

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
School of Social Work

“Of all the forms of inequality, injustice in **health care** is the most shocking and inhumane.”
-Dr. Martin Luther King, Jr.

COURSE NUMBER: SOWO 741

COURSE TITLE: Integrated Behavioral Health Care with Underserved Populations

SEMESTER AND YEAR: Summer 2020

TIMES: Wednesday, 9:00-12:00, May 13, May 20, May 27, June 3, June 10

INSTRUCTORS: Meryl Kanfer, MSW, LCSW & Jamie Burgess-Flowers, MSW, LCSW

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OFFICE HOURS: Tuesdays 3:00-5:00pm or by appointment

COURSE DESCRIPTION: This course teaches practical skills for behavioral health care delivered in primary care settings. In this course you will develop expertise in providing brief interventions as part of an inter-professional care team.

COURSE OBJECTIVES: By the end of this course, students will learn how to:

1. Distinguish between different levels of integration within health care settings and the different roles of the various providers in integrated health care practice, with an emphasis on behavioral health consultation and care coordination among underserved populations.
2. Practice ethical decision-making in integrated health care settings.
3. Demonstrate skills in screening, assessing, brief treatment, and intervention of patients presenting with mental health and/or substance use issues in an integrated health care setting.
4. Meaningfully contribute to inter-professional collaborative care.

EXPANDED DESCRIPTION: This course will help you develop and practice the skills most frequently used by behavioral health specialists working in integrated primary care settings. Recent health care reforms have promoted several models of care that open up roles in primary care practices for behavioral health providers, consultants, and care coordinators. These models of care (e.g., patient-centered medical homes, health homes, and accountable care organizations) require behavioral health services to be delivered in primary care settings. For this reason, this course foregrounds the knowledge and skills you will need to deliver interventions among diverse and underserved patient populations with varying levels of need while working in a fast-paced primary health care setting. Given the many different practices employed in integrated care settings, the course will teach you skills in four primary areas: (a) promoting health and wellness, (b) prevention and early intervention for social and emotional challenges, (c) assessing and intervening with patients who have mild to moderate behavioral health concerns, and (d) addressing behavioral health challenges that may compromise the care and treatment of patients with chronic health issues. Although the course emphasizes the selection of appropriate, effective interventions for individual patient and caregiver needs, we will also examine the ways in which primary care practices can best meet the social and emotional needs of all patients and their families. We will therefore discuss the theories of change, practice ethics, and cultural competencies required for all activities practiced throughout the course.

REQUIRED READINGS: Posted at end of syllabus in course outline table and on Sakai site.

OPTIONAL TEXTS

Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobbmeyer, A. C. (2017). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* SECOND EDITION. American Psychological Association.

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

RELATED READINGS:

These related texts are available to download through the UNC Library. Certain chapters from each book have been assigned. You may want to refer to these texts to support many of the assigned papers.

Burg, Mary Ann, Oyama, Oliver, eds. (2016). *The behavioral health specialist in primary care: skills for integrated practice*. Springer Publishing Company.

<https://catalog.lib.unc.edu/catalog/UNCb8657038>

Ratzliff, Anna, Unutzer, Jurgen, Katon, Wayne, Stephens, Kari A. (2016). *Integrated care: creating effective primary health care teams*. John Wiley & Sons, Inc.

<https://catalog.lib.unc.edu/catalog/UNCb9233434>

Stuart, Marian, Lieberman, Joseph (2018). *The Fifteen Minute Hour. Efficient and Effective Patient-Centered Consultation Skills*. CRC Press/Taylor & Francis Group.

<https://catalog.lib.unc.edu/catalog/UNCb9442319>

Talen, Mary, Burke Valeras, Aimee, eds. (2013). *Integrated Health in Primary Care: Evaluating the evidence, identifying the essentials*. Springer

<https://catalog.lib.unc.edu/catalog/UNCb7917132>

WEBSITES with Related Material

University of Washington, AIMS Center

<http://aims.uw.edu/>

Relias

<https://www.relias.com/>

National Council for Behavioral Health

<https://www.thenationalcouncil.org/>

SAMHS-HRSA Center for Integrated Health Solutions

<https://www.integration.samhsa.gov/clinical-practice>

Health Resources Services Administration

<https://www.hrsa.gov/>

APA Integrated Behavioral Health in Primary Care

Hunter et al book supplemental materials site

<http://pubs.apa.org/books/supp/hunter2/>

ASSIGNMENT/POINT DISTRIBUTION

Attendance & participation	15
Screening tool paper	10
One-on-one with MK	5
Capstone project review	10
Tele-behavioral health paper	15
Integrated behavioral health case study paper	35
Health behavior change reflection paper	10
TOTAL	100

PLEASE UPLOAD ALL PAPERS TO DROP BOX ON SAKAI

GRADING SCALE (Modified due to remote learning adaptations for Summer 2020)

H: 100-94

P: 93-70

F: 69 and below

ASSIGNMENT DESCRIPTIONS

ATTENDANCE & PARTICIPATION (3 points/class). Your attendance is crucial not only to your learning but also to your peers’ learning. You are expected to attend all classes, be on time, and stay for the duration. Points will be deducted if you miss a class, are late, need to leave early, or are not engaged during class. It is your responsibility to notify the instructor if you will need to miss a class, arrive late, or leave early.

SCREENING TOOL PAPER (10 points, due before class, May 20th) Submit a 2-3 page double-spaced paper. Choose and research a validated, full access, free screening tool that focuses on a risk factor that might be significant to patients seen at your scheduled fall field site/internship. Do not use the PHQ, GAD, or AUDIT, as we will review these in class. Address all of the following:

1. **Name and description of screening tool** – When was the tool developed and by whom? For whom is the tool “normed?” Can it be given in a written and/or oral format? Are translated versions available? How many questions does it include? What is the tool trying to assess? Do similar tools exist?
2. **What challenges exist in the administration of this tool?** Give the tool to a willing classmate, family member or friend. (They do **not** need to provide truthful answers.) Write about what you experienced when introducing the tool and administering it to your volunteer. For example, was the tool easy to use? Did it seem too long or too short? Did the volunteer understand the questions? Do you think you would be comfortable giving this tool to patients? Why or why not?
3. **Is this a tool that could be used in a rural and/or underserved community health setting? Why or why not?**

1-3 points	4-6 points	7-8 points	9-10 points
Incomplete submission	Limited development of descriptions of the tool, challenges, and use with underserved groups	Partly developed descriptions of sections; missing some references	Fully developed paper with references

ONE-ON-ONE with MK (5 points, sign up on Sakai via the Sign Up tab on Sakai for your time). Our class’s online format means I won’t get to know every student as well as I would like. To help compensate, students will sign up on Sakai for a 15-minute ZOOM one-on-one chat with me. Prior to our meeting, **review the Core Competencies for Integrated Behavioral Health and Primary Care** (see the “Sakai Resources” tab or “Before Class 1” readings) and be prepared to discuss which 1-2 competencies you would like to focus on in the coming year. Also **come prepared to discuss something in the readings** that you found interesting (e.g., a surprising statistic, a claim you disagree with, uncertainty about effectiveness of brief interventions), or an **ethical dilemma that might show up in integrated care, and/or questions about integrated health care with underserved groups.**

1 point	2-3 points	4-5 points
Shows up late, with little preparation for discussion	Shows up on time but with limited preparation	Shows up on time and prepared for discussion

CAPSTONE PROJECT REVIEW (10 points, due end of day, May 27th) Submit a 1-page double-spaced paper for each project. First, go to the “Student Capstone Projects” tab on the UNC-PrimeCare website: <https://uncprimecare.sites.unc.edu/> Next, watch and review “Weight Inclusive Practice in Integrated Care” (under the Specific Populations group) and one other capstone of your choice that will inform the training you’ll receive in your field placement/internship during the 2020-2021 academic year. **Include a summary of and your personal reflections regarding the content. Each will be graded on a 5-point scale.**

1 point	2-3 points	4-5 points
Incomplete submission	Minimal summary and reflections	Comprehensive summary with thoughtful reflections

TELE-BEHAVIORAL HEALTH PAPER (15 points, due end of day, June 3rd) Submit a 2-3 page double-spaced paper. On the class Sakai site, under the “Resources tab,” find the folder labeled “Telehealth.” This folder contains links to websites and general information about telehealth and tele-behavioral health. Spend time looking at the resources on the two websites and the other materials in this folder. You can also do your own research on this topic. After looking at these materials, write a paper in which you:

1. Define tele-behavioral health and other terms used to describe these services.
2. Identify an underserved group whom tele-behavioral health may benefit, and an underserved group for whom tele-behavioral health would add to barriers to care. Explain and justify these choices.
3. The current pandemic has accelerated the use of tele-health and tele-behavioral health. You will likely be asked to provide these services in the coming year. Reflect on what it will be like for you to use tele-behavioral health with your future patients. Describe anticipated challenges and or/concerns you have about conducting tele-behavioral health versus face-to-face visits. What will make you interpersonally competent as a tele-behavioral health provider?
4. Describe one challenge you perceive a patient might have in engaging with you in a tele-behavioral health encounter.

1-5 points	6-9 points	10-12 points	13-15 points
Incomplete submission	Limited development of sections; missing references	Some sections only partially developed and/or missing references	Fully developed paper with references

INTEGRATED BEHAVIORAL HEALTH CASE STUDY PAPER (35 points, due end of day, June 10th) Submit a 6-8 page double-spaced paper. You will be writing this paper as if you were a behavioral health provider at a fictional clinic working with a fictional patient during one appointment. A medical provider has seen the patient and initiated a warm hand-off to you (either in person or via an electronic referral – you choose). Start by:

- A. Identifying a town in one of North Carolina’s 80 rural counties, which are colored green on this map: <https://www.ncruralcenter.org/about-us/> (If you are from a town in one of these 80 designated rural counties, please choose another.)
- B. Create a fictional patient who is a **member of an underserved population and/or group** living in this town. Create their demographic information, including their age, gender, and race. Also invent their social history, which could include information about their family, who the patient lives with, and their school/work history. If the patient is a child or adolescent, assume they live with a parent/guardian. If the patient is an older adult (e.g., with the presenting problem being forgetfulness), consider having an adult child accompany the patient.
- C. This patient has been seen before at this clinic and has been diagnosed with at least one of the following physical/neurological health conditions (choose one or more): *ADHD, asthma, cancer (specify which kind), cardiovascular disease, chronic pain (provide specifics), diabetes (specify type 1 or 2), hepatitis C, HIV, hypertension, irritable bowel syndrome, obesity, sickle cell anemia*
- D. This fictional patient has been seen by their primary care provider, who asks you to follow up with the patient either in person or via a tele-behavioral health session to address the current presenting problem. Choose from at least one of these presenting problems: *crying a lot, difficulty concentrating (school or work), forgetfulness, fatigue, insomnia, hopelessness, irritability, nausea, no energy, trauma (specify whether recent or past), shortness of breath, sleeping too much, stressed all the time, increased substance use, stomachaches, suicidal thoughts*

With the patient information you created, write a paper containing the following components specified below. **All sections must be numerically labeled (Section 1 through Section 7).** Points will be deducted from papers that are not organized according to the outline below. You must cite empirical evidence to support the claims and position expressed in your paper. Points will be deducted for papers not using APA style. Citations and references are expected, but the References section is not included in the page count. You may want to review two of the books (Burg et al, and Ratzliff et al) available through the UNC library. Links to these texts are on page #2 of this syllabus.

Section 1: Introduction

- 1) Identify the town, the county, and give the clinic a name.
- 2) Introduce the patient as if you were presenting them to members of your integrated health care team. Include their demographics, a brief health history, their concerns at the time of this visit, and the **presenting problem** (see A through D above). If relevant, discuss the patient's family members, work/school history, and living situation.
- 3) Imagine there are learners in the group to which you are presenting this information. Give a brief overview of this patient's physical/neurological health conditions. Be sure to cite references when describing these conditions.
- 4) **Identify at least one screening tool** that you will use to further assess the presenting problem and/or other potential issues you might want to screen for or evaluate. Justify your choice of screening tool and include references.

Section 2: Health Equity

- 1) Discuss the ways in which the patient's experience at this clinic might be affected by one or more factors such as their age, culture, race, ethnicity, religion/spirituality, gender identity, or sexual orientation. Describe what you, as a behavioral health care provider, can do to ensure health care equity for this and other patients at your clinic. Cite a minimum of two references to support your arguments.

Section 3: Functional Assessment

- 1) Write a minimum of 15 functional assessment questions that you will incorporate into your assessment. Be sure these questions address the patient's **presenting problems**. At least one of the questions should be a scaling question, and at least two other questions should incorporate motivational interviewing (MI) techniques.

Section 4. Evidence-Informed Brief Treatment

Based on information you gather from the functional assessment, identify what will be your treatment focus with this patient.

- 1) **List 2 treatment goals you establish with the patient, and describe potential barriers to treatment.**
- 2) Write a brief dialogue that you will have with the patient about how you decided what will be the focus of their treatment.
- 3) Choose one evidenced-based intervention from the list below to use with this patient at this visit. Alternatively, you may research other brief treatment interventions (Problem Solving Therapy-Primary Care, Interpersonal Counseling, and/or use a cultural adaptation of an evidenced-informed intervention that you have learned about). **Explain your rationale for selecting the intervention(s) for this particular patient** and cite supporting references. **Describe the specifics of the intervention and your follow-up plans.** Points will be deducted if the intervention you choose does not address the presenting problem or you have not sufficiently justified why this is the best intervention to pursue based on the information you have provided.

CBT Techniques

Automatic Thoughts/Cognitive distortions
Behavioral activation
Increasing Pleasant Activities
Increasing social support

Self-Talk

DBT Techniques
Regulating emotions
Tolerating distress

Parent Support/Training

Solution Focused Treatment

Relaxation Techniques

- Relaxed breathing
- Progressive Muscle Relaxation

Section 5. Care/Case Management

- 1) Identify the LME/MCO serving this patient and spend time browsing their website. Use the LME/MCO site and/or NC 211 and/or other online sources to identify a minimum of four referrals for this patient. This list should include referrals to local agencies and can include **one** referral for a book, online resource, or phone application if appropriate (e.g. Is the patient literate and/or does the patient have broadband?). These should be authentic referrals that reflect the services actually available in the county you selected or in a contiguous county if necessary. **Note the names, addresses, and contact information (even if they are not currently open due to COVID-19) of the agencies/resources, and which online search engine you used to locate them.**
- 2) Identify one or more social determinants of health that could decrease this patient’s ability to follow through with these referrals. What could you do to mitigate this?

Section 6: Psychoeducation and Health Literacy

There are many materials that you can download and share with patients. Based on the presenting problem:

- 1) Find and attach a brochure or flyer you could print or email this patient that provides information about their presenting problem. You must include the source of this material (e.g., the website). Evaluate this item’s levels of health literacy and cultural sensitivity.
- 2) What changes, if any, would you make to this psychoeducation material to make it better suited for your patient?

Section 7: Documentation

- 1) Write a SOAP note that would be entered into the EHR that concisely describes your meeting with the patient, and includes information about: their presenting problem, the screening tool and score, a summary of your functional assessment, the brief treatment intervention you used, a note about the psychoeducation materials you provided and the referrals you made, and your follow-up plan.

Each section will be scored on a 5-point scale. Points will be deducted from the final score if information is not consistent across sections. For example, at least some of the resources identified in section 5 must be places the patient can get help for their presenting problem.

1 point	2-3 points	4-5 points
Minimal responses	Partially developed	Well developed

HEALTH BEHAVIOR CHANGE REFLECTION PAPER (10 points, Due end of day, June 11th) Submit a 2-3 page double-spaced paper. After our first class, choose one personal behavior that you would like to change. This behavior should be one that, if changed, could potentially improve your health. **BE REALISTIC: KEEP YOUR DESIRED BEHAVIOR CHANGE SMALL AND REASONABLE.** You will meet weekly with an accountability partner from our class. Over the course of the class, do what you can to make changes in your selected behavior. You are encouraged to keep a personal journal to track your progress and the challenges you faced in making this change. The assignment is intended to give you an experience similar to that of a patient whom you might work with and encourage to change a behavior in order to promote their self-care and/or improve their health. **Include and refer to at least two relevant academic studies that add support to your reflection, summary, and knowledge of health behavior change.** In this paper you should:

- 1) Describe your original goal/s, why these were important, and what you initially thought you would need to do to achieve your goal/s.
- 2) Describe which strategies or approaches worked **and** those that did not work in changing your behavior. You will not be graded on whether you achieved your desired change. Rather, you will be graded on the insights you gained about what went well, what did not, and how you made adjustments.

- 3) Did you make any changes after Dr. Mann's presentation? If so, describe these changes. If not, describe something from her presentation that you found important as it applies to helping patients make health behavior changes.
- 4) Looking back on this experience, would you make any changes to your original goal/s? Why or why not?
- 5) Discuss how your experiences will inform the ways in which you interact with future patients.

1-3 points	4-6 points	7-8 points	9-10 points
Incomplete submission	Minimally developed paper missing some of the elements outlined above	Partially developed paper addressing some but not all elements above	Fully developed paper, reflections are well considered with appropriate references

POLICY ON ACADEMIC HONESTY: UNC's Honor Code is in effect in this class and all others at the University. If you have questions about this Code, it is your responsibility to ask the instructor. **On all exams, written work, and other projects you must include a statement attesting that you have complied with the requirements of the Honor Code on all aspects of the submitted work.** 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." Please refer to the *APA Publication Manual* (7th edition) or the *SSW's APA Quick Reference Guide* (available on the SSW Writing Resources webpage) for information on attribution of quotes, plagiarism, and appropriate use of assistance in preparing assignments. Suspected instances of academic dishonesty will be referred to the Office of the Student Attorney General for investigation and further action as required.

POLICY ON USE OF ELECTRONIC DEVICES IN CLASSROOM: During class sessions, personal use of electronic devices for emailing, texting, chatting, or shopping is prohibited. Please silence devices so they do not disrupt the classroom environment.

ACCESSIBILITY AND RESOUCRE SERVICES: The School of Social Work aims to create an educational environment that supports the learning needs of all students. The University of North Carolina at Chapel Hill works to provide all 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. The Accessibility Resources and Service (ARS) Office at UNC has been established to coordinate all accommodations. Because the process of accommodating needs can take time, if you might need accommodations at any point during the semester, please contact ARS before the beginning of the semester or as early in the semester as possible. You can visit the ARS website at <http://accessibility.unc.edu> or contact ARS by e-mail at accessibility@unc.edu or by phone at 919-962-8300. The accommodations process starts with ARS and helps instruct faculty at the School of Social Work on how best to proceed. As a School, we are committed to working with ARS and students to accommodate all of our students. In addition to initiating the ARS process, please reach out to your instructor to discuss how your needs can best be met to ensure you can fully participate in this course.

WRITING SUPPORT: Clear, cogent writing is an essential skill for all behavioral health providers. Writing support is available to all students through the SSW 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. **You are expected to follow APA style in all papers; points will be deducted for noncompliance with APA style guidelines.** Writing support services are a learning opportunity for students. In keeping with University's Honor Code, the team **does not** copy edit student papers.

Writing support is available in-person, by e-mail, or by phone. Request an appointment by sending a desired day and time to SOSWwritingsupport@gmail.com. Additional information about best practices for writing can be found at <https://sww.unc.edu/students/writing>

POLICY ON INCOMPLETE AND LATE ASSIGNMENTS: If you request an extension in advance of the assignment’s due date, no points will be deducted. Late assignments will accrue a 1-point deduction for every 24 hours past the due date it is submitted. If a grade of Incomplete is necessary, it will be given in consultation with the student, instructor, and Dean of Students, and in compliance with University policy. It is the student’s responsibility to request an Incomplete.

COURSE OUTLINE BY CLASS

Date	Topics & Activities	Pre-Class Activities, Readings, Video Review, Assignments Due
May 13	<p>Introduction, Remote Class Expectations, Syllabus Review</p> <ul style="list-style-type: none"> *Integrated Behavioral Health Care *NC’s Underserved Populations Health Disparities Medicaid Expansion Medicaid Transformation *Blueprint Activity *Social Determinants of Health *Triple Aim *Screening Tools/ Assessments PHQ, 2 GAD, Audit 	<p>Activity Look at Before Class 1 Lessons tab on Sakai for instructions for: Blueprint Sketch of Primary Care Provider’s Office</p> <p>Review Hoge M.A., Morris J.A., Laraia M., Pomerantz A., & Farley, T. (2014). <i>Core Competencies for Integrated Behavioral Health and Primary Care: SAMHSA - HRSA Center for Integrated Health Solutions.</i> www.integration.samhsa.gov <i>Sakai, Resources, Core Competencies.</i></p> <p>Watch de Saxe Zerden, Lisa (2019). <i>Social Determinants of Health, Lisa de Saxe Zerden Shares her Experiences.</i> Sage Publications. http://sk.sagepub.com/video/skpromo/Q7vL4P/social-determinants-of-health <i>Sakai, Resources, Social Determinants of Health.</i></p>
May 20	<p>Screenings and Assessments</p> <ul style="list-style-type: none"> * ACES, Screening for SDOH *Introducing your role *Health Literacy *Motivational Interviewing *SBIRT *Language of Primary Care 	<p>Read Oyama, Oliver. (2013). Introduction to the Primary Care Team. In Burg, Mary Ann and Oliver Oyama (Eds.), <i>The Behavioral Health Specialist in Primary Care: Skills for Integrated Practice</i> (Chapter 1). Springer Publishing Company. ProQuest Ebook Central. This text is available to download, UNC library: https://catalog.lib.unc.edu/catalog/UNCb8657038</p> <p>Rollnick, S., Miller, W (2008). <i>Motivational Interviewing in Health Care</i>, Chapters 1-2. Guilford Press. <i>Posted on Sakai site or available through UNC library.</i></p> <p>Fraser, M., Lombardi, B., Wu, S., de Saxe Zerden, L, Richman, E., & Fraher, E. (2016). <i>Social Work in Integrated Primary Care: A Systematic Review.</i> Health Workforce Policy Brief. Carolina Health Workforce Research Center. <i>Sakai, Resources, Integrated Care.</i></p> <p>Soltis-Jarrett V., Shea, J., Ragaisis, K., Shell, L., & Newton, M. (2017). Integrated Behavioral Healthcare: Assumptions, Definition and Roles: Position Paper from the International Society of Psychiatric-Mental Health Nurses. <i>Archives of Psychiatric Nursing</i>, 31, 433-439. <i>Sakai, Resources, Integrated Care.</i></p>

		<p>Review Screening tool examples are listed in this book: https://catalog.lib.unc.edu/catalog/UNCb7917132 Talen M.R., Baumer J.G., & Mann M.M. (2013). Screening Measures in Integrated Behavioral Health and Primary Care Settings. In Talen M., Burke Valeras A. (Eds.), <i>Integrated Behavioral Health in Primary Care</i> (Chapter 12). Springer.</p> <p><i>Additional screenings listed under Sakai, Resources, Screening Tools.</i></p> <p>Centers for Disease Control and Prevention’s National Center for Health Marketing. (2007). <i>Plain Language Thesaurus for Health Communications</i>. Sakai, Resources, Health Literacy.</p> <p>Watch <i>Health Literacy</i>, American College of Physicians https://www.acponline.org/acp-newsroom/multimedia?bclid=782539368001&bctid=790962260001 Sakai, Resources, Health Literacy.</p> <p>Three videos (SBIRT overview, Marie & Michael) https://addictionmedicineupdates.org/sbirt/ Sakai, Resources, SBIRT.</p> <p>CCNC Collaborate Care Model Walk Through https://vimeo.com/293432705/4bb4969da5 Sakai, Resources, Integrated Care.</p> <p>Assignment Due Screening Tool Paper due by end of day.</p>
<p>May 27</p>	<p>Effective Interventions</p> <p>Guest Lecture Dr. Traci Mann *Health Behavior Change</p> <p>*Functional Assessments *Evidenced Based Brief Interventions *BATHE & FIDO *Case and Care Management *Psychoeducation *Relaxation</p>	<p>Read Available on Sakai Course Reserves Tab. Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2014). <i>Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention</i>. American Psychological Association. Read Chapter 2. Sakai, Reserves.</p> <p>Sanchez, Katherine & Burg, Mary Ann (2013). Theories of Health Behavior and Brief Behavioral Practice Models. In Mary Ann Burg, & Oliver Oyama (Eds.), <i>The Behavioral Health Specialist in Primary Care: Skills for Integrated Practice</i> (Chapter 3). Springer Publishing Company. <i>This text is available through UNC library.</i> https://catalog.lib.unc.edu/catalog/UNCb8657038</p> <p>Stuart, Marian, Lieberman, Joseph (2018). <i>The Fifteen Minute Hour. Efficient and Effective Patient-Centered Consultation Skills</i>. (Chapter 1). CRC Press/Taylor & Francis Group. <i>This text is available through UNC library.</i> https://catalog.lib.unc.edu/catalog/UNCb9442319</p>

		<p>Walsh, J. (2010) <i>Psychoeducation in Mental Health</i> (Chapter 1). Lyceum Books, Inc. <i>Sakai, Resources, Psychoeducation.</i></p> <p>Review For your reference, these scripts can be download from the Hunter et al. APA website: <i>Deep Breathing, Cue Controlled Relaxation, PMR and/or visual imagery.</i> http://pubs.apa.org/books/supp/hunter2/</p> <p>Watch There are many videos posted on <i>Sakai, Resources, Brief Treatment, Brief Treatment Videos.</i> Watch the four below, and others as you wish.</p> <p>Psychoeducation on the CBT Model. https://www.youtube.com/watch?v=-OM8RYUI_rg</p> <p>Square breathing technique. https://www.youtube.com/watch?v=mgzhKW08bMQ</p> <p>CBT Technique: Behavioral Activation. https://www.youtube.com/watch?v=HBVACTJCN3M</p> <p>Solution Focus- Solutions Step by Step . https://www.youtube.com/watch?v=tjdJhdA9mE4</p> <p>Assignment Due Capstone Project Review due by end of day.</p>
<p>June 3</p>	<p>Integrated Care Team Work</p> <ul style="list-style-type: none"> *Scrubbing Charts *Documentation *CPT Codes *Tele-behavioral Health *Ethical Challenges *Role Plays *Weight Bias 	<p>Read</p> <p>Cameron, Susan & turtle-song, imani. (2002). Learning to Write Case Notes Using the SOAP Format. <i>Journal of Counseling & Development, 80, 286-291.</i> <i>Sakai, Resources, Documentation</i></p> <p>Braun, L. Fausto. (2007). Racial Categories in Medical Practice: How Useful Are They? <i>PLOS Medicine, 4(9), 1423-1428.</i> <i>Sakai, Resources, Documentation.</i></p> <p>Witzig, Ritchie. (1996). The Medicalization of Race: Scientific Legitimization of a Flawed Social Construct. <i>Annals of Internal Medicine, 25, 675-679.</i> <i>Sakai, Resources, Documentation.</i></p> <p>Review CPT Codes <i>Sakai, Resources, Documentation</i></p> <p>Assignment Due Tele-Behavioral Health Paper due by end of day.</p>

<p>June 9</p>	<p>Special Populations, COVID-19 Challenges</p> <ul style="list-style-type: none"> *Health Behavior Change *Care for special populations *Trauma, Grief and Loss *Guest Lecture <p>A Day in the Life of a Behavioral Health Consultant Nina Honeycutt, MSW, LCSW</p> <ul style="list-style-type: none"> *The Quadruple Aim * Behavioral Health Care during/post COVID-19 	<p>Read</p> <p>Bodenbeimer, Thomas, Sinsky, Christine. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. <i>Annals of Family Medicine</i>, 12(6), 573-576. <i>Sakai, Resources, Triple/Quadruple Aim.</i></p> <p>Read one of these two:</p> <p>Bell, Chastity, Robinson, Edward. (2013). Shared Trauma in Counseling: Information and Implications for Counselors. <i>Journal of Mental Health Counseling</i>, 35, 310-323. <i>Sakai, Resources, Trauma.</i></p> <p>Tosone, Carol, Nuttman-Shwartz, Orit, Stephens, Tricia. (2012). <i>Shared Trauma: When the Professional is Personal. Clinical Social Work Journal DOI 10.1007/s10615-012-0395-0</i> <i>Sakai, Resources, Trauma.</i></p> <p>Review</p> <p>US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2015). <i>Trauma-Informed Care in Behavioral Health Services.</i> <i>Sakai, Resources, Trauma.</i></p> <p>Assignment Due Integrated Behavioral Health Case Study paper due by end of day</p>
<p>June 11th</p>		<p>Assignment Due Health Behavior Change Reflection Paper due by end of day.</p>