I. COURSE PURPOSE

Chronic physical and mental health conditions such as cancer, HIV/AIDS, renal failure, and schizophrenia can disrupt every aspect of daily living for the person with the diagnosis as well as their families and friends. Patients’ and families’ psychological, social, spiritual, and financial resources can be severely challenged due to prolonged treatments, adverse reactions and complications, long-term recovery, and rehabilitation. This course provides the theoretical orientations and practical models to guide clinical social work interventions in diverse health care settings as well as with diverse populations. Through lectures, class participation, and course assignments, students will be able to apply theories and models in the context of an illness prevention and control framework. This will include prevention interventions, theory guided assessments, and models of interventions for both individuals and families. Finally, an emphasis will also be placed on the ethical dilemmas that confront social workers in health care settings including end of life care.

II. COMPETENCIES AND PRACTICE BEHAVIORS

The Council on Social Work Education (CSWE) requires that students meet 10 core competencies, which are operationalized as practice behaviors. Each course is designed to cover one or more of the 10 core competencies and each course is also designed to cover some, but not all of the practice behaviors within a competency. Upon completion of this course, students will able to demonstrate the following practice behaviors within the noted competencies:
<table>
<thead>
<tr>
<th>Competency</th>
<th>Practice Behaviors</th>
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</table>
| **Professional Identity:** Identify as a professional social worker & conduct self accordingly | Social workers demonstrate professional use of self across all practice settings;  
Develop, manage, and maintain therapeutic and professional relationships with clients within the person-in-environment and strengths perspectives. |
| **Ethical Practice:** Apply social work ethical principles to guide clinical practice. | Social workers recognize and manage personal biases in practice settings;  
Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures interface with competing professional standards for ethical social work practice in settings in which they practice. |
| **Critical Thinking:** Apply critical thinking to inform and communicate professional judgments | Social workers engage in reflective practice;  
Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations. |
| **Diversity in Practice:** Engage diversity and demonstrate awareness of the complexities regarding identity differences and how they play out in clinical practice | Social workers use their self-awareness to understand the influence of their personal biases and values in working with others;  
Social workers practice within the context of difference in shaping the life experiences of clients, themselves, and the working alliance. |
<p>| <strong>Human Rights &amp; Justice:</strong> Advance human rights through understanding how social and economic justice factors impact clinical practice | Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society. |
| <strong>Research Based Practice:</strong> Engage in research-informed practice and practice-informed research | Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs. |
| <strong>Human Behavior:</strong> Apply knowledge of human behavior and the social environment | Social workers differentially apply theories of human behavior that address the bio-psycho-social-spiritual nature of clients and the social environment to guide social work practice. |</p>
<table>
<thead>
<tr>
<th><strong>Policy Practice:</strong> Engage in policy practice to advance social and economic well-being and to deliver effective social work services.</th>
<th>Advocate with and inform administrators and legislators to influence policies that affect clients and services.</th>
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<tbody>
<tr>
<td><strong>Practice Contexts:</strong> Respond to contexts that shape practice</td>
<td>Social workers assess the current political, economic, social, and cultural climate as it affects the most vulnerable members of society; Social workers intervene through advocacy to serve the most vulnerable persons within the political, economic, social, and cultural contexts.</td>
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</tbody>
</table>
| **Engage, Assess, Intervene, Evaluate:** Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities | Engage  
- Use empathy, active listening, and other clinical skills to establish rapport in order to set treatment goals with clients;  
- Develop culturally responsive therapeutic relationships;  
- Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance  
Assess  
- Use multi-dimensional assessment tools that include bio-psycho-social-spiritual data to assess client’s strengths, capacities, and readiness for change  
Intervene  
- Develop, with clients, an intervention plan that incorporates client strengths, capacities, and protective factors;  
- Use culturally appropriate clinical techniques for a range of presenting concerns identified in the assessment;  
- Adapt appropriate intervention strategies based on continuous clinical assessment.  
Evaluate  
- Critically analyze, monitor, and evaluate interventions and program implementation and outcomes. |
III. ADDITIONAL EDUCATIONAL OBJECTIVES

Upon completion of this course, students will be able:

1. To differentiate various levels of prevention, i.e. primary, secondary, and tertiary and the critical distinctions for social work practice.

2. To understand the nature of chronic health conditions and the disease continuum from point of diagnosis to treatment to remission to recurrence of disease to the need for palliative or terminal care in the context of the patient’s cultural experience.

3. To define the impact of chronic illnesses on family functioning with the ability to implement effective interventions that emphasize family strengths.

IV. COURSE REQUIREMENTS

A. Required readings


The additional required readings listed below will be available to students via Blackboard.


Revised 7/23/201


Additional readings may be assigned throughout the semester.
B. **Course Assignments**

1. Presentation of articles and facilitating conversation at the beginning of class starting with class 3. All students are expected to read the articles prior to the beginning of class. During class 2 every student will select two articles and two dates to present and facilitate class conversation. The review includes the purpose of the article, the important points the reader came away with, and the influence the content has on the role of social work in health care setting.

2. Design of an educational intervention at the primary or secondary prevention level focusing on SBIRT using either the Health Behavior Model or the Elaboration Likelihood Model and the PRECEDE-PROCEED model of development (10 pages).

3. A two part paper that includes a theory/model based psychosocial assessment of an individual client, his/her, family, and develop an intervention based on the assessment(s). Cultural and ethical issues will be addressed at both the individual and the family levels. (20-22 pages).

Due dates of assignments will be determined during class 2 of the semester.

C. **Grading Policy and Weights of Assignments**

Grades will be based on the CUA Grading Policy as described in the *Graduate Announcements*. Full credit will not be given for assignments that are submitted late. The following provides weights for the various course assignments:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Weight</th>
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</thead>
<tbody>
<tr>
<td>Presentation of articles</td>
<td>15%</td>
</tr>
<tr>
<td>Assignment #1</td>
<td>20%</td>
</tr>
<tr>
<td>Assignment #2, Part 1</td>
<td>30%</td>
</tr>
<tr>
<td>Assignment #2, Part 2</td>
<td>25%</td>
</tr>
<tr>
<td>Constructive and active class participation</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Grading System**

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Numeric Range</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>95 – 100</td>
</tr>
<tr>
<td>A</td>
<td>90 – 94</td>
</tr>
<tr>
<td>B</td>
<td>87 – 89</td>
</tr>
<tr>
<td>B</td>
<td>83 – 86</td>
</tr>
<tr>
<td>B</td>
<td>80 – 82</td>
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<tr>
<td>C</td>
<td>70 - 79</td>
</tr>
<tr>
<td>F</td>
<td>0 - 69</td>
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</tbody>
</table>

D. **Preparation, Attendance & Participation**

Students are required to attend classes and are expected to participate meaningfully in class discussion/exercises and online forums as required. The class participation grade will be determined by the instructor’s perception of the student’s preparation for and contributions to class discussion/activities. Different students will make different kinds of contributions. Some will have an easy time with spontaneous interactions while others will be more
comfortable making planned statements about key ideas from the readings or other sources. Both types of contributions are valued.

E. Course and Instructor Evaluation
NCSSS requires electronic evaluation of this course and the instructor. At the end of the semester, the evaluation form may be accessed at http://evaluations.cua.edu/evaluations using your CUA username and password. Additional, informal written or verbal feedback to the instructor during the semester is encouraged and attempts will be made to respond to requests.

V. CLASS EXPECTATIONS
Please refer to NCSSS Announcements, or appropriate Program Handbook for Academic Requirements (http://ncsss.cua.edu/courses/index.cfm), including scholastic and behavioral requirements.

NCSSS is committed to creating an open and inclusive learning environment where all members - including students, faculty, administrators, and staff – strive to listen to and learn from one another. We recognize that in a multicultural society, it is inevitable that issues or tensions relative to diversity and different life experiences will arise. It is how we handle these events that matters. Therefore, when such issues occur – inside or outside of the classroom - we agree to engage in respectful and productive discussion with one another until learning is enhanced and understanding is deepened by all involved.

A. Scholastic Expectations
All written work should reflect the original thinking of the writer, cite references where material is quoted or adapted from existing sources, adhere to APA 6th ed. format, and should be carefully proofread by the student before submission to the instructor for grading.

B. Behavioral Requirements:
Students are expected to maintain accepted standards of professional conduct and personal integrity in the classroom. Students should:

- Attend all classes and contribute constructively to the classroom culture
- Recognize and avoid behavior that jeopardizes the learning/teaching environment of other students or the instructor
- Demonstrate competence in planning academic activities and in following through on those plans
- Reasonably respond to and respect others’ reactions to one’s comments or actions in the classroom
- Use an appropriate level of class time and instructor’s time and attention in and out of class
- Behave in a manner that is consistent with the ethical principles of the social work profession.

C. Academic Honesty
Joining the community of scholars at CUA entails accepting the standards, living by those standards, and upholding them. Please refer to University Policy (http://graduatestudies.cua.edu/currentstudents/academintgrt.cfm) and appropriate Program Handbooks.
D. Confidentiality

Each student is expected to adhere to the Confidentiality Agreement that is signed at the beginning of every semester. This agreement covers “practice materials” in classes, supervisory sessions, case conferences, seminars, and other educational settings within the NCSSS BSW or MSW programs that are for **professional learning purposes only** and are subject to strict professional standards of confidentiality. These same standards of confidentiality also extend to various forms of written communication and peer consultation.

Adherence to these standards means all students refrain from communicating beyond the classroom setting about practice material that is presented in class. Students will also refrain from using social media outlets (blogs, twitter, Facebook, etc.) or email to discuss practice settings, program responsibilities and projects with individuals who are not in teaching or supervision roles directly related to the situation.
# Class Schedule

<table>
<thead>
<tr>
<th>Class</th>
<th>Topic and Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Introduction and overview of course</strong></td>
</tr>
<tr>
<td></td>
<td>Why Prevention and Control</td>
</tr>
<tr>
<td></td>
<td>Levels of Prevention</td>
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<tr>
<td></td>
<td>Role of social work in all levels of health care</td>
</tr>
</tbody>
</table>

**Required Reading**  

| 2     | **Primary and Secondary Prevention and Models to Change Behaviors**  |
|       | Behavioral Change and illness prevention  |
|       | Primary Prevention  |
|       | Secondary Prevention  |
|       | Health Belief Model  |

**Required Reading**  

| 3     | **Primary and Secondary Prevention and Models to Change Behaviors (con’t)**  |
|       | Elaboration Likelihood Model  |

**Required Reading**  

| 4     | **Primary and Secondary Prevention and Models to Change Behavior (con’t)**  |
|       | PRECEDE-PROCEED Model  |

5 Primary and Secondary Prevention and Models to Change Behavior (con’t)

6 Tertiary Prevention and Stress Model Theory
Stress Model Theory
Defining the meaning of illness
The interactive process of primary and secondary appraisal

Required Reading

7 Stress Model Theory
Internal vs. external resources
Effective vs. ineffective coping strategies

Required Reading

8 Application of Stress Model Theory as a guide for clinical assessment and interventions with a focus on culture.

9 The Circumplex Model of Family Functioning (CMFF)
Adaptability and cohesion a critical constructs to guide interventions
Salient components of the CMFF: Boundaries; coalitions, family life cycle

Required Reading

10 Application of the CMFF to specific case scenarios
Defined interventions and strategies for balanced vs. extreme levels of family functioning

11 Sexuality and Intimacy in Chronic Illness

Required Reading

12 Cognitive-behavioral interventions with clinical examples

Required Reading

13 Problem-Solving Education- Therapy vs. Education

Required Reading

14 Address unanswered questions, discuss the role of social workers in health care settings, how to be proactive in your role as a social worker in health care settings

Review of the semester

Readings will be assigned prior to the class.