FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL _____	
UFS APPROVAL _____	
SCNS SUBMITTAL _____	
CONFIRMED _____	
BANNER POSTED _____	
CATALOG _____	

DEPARTMENT: SOCIAL WORK	COLLEGE: CDSI

COURSE PREFIX AND NUMBER: SOW 6605	CURRENT COURSE TITLE: ADVANCED CONTEXT OF SOCIAL WORK PRACTICE WITH ELDERS AND FAMILIES

CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2013	TERMINATE COURSE (LIST FINAL ACTIVE TERM):

CHANGE TITLE TO: ADVANCED CONTEXT OF SOCIAL WORK PRACTICE WITHIN HEALTHCARE	CHANGE PREREQUISITES/MINIMUM GRADES TO*:
CHANGE PREFIX FROM: TO:	
CHANGE COURSE NO. FROM: TO:	CHANGE COREQUISITES TO*:
CHANGE CREDITS FROM: TO:	
CHANGE GRADING FROM: TO:	CHANGE REGISTRATION CONTROLS TO:
CHANGE DESCRIPTION TO:	
	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.

Attach syllabus for ANY changes to current course information.

Should the requested change(s) cause this course to overlap any other FAU courses, please list them here. N/A	Departments and/or colleges that might be affected by the change(s) must be consulted and listed here. Please attach comments from each. N/A

Faculty contact, email and complete phone number: Elwood R. Hamlin, ehamlin@fau.edu 7-2864

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	8-5-13	♦Syllabus (see guidelines for requirements: http://www.fau.edu/provost/files/course syllabus.2011.pdf
College Curriculum Chair:	8-5-13	
College Dean:	8/5/13	
UGPC Chair:	9-10-13	♦Written consent from all departments affected by changes
Graduate College Dean:	9/2-/13	
UFS President:		
Provost:		

Email this form and syllabus to *UGPC@fau.edu* **one week before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.

FAUchange—Revised May 2012

Florida Atlantic University
School of Social Work
SOW 6605 (3 credits) Sec 001 Call No. 10179

Advanced Context of Social Work Practice within Healthcare

Semester: Spring 2013   Classroom: SO 112
Start/End Date: January-May 2013   Class Times: 4:00-6:50 Mon.
Instructor: Hamlin   Office Hours: Wed. 2:00-4:00
Phone: (561) 297-2864   Office Location: SO 303
Email: ehamlin@fau.edu   Web: www.fau.edu/ssw
Blackboard: http://blackboard.fau.edu

COURSE DESCRIPTION

Advanced Context of Social Work Practice with Adults and Elders is a course that is related to the advanced population courses (Adults & Families, Elders & Families) taken in the fall semester. Within the context of social work practice, health is conceptualized as involving physical, mental, and social health. This context of practice course focuses on social work practice in health care settings across the care continuum (primary, hospital, home health, care, nursing or residential care, and hospice) and at the three levels of intervention: primary or prevention/health promotion; secondary or remediation of existing health problems; and tertiary or coping with chronic or terminal health problems. Physical, mental, and social health issues within the context of health care will be addressed. The bio-psycho-social-spiritual model within the systems perspective will be used in examining social work practice across the continuum. *Since this is an advanced practice course, case presentations will be required to understand the relationship between theory, organization, technology, and policy, in practice.* Policy forms the context in which health care within physical, mental, and social agencies is defined, organized and delivered. This course will examine the strengths and shortcomings of the U.S. health care system with emphasis on market-driven, cost containment strategies that has fueled change in the organization, structure, and delivery of services. This course supports the Concentration Curriculum Objectives as well as builds upon the professional generalist foundation curriculum.

Prerequisite

The MSW student is in last semester of the advanced/concentration curriculum.

RELATION TO THE EDUCATIONAL PROGRAM

This course is offered within the concentration curriculum. The course is designed for students who have an interest in working with populations with health care challenges. It builds upon the foundation practice courses using practice theories (time-limited interventions necessitated by managed care), systems theory, strengths, empowerment,

and social and economic justice perspectives. It examines the advantages of the bio-psycho-social model in the assessment and intervention of client systems across the physical, mental and social health care continuum.

Advanced Context of Social Work Practice with Adults and Elders builds upon the foundation policy and history course by focusing on the policy dimension of health and the history of health care policy in the U.S. Emphasis is placed upon the role of health insurance especially Medicaid and Medicare and most recently, Children's Health Insurance in caring for our most vulnerable populations.

This course is related to human behavior in the social environment sequence by understanding the role of theory within the micro, mezzo, and macro context of health care practice. Bio-psycho-social theory was introduced during HBSE II and it is applied in this course to clients within the health care continuum with special emphasis upon the importance of the social environment in remediating and coping with health care problems.

The foundation research course provides students with basic research knowledge and skills in understanding the scientific method. This course requires students to use that understanding in designing interventions that would suggest optimal outcomes for clients based on reviews of the empirical literature.

Values, ethical considerations, and diversity content are integrated throughout this course. Human diversity is an extremely important consideration when evaluating health and mental behavior, illness behavior, and sick behavior. Values and ethical considerations are central to social work practice across the health care continuum.

The field education component provides an opportunity for children & adolescent, adult, and elder focus area students to apply the specialized knowledge and skills. The special skills for social work practice in health care settings are associated with such knowledge and skill related areas as: (1) the client population and problem area; (2) the organizational setting; (3) the community characteristics and resources; (4) the specific intervention modalities; and (5) the methods of research, program evaluation, and documentation appropriate to the particular setting.

Competencies and Practice Behaviors

The Council on Social Work Education's Educational Policy and Accreditation Standards (2008) identify 10 core competencies for social work programs. Upon successful completion of this course, students will be able to demonstrate these advanced clinical practice behaviors.

1. **Identify as a professional social worker and conduct oneself accordingly.**
   - Demonstrate professional use of self with client(s). (CPB 1a).[1]

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[1] CPB – stands for "concentration practice behavior" and refers to one of the 43 practice behaviors listed in the advanced social work practice competencies identified by the Council on Social Work Education. In order to ensure

2. Apply social work ethical principles to guide professional practice.

3. Apply critical thinking to inform and communicate professional judgments.
- Critically evaluate theory and evidence-based knowledge when applying it to unique client systems. (CPB 3a).

4. Engage diversity and difference in practice.
- Identify and use practitioner/client differences from a strengths perspective. (CPB 4a).

5. Advance human rights and social and economic justice.
- Use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention. (CPB 5a).

6. Engage in research-informed practice and practice-informed research.
- Use research methodology to evaluate clinical practice effectiveness and/or outcomes. (CPB 6a).

7. Apply knowledge of human behavior and the social environment.
- Synthesize and differentially apply theories of human behavior and the social environment to guide clinical practice. (CPB 7a).

8. Engage in policy practice to advance social and economic well-being and to deliver effective social work services.
- Evaluate the impact, intended or unintended, of agency and public policies, on client systems and clinical practice. (CPB 8a).

9. Respond to contexts that shape practice.
- Anticipate and respond to the contextual variables that affect practice, including cultural, technological, geographic, political, legal, economic, and environmental contexts. (CPB 9a).

10. Engage, assess, intervene, and evaluate individuals, families, groups, organizations, and communities.
- Engagement: Develop a culturally responsive therapeutic relationship. (CPB 10a).
- Engagement: Attend to the interpersonal dynamics and contextual variables that both strengthen and potentially threaten the therapeutic alliance. (CPB 10b).
- Engagement: Establish a relationally based process that encourages clients to be equal participants in the establishment of treatment goals and expected outcomes. (CPB 10c)

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that students are able to develop and demonstrate these competencies, each practice behavior is incorporated into course content, assignments, tests, class activities, and evaluation.

- Assessment: Use multidimensional bio-psycho-social-spiritual assessment tools. (CPB 10d).
- Assessment: Assess clients' readiness for change. (CPB 10e).
- Assessment: Assess client's coping strategies to reinforce and improve adaptation to life situation, circumstances, and events. (CPB 10f).
- Assessment: Select and modify appropriate intervention strategies based on continuous clinical assessment. (CPB 10g).
- Assessment: Use differential and multiaxial diagnosis. (CPB 10h)
- Intervention: Critically evaluate, select, and apply best practices and evidence-based interventions. (CPB 10i).
- Intervention: Collaborate with other professionals to coordinate treatment interventions. (CPB 10k)
- Evaluation: Use clinical evaluation strategies to assess the effectiveness of their interventions. (CPB 10l).

TEACHING METHODOLOGY

This course will be conducted in seminar format. It will include involvement of students and instructor using lecture, discussion, reading assignments, audio-visual supplements, case discussions, and student case presentations. The student is expected to be prepared and actively participate in class discussions. Assigned readings provide the student with a structured method to integrate new knowledge and apply it to their practice within their field agencies. Case discussions will provide an opportunity for students to share their work (assessments & interventions) with colleagues as well as gather new insights.

CLASS ATTENDANCE AND PARTICIPATION

Social work education is designed to help students prepare for professional practice. In order to model ethically appropriate practice, please treat coming to classes as you would treat working at an agency. Given the Council on Social Work Education's requirements for professional behavior, *attendance for all classes is required.* More than one unexcused absence, excessive tardiness, or patterns of leaving early may result in a reduction of the final grade. Students may be asked to present a written excuse from a healthcare provider for excused absences due to illness or other documentation for other circumstances. Since participating in class is an integral part of social work education, it is vital that the student be in class; therefore, *even with excused absences, the student may be required to withdraw and retake the class.* If a student missed more than 2 classes – whether or not there is a documented, excused absence – the student will receive a substantial decrease in the final grade.

POLICY ON USE OF COMPUTERS AND RECORDING DEVICES IN THE CLASSROOM

The School of Social Work prohibits the use of computers, audio recording, or video recording devices during instructional activities in the classrooms, laboratories, and studios without the expressed written consent of the instructor. This prohibition does **not**

apply to specific accommodations approved by the FAU Office for Students with Disabilities. When the instructor's consent is given, the materials produced are for personal use only and are not for distribution or sale in any fashion.

AMERICANS WITH DISABILITIES ACT (ADA

In compliance with the ADA, students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities located in Boca Raton-SU 113 (561-297-3880).

HONOR CODE

Students at FAU are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see:
http://www.fau.edu/regulations/chapter4/4.001_Code_of_Academic_Integrity.pdf

COURSE ASSIGNMENTS & GRADING

1. **Mid-term Examination (20%)** (CPBs 3a, 7a, 8a)

2. **Case Study Paper and Presentation: (20%)**

Work in Small Groups
Your Case Study will be presented within your group. The Case Study is a presentation of a client you are working with in your field agency. Please use the outline in Kerson: Context: (Policy, Technology, Organization); and Practice Decisions: (Definition of Client; Goals and Objectives; Contract; Meeting Place; Use of Time; Treatment Modality; Stance; Outside Resources; Reassessment; and Termination). You will demonstrate verbal critical thinking skills and competencies in advanced clinical practice in discussing your case study/presentation with your peers. (CPBs 1a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10k, 10l)

3. Reaction to readings: (20%)
For each of the assigned readings, you will complete a short reaction paper (one page or less) to the reading and send to me as e-mail attachment. The readings are from your textbook as well as on Bb. (CPBs 3a, 5a, 8a, 9a)

4. Design a nursing home: (10%)
Instructions for this exercise will be provided to you in class 10. (CPBs 3a, 5a, 8a, 9a)

5. Final exam: (20%)
Identify and present an evidence-based intervention for problems that involve medical and psychosocial conditions (Bio-psychosocial). Instructions for this exercise will be provided to you in class. (CPBs 3a, 4a, 6a, 10d, 10e, 10h, 10i, 10k)

6. Attendance/Participation: (10%)

Course grading scale is as follows:

93 – 100% = A	73 – 76% = C
90 – 92% = A-	70 – 72% = C-
87 – 89% = B+	67 – 69% = D+
83 – 86% = B	63 – 66% = D
80 – 82% = B-	60 – 62% = D-
77 – 79% = C+	0 – 59% = F

REQUIRED TEXTS

Kerson, T.S. & Associates. (2010). (3rd ed.). **Social work in health settings: Practice in context.** Routledge. ISBN 13: 978-0-415-77846-6

Other course readings are placed on Blackboard. Also, please visit the **Blackboard Web site** for this course at http://blackboard.fau.edu for additional information. IMPORTANT: Blackboard uses the email addresses assigned to you by FAU – since you probably do not pick up email from the FAU account, you need to forward your email to the email address that you generally use. Log onto MyFAU (http://myfau.fau.edu) and forward your email to the email address that you want all Blackboard and other FAU email directed to… and if your email address changes, remember to change the forwarding in MyFAU. If you are experiencing problems logging onto MyFAU or Blackboard, you can contact the helpdesk at 561.297.3999.

SUGGESTED READINGS AND REFERENCES

Borst, J. (2010). **Social work and health care: Policy, practice and professionalism.** Boston: Pearson Education, Inc.

Brandell, J. (Ed.). (2011). **Theory and practice in clinical social work** ((2nd Ed.).

Thousand Oaks, CA: Sage Publications.

Corcoran, J. (2006). **Cognitive-Behavioral methods for social workers**. New York: Pearson.

Cowles, L. (2003). **Social work in the health field: A care perspective**. (2nd Ed.). New York: Haworth Press.

Dass-Brailsford, P. (2007). **A practical approach to trauma: Empowering interventions**. Thousand Oaks, CA: Sage Publications, Inc.

Dhooper, S.S. (1997). **Social Work in health care in the 21st century.** New York: Sage Press.

Dziegielewski, S. (2004).**The changing face of health care social work.** New York: Springer Publishing Company.

Egan, M. (2010). **Evidence-based interventions for social work in health care**. New York: Taylor & Francis.

Gehlert, S. & Browne, T. (Ed.). (2006). **Handbook of health social work**. New Jersey: John Wiley & Sons, Inc.

Mechanic, D. (2008). **Mental health and social policy: Beyond managed care.** (5th Ed.). New York: Pearson Education, Inc.

Moniz, C & Gorin, S. (2010). **Health and mental health care policy: A biopsychosocial perspective** (3rd Ed.). Boston: Pearson Education, Inc.

Holosko, M. and Taylor, P. (1994). **Social work practice in health care settings.** Toronto: Canadian Scholars' Press.

Kovner, A. & Jonas, S. (Ed.). (1999). **Health care delivery in the United States**. New York: Springer Publishing Co.

Roberts, A. (Ed.) (2009). **Social workers' desk reference** (2nd Ed.). New York: Oxford Press.

Thyer, B. & Wodarski, J. (Ed.). (2007). **Social work in mental health: An evidence-based approach**. New Jersey: John Wiley & Sons, Inc.

ADVANCED CONTEXT OF SOCIAL WORK PRACTICE		
Class/Day	Topics	Reading and **Assignments Due
1 Jan. 7	Introduction to course: -Review syllabus and assignments -Professional Goals -What is Health? -Emerging Trends -Health Care Settings	Kerson: Chapter 1, Practice in context Drisko: Common factors in therapy Bb Gehlert: The conceptual underpinnings of social work in health-care Bb
2 Jan. 14	Advanced framework for social work practice -What is context of practice? -What factors contribute to treatment outcomes? Convene in case consultation groups	**Kerson: Chapter 1 Practice in Context **AND** **Gehlert: The conceptual underpinnings of social work in health-care Bb Clinician Communication: Principles & expectations, Paget et al. Bb

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Jan. 21
	Advanced framework for social work practice
	
	-Practice Decisions
	  -Factors in therapy
	  -Context of Practice
	
	Convene in case consultation groups
		**Drisko: Common factors in therapy Bb
		
		Evidence-based therapy relationships Bb

4 Jan. 28	Health care policy -What are the determinants of heath? -What is our health care policy? -What are the problems with our health care policy? -What is the function of managed care? Convene in case consultation groups	** Darnell & Lawlor: Health policy and social work Bb **OR** **Moniz & Goin: Models of health & health policy Bb Summary: The patient protection & affordable health care act of 2010 Bb Summary: Wellstone-Domenici Mental health parity and addiction equity act of 2008 Bb Mechanic: Views of mental illness in relation to social policy Bb
5 Feb. 4	Theory & perspectives -How does the biopsychosocial-spiritual perspective differ from the traditional biomedical perspective? Convene in case consultation groups	**Rock: Social work in health care for the 21st century: The bio-psychosocial model Bb **OR** **Browne: Social work roles and health-care settings Bb Rolland: Chronic illness and the life family life cycle Bb Austrian: Guidelines for conducting a bio-psychosocial assessment Bb
6 Feb. 11	Relationship between physical and mental health -What is the relationship between the mind and the body? -Is there a link between emotion and disease? -Should positive attitudes and emotions be regarded as traits that can't be changed or skills that can be learned?	**Engstrom: Physical and mental health: Interactions, Assessment & interventions: pages 194-200 Bb **OR** **Meadors: Adult cancer Bb **OR** ** Rathas: Stress, health, and adjustment Bb

	-Can pain be controlled or reduced by the mind? -What are examples of interventions that address physical and mental health? Convene in case consultation groups	
7 Feb. 18	<u>Practice contexts and social work interventions</u>: Medical settings -What are some external factors that contributed to the shift in emphasis from social to psychological factors in health care? -What are examples of social work's mission in hospital settings? -How do social workers identify patients in need of social work services? Convene in case consultation group	** Werner-Lin & Biank: Oncology social work Bb **OR** **Kerson: Chapter 19 Geriatric social work in a community hospital **OR** **Kerson: Chapter 9 Social work in a pediatric hospital **OR** **Kerson: Chapter 3 Intimate partner violence in the NICU **OR** **Kerson: Chapter 14 Social work in a for-profit renal dialysis unit **OR** ** Kerson: Chapter 27 The social worker on the genetic counseling team: A new role in social work oncology Emergency department social work Interventions Bb
8 Feb. 25	Mid-Term Examination	
9 Mar. 4-10	Spring Break	Have Fun
10 Mar. 11	<u>Practice contexts and social work interventions</u>: Mental health settings -What are Employee Assistance Programs? -What are the key features of brief care?	**Kerson: Chapter 15 Returning veterans & traumatic brain injury **OR** **Kerson: Chapter 13 Following her lead: A measured approach to providing care management and mental health treatment to homeless adults **OR** **Corwin & Read: Brief treatment:

		Community mental health Bb **OR**
	-What are examples of programs and interventions that assist returning veterans with health concerns? -How are mentally ill inmates treated? Convene in case consultation groups	**Weiss & Kerson: Intensive case management for people with serious and persistent mental illness Bb **OR** **Vonk: Assessment & treatment of PTSD Bb Mechanic: Homeless and mental illness Bb Mechanic: Criminalization of persons with mental illness Bb
11 Mar. 18	<u>Practice contexts and social work interventions</u>: Community settings -What is the role of home health care in the continuum of care? -In what ways can in-home support services benefit clients and maintain elders in the community? -How does the relationship focused approach to work with people with dementia compared with other approaches? Convene in case consultation group	**Mechanic: Maintenance of patient with persistent disorders Bb **OR** **Kerson: Chapter 17 A framework for working with people with early-stage dementia: A relationship-focused approach to counseling **OR** **Kerson: Chapter 16 The case of Junior: A study of collaboration, boundaries, and use of self **OR** **Lotz: Home care
12 & 13 Mar. 25 & Apr. 1	<u>Practice contexts and social work interventions</u>: Long term care facilities Small group project	** Diwan & Balaswamy: Social work with older adults in health-care settings Bb **OR** **Mercer, Robinson & Kerson: Alzheimers disease: Intervention in a Nursing home environment Bb **OR** **Kane, et.al: Essentials of Clinical Geriatrics Bb **OR** **Black: Cognitive disorders in aging Bb

		OR
		**Kerson: Chapter 18 Autonomy-friend or foe in health care center: a social worker's perspective Gibson, et al.; Principles of good care for long-term care facilities Bb
14 & 15 Ap. 8 & Ap. 15	Practice contexts and social work interventions: At end of life -What is palliative care? -What is the role of social work in end-of-life care? -Social work practice in hospice and palliative care Convene in case consultation groups	**Kerson: Chapter 20 Hospice services: The dilemmas of technology at the end of life **OR** **Palliative care and pain management at the end of life Bb **OR** Cowles, Social work in hospice care Bb NASW Standards for social work Practice in palliative and end of life care Bb
16 Ap. 22	Final Examination	
May 2	School of Social Work Induction Ceremony	Congratulations MSWs!!!

Professional Expectations of Student Behavior

Students at FAU are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see http://www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf

The Florida Atlantic University School of Social Work is mandated by the Council on Social Work Education (CSWE) to foster and evaluate professional behavioral

development for all students in the social work program. The School of Social Work also bears a responsibility to the community at large to produce fully trained professional social workers who consciously exhibit the knowledge, values, and skills of the profession of social work. The values of the profession are codified in the NASW Code of Ethics. Given this context, all students in the social work program will be expected to exhibit the following ethical standards of behavior.

Accountability: Attend class, arrive on time, and return from break in a timely manner.

Participate in group activities and assignments at a comparable level to peers.
Complete work in a timely fashion and according to directions provided.
Come to class prepared, with readings and other homework completed.

Respect: Treat all your peers, your instructors and all those you come in contact with, with dignity and respect at all times.

Listen while others are speaking.
Give feedback to peers in a constructive manner.
Approach conflict with peers or instructors in a cooperative manner.
Use positive and nonjudgmental language.

Confidentiality: Treat any personal information that you hear about a peer or an instructor as strictly confidential.

Maintain any information shared in class, dyads or smaller groups within that unit.
Use judgment in self-disclosing information of a very personal nature in the classroom. (Class time should not be used as therapy or treatment. If students feel the need to talk about issues they are struggling with, they many consult with their instructor to receive a referral for counseling.)
Never use names of clients or disclose other identifying information in the classroom.

Competence: Apply yourself to all your academic pursuits with seriousness and conscientiousness, meeting all deadlines as given by your instructors. Constantly strive to improve your abilities.

Come to class with books, handouts, syllabus, and pens
Seek out appropriate support when having difficulties to ensure success in completing course requirements.
Take responsibility for the quality of completed tests and assignment.
Strive to work toward greater awareness of personal issues that may impede your effectiveness with clients.

Integrity: Practice honesty with yourself, your peers, and your instructors.

Constantly strive to improve your abilities.

Academic: Commit yourself to learning the rules of citing other's work properly.
Do your own work and take credit only for your own work.
Acknowledge areas where improvement is needed.
Accept and benefit from constructive feedback

Submission of Papers: Students will submit their written assignments on paper and electronically. Electronic copies will be subject to plagiarism analysis and will be kept in electronic file for future reference. A student may not submit the same paper, or essentially the same, paper, project, assignment, or finished project to an instructor, which has been submitted to another instructor, unless specifically authorized by both instructors to do so.

Diversity: Strive to become more open to people, ideas, and creeds that you are not familiar with. Embrace diversity.

Maintain speech free of racism, sexism, ableism, heterosexism, or stereotyping.
Exhibit a willingness to serve diverse groups of persons.
Demonstrate an understanding of how values and culture interact.

Communication: Strive to improve both verbal and written communication skills as these skills are used heavily in interactions with clients and peers and also with creating client records.

Demonstrate assertive communication with peers and instructors.
Practice positive, constructive, respectful and professional communications skills
With peers and instructor: (body language, empathy, listening)

Social Justice: Strive to deepen your commitment to social justice for all populations at risk.

Demonstrate an understanding of how institutional and personal oppression impede the experience of social justice for individuals and groups.
Strive to learn about methods of empowering populations and enhancing social justice at micro, mezzo, and macro levels.

WEBSITES:

Social Work Policy Institute

EVIDENCE-BASED Practice

Partnerships to Promote Evidence-Based Practice

Evidence-based practice (EBP) is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. The practitioner, researcher and client must work together in order to identify what works, for whom and under what conditions. This approach ensures that the treatments and services, when used as intended, will have the most effective outcomes as demonstrated by the research. It will also ensure that programs with proven success will be more widely disseminated and will benefit a greater number of people.

This Web resource was partially funded by a contract to IASWR from NIMH. It seeks to promote the integration of evidence-based mental health treatments into social work education and research. The *Evidence-Based Practice Resources* section provides tools that can be used to identify EBPs, online resources that can inform the EBP process and a list of publications for further information. The *Partnership Examples* section highlights some existing partnerships created between researchers and practitioners that further EBP.

- **Evidence-Based Practice Resources**
- **Partnership Examples**

Partially supported by a contract with the National Institute of Mental Health (NIMH) *The views, opinions, and content of this Web page are those of the author and do not necessarily reflect the views, opinions, or policies of the National Institute of Mental Health or other federal agencies or offices.*

Evidence-Based Practice Resources

- **Evidence-Based Practice Registries and Databases**
- **Online Resources and Research**
- **Publications**

Evidence-Based Practice: Registries and Databases

California Evidence-Based Clearinghouse for Child Welfare (CEBC)
http://www.cachildwelfareclearinghouse.org/
The CEBC provides child welfare professionals with easy access to vital information about selected child welfare related programs. Each program is reviewed and rated

utilizing the CEBC Scientific Rating scale to determine the level of evidence for the program. The programs are also rated on a Relevance to Child Welfare Rating Scale.

The Campbell Collaboration: Library
http://www.campbellcollaboration.org/library.php
The Campbell Library of Systematic Reviews provides free online access to systematic reviews in the areas of education, criminal justice and social welfare. The library is a peer-reviewed source of reliable evidence of the effects of interventions.

CDC: The Community Guide
http://www.thecommunityguide.org/
The Guide to Community Preventive Services (Community Guide) serves as a filter for scientific literature on specific health problems that can be large, inconsistent, uneven in quality, and even inaccessible. The Community Guide summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. The Task Force on Community Preventive Services makes recommendations for the use of various interventions based on the evidence gathered in the rigorous and systematic scientific reviews of published studies conducted by the review teams of the Community Guide. The findings from the reviews are published in peer-reviewed journals and also made available on this Internet website.

Center for the Study and Prevention of Violence
http://www.colorado.edu/cspv/blueprints
Blueprints for Violence Prevention has identified 11 prevention and intervention programs that meet a strict scientific standard of program effectiveness. Program effectiveness is based upon an initial review by CSPV and a final review and recommendation from a distinguished Advisory Board, comprised of seven experts in the field of violence prevention. The 11 model programs, called Blueprints, have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Another 18 programs have been identified as promising programs. To date, more than 600 programs have been reviewed.

The Cochrane Library
http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME
The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making. It includes reliable evidence from Cochrane and other systematic reviews, clinical trials, and more. Cochrane reviews provide the combined results of the world's best medical research studies, and are recognized as the gold standard in evidence-based health care.

EBP Substance Abuse Database
http://lib.adai.washington.edu/ebpsearch.htm
The EBP Substance Abuse Database is a small, but growing, database of evidence-based interventions for treating substance use disorders. Interventions were selected according to criteria described on the About EBP page. Each record in the database includes a description of the intervention and its implementation, populations for which it has been

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shown to be effective, references to supporting literature, the availability of instructional manuals, and author/developer notes and other useful information.

The Evaluation Center's EBP Metabase
http://www.tecathsri.org/ebp_search.asp?stmode=start
The Evaluation Center's EBP Metabase v 1.0 is a searchable database of meta-analyses related of mental health interventions. It allows the user to find an intervention related to outcomes of interest and review the evidence of effectiveness.

Matrix of Children's Evidence-Based Interventions
http://www.nri-inc.org/reports_pubs/2006/EBPChildrensMatrix2006.pdf
The NRI Center for Mental Health Quality and Accountability synthesized key literature reviews which summarized the effectiveness of prevention, intervention, and/or treatment programs that can be applied to child and adolescent mental health services. The purpose was not to redefine or create another hierarchy of what constitutes an evidence-based practice vs. a promising practice or emerging practice, but rather to compile a comprehensive list of interventions or programs that have been evaluated or more rigorously tested, and found to have varying degrees of evidence as to their effectiveness.

National Cancer Institute: Research-Tested Intervention Programs
http://rtips.cancer.gov/rtips/index.do
This website allows the user to find research-tested intervention programs and products, review summary information and usefulness/integrity scores for each program, order or download materials to adapt for use in your own program, and obtain readability scores for products distributed to the public.

National Registry of Evidence-based Programs and Practices (NREPP)
http://www.nrepp.samhsa.gov/
NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

Preventing Drug Abuse among Children and Adolescents: Examples of Research-Based Drug Abuse Prevention Programs

http://www.nida.nih.gov/Prevention/examples.html
To help those working in drug abuse prevention, NIDA, in cooperation with the prevention scientists, presents examples of research-based programs that feature a variety of strategies proven to be effective. Each program was developed as part of a research study, which demonstrated that over time youth who participated in the programs had better outcomes than those who did not. The programs are presented within their audience category (universal, selective, indicated, or tiered).

SAMHSA: A Guide To Evidence-Based Practices (EBP) on The Web
http://www.samhsa.gov/ebpwebguide/index.asp

SAMHSA provides this Web Guide to assist the public with simple and direct connections to Web sites that contain information about interventions to prevent and/or treat mental and substance use disorders. The Web Guide provides a list of Web sites that contain information about specific evidence-based practices (EBPs) or provide comprehensive reviews of research findings.

SAMHSA: Evidence-Based Practice Implementation Resource Kits for Mental Health
http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp
The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy.

Social Programs That Work
http://www.evidencebasedprograms.org/
This site summarizes the findings from well-designed randomized controlled trials that, in their view, have particularly important policy implications — because they show, for example, that a social intervention has a major effect, or that a widely-used intervention has little or no effect. They limit the discussion to well-designed randomized controlled trials based on persuasive evidence that they are superior to other study designs in measuring an intervention's true effect.

Suicide Prevention Research Center: Best Practice Registry
http://www.sprc.org/featured_resources/bpr/index.asp
The purpose of the Best Practice Registry is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention*.

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Online Resources and Research

Center for Evidence-Based Practice: Young Children with Challenging Behavior
http://challengingbehavior.fmhi.usf.edu
The Center for Evidence-Based Practice: Young Children with Challenging Behavior is funded by the U.S. Department of Education, Office of Special Education Programs to raise the awareness and implementation of positive, evidence-based practices and to build an enhanced and more accessible database to support those practices.

Child Trends
http://www.childtrends.org
Child Trends is a nonprofit, nonpartisan research center that studies children at every stage of development. Their mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions

affect children, including policy makers, program providers, foundations, and the media. Founded in 1979, Child Trends helps keep the nation focused on children and their needs by identifying emerging issues; evaluating important programs and policies; and providing data-driven, evidence-based guidance on policy and practice. Its work is supported by government, foundation, and private sector funders.

ClinicalTrials.gov
http://clinicaltrials.gov
ClinicalTrials.gov provides patients, family members, health care professionals, and members of the public easy access to information on clinical trials for a wide range of diseases and conditions. The U.S. National Institutes of Health (NIH), through its National Library of Medicine (NLM), has developed this site in collaboration with all NIH Institutes and the Food and Drug Administration (FDA).

Child Welfare Information Gateway
http://www.childwelfare.gov/
Child Welfare Information Gateway promotes the safety, permanency, and well-being of children and families by connecting child welfare, adoption and related professionals as well as concerned citizens to timely, essential information. They provide access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more.

CSWE: Evidence-Based Practice
http://www.cswe.org/CSWE/research/resources/Evidence-Based+Practice/
CSWE recognizes that teaching social work students how to access, analyze, interpret, and appropriately employ evidence is critical to effective social work practice. CSWE is collaborating with the Austin Initiative to begin providing more resources for teaching evidence-based practice.

EBP Exchange – UMB School of Social Work
http://ebpexchange.wordpress.com/
This site is for the free exchange of ideas in regards to evidence-based research and practice and its implications at the University of Maryland School of Social Work.

Evidence-Based Behavioral Practice (EBBP)
www.ebbp.org
The EBBP.org project creates training resources to help bridge the gap between behavioral health research and practice. Professionals from the major health disciplines are collaborating to learn, teach, and implement evidence-based behavioral practice (EBBP).

Evidence-Based Group Work
http://www.evidencebasedgroupwork.com/
This site is intended to be a link to research-based evidence about group work. The

purpose is to make research evidence available to those who want to make group work demonstrably more effective and beneficial to participants.

The e-Community Forums at The Evaluation Center @ Human Services Research Institute
http://tecathsri.org/knowledge.asp
The Evidence-Based Practice (EBP) Program supports the rigorous scientific evaluation of behavioral health interventions, and the dissemination and implementation of interventions that have strong evidence of effectiveness. The goal is to provide resources for the diverse stakeholders with interest in EBP.

Integrating Evidence-Based Practices into CBCAP
http://friendsnrc.org/resources/evidence.htm
The "Discussion Tool" was produced by FRIENDS to help State Lead Agencies work with their funded programs to facilitate appropriate conversations when considering implementing evidence-based or evidence-informed programs and practices. The Discussion Tool is divided into 7 sections that cover 4 paths programs can follow. The resource includes worksheets that help agencies evaluate capacity, templates for evaluation and implementation planning along with resources for programs to use while they explore existing evidence-based programs and practices.

MedlinePlus
http://medlineplus.gov/
MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations. Preformulated MEDLINE searches are included in MedlinePlus and give easy access to medical journal articles. MedlinePlus also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and latest health news.

National Alliance of Multi-Ethnic Behavioral Health Associations (NAMBHA)
www.nambha.org/
The mission of NAMBHA is to collectively promote the behavioral well-being and full potential of people of color and to eliminate disparities in behavioral health services and treatment. NAMBHA works to identify culturally appropriate best practice models.

National Association of State Mental Health Program Directors Research Institute (NRI)
www.nri-inc.org/projects/CMHQA/criteria_epb.cfm
NRI has useful information about defining evidence-based practices, a directory of resources that describe criteria for defining which practices are evidence-based, and important information regarding the implementation of evidence-based mental health practices.

The National Implementation Research Network
http://nirn.fmhi.usf.edu/aboutus/01_whatisnirn.cfm
The mission of the National Implementation Research Network (NIRN) is to close the

gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices.

National Institute of Mental Health (NIMH)
www.nimh.nih.gov/
NIMH's Web site contains information on many mental disorders. The site also provides information on NIMH research, publications, and activities.

National Working Group on Evidence-Based Health Care
www.evidencebasedhealthcare.org
The National Working Group on Evidence-Based Health Care represents consumers, caregivers, practitioners, and researchers committed to promoting accurate and appropriate evidence-based policies and practices that improve the quality of health care services in the United States.

The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence (SAMI-CCOE)
www.ohiosamiccoe.cwru.edu
Ohio SAMI-CCOE is a technical-assistance organization that helps service systems, organizations, and providers implement and sustain the Integrated Dual Disorder Treatment (IDDT) model (an evidence-based practice), maintain fidelity to the model, and develop collaborations within local communities that enhance quality of life for consumers of mental health services and their families.

PubMed: Medline
http://www.nlm.nih.gov/pubs/factsheets/pubmed.html
Provides free access to MEDLINE, NLM's database of citations and abstracts in the fields of medicine, nursing, dentistry, veterinary medicine, health care systems, and preclinical sciences.

Research and Empirical Applications for Curriculum Enhancement in Social Work (REACH-SW)
http://www.danya.com/reach/
REACH-SW is a curriculum enhancement tool designed to support faculty in teaching social work students how to apply evidence-based practice (EBP) approaches to social work practice. The tool is also designed to increase scientific literacy skills of faculty – and thus, students – with respect to finding, understanding, and applying empirical research to social work practice. REACH-SW provides faculty the background information they need to know to effectively teach the application of EBP within a variety of social work courses, including Micro and Macro Practice, HBSE Foundations, Program Evaluation, Policy Analysis, Introduction to Social Work Practice, Advanced Social Work Practice, Introduction to Social Work Research, and many others.

Roundtable on Evidence-Based Medicine
www.iom.edu/CMS/28312/RT-EBM.aspx
The IOM Roundtable on Evidence-Based Medicine brings together key stakeholders

from multiple sectors – patients, health care providers, payers, employers, manufacturers, policymakers, and researchers – for cooperative consideration of the ways that evidence can be better developed and applied to drive improvements in the effectiveness and efficiency of medical care in the United States.

Social Care Institute for Excellence (SCIE)
www.scie.org.uk
The United Kingdom-based SCIE works to disseminate knowledge-based good practice guidance; involve service users, carers, practitioners, providers, and policymakers in advancing and promoting good practice in social care; and enhance the skills and professionalism of social care workers through tailored, targeted and user-friendly resources.

VA Quality Enhancement Research Initiative (QUERI)
http://www.hsrd.research.va.gov/queri/
VA's Quality Enhancement Research Initiative (QUERI), is designed to translate research discoveries and innovations into better patient care and systems improvements. QUERI focuses on nine high-risk and/or highly prevalent diseases or conditions among veterans: Chronic Heart Failure, Diabetes, HIV/Hepatitis, Ischemic Heart Disease, Mental Health, Polytrauma, Spinal Cord Injury, Stroke, and Substance Use Disorders. VA/HSR&D's Quality Enhancement Research Initiative (QUERI) works to improve the quality of healthcare for veterans by implementing research findings into routine clinical practice.

The following websites may be helpful in your review and understanding of the content in this course. You are invited to provide additional websites that you found to be useful.

NASW Joining Forces to Support Veterans
http://socialworkers.org/military.asp

National Center for PTSD
http://www.ptsd.va.gov/

Advanced Care Planning
http://www.partnershipforcaring.org/ad.htm

These are state specific advance directive documents.

http://www.partnershipforcaring.cor/choices.htm

Introduces many of the issues surrounding en-of-life decision-making.

Caregiving
http://www.caregiver.org

Provides a number of resources focusing on caregiving, specific disease-related information, and related public policy news.

http://www.caregiving.org

Homepage for the National Alliance for Caregiving-an organization designed to support family caregivers of the elderly and the professional who serve them.

http://www.careguide.com

Provides family caregivers everything they need to assess, plan, manage, and monitor the best care for their loved ones.

End-Of-Life
http://dying.about.com/health/dying

Contains a wide variety of information about death and dying.

http://www.hospicenet.org/html/help_yourself-pr.html
This brochure is intended to help individuals with terminal illnesses deal with the reality of their prognosis and to continue to live en thought they are dying.

Hospice
http://www.hnpco.org

This booklet discusses death and typical responses to a loved one's death.

http://www.hospicenet.org/html/questions-pr.html

This page discusses a number of questions individuals and their families might ask when deciding on a hospice program.

http://www.hospicenet.org/html/medicare-pr.html

This document explains the special rules that govern Medicare coverage of, and payment for, hospice care.

Long Term Care

http://www.fria.org

This booklet is designed to explain the Comprehensive Care Planning process for residents of nursing homes and provides information that will help individuals and their families participate and communicate more fully and effectiv