

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: Fall 2020

Delivery Method: Hybrid

TIMES: Saturdays 9am-12pm: August 29, September 12, October 3

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

PHONE: MK cell: 919-741-9086; JB-F cell: 336-512-0925

EMAIL: mkanfer@email.unc.edu; jlburge2@email.unc.edu

OFFICE HOURS:

MK: Tuesdays, 3:00-5:00pm or by appointment

JB-F: Mondays, 11:00am-1:00pm 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 AND MULTIMEDIA VIEWING: All texts available through UNC library, and links to these eBooks can be found under the **Course Reserves** tab on Sakai. Course reserves tab also has links to additional texts that may be helpful when completing forums, papers, and case study presentation. Links to all other readings and videos posted weekly and under the **Resources** tab.

TEXTS

Burg, M. A., & Oyama, O. (Eds.). (2016). *The behavioral health specialist in primary care: Skills for integrated practice*. Springer Publishing Company.

Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2014). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. American Psychological Association.

Ginsberg, L. (Ed.). (2011). *Social work in rural communities* (5th ed.). Council on Social Work Education, Inc.

Robinson, P., & Reiter, J. (2016). *Behavioral consultation and primary care. A guide to integrating services* (2nd ed.). Springer International.

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

Stanhope, V., & Straussner, S. L. (Eds.). (2018). *Social work and integrated health care: From policy to practice and back*. Oxford University Press.

ASSIGNMENT/POINT DISTRIBUTION

Class attendance & participation	15
Online forums (3)	25
One-on-one with MK	5
Screening tool paper	10
Tele-behavioral health paper	15
Patient case study presentation	30
TOTAL	100

GRADING SCALE

High Pass: 100-94

Pass: 93-74

Low Pass: 73-70

Fail: 69 and below

ASSIGNMENT DESCRIPTIONS

CLASS ATTENDANCE & PARTICIPATION (5 points/class)

Your attendance in our 3 synchronous classes is crucial not only to your learning but also to your peers' learning. You are expected to attend all classes, be on time, fully engage with your peers and instructors, 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.

Unfolding patient cases: We will spend the majority of our class time unfolding patient case studies in your learning groups. These patient cases will allow your groups to apply concepts from the weekly asynchronous material to real-life patient scenarios, and will ultimately culminate in our final group presentations. Therefore, your preparation for and participation in each class is vital to successfully gain the skills taught in this course. Come prepared for each class by reviewing all the materials provided in that week's Sakai modules, and be ready to discuss the topics covered. Additionally, group members should be prepared to share and rotate through the roles of facilitator, scribe, and timekeeper for each synchronous class. It will be necessary to manage your in-class group time wisely, as well as document your discussions, conceptualizations, and information gathered as material that your group will use to create your final presentation.

Grading Rubric: Class Attendance and Participation

1 point	2-3 points	4-5 points
Shows up late, unprepared, and unengaged in group discussion	Shows up on time but minimally prepared and with limited participation and engagement in group discussion	Shows up on time, prepared for, and well-engaged in group discussion

Online Forums

You will contribute to three forum discussions in your learning group on Sakai. Forum #1 asks you and your learning group to get to know each other. Forums #2 and #3 will require you to have read/watched assigned material and do some research to support your posts.

Forum #1: (3 points)

Post due Sunday, Aug 16th

Introduce yourself to your learning group. Please include the following information in an engaging, narrative format:

- Name, preferred pronouns
- Nurse Practitioner, Public Health, or Social Work Program
- Special area(s) of interest
- Field placement or internship this year
- What you are hoping to gain from this course
- What you may need from your learning group team members to be successful in this course
- Interesting fact not related to academics that you don't mind sharing with the group
- Preferred contact information (email, phone number, etc.)

Forum #2: (11 points total)

Initial post due Friday, Aug 21st

Response post due Sunday, Aug 23rd

In Sakai, under Forum #2, make an initial post **(400 words minimum)** and a post responding to a group member's post **(200 words minimum)**.

Your initial post should address the following prompt. The post should reference material reviewed in Week 2 and at least two outside resources with APA citations.

Health care providers can have strong and at times opposing views about the importance of knowing a patient's race when providing medical and behavioral health care. After watching the video The Problem with Race Based Medicine and finding two additional sources on this topic, share your opinions about whether or not you believe a patient's race should be included in the information used to determine treatment by medical and behavioral health providers.

Forum #3 (11 points total)

Initial post due Friday, September 25th

Response post due Sunday, September 27th

In Sakai, under Forum #3, make an initial post **(400 words minimum)** and a post responding to a group member's post **(200 words minimum)**.

Your initial post should critically analyze the following prompt. Your submission should reference at least two outside resources with APA citations.

As the pandemic is showing no signs of letting up, and as gaps in racial, economic, and health care inequities widen, it is likely that many behavioral health care providers will face challenges of shared trauma when working with patients. Discuss why you are or are not concerned about experiencing shared, secondary, and/or vicarious trauma in this coming year. In addition, because our ethical codes prevent us from providing health care when we ourselves are experiencing behavioral health challenges, what will you do to proactively care for yourself? If you are working with someone else who is showing signs of shared trauma, what are some concrete things you can do to help?

Grading Rubric: Forums #2 and #3

Initial Post (8 points)

1-4 points	5-8 points
Limited development of prompt Does not meet word count requirement Submitted late	Well-developed responses to prompt Word count requirement met Submitted on time

Response post (3 points)

1 point	2-3 points
Offers limited feedback/critical thinking Does not meet word count requirement Submitted late	Offers thoughtful feedback and/or critical thinking Word count requirement met Submitted on time

ONE-ON-ONE with MK (5 points, sign up on Sakai via the Sign-Up tab).

Our class’s online format means I won’t get to know every student as well as I (MK) would like. To help compensate, students will sign up on Sakai for a 20-to-30-minute ZOOM one-on-one chat with me. Come prepared to discuss something from an assigned reading and/or video that you found interesting, discuss an ethical dilemma that might show up in integrated care, or ask questions about integrated health care with underserved groups. We can also use this time to discuss potential professional opportunities (post graduate school) based on your past experiences and current interests.

PLEASE UPLOAD ALL PAPERS TO DROP BOX ON SAKAI

SCREENING TOOL PAPER (10 points, due on Sunday, September 6th) Submit a 2-3-page double-spaced paper. Choose and research a validated, full access, free screening tool that focuses on potentially significant a risk factor for patients at your scheduled fall field site/internship. **Do not** use the PHQ, GAD, or AUDIT, as these will be reviewed in course teachings. Address all of the following in your paper:

1. **Name and description of screening tool.** When was the tool developed and by whom? For whom is the tool “normed”? Can it be delivered 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?** Administer 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?**

Grading Rubric: Screening Tool Paper

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

TELE-BEHAVIORAL HEALTH PAPER (15 points, due end of day 9/20). Submit a 3-4-page double-spaced paper. Read the articles and review the websites to answer the prompts/questions below. Cite at least two articles and one website to support your work. You may also use sources not assigned.

1. Provide a brief historical overview of tele-behavioral health that includes some of the different definitions that are used to describe this rapidly emerging health care service.
2. Identify one underserved group whom tele-behavioral health may benefit, and one underserved group for whom tele-behavioral health could add barriers to care. Justify your choices.

3. The pandemic has accelerated the use of tele-behavioral health. Reflect on what it will be like for you to use tele-behavioral health with future patients. Describe anticipated concerns you have about conducting tele-behavioral health versus face-to-face visits.
4. What will make you interpersonally competent as a tele-behavioral health provider? Talk about “websites manner,” and what you will focus on to maximize patient engagement.
5. Describe one challenge a patient might have to engaging with you during a tele- behavioral health encounter.

Grading Rubric: Tele-Behavioral Health Paper

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

PATIENT CASE STUDY PRESENTATION (30 points total, to be presented during class on Saturday, October 3rd)

Most of our in-class time will be devoted to unfolding patient case studies in your learning groups. At the beginning of the course, you will be assigned to a learning group of 4-5 students and provided a single patient case scenario that you will track and work through as a group throughout the course. These patient cases will be unfolding, meaning that you will receive detailed information about this hypothetical patient in each of the first two classes. This staggered release of information will allow your groups to apply the weekly asynchronous material to real-life patient scenarios as they unfold. The patients are diverse in age, race, ethnicity and presenting problem. A primary goal of this project is for groups to teach each other about screening, assessment, intervention, and healthcare advocacy with underserved patient populations. Group members should share and rotate through the roles of facilitator, scribe, and timekeeper for each synchronous class. You will need to manage your in-class group time wisely, as well as document your discussions, conceptualizations, and information gathered to use in creating your final presentation. We recommend using a free virtual platform for notetaking that promotes shared documentation during and after our synchronous classes, such as: Google Docs (<https://www.google.com/docs/about/>) or Google Jamboard (https://edu.google.com/products/jamboard/?modal_active=none)

Using the information from your unfolding patient case study, groups will create a **30-minute presentation** consisting of three parts:

Part 1: A **15-20-minute** case conceptualization of your patient, **as if you were presenting to other behavioral health consultants on your team during a peer consultation meeting.** Your group can use the media of their choice to present this material, though it will need to be compatible with ZOOM and fit within the timeframe allotted. Only one member of your learning group will be able to share their screen during the presentation. The case presentation should address the following components of the patient’s care:

1. Patient Background
 - a. Patient demographics, social history, medical history
 - b. Presenting problem
 - c. Additional information available prior to the visit (e.g., screening tool results)

2. Assessment and Intervention
 - a. Provide a brief overview of the functional assessment results.
 - b. Discuss the problem formation.
 - c. Describe the behavioral health intervention(s) chosen for this patient, and what evidence led your group to choose them.
 - d. Describe any lessons learned in engaging your patient in a discussion about this intervention and why it may help improve their symptoms.
 - e. What two SMART goals did you create with your patient?
 - f. Share one item of psychoeducational material (brochure, flyer, one-pager) that you could share with your patient. Where could other BHCs access this material, and did you need to make any changes needed (health literacy, translation, simplification, etc.) for your patient?
 - g. Share two local resources you found that will support this patient.
3. Working with Underserved Populations
 - a. Discuss your group's assessment of whether the patient's experience at your clinic might be affected by one or more factors such as their age, culture, race, ethnicity, spirituality, gender identity, or sexual orientation.
 - b. Share one national or local organization that provides advocacy/education for healthcare change for the underserved population your patient belongs to.
4. Opportunities for Clinic-Wide Change: Describe ways that this clinic could work to provide high-quality care for the patient.
5. Opportunities for Advocacy: What could behavioral health care providers do to ensure health care equity for this patient, as well as other patients who share similar identities?

Part 2: A 3-to-5-minute case conceptualization of your patient, as if you were presenting to the patient's primary care provider.

Part 3: A 5-minute discussion. Each group will have time at the end of their presentation for Q&A from the class. Students should be prepared to answer questions and engage in meaningful dialogue about their case.

Grading Rubric: Patient Case Study Presentation

Presentation – 15 points

0-5 points	5-10 points	10-15 points
Group members are partially prepared for presentation Not all members participate Presentation less than or exceeds time frame allotted Presentation lacks organization	Group members are somewhat prepared for presentation Most group members participate Presentation within time frame allotted Presentation mostly organized	Group members are fully prepared for presentation All group members participate Presentation within time frame allotted Organized presentation

Content – 15 points

0-5 points	5-10 points	10-15 points
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Missing important case components Minimal demonstration of content knowledge. Presenting problem not adequately addressed. Information lacks consistency	Information presented is organized, but some components are disorganized or confusing Most elements are addressed Limited demonstration of content knowledge	Information presented is well-organized, easy to follow, and consistent All components are addressed Thorough demonstration of content knowledge
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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 RESOURCE 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.

GENDER-BASED VIOLENCE AND RELEVANT RESOURCES: Any student who is impacted by discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, or stalking is encouraged to seek resources on campus or in the community. Please contact the *Director of Title IX Compliance, Report and Response Coordinators, Counseling & Psychological Services* (confidential), or the *Gender Violence Services Coordinators* (confidential) to discuss your specific needs. Additional resources are available at safe.unc.edu.

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.

While this course will not be meeting in person, we are required to add this information: Community Standards in Our Course and Mask Use. This fall semester, while we are in the midst of a global pandemic, all enrolled students are required to wear a mask covering your mouth and nose at all times in our classroom. This requirement is to protect our educational community -- your classmates and me -- as we learn together. If you choose not to wear a mask, or wear it improperly, I will ask you to leave immediately, and I will submit a report to the [Office of Student Conduct](#). At that point you will be dis-enrolled from this course for the protection of our educational community. Students who have an authorized accommodation from Accessibility Resources and Service have an exception. For additional information, see <https://carolinatogether.unc.edu/university-guidelines-for-facemasks/>.

COURSE OUTLINE BY WEEK

On weeks when class is held, complete all readings, multi-media and assignments prior to class.
Weekly recorded lectures will be posted each week on the Sakai site.

Dates and Topics	Readings, Multi-media, Assignments Due
<p>Week #1 (8/10-8/16)</p> <ul style="list-style-type: none"> *Syllabus review *Introduction to integrated care *Health care disparities 	<p>Sakai Forum Introduction Entry due by 8/16</p> <p>Read Stanhope, V. (2018). The need for integrated health care in the United States. In V Stanhope, & S. L. Sraussner (Eds.), <i>Social work and integrated health care: From policy to practice</i> (Chapter 1, pp. 3-17). Oxford University Press. https://ebookcentral-proquest-com.libproxy.lib.unc.edu/lib/unc/detail.action?docID=5047233</p>
<p>Week #2 (8/17-8/23)</p> <ul style="list-style-type: none"> *Underserved populations *Health insurance *Health literacy *Race-based medicine *LME/MCOs in NC 	<p>Sakai Forum; Initial post due Friday, Aug 21^s; Response post due Sunday, Aug 23rd</p> <p>Read Manuel, J. I., & Barrenger, S. L. (2018). The evolution of health care policy. In V. Stanhope, & S. L. Sraussner (Eds.), <i>Social work and integrated health care: From policy to practice</i> (Chapter 4, pp. 49-63). Oxford University Press. https://ebookcentral-proquest-com.libproxy.lib.unc.edu/lib/unc/detail.action?docID=5047233</p> <p>Cashwell, S., & Starks, S. (2011) Rural health care, access, disparities, opportunities. In L. Ginsberg (Ed.), <i>Social work in rural communities</i> (5th ed., Chapter 18, pp. 347-366). Council on Social Work Education. https://sakai.unc.edu/access/content/group/ae43843e-70c9-49cc-8720-820c1c9753d5/Health%20Disparities Health%20Equity/Rural%20Health%20Care%2C%20Access%2C%20Disparities%2C%20Opportunities-1.pdf</p> <p>Doran, W. (2020, July 2). North Carolina on the brink of transforming Medicaid for 2 million people. <i>News and Observer</i>. https://www.newsobserver.com/article243928857.html</p> <p>Watch American College of Physicians. (2019). <i>Health literacy</i>. https://www.acponline.org/acp-newsroom/multimedia?bclid=782539368001&bctid=790962260001</p> <p>TEDMED. (2016, February 12). <i>Dorothy Roberts: The problem with race-based medicine</i> [Video]. YouTube: https://www.youtube.com/watch?v=tx2j_nMubX4&feature=youtu.be</p>

Review

American Academy of Pediatrics. (2017, January). *Medicaid facts North Carolina*.

https://downloads.aap.org/AAP/PDF/federaladvocacy_medicaidfactsheet_northcarolina.pdf

National Association of Social Workers, North Carolina Chapter. (n.d.) *Medicaid expansion in North Carolina* (Policy Brief).

https://cdn.ymaws.com/www.naswnc.org/resource/resmgr/advocacy/NASW-NC_Medicaid_Expansion_B.pdf

North Carolina Department of Health and Human Services. (2019, May 16). *Fact sheet #1 introduction to Medicaid transformation: Part 1 overview*.

<https://sakai.unc.edu/access/content/group/ae43843e-70c9-49cc-8720-820c1c9753d5/Medicaid%20Transformation%20in%20NC/Medicaid%20Transformation/FactSheet1-Intro-Medicaid-Transformation-Part1-20190521.pdf>

Centers for Disease Control and Prevention's National Center for Health Marketing. (2009, February). *Plain language thesaurus for health communications*. [Sakai > Resources > Week 2](#)

North Carolina Department of Health and Human Services. (2020). *NC LME-MCO directory*.

<https://www.ncdhhs.gov/providers/lme-mco-directory>

Week #3 (8/24-8/30)

First Synchronous Class, 9:00AM, Saturday, 8/29

- *Integrated behavioral care models
- *Integrated is not the same as integrative
- *Case formulations in teams based on material read/viewed so far

Read

Calman, N., Little, V., & Matthews, E. (2018). Working in integrated health care settings. In V. Stanhope & S. L. Sraussner (Eds.), *Social work and integrated health care: From policy to practice* (Chapter 8, pp. 113-123). Oxford University Press.

<https://ebookcentral-proquest-com.libproxy.lib.unc.edu/lib/unc/detail.action?docID=5047233>

Robinson, P., & Reiter, J. (2016). Behavior consultation and primary care: The “why now?” and “how?” In P. Robinson & J. Reiter (Eds.), *Behavioral consultation and primary care. A guide to integrating services* (2nd ed., Chapter 1, pp. 3-21). Springer International.

<https://link-springer-com.libproxy.lib.unc.edu/book/10.1007/978-3-319-13954-8>

Oyama, O. (2016). Introduction to the primary care team. In M. A. Burg & O. Oyama (Eds.). *The behavioral health specialist in primary care: Skills for integrated practice* (Chapter 1, pp. 1-18). Springer Publishing Company.

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

Puhl, R., & Suh, Y. (n.d.). *Weight bias in clinical care: Improving health care for patients with overweight and obesity*. UConn Rudd Center for Food Policy and Obesity. *Please read Introduction and Parts 1, 2 & 4, and other parts if you have time.
<http://uconnruddcenter.org/files/Pdfs/CME%20Complete%20with%20links.pdf>

Lessard, L. M., Puhl, R. & Watson, R. J. (2020). Gay–straight alliances: A mechanism of health risk reduction among lesbian, gay, bisexual, transgender, and questioning adolescents. *American Journal of Preventive Medicine*, 59(2), 1–8.
<http://uconnruddcenter.org/files/Pdfs/Lessard%20et%20al.pdf>

Watch

Burn, J. (2018). *CCNC Collaborative Care Model Walkthrough - Long Version* (Video). Community Care of North Carolina. Vimeo.
<https://vimeo.com/293432705/4bb4969da5>

AIMS Center, University of Washington. (2020). *Daniel’s Story: An Introduction to Collaborative Care*. (Video).
<https://aims.uw.edu/daniels-story-introduction-collaborative-care>

Commhealthcw. (2020, May 26). *PCBH corner: Professional identity behavioral health provider or primary care provider* (Video).
https://www.youtube.com/watch?list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo&time_continue=189&v=XyMQZ7TCdI8&feature=emb_logo

Review

SAMHSA-HRSA Center for Integrated Health Solutions (2013). *Levels of integrated care*.
<https://www.pccpc.org/sites/default/files/resources/SAMHSA-HRSA%202013%20Framework%20for%20Levels%20of%20Integrated%20Healthcare.pdf>

Hoge, M. A., Morris J. A., Laraia, M., Pomerantz, A., & Farley, T. (2014). *Core competencies for integrated behavioral health and primary care*. SAMHSA - HRSA Center for Integrated Health Solutions. <https://www.integration.samhsa.gov>

Week # 4 (8/31-9/6)

- *Role of a BHC
- * Introducing your role
- *Screenings
- *Scrubbing charts
- *Functional assessments

Screening Tool Paper due by 9/6

Read

Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2014). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. Conducting the initial consultation appointment (Chapter 2, pp. 21-29). American Psychological Association.
<https://ares.lib.unc.edu/ares/ares.dll?SessionID=Y125205690N&Action=10&Type=10&Value=109119974>

Robinson, P., & Reiter, J. (2016). *Behavioral consultation and primary care: A guide to integrating services* (2nd edition). Behavioral consultation and primary care: Practice tools for the behavioral health consultant. (Chapter 9, pp. 153-175). Springer International. <https://link-springer-com.libproxy.lib.unc.edu/book/10.1007/978-3-319-13954-8>

Underwood, E. (2020, January 29). *California has begun screening for early childhood trauma, but critics urge caution*. ScienceMag.org. <https://www.sciencemag.org/news/2020/01/california-has-begun-screening-early-childhood-trauma-critics-urge-caution>

Watch

PCBH Corner. (2020, April 14). *Patti & Jeff talk about introducing the role of a consultant to patients* (Video). YouTube. https://www.youtube.com/watch?v=Abnoq-GuDNU&list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo&index=6

Review

Screening tool examples are listed in this book:

Talen M. R., Baumer, J. G., & Mann, M. M. (2013). Screening measures in integrated behavioral health and primary care settings. In M. Talen * A. B. Valeras (Eds.), *Integrated behavioral health in primary care* (Chapter 12, pp. 239-272). Springer. <https://catalog.lib.unc.edu/catalog/UNCb7917132>

*Additional screenings listed under Sakai > Resources > Screening Tools.

Fraser, M., Lombardi, B., Wu, S., Zerden, L. D., Richman, E., & Fraher, E. (2016). *Social work in integrated primary care: A systematic review* (Health Workforce Policy Brief). Carolina Health Workforce Research Center. https://sakai.unc.edu/access/content/group/ae43843e-70c9-49cc-8720-820c1c9753d5/Integrated%20Behavioral%20Health%20Care/Policy%20Brief%20Sept%202016_%20Fraxer%2C%20Lombardi%2C%20Wu%2C%20Zerden%20et%20al.%20final-1-1.pdf

Soltis-Jarrett, V., Shea, J., Ragaisis, K., Shell, L., & Newton, M. (2017). *Integrated behavioral healthcare: Assumptions, definition and roles* (Position Paper). *Archives of Psychiatric Nursing*, 31, 433-439. <https://sakai.unc.edu/access/content/group/ae43843e-70c9-49cc-8720-820c1c9753d5/Integrated%20Behavioral%20Health%20Care/Integrated%20BH.Assumptions%20Definitions%20and%20Roles.2017-1-1-1.pdf>

Week #5 (9/7-9/13)

**Second Synchronous Class,
9:00AM, Saturday, 9/12.**

- *Goal setting with patients
- *Evidence-based brief treatment
- *Care management, coordination, referrals

Read

Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational interviewing in health care: Helping patients change behavior* (Chapters 1 and 2, pp. 3-30). Guilford Press.

<https://ebookcentral-proquest-com.libproxy.lib.unc.edu/lib/UNC/detail.action?docID=406031>

Walsh, J. (2010). *Psychoeducation in Mental Health*. An introduction to psychoeducation (Chapter 1, pp. 3-8). Lyceum Books, Inc.

Wiechelt, S. A., & Straussner, S. L. (2018). Evidenced-based social work practice in integrated health care. In V. Stanhope & S. L. Strauddner (Eds.), *Social work and integrated health care in policy to practice*. (Chapter 11, pp. 167-180). Oxford University Press.

<https://ebookcentral-proquest-com.libproxy.lib.unc.edu/lib/unc/detail.action?docID=5047233>

Watch

NC Governor's Institute Addiction Medicine Updates (Video).

Watch three videos: (1) Introduction, (2) Marie, & (3) Michael

<https://addictionmedicineupdates.org/sbirt/>

University of Louisville Depression Center. (2009, April 13). *Psychoeducation on the CBT Model* [Video]. YouTube.

<https://www.youtube.com/watch?v=-OM8RYUI rg>

Sharma, D. (2014, June 26). *Square breathing technique* [Video]. YouTube.

<https://www.youtube.com/watch?v=mgzhKW08bMQ>

Therapist Aid. (2014, November 4). *CBT technique: Behavioral activation* [Video]. YouTube.

<https://www.youtube.com/watch?v=HBVActJCN3M>

Berg, I. K, Reuss, N., & DeJong, P. (2010, November 21). *Solution focus - Solutions step by step* [Video]. YouTube.

<https://www.youtube.com/watch?v=tjdJhdA9mE4>

Bauman, David.(2019, Oct 21). YouTube (Video). *PCBH Corner with Dr. Beachy (The Relationship and PCBH; Episode 10)*

<https://www.youtube.com/watch?v=n7VRqvwgLLI>

Week #6 (9/14-9/20)

- *Documentation
- *Telehealth
- *COVID-19 considerations

Telehealth Paper due by 9/20

Read

Cameron, S., & turtle-song, i. (2002). Learning to write case notes using the SOAP format. *Journal of Counseling & Development*, 80(3), 286-291. <https://doi.org/10.1002/j.1556-6678.2002.tb00193.x>

Newsome, M. (2020, June 3). Teletherapy in the age of Covid 19. *NC Health News*. https://www.northcarolinahealthnews.org/2020/06/03/teletherapy-in-the-age-of-covid-19/?utm_source=iContact&utm_medium=email&utm_campaign=north-carolina-health-news&utm_content=June%20%20-%20Version%20B

University of Washington AIMS Center. (2020). *Telehealth tips for behavioral health providers*. http://aims.uw.edu/sites/default/files/Telehealth%20Tips%20for%20BH%20Providers_040220%20Final.pdf

Horn, D. (2020, July 9). Telemedicine is booming during the pandemic. But it's leaving people behind. *Washington Post*. <http://libproxy.lib.unc.edu/login?url=https://search-proquest-com.libproxy.lib.unc.edu/docview/2421651188?accountid=14244>

Watch

MidAtlantic Telehealth Resource Center. (2014). *The value of telehealth from obstetrics to geriatrics* [Video]. <https://www.matrc.org/what-is-telehealth/why-telehealth/>

*Also explore the full Mid-Atlantic Telehealth Resource Center webpage: <https://www.matrc.org/>

Review

University of Washington AIMS Center. (2013). *Case review format*. <https://aims.uw.edu/sites/default/files/CaseReviewWithPCP.pdf>

National Quality Forum, & American Hospital Association. (2019). *Redesigning care: A how to guide for hospital and health systems seeking to implement strengthen and sustain telebehavioral health*. <https://www.aha.org/system/files/media/file/2020/03/Telebehavioral-Health-Guide-FINAL-031919.pdf>

<p>Week #7 (9/21-9/27)</p> <p>*Team-based considerations *Behavioral health care delivery during traumatic times</p>	<p>Sakai Forum Initial post due Friday, September 25th, Response post due Sunday, September 27th</p> <p>Read</p> <p>Bell, C., & Robinson, E. (2013). Shared trauma in counseling: Information and implications for counselors. <i>Journal of Mental Health Counseling</i>, 35, 310-323. https://sakai.unc.edu/access/content/group/ef253540-76a4-40f4-a0c1-6a9d947e688d/Week%207%2C%20Sept%2021-27/Bell%202013.%20Shared%20trauma%20in%20counseling-%20Information%20and%20implications%20for%20counselors.pdf</p> <p>Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. <i>Clinical Social Work Journal</i>, 40(2), 231-239. https://sakai.unc.edu/access/content/group/ef253540-76a4-40f4-a0c1-6a9d947e688d/Week%207%2C%20Sept%2021-27/SharedTrauma%20CSWJ.pdf</p>
<p>Week #8 (9/28-10/4) Third Synchronous Class, 9:00AM, Saturday, 10/3</p>	<p>Group Case Presentations during class</p>

