ed.) (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Bristol, PA: Brunner Mazel.

Chapter 1: Figley, C. "Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview" pp. 1-20.

Chapter 2: Valent, P. "Survival Strategies: A Framework for Understanding Secondary Traumatic Stress and Coping in Helpers" pp. 21-50.

Chapter 9: Yassen, J. "Preventing Secondary Traumatic Stress Disorder" pp. 178-208.

- Maschi, T., & Brown, D. (2010). Professional self-care and prevention of secondary trauma. In N. B. Webb (Ed.), *Helping bereaved children: A handbook for practitioners* (3rd Ed.) (pp. 345-373). New York: The Guilford Press. <https://bit.ly/2BGIEWQ>
- Willis, G. N., & Molina, V. (2019). Self-care and the social worker: Taking our place in the code. *Social Work*, 64(1), 83-85. <https://doi.org/10.1093/sw/swy049>
- Yeager, R. K. (2015). Trauma support services for health-care workers: The stress, trauma and resilience (STAR) program. In K. R. Yeager (Ed.), *Crisis intervention handbook* (4th Ed.) (pp. 609-633). Oxford University Press. [Ch. 22] <https://bit.ly/38AzJkH>

Supplemental

Bride, B. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63-70. <https://doi.org/10.1093/sw/52.1.63>

Nelson, K., & Merighi, J. (2003). Emotional dissonance in medical social work practice. *Social Work in Health Care*, 36(3), 63-79. http://doi.org/10.1300/J010v36n03_04

Professional Quality of Life <http://www.proqol.org/>

Week # 15: May, XX, 2022

Complete Required Readings:

- McCoyd, Kerson & Associates
Chapter 33- "Conclusion"
- Brosz, K. (March 2015). The privilege of medical social work. *The New Social Worker*, two pages. <http://www.socialworker.com/extras/social-work-month-2015/the-privilege-of-medical-social-work/>
- Gregorian, C. (2005). A career in hospital social work: Do you have what it takes? *Social Work in Health Care*, 40(3), 1-14. https://doi.org/10.1300/J010v40n03_01
- Pocket, R. (2003). Staying in hospital social work. *Social Work in Health Care*, 36(3), 1-23. https://doi.org/10.1300/J010v36n03_01

X. **COVID -19 community safety practices**

Per University community safety regulations, "face coverings must be worn:

- indoors in shared spaces (e.g., meeting rooms, conference rooms, breakrooms, copy rooms, etc.)
- indoors in classrooms, seminar rooms, lecture halls, etc.
- indoors in private spaces with more than one occupant (shared offices)
- indoors in public spaces (e.g., hallways, restrooms, stairs, elevators, etc.)."

For additional information about community COVID-19 safety practices, please see <https://coronavirus.rutgers.edu/health-and-safety/community-safety-practices/>

XI. **Academic Integrity**

As per Rutgers University Academic Integrity Policy, "Students are responsible for understanding the principles of academic integrity and abiding by them in all aspects of their work at the University. Students are also encouraged to help educate fellow students about academic integrity and to bring all alleged violations of academic integrity they encounter to the attention of the appropriate authorities." Therefore, all SSW students are expected to review and familiarize themselves with the [R.U. Academic Integrity Policy](#) in its' entirety.

As per Rutgers University Academic Integrity Policy, "The principles of academic integrity require that a student: make sure that all work submitted in a course, academic research, or other activity is the student's own and created without the aid of impermissible technologies, materials, or collaborations; properly acknowledge and cite all use of the ideas, results, images, or words of others; properly acknowledge all contributors to a given piece of work; obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student's interpretation or conclusions; treat all other students ethically, respecting their integrity and right to pursue their educational goals without interference. This principle requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress; uphold the ethical standards and professional code of conduct in the field for which the student is preparing."

Students should review all types of Academic Integrity Violations per the R.U. Academic

Integrity Policy. Below are some of the more common violations, as articulated in Rutgers University Academic Integrity Policy:

"Plagiarism: Plagiarism is the use of another person's words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit. To avoid plagiarism, a student must show every direct quotation using quotation marks or proper indentation and cite both direct quotation and paraphrasing properly according to the accepted format for the particular discipline or as required by the Instructor in a course. Some common examples of plagiarism are: Copying word for word (i.e., quoting directly) from an oral, printed, or electronic source without proper attribution; Paraphrasing without proper attribution, i.e., presenting in one's own words another person's written words or ideas as if they were one's own, regardless of the nature of the assignment; Incorporating into one's work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other non-textual material from other sources, regardless of format, without proper attribution."

"Cheating: Cheating is the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one's work when others prepared them. Some common examples are Prohibited collaboration: receiving research, programming, data collection, or analytical assistance from others or working with another student on an assignment where such help is not permitted; Copying another student's work or answers on a quiz or examination; Using or having access to books, notes, calculators, cell phones, technology, or other prohibited devices or materials during a quiz or examination; Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructors involved; Preprogramming a calculator or other device to contain answers, formulas, or other unauthorized information for use during a quiz or examination.; Acquiring a copy of an examination from an unauthorized source before the examination; Having a substitute take an examination in one's place; Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement; Submitting as one's work a term paper or other assignment prepared, in whole or in part, by someone else."

Any faculty member or academic administrator who becomes aware of a possible academic integrity violation must initiate a formal complaint with the Office of Student Conduct and the SSW's Academic Integrity Facilitator (Laura Curran at lacurran@ssw.rutgers.edu). The AIF deciding the case (the "adjudicator") shall notify the accused student of the allegation in writing or by electronic communication within fifteen working days of the time the faculty member becomes aware of the alleged violation.

Once the student has been notified of the allegation, the student may not drop the course or withdraw from the school until the adjudication process is complete. A TZ or incomplete grade shall be assigned until the case is resolved. For more information, see [R.U. Academic Integrity Policy](#) and [Procedures for Adjudicating Academic Integrity Violations](#)

**Please note that Canvas uses Turnitin, an internet plagiarism detection service that checks student papers. Therefore, its findings may negatively affect your grade or your enrollment in the program.

Honor Pledge Requirement

The Office of Student Conduct has recommended that the honor pledge below be written on all examinations and significant course assignments.

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading:

On my honor, I have neither received nor given any unauthorized assistance on this assignment. Signed by _____

XII. DISABILITY ACCOMMODATION

Rutgers University welcomes students with disabilities into all the University's educational programs. To receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation:

<https://ods.rutgers.edu/students/documentation-guidelines>.

If the documentation supports your request for reasonable accommodations, your campus' disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration Form on the ODS website at: <https://ods.rutgers.edu/students/registration-form>. Please make sure you indicate the campus where you are taking your courses on this form.

XIII. Writing Assistance

Success in graduate school and within the more significant profession of social work depends on strong writing skills. Several resources are available to help students strengthen their professional and academic writing skills. Writing assistance is open to all MSW students, as described below.

All MSW Students

All MSW SSW students: New Brunswick, Camden, Newark, Intensive Weekend, online and blended can access writing assistance at the New Brunswick Learning Center.

Online tutoring is available.

<https://rlc.rutgers.edu/student-services/writing-tutoring>

Newark Students Only

The Newark writing center is available for MSW students on the Newark campus by appointment. Online tutoring may be available.

<http://www.ncas.rutgers.edu/writingcenter>

Library Research Assistance

The following Rutgers librarians are all available to meet with students in-person or by phone:

Meredith Parker is the social work librarian on the New Brunswick Campus

meredith.parker@rutgers.edu p. 848-932-6124;

Natalie Borisovets is at Newark, Dana Library: natalieb@rutgers.edu p. 973-353-5909;

Katie Anderson is at Camden, Robeson Library: Katie.anderson@rutgers.edu 856-225-2830.

Additional Online Resources

APA Style

Purdue OWL <https://owl.english.purdue.edu/owl/resource/560/01/>

APA Style Guide <http://www.apastyle.org/learn/faqs/index.aspx>

Purdue OWL Mechanics, grammar, organization <https://owl.english.purdue.edu/owl/section/1/>

XIV. Active Shooter Resources

You must know what to do in cases where there is an active shooter on campus, if or when we return to the campus. Please go to this site to retrieve information that will reduce your risk in case of an active shooting on campus: <http://rupd.rutgers.edu/shooter.php> *****Please watch the two short videos listed under "Resources."***

XV. Office on Violence Prevention and Victim Assistance

Our school is committed to fostering a safe, productive learning environment. Title IX and our school policy prohibit discrimination based on sex regarding sexual misconduct, including harassment, domestic and dating violence, sexual assault, and stalking. We understand that sexual violence can undermine students' academic success. Therefore, we encourage students who have experienced some form of sexual misconduct to talk to someone about their experience to get the support they need.

Confidential support and academic advocacy are available through the Rutgers Office on Violence Prevention and Victim Assistance, 848.932.1181, <http://vpva.rutgers.edu>. Services are free, confidential, and available 24 hrs./day, seven days a week.

XVI. Diversity and Inclusion Statement

The R.U.- SSW supports an inclusive learning environment where diversity of individual differences (including, but not limited to, race/ethnicity, gender, class, sexual orientation, religion, ability, SES, political ideology, etc.) are respected and recognized as a source of strength. Students and faculty are expected to engage in intellectual discussion and debate respectfully, contributing to a learning environment that allows for a diversity of thought and worldviews.

Revised: November(2021) (SM/ MBA)

ASSIGNMENTS Appendix

Reminder: For all assignments, appropriate APA 7th ed. citation of the text readings is required. Our texts are edited volumes. Therefore, a typical citation format will be:

Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. A. Browne (Eds.), *Handbook of health social work* (3rd edition), (pp. 331-357). John Wiley & Sons, Inc.

- **Essay Planning Response Paper (worth 10 points of final Interview paper grade)**
Due: Class # 3: September XX 2021

Describe the topic you plan to use for your final review essay and who you will/ did interview and why (preferably patient care provider, but patient may be possible if approved). Share any concerns you have about your interview or your final essay topic. Include citations from at least 4 resources you think you might use for your final review essay

- **Interview Analysis** **DUE Class # 6: October XX 2021,**
- **INTERVIEW PAPER INSTRUCTIONS**

Individuals who experience a medical/physical illness have typical and atypical trajectories of disease/ condition. Their families are also affected. This assignment provides students the opportunity to interview a patient care provider (or patient if approved by the Instructor) coping with a condition of your choosing. Your interview paper will integrate Rolland's Family Systems Illness model and the observations of the interviewee's discussion about the specific diagnosis.

Your interview provides the data for writing the final Essay paper that focuses on the medical/physical diagnosis and its impact on patients and families. For this assignment, patients' information must be blinded, and confidentiality strictly observed. *Note: I strongly recommend you identify potential interviewees asap as the interview must be done and written up by the end of September. We will interact officially through the response paper for Class 3, but feel free to email me with any questions or to set a time to talk about selecting your interviewee or any other concerns you may have.

Task:

Interview someone about the trajectory of illness a patient with the condition of interest typically experiences and how that typically affects that person's family, using Rolland's Family Systems Illness Model.

Preliminary Tasks:

1. Select a patient/ patient care provider (SW, RN. MD etc.).
Contact the potential interviewee and schedule at least a half hour interview time.

2. Explain to the potential interviewee that: "My name is ____, and I am a graduate student at Rutgers University's School of Social Work. I am taking a course in health care and need to understand how people affected by _____ (diagnosis/ condition) typically experience their condition and treatment. I am interested in meeting with you to learn more about _____ (diagnosis) and I am grateful for any time you can give me to discuss this."

3. Interview the person about the experience of the disease/ condition focusing on the Rolland concepts, especially: Onset, Course, Outcome, Disability (uncertainty) stages; typical treatment experiences, and impacts on patients' family members. Typical questions **might** include:

- Please describe how a typical patient comes to know they are affected by this condition/ illness.
- What is most people's experience of diagnosis?
- Does the patient's age/ developmental stage matter?
- What symptoms are they most aware of and which might they NOT be aware of?
- How are patients and family members affected by treatment requirements initially?
- How are patients and family members affected by treatment requirements over time?
- How does this condition typically progress and/or end?
- Are there aspects of the family response that typically help or hurt people with this condition?
- Please describe a case that really stood out to you as a good example of a person/ family who coped well with this condition/ illness. What went well? What was challenging? (You may also ask about a case that did not go well.)

4. Write an analysis that explicitly integrates course concepts as instructed below.

Instructions:

- Papers will be 5-6 total pages, with approximately 4 "analysis" pages:
 - Cover page (page 1)
 - Analysis (~pages 2-5): Pages should be double-spaced, 12 pt. font, one-inch margins and follow proper academic syntax. It is fine to use "I" and the Rolland chapter should be cited. No other citations are required.
- Content should include:

Cover Page (Page 1):

- ~ Your name, course, and date due.
- ~ Identify the diagnosis/ condition on which you are focusing and the type of interviewee (discipline of care provider/ patient).
- ~ To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading. Please type and sign on your cover page the following:
On my honor, I have neither received nor given any unauthorized assistance on this assignment.
Signed by _____. (typed name is acceptable for electronic papers)
- ~ Ensure anonymity/confidentiality of your interviewee. If you use a pseudonym, include a footnote that a pseudonym is used.

Analysis Pages (Pages 2-5):

- ~ This paper will view your chosen diagnosis and the experience of patients and families through the lens of course concepts primarily from our Gehlert & Browne textbook Chapter 15

"Families, Health and Illness" by John S. Rolland. Explicitly integrate (cite) course concepts throughout your analysis. That is, avoid merely "telling the story" of what happened during the interview; link information from the interview to specific Ch. 15 concepts. Use concepts throughout Chapter 15 in your discussion/analysis of the following:

Introduction

Start with a brief introduction of who (not the person's name, but the type/ demographics/ discipline of the person) you interviewed and give a sense of how the interview went.

Section I - Psychosocial Types of Illness (p. 333)

- a. **Onset**
- b. **Course**
- c. **Outcome**
- d. **Disability**

Section II - Phases of Illness (p. 336; Table 15.1)

Explicitly connect your analysis of the interviewee's description to the specific phases (**crisis, chronic, terminal**) and tasks (see Table 15.1) as relevant to your group/diagnosis.

Section III – Family Assessment

What are typical (or some specific) beliefs, legacies of illness, developmental challenges and/ or cultural inputs that typically are present for this condition?

Summary

Briefly describe how the interview reflected the Rolland chapter material.

General Guidelines:

For the paper: It is essential that you protect the anonymity of others (e.g., use pseudonyms in place of actual names of persons and organizations and geographic locations); protect confidentiality of others (omit any identifying or highly sensitive information that could link individuals and agencies with the content of this paper).

~ Excellent papers address relevant course concepts and are well-written, well-organized, use formal English, demonstrate a masterful ability to analyze and integrate the interview information with clinical practice concepts learned in Ch. 15, use verbatim quotes and paraphrase the interviewee to support your analysis; and show evidence of critical thinking and understanding of the process for that condition/ disorder while also recognizing patient/ family strengths.

~ First person voice is preferred.

The Interview Paper is due Class # 6: October XX, 2021

Interview Paper grading Rubric:

- ___/10- Class 3 Response Paper
- ___/10- Writing (Syntax, grammar, references all appropriate)
- ___/20- Application of Psychosocial Illness concepts
- ___/20- Application of Phase concepts
- ___/20- Application of Family Assessment/ beliefs concepts

- **IPE Attendance + Assignment** **Assignments due: Week #December 13r XX 2021**, Interprofessional education opportunities are a way to develop comfort in sharing case discussion, problem-solving and education about roles with other students preparing for professional roles. For this assignment, you will attend (virtually) case sessions. You will be expected to participate fully in the entire event and to add your perceptions, clinical observations, and professional opinions to the mix. You will be outnumbered, just as you will be in health settings. Be professional but also assertive; respectful but also confident of the value of your input.
Attend one of the IPE events on **October 13 or 20, 2021**. If student cannot attend the October IPE, please have the student write to the SSW IPE office : ipe@ssw.rutgers.edu and IPE coordinator :Mary Beth Ali ma930@rutgers.edu to inquire about additional IPE events for the semester. Students must include their professor in the email to affirm registration, attendance and confirmation of IPE experience.
After each event, you will write a reflection response paper about the experience.

The Response Paper prompt asks you to: Summarize your impression of the event. Briefly describe how each discipline responded to the case. What class concepts did you (or could you have) draw(n) upon to participate in the IPE discussion? What did you learn about the other disciplines and their approach to the cases generally? What do you wish you had said or contributed that you did not? What "take-away" lessons did you get from the IPE Event?

IPE Grading Rubric

___/40 Participation in IPE event
___/ 60 Reflection Response paper about IPE event

- **REVIEW ESSAY - Due Week # 13, December XX, 2021**
(100 points: 60 points for the essay; 40 points for the presentation)

This essay (term paper) provides students the opportunity to investigate a *physical medical condition* that interests them and is relevant to clinical social work health practice. This paper is more than a basic research literature review. Students will not only describe the condition but will map/track how their topic has evolved over time. Overarching issues to explore within each main outline heading (see below) include: What is the current state of knowledge compared to historical understandings? What medical and social "truths" have changed and how has practice evolved to meet new understandings? What debates in the field (social work and interdisciplinary) have emerged? How have research directions changed? To what extent does the Literature and research in this area incorporate race, class, gender and other structured inequalities? Are

there significant health disparities and how are social workers working to remedy them?
How is the condition viewed cross-culturally/nationally?

The essay will generally be 10 to 15 pages (not including references, cover page, appendix. A minimum of 15 external references (includes supplemental course readings, outside readings and professional websites) *and* minimum of 5 required course readings are expected (*note: more than the minimum is customary). The material from the interview should also be included (again, protect the identify of your interviewee).

Generous use of 1) scholarly social work journals and books; 2) scholarly journals and books from other health care disciplines; 3) some contemporary popular culture (e.g., news and entertainment media); 4) required and supplemental course materials; and 5) legitimate internet sites for patient support and information are expected.

APA 7th edition citation style is required. *Reminder: chapters within an edited text require a different format than those from an un-edited book. Please see the APA guidance sheet available in the resources on the Canvas site.

First person voice is preferred.

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading. Please type and sign on your cover page the following:

On my honor, I have neither received nor given any unauthorized assistance on this assignment. Signed by _____. (typed name is acceptable for electronic papers).

Excellent papers address each of the points in the outline described and are also very well-written, well-organized, use formal English, demonstrate a masterful ability to analyze/track/map the chosen field, integrate and apply practice concepts learned in class and learned during the literature review, and show evidence of critical thinking and awareness of client/ family strengths. [To support analytic depth, state/identify concepts, define & cite, supply examples, and discuss/analyze how the example illustrates the concept, integrate course materials/external Literature—yet avoid stringing together quotes from the Literature.] I want to hear your voice, your analysis.

REVIEW ESSAY FORMAT

Organize your paper using the following outline and include the main bolded headings. (However, to accommodate student writing and organizational creativity, flexibility in the order of the outline is permitted):

A. Introduction: The Biological Dimensions of (1-2 pages)

Describe the condition. Include relevant pathophysiological, biological, genetic, and environmental aspects of the condition. How does it affect physical/mobility and other functional abilities?

B. Psychosocial Issues Common to People Experiencing (2-3 pages)

Identify and analyze individual, family, and societal influences on the condition. How do emotional, psychological, cognitive, and spiritual responses and issues relate to this health condition? What are common health beliefs? How are patient and provider perceptions of causal explanations/etiology similar or different? Do racial, ethnic, class, or health literacy issues interfere with coping?

C. Social Work Intervention Strategies (2-3 pages)

Delineate the social work strategies and interventions proven most successful for patients with this medical condition. Include Literature from other relevant disciplines (evidence-based practices). Also, discuss strategies that you think would be most helpful to the client system that should be considered yet has been given little attention in the Literature (practice wisdom).

D. Policy, Organizational and Biotechnological Issues (1-2 pages)

How do policy influences (federal policies, insurance policies, etc.) affect people with this condition? How do new technologies (biomedical) influence care of people with this condition? Include global policy issues (e.g., World Health Organization, U.S. national policies, reimbursement issues) where appropriate, organizational issues (e.g., agency practice, policy, and procedures), and medical technological issues (availability of high-tech equipment, medications, treatment).

E. Ethical Issues and Dilemmas (1-2 pages)

Describe any ethical issues or dilemmas that social workers might encounter in their work regarding this medical condition. Remember to include ethical issues related to the entire client system, coverage of care, work settings, racial/ gender/ class differences in care, or other broad issues of care that create ethical issues.

F. Critical Issues and Future Directions for Medical Treatment, Social Work Intervention and Policy Change (1 page)

Provide a brief summary of the most critical or key issues that seem to be emerging within science and medicine; social work/behavioral medicine intervention and research; and health care policy. What is the new cutting edge for this condition?

Reference List Instructions:

Follow APA 7th edition Style: use asterisks to indicate the type of reference.

Appropriate citation of the text readings is required. A typical citation format will be:

Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. A. Browne (Eds.), *Handbook of health social work* (3rd edition), (pp. 331-357). John Wiley & Sons, Inc.

If a quote is used within the essay, it must be appropriately cited:

"There is substantial evidence for the mutual influence of family functioning, health and physical illness" (Rolland, 2019, p. 331).

Required Course Readings (minimum 5) *

External Literature (minimum 15) **

Within the 15, 1-4 legitimate Internet Sites for Patient Support and Information can be included.

Information from your interview should be cited in the paper as "personal communication" and "Interview" should be included within the reference list, without including the person's actual name. Note that the identity of your interviewee should be protected, and a pseudonym assigned, but the role/ reason you picked the interviewee should be included.

Final Essay Grading Rubric _____/ 60

_____/10- 10-15 pages that are well-written with appropriate syntax and grammar. Appropriate, well-integrated use of Required Course Readings (minimum 5), External Literature (minimum 10), and legitimate, relevant websites. The interview should be included so that 20 references are expected, and more are welcome.

_____/50- Essay- broken down by:

_____/7 Introduction of Biomedical issues related to the condition. Functional physical/cognitive/mobility ramifications.

_____/10 Psychosocial Issues Common to People Experiencing

_____/10 Social Work Intervention Strategies

_____/8 Policy, Organizational and Biotechnological Issues

_____/7 Ethical Issues and Dilemmas: any ethical issues or dilemmas that social workers might encounter in their work regarding this medical condition, with the client system, in the work setting, etc.

_____/8 Critical Issues and Future Directions

•**Mini In-Class Presentation is Week # 14 (December XX 2021) & Week # 15 (December XX, 2021)**

The Pecha Kucha format helps to standardize each presentation, highlighting key points of your review essay. Essentially, it is a PowerPoint that has a set number of slides (20) where the timing is set to advance every 30 seconds (normally 20 seconds). This means each presentation will be 10 minutes. You do not need to include your references in this format. There should be very little text on each slide: pictures, keywords, and design are given preference. You may decide to script yourself, or at least have notes, so that you can get your points across in the 30 seconds that each slide is up.

Organization: In addition to the 6 areas of the paper, you should start with a slide on why you chose this topic and why it is important. The six elements of the essay should follow (Biological/ Medical aspects; Psychosocial aspects; Social work interventions; Policy/ organizational aspects; Ethical Issues; Future directions). It should end with the most surprising, hopeful or interesting thing you learned in your interview or research.

Pecha Kucha Presentation: (40)

_____/20-Inclusion of each of the 6 areas in the essay with crucial and correct information.

Intro of significance; 6 areas from essay, what was most compelling information learned (each about 3 points)

_____/ 20 Final presentation style (Sharing relevant new information; tying to class concepts, staying within time frame; being engaging- each worth about 5 points).