

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
SCHOOL OF SOCIAL WORK**

**COURSE NUMBER: SOWO 845**

**COURSE TITLE: HEALTH: THEORY AND PRACTICE**

**ROOM: TTK - 300**

**INSTRUCTOR: MIMI V. CHAPMAN, MSW, PH.D., LCSW**

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**OFFICE PHONE: 919-843-8282**

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**OFFICE HOURS: FRIDAY 9 – 10 OR BY APPOINTMENT. ROOM 324-K TTL BUILDING**

**COURSE DESCRIPTION:**

This course is a seminar on social work practice in healthcare settings. It covers both the social context of health problems, and theories and interventions to facilitate both prevention of and coping with health problems.

**COURSE OBJECTIVES:**

1. Understand the impact of social context on health and illness.
2. Understand frameworks that address health and help seeking behavior.
3. Use the considered frameworks to create assessment and intervention plans.
4. Consider the impact of difference on how we understand particular symptoms and illnesses.
5. Understand particular legal issues that apply in health settings that promote and limit confidentiality for particular populations.
6. Develop skills in assisting with decision-making in health care settings.
7. Understand the importance of interdisciplinary work in health care settings and develop skills in collaboration and teamwork.
8. Develop skills in particular intervention models commonly used in healthcare settings.

**SKILLS TO BE ACQUIRED IN THIS CLASS:**

1. The ability to go beyond information gathering to create a nuanced assessment and treatment plan.
2. The ability to consider and identify health beliefs that may impact coping and treatment.
3. The ability to identify and employ evidence-based psychosocial interventions for particular health conditions.

**REQUIRED TEXTS**

**ALL REQUIRED READINGS ARE AVAILALABLE ON THE CLASS SAKAI SITE.**

**Texts to Consider for Your Professional Library:**

- Gehlert, S. & Browne, T. (Eds). 2012. *Handbook of social work in healthcare, 2<sup>nd</sup> Edition*. New Jersey: John Wiley & Sons.
- Groopman, J. (2007). *How doctors think*. Boston, Mass.: Houghton Mifflin.
- Hoberman, J. (2012). *Black and blue: The origins and consequences of medical racism*. Oakland California: University of California Press. ISBN 9780520574013.
- Jansson, B. S. (2011). *Improving healthcare through advocacy: A guide for the health and helping professions*. New Jersey: John Wiley & Sons.
- Kerson, T. S. (2002). *Boundary spanning: An ecological reinterpretation of social work practice in health and mental health systems*. New York: Columbia University Press.
- N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.). (2005). *The social medicine reader: Patients, doctors, and illness. Vol. 1. (2<sup>nd</sup> ed.)*. Durham, N.C.: Duke University Press.
- N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.). (2005). *The social medicine reader: Vol. 2. Social and cultural contributions to health, difference, and inequality. (2<sup>nd</sup> ed.)*. Durham, N.C.: Duke University Press.
- Rolland, J. S. (1994). *Families, illness, & disability: An integrative treatment model*. New York: Basic Books. ISBN: 0-465-02915-9. 5
- Rollnick, Miller, W., & Butler, C. (2007). *Motivational interviewing: Helping patients change behavior*. New York: Guilford Press.

## TEACHING METHODS

We will be addressing cognitive, emotional, and experiential aspects of working in health settings. To do this, we will have exercises related to self-reflection, deepening our empathy for the clients with whom we work, and role plays to practice and understand the techniques used in particular models. We will also be privileged to hear from some expert guest speakers and we may use various audio-visual aides to understand concepts and techniques. To be enjoyable, our class should be interactive. Comfort and cohesion in this class will be created by interactions that reflect social work values. You are encouraged to state your point of view. At the same time, please keep in mind that supportive learning conditions are created and fostered by *listening* to the ideas and beliefs of others and *reflecting* upon those which may be different from your own.

Toward that end, I would like you listen to <https://www.nytimes.com/podcasts/the-daily? r=0> at least once per week. You can listen on your computer or via your smart phone. The purpose is not to focus on politics, although that is critically important as a social worker. Rather, I want you to latent o how the host, Michael Barbaro, listens and asks questions of those he interviews. He is a master of the open-ended question, the careful summary, and asking to make sure he understands

what is being said. On occasion, an interview happens in which you can hear him learn that there are perspectives on issues that he has not considered. He provides an excellent model for what we should aspire to as we attempt to understand our clients' views of their lives and illnesses.

### **CLASS ASSIGNMENTS**

A. MINI-ETHNOGRAPHY: THIS ASSIGNMENT IS REQUIRED FOR ALL STUDENTS, AND IN TOTAL, IS WORTH 25% OF YOUR GRADE. THE WRITTEN PAPER WILL CONSTITUTE 15% OF YOUR GRADE. THE PRESENTATION WILL CONSTITUTE 10 % OF YOUR GRADE. IT IS DUE ON NOVEMBER 13<sup>TH</sup> AT THE BEGINNING OF CLASS. PRESENTATIONS WILL BEGIN ON THAT DAY AS WELL. BOTH THE PAPER AND YOUR SLIDES SHOULD BE UPLOADED TO SAKAI.

**The Paper:** Please choose a person who has experienced an acute life-threatening injury or illness, or who lives with a chronic illness or condition. This experience may have happened to them or a close family member (spouse, life partner, child, or parent). The subject of the interview may be someone you know in your personal life, a client, or even a family member. This experience is particularly transformative when students choose a client to interview. Powerful experiences also happen with friends and family. But when the interview is done with clients, the ethnography is revealing in ways that transform relationship and sometimes treatment. Interview them about their illness from an ethnographic point of view. The information below will tell you more about the ethnographic approach.

*Kleinman (1988)<sup>1</sup> writes that by using the mini-ethnography the clinician is allowed to “place himself in the lived experience of the patient’s illness... By putting himself in the position of the family members and important people in the wider social circle, one can also empathically witness the illness as they do. This experiential phenomenology is the entrée into the world of the sick person.”*

In order to deepen our understanding and empathy for our clients experiencing a physical or mental illness, this paper will ask you to construct a mini-ethnography of a person who has experienced an acute or chronic illness/injury.

An ethnography differs from a “case formulation” in that your purpose is to understand your client through their own eyes: not to look with a clinical lens with the purpose of creating a treatment plan, looking for diagnostic clues, etc. Your goal is simply to understand the world as they see it and their illnesses' place in that world. Here are some areas to explore:

**The story of the illness.** What did the person notice first about their illness? How did they manage the symptoms before professionals became involved? What did they think their symptoms meant? What was the experience of involving others in understanding their symptoms? How did the different systems involved treat them? Who did they perceive to be helpful or not and why?

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<sup>1</sup> Kleinman, A. (1988). The Illness Narratives: Suffering Healing, and the Human Condition. New York: Basic Books.

**The illness and relationships.** How does the illness affect relationships with others including family, friends, and strangers. What messages did/does the person receive from the larger society about their illness?

**Impact of the illness.** How did/does the illness affect their daily life? What is their perceived quality of life? What are their hopes for the future? What role does the illness play in their expectations?

**Interviewing Tips:**

Adapted from Anne-Linda Furstenberg (1996) & Denise Gammonley (2000).

The goal of the mini-ethnography is to capture this person's perception of their world and the illnesses' role in that world. Your goal is to engage the interviewee in a focused discussion of what it means to be a person who has experienced a particular illness or injury.

The interview process is open-ended and emphasizes asking questions that elicit rich detail. Toward this end, develop an interview guide to focus the discussion. Many of the questions listed above may be a part of your interview guide. The guide should contain a list of broad topic areas you want to cover. Some useful strategies for formulating questions and conducting an in-depth interview include:

- 1) Explain the purpose of the interview and assure confidentiality.
- 2) Use descriptive questions and encourage vivid detail – probe by asking follow-up questions about the sequence of events, the locations, who else was there and what were they doing.
- 3) Avoid evaluative questions: What kinds of things does your family do together versus how do you get along with your family.
- 4) Begin broad and focus more narrowly.
- 5) Check to make sure you understand the meaning behind what is being said. Ask them to explain language you don't understand. Restate what they have said to make sure you are clear on what they mean.
- 6) Give permission to discuss difficult areas or NOT if preferred.

**Once you have conducted your interview, take time to write it up. What did you learn from your interview subject about the different areas covered in the questions above? Once you have reviewed your interview in these terms, then delve into the next part of the assignment.**

**Now that you deeply understand your interview subject's view of the illness, you are ready to apply a theoretical lens to understand how what they have told you, may impact their coping and treatment. Use the Roland chapters** and the notes based on the large model that we've put together in class and apply it to your interview. To elaborate a bit more, look at Roland's framework and think/re-read your interview narrative. What parts of your conversation give information about the different pieces in Roland's framework? For example, what did you learn about loss history in this family, how the family sees itself, communication styles, emotional styles, etc.? How does/did this style interact with the demands of the illness? Based on how you have integrated the theoretical lens with what the patient has told you, what

are your predictions on how the patient and their family will cope with this illness. If you are looking at an illness in retrospect, what parts of the Rolland model were important in predicting what actually happened?

Finally, reflect on this process and compare it to how you usually interact with clients. Did this process teach you anything new? Was it harder or easier than clinical interviews that you have experienced? Why? Will you change your clinical interviewing in any way as a result of this experience? When you matched the information you'd obtained with the Roland framework, how did things fit? Were there big areas that were missing? What, besides a grade, will you take away from this assignment?

**Finally**, prepare a brief presentation to be delivered on November 13<sup>th</sup> or 27<sup>th</sup>. In this presentation, you are to move your ethnography from a written ethnography to a visual ethnography. To do this, re-read the selected interview and analysis. Using a camera, images you find on the internet, or images the interview subject shares with you, use pictures that illustrate important and potentially overlooked dimensions of your interview subject's story from both their and your point of view. Fashion the photographs into a 10 minute presentation that you will present to the class. In addition to Rolland, choose one reading that you have read thus far in the semester that speaks to your interview subject's experience. This is a chance for creativity, a chance to bring your interview subject's experience to life in ways that communicate how the person, the context, and the illness or disability intersect. The presentation is worth 10% of your grade.

**B. PICK TWO: CHOOSE 2 OF THE FRONT LINE OR TED TALK PROGRAMS BELOW TO WATCH, EXPLORE, AND ON WHICH YOU WILL WRITE.**

Choose two to watch, explore, and respond to with a two to three page well-written paper for each. Please use academic English and cite in APA style when appropriate. Each journal entry is worth 15% of your grade. **YOU MAY TURN THESE IN AT ANY POINT IN THE SEMESTER BEFORE OCTOBER 16<sup>TH</sup>.** The goal is not to turn them in at once on the 16<sup>th</sup>. Space them out so that feedback from the first can inform the second. **Note: Some of these talks and Frontline programs are dated. I keep them because there is nothing more recent that I have found. I do look for new additions each year and have added several new options this semester.**

For each program and website that you watch and explore include answers to the following questions in your journal entry:

1. What did you know about this topic prior to this assignment?
2. How does what you learned here apply to the health care environment in which you work?
3. What other readings or other information we have considered in class that apply in some way to this topic? If so, how?
4. In what ways do societal views of illness, health care, and/or stigma influence the topic of the Frontline or Ted Talk program?
5. If the Frontline program or Ted Talk is dated, what has changed related to this issue since the documentary was made?

6. Is there a point of view or set of facts that was not adequately addressed in this program? Tell me about it and why you believe it should have been included.
7. In what ways, if any, will your role as a social worker change because of what you have learned and considered?

### Choices

1. The Age of AIDS. <http://www.pbs.org/wgbh/pages/frontline/aids/view/> and watch this series on HIV and AIDS. Our conception of this virus has changed over the years.
2. My Father, My Brother, and Me.  
<http://www.pbs.org/wgbh/pages/frontline/parkinsons/view/>
3. The Last Abortion Clinic <http://www.pbs.org/wgbh/pages/frontline/clinic/>
4. Vaccine Wars  
[http://www.pbs.org/wgbh/pages/frontline/vaccines/view/?utm\\_campaign=homepage&utm\\_medium=proglis&utm\\_source=proglis](http://www.pbs.org/wgbh/pages/frontline/vaccines/view/?utm_campaign=homepage&utm_medium=proglis&utm_source=proglis).
5. The Cost of Hope  
[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiAn6zr1qzVAhUIRiYKHaDIAjgQtwIIjAA&url=https%3A%2F%2Fwww.ted.com%2Ftalks%2Famanda\\_bennett\\_a\\_heroic\\_narrative\\_for\\_letting\\_go&usq=AFQjCNGTOuXc6KergYEK8IQ6yhctxOGfBQ](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiAn6zr1qzVAhUIRiYKHaDIAjgQtwIIjAA&url=https%3A%2F%2Fwww.ted.com%2Ftalks%2Famanda_bennett_a_heroic_narrative_for_letting_go&usq=AFQjCNGTOuXc6KergYEK8IQ6yhctxOGfBQ)
6. Endgame: Aids in Black America  
<http://www.pbs.org/wgbh/frontline/film/endgame-aids-in-black-america/>
7. Being Mortal  
<https://www.youtube.com/watch?v=60xqFTYCMZg>
8. Go see “An Enemy of the People” at Carolina Performing Arts on October 5 or 6. (Tickets are \$10 for students.) Ibsen’s play resonates strongly in light of the Flint water crisis and other current events. Describe your responses to the play in light of reading “Primum Non Tacere” found here  
[https://www.jstor.org/stable/3562380?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/3562380?seq=1#page_scan_tab_contents). What choices do the characters have to make that are similar to choices you may have to make during your practice life? How will you approach those choices?

***NOTE: Please label all journals that you upload with your name and a title. Sometimes I may print them out and grade on a hard copy. Your labels will help me get them back to you properly.***

### D. CLASS ATTENDANCE AND PARTICIPATION

Attending and participating in class are important. You are expected to be present and on time. Therefore, I do not give credit for class attendance. Rather, if you miss class without letting me know in advance, a point will be deducted from your overall grade. Further, absences should only be incurred with good reason such as illness and family emergencies. Contributions to large and small group activities and your participation in class discussions will add an additional 10% to your overall grade. Points will be deducted if you are regularly late, come unprepared, or are unwilling to participate in class.

**E. TAKE HOME EXAM – DUE DECEMBER 3<sup>RD</sup> AT 5 PM.**

The week of Thanksgiving, a take home exam will be posted to our Sakai site. You will have until 5 p.m. on December 3<sup>rd</sup> to complete it. You may use notes and readings from our class but you may confer with no one except for me. Please record the honor code statement and sign it on the front page of the exam. The exam will consist of multiple choice and short answer questions. It will require that you apply knowledge learned in class to case situations. The exam will be worth 25% of your total grade.

**GRADING SYSTEM**

The total points for each assignment will be added to determine the final grade.

94 and above	H
80 – 93	P
70 – 79	L
69 and below	F

**POLICY ON INCOMPLETE GRADES AND LATE ASSIGNMENTS:** Assignments should be completed on time. If a situation arises that prohibits you from completing the assignment on time, a request for an extension must be done *in advance* of the due date. Approved extensions will not affect the grade. Any unapproved delays or assignments completed after an approved extension date, will begin to accrue a 1 point reduction every 24 hours that the assignment is late. No make-up exams will be given unless the student has an emergency. If the student is allowed to take a make-up exam, the exam may be in a different format or have different questions than the regular exam. If you face unavoidable obstacles, discuss the circumstances with me and we will decide together whether a grade of incomplete should be considered. Incomplete grades will be given only in compliance with University policy.

**POLICY ON ACADEMIC DISHONESTY:** Please refer to the *APA Style Guide*, *The SSW Manual*, and the *SSW Writing Guide* for information on attribution of quotes, plagiarism and appropriate use of assistance in preparing assignments. All written assignments should contain a signed pledge from you stating that, “I have not given or received unauthorized aid in preparing this written work”.

In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and further action as required.

## **POLICY ON THE USE OF ELECTRONIC DEVICES AND/OR LAPTOPS IN THE CLASSROOM**

Students are asked to silence cellular phones and pagers during class time. *Your smart phones, etc. should remain in your purse, backpack, coat pocket, etc. It is not appropriate to update your calendar, surf the web, Facebook, text other people, do Sudoku, play Words with Friends, shop, plan your next event, tweet, or otherwise disengage during class.* If you have an extenuating situation that means you will likely be receiving a phone call or message through social media that you must take during class, please let me know in advance. You may use laptops for note-taking although research shows that taking written notes is more effective (<http://www.scientificamerican.com/article/a-learning-secret-don-t-take-notes-with-a-laptop/>). If it is clear that you are shopping, using social media, etc. during class, I will ask you to not use your laptop.

### **Accessibility and Resources Services:**

The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in difficulties with accessing learning opportunities. All accommodations are coordinated through the Accessibility Resources and Service Office. In the first instance please visit their website <http://accessibility.unc.edu>, Tel:- 919-962-8300 or Email;- [accessibility@unc.edu](mailto:accessibility@unc.edu). A student is welcome to initiate the registration process at any time, however, the process can take time. ARS is particularly busy in the run-up to Finals and during Finals. Students submitting Self-ID forms at that time are unlikely to have accommodations set until the following semester. Please contact ARS as early in the semester as possible.

### **Writing Support**

Clear, cogent writing is an essential skill for social work professionals. Writing support is available to all students through the School's Writing Support Team; they can help you strengthen your writing skills by sharing strategies for organizing information, presenting a cohesive argument, ensuring clear communication, and mastering APA style. Writing Support offers a *learning opportunity* for students but does not merely copy edit student papers. Writing support is available in-person, by e-mail, or by phone. E-mail a requested appointment day and time to [SOSWwritingsupport@gmail.com](mailto:SOSWwritingsupport@gmail.com). In addition, see the Writing Resources and References page on the School's website (under the Current Students tab: <https://ssw.unc.edu/students/writing>).

## **COURSE OUTLINE**

### **FOUNDATIONS FOR THINKING ABOUT HEALTH: PERSPECTIVES INFLUENCING ASSESSMENT**

**CLASS 1            8/21/18**

**INTRODUCTION TO THE COURSE:**

**FOLLOWING 30 MINUTES OF INTRODUCTION TO THE COURSE, WE WILL WALK TO THE ACKLAND ART MUSEUM TO BEGIN OUR WORK.**

***Note: Coffee/drinks are allowed in the lobby but not in the galleries or study area. No pens can be used for note-taking, only pencils.***

**CLASS 2    8/28/18**

Chochinov, H.M. (2014). Healthcare, health caring, and the culture of medicine. *Current Oncology*, 21, 5.

Gawande, A. (2005). The learning curve. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. Pp.102-120). Durham, N.C.: Duke University Press.

Groopman, J. (2005). God at the bedside. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. Pp.154-158). Durham, N.C.: Duke University Press.

Groopman, J. (2007). How doctors think. Boston, Mass.: Houghton Mifflin. Intro and Chapter1.

Higgins, P. C. (2011). Guess who's coming to dinner? The emerging identity of palliative care social workers. In T. Altilio & S. Otis-Green (Eds.), *The Oxford textbook of palliative social work*. (pp. 31-40). New York: Oxford University Press.

Konner, M. (2005). Basic clinical skills: The first encounters. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. pp.89-101). Durham, N.C.: Duke University Press.

**CLASS 3            9/4/18 THE EXPERIENCE OF ILLNESS AND DISABILITY**

*Readings:*

Cassell, E.J. (2005). The nature of suffering and the goals of medicine. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. pp.7-20). Durham, N.C.: Duke University Press.

Frank A. (2005). The cost of appearances. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. pp.33-40). Durham, N.C.: Duke University Press.

Feudtner, C. (2005). The want of control: Ideas and ideals in the management of diabetes. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. pp.41-59). Durham, N.C.: Duke University Press.

Trillin, A.S. (2005). Betting your life. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 1. Patients, doctors, and illness*. (2<sup>nd</sup> ed. pp. 26-31). Durham, N.C.: Duke University Press.

**CLASS 4 & 5 9/11/18 & 9/18/18 THE IMPACT OF ILLNESS AND DISABILITY: A MODEL TO UNDERSTAND COPING**

*Readings:*

Rolland, J.S. (1994). *Families, illness, & disability: An integrative treatment model*. New York: Basic Books. (pp. 19-100).

**CLASS 6 9/25/18 HEALTH BELIEFS & SYMPTOM RECOGNITION, HEALTH BEHAVIOR, AND ASSESSMENT**

*Readings:*

Borgmeyer, T. (2011). The social work role in decision-making: Ethical, psychosocial, and cultural perspectives. In T. Altilio & S. Otis-Green (Eds.), *The Oxford textbook of palliative social work*. (pp. 615-623). New York: Oxford University Press.

Hunt, L.M. (2005). Beyond cultural competence: Applying humility in clinical settings. In N.M.P. King, R.P. Strauss, L.R. Churchill, S.E. Estroff, G.E. Henderson, J. Oberlander (Eds.), *The social medicine reader: Vol. 2. Social and cultural contributions to health, difference, and inequality*. (2<sup>nd</sup> ed. pp. 133-137). Durham, N.C.: Duke University Press.

Leventhal, H. Halm, E., Horowitz, C., Levanthal, E., & Ozakinci, G. (2004). Living with chronic illness: A contextualized, self-regulation approach. In S. Sutton, A. Baum, & M. Johnston (Eds.). *The Sage handbook of health psychology*. (pp.197-240). Sage, London.

Petrie, K.J. & Pennebaker, J.W. (2004). Health-Related Cognitions. In S. Sutton, A. Baum, & M. Johnston (Eds.). *The Sage handbook of health psychology*. (pp.127-142). Sage, London.

Rolland, J.S. (1994). *Families, illness, & disability: An integrative treatment model*. New York: Basic Books. (pp. 127-164).

**CLASS 7 10/02/18 LEGAL CONSIDERATIONS: HIPAA, INFORMED CONSENT, CONFIDENTIAL CARE FOR MINORS**

**GUEST SPEAKER: JILL MOORE, J.D.**

*Readings:*

Gehlert, S. & Browne, T. (Eds). 2012. *Handbook of social work in healthcare, 2<sup>nd</sup> Edition*. New Jersey: John Wiley & Sons. Chapter 2.

Gehlert, S. & Browne, T. (Eds). 2012. *Handbook of social work in healthcare, 2<sup>nd</sup> Edition*. New Jersey: John Wiley & Sons. Chapter 3.

Lyren, A., Kodish, E. Lazebnik, R., & O'Riordan, M.A. (2006). Understanding confidentiality: Perspectives of African-American adolescents and their parents. *Journal of Adolescent Health, 39*, 261-265.

In preparation for our conversation with Jill Moore, watch Growing Up Trans found at this website <http://www.pbs.org/wgbh/pages/frontline/growing-up-trans/>. As you listen to Professor Moore, please consider how the concepts she describes relate to the information contained in this program.

**CLASS 8 AND CLASS 9            10/9/18 AND 10/16/18**

**DISPARITIES, BIAS, ADVOCACY**

*Readings:*

Chapman, M. V. Payne, B. K., Hall, W. J., Lee, K., Coyne-Beasley, T., Eng, E., ... Colby, R.G. (2018). Making a difference in medical trainees' attitudes toward Latino patients: A pilot study of an intervention to modify implicit and explicit attitudes. *Social Science and Medicine, 199*, 202-208. doi: 10.1016/j.socscimed.2017.05.013

Gehlert, S. & Browne, T. (Eds). 2012. *Handbook of social work in healthcare, 2<sup>nd</sup> Edition*. New Jersey: John Wiley & Sons. Chapter 10.

Hoberman, J. (2012). Black and blue: The origins and consequences of medical racism. Oakland California: University of California Press. ISBN 9780520574013. Pgs. 1 – 70.

Jansson, B. S. (2011). *Improving healthcare through advocacy: A guide for the health and helping professions*. New Jersey: John Wiley & Sons. Chapter 3.

Leape, L.L., Shore, M.F., Dienstag, J.L., Mayer, R.J., Edgman-Levitan, S., Meyer, G.S., Healy, G.B. (2012). A culture of disrespect, part 1: The nature and causes of disrespectful behavior by physicians. *Academic Medicine, 87*, 845-852.

Leape, L.L., Shore, M.F., Dienstag, J.L., Mayer, R.J., Edgman-Levitan, S., Meyer, G.S., Healy, G.B. (2012). A culture of disrespect, part 2: Creating a culture of respect. *Academic Medicine, 87*, 853-858.

Lightfoot, A., Simán F., Eng, G. Merino, Y., Thomas, T, Coyne-Beasley, T., Chapman, M.V. (2017). What I Wish My Doctor Knew about my life: Using photovoice to explore barriers to health equity with immigrant Latino adolescents. *Qualitative Social Work*. doi:10.1177/147332504034.

**INTERVENTION TO CHANGE HEALTH BEHAVIOR**

**CLASS 10 AND CLASS 11            10/23/18 AND 10/30/18**

*Readings:*

Rolland, J.S. (1994). *Families, illness, & disability: An integrative treatment model*. New York: Basic Books. (pp. 199-234).

Rollnick, Miller, W., Butler, C. (2007). *Motivational Interviewing: Helping Patients Change Behavior*. New York: Guilford Press. Chapters 1 – 6

**11/6/18            ETHNOGRAPHY PREP – NO CLASS**

**CLASS 12        11/13/18        ETHNOGRAPHY PRESENTATIONS 1**

**CLASS 13 11/20/18            THANKSGIVING – NO CLASS**

**EXAM AVAILABLE ON SAKAI at 5 pm**

**CLASS 14                    11/27/18 ETHNOGRAPHY PRESENTATIONS 2**

**CLASS 15                    12/04/18        WRAP UP: TAKING CARE OF YOU**

Reading to be announced

**EXAMS DUE NO LATER THAN 5 PM ON DECEMBER 3<sup>RD</sup>.**

**Good Work! Happy Holidays!**