

THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK

SW540: SOCIAL WORK IN INTEGRATED HEALTH CARE SETTINGS

Course number: SW540 Sec. 004
Semester: Spring 2018
Meeting Time: online
Credit hours: 3 Hours

Instructor: Mary Held, PhD
Email: mheld@utk.edu
Office Hours: By appointment only

I. UNIVERSITY POLICIES

Code of Conduct

It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.csw.utk.edu). Students are also expected to sign and adhere to the Social Work Field Placement Code of Conduct.

The Honor Statement

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*).

University Civility Statement

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus: <http://civility.utk.edu/>

Disability

If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 100 Dunford Hall (865) 974-6087. This will ensure that you are properly registered for services.

Dimensions of Diversity

The College of Social Work and the University of Tennessee welcome and honor all people. In accordance with the U.S. National Association of Social Workers (NASW) and the U.S. Council on Social Work Education (CSWE 2015 Educational Policy Statement), “the dimensions of diversity are understood as the intersectionality of multiple factors including” age, class, color, culture, mental or physical disability and ability, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, political ideology, race, regionality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. The College values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. “A person’s diverse life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim” (CSWE 2015 Educational Policy Statement). The College of Social Work promotes social justice and social change, and strives to end discrimination, oppression, poverty, and other forms of social injustice.

II. COURSE DESCRIPTION:

The purpose of this course is to introduce social work students to the micro- and macro-level direct practice of integrated health care. Students will become knowledgeable of the roles of behavioral health providers working in primary care and other integrated health care settings, theories and models of care, delivery of evidence-based, culturally competent team-based treatment, and strategies for developing, managing, and marketing integrated health care to include identifying and addressing challenges to integrating primary care and behavioral health entities. They will develop skills in engagement, assessment, and intervention planning and implementation, management, and administrative strategies specific to integrated health settings. Because the populations served in primary care settings span the spectrum of severity in both the physical and behavioral health dimensions, students will develop competencies in engaging and supporting patients and providers across a range of health conditions. Students will learn to identify and critically analyze policies that support or hinder integration of physical and behavioral health services.

The course will introduce students to the essential practice and management skills needed to effectively address the challenges of integrating services, care, and support for persons with health, mental health, and substance use problems. Students will become fluent in the language and culture of health and will develop a working knowledge of a wide variety of chronic health conditions. Students will examine the challenges of multidisciplinary team practice and current best practices for effective interventions. Finally, students will increase their knowledge of complementary and alternative therapies and the importance of self-care as healthcare professionals.

III. COURSE RATIONALE:

In the current healthcare system, it is all too common for consumers to face problems accessing care in artificially separate physical and behavioral healthcare systems, and to experience difficulty obtaining care that is collaborative, culturally competent, and responsive to their complex healthcare needs. A preponderance of scientific evidence demonstrates that separated, unresponsive, and fragmented healthcare is ineffective, costly, and unsustainable. For example, patients with severe mental illness have been shown to die an average of 25 years sooner than matched patients without severe mental illness, due to poor management of chronic disease and lack of routine primary care. Conversely, mounting evidence shows that costs are reduced, quality is improved, and fragmentation of care is minimized when behavioral health providers work as integrated members of primary care teams. The rapid adoption of ‘healthcare home’ team-based models by primary care systems is an indication that collaborative, team-based, integrated physical and behavioral care is rapidly emerging. Social Workers are ideally suited to meet this workforce need for skilled integrated behavioral healthcare professionals. Social Workers are trained to work collaboratively with cross-disciplinary teams of providers, are prepared to work flexibly in a variety of roles and functions, and possess the necessary skills to engage with highly diverse populations. As healthcare becomes more collaborative, social workers are in a

strategic position to redefine their place in healthcare and address emerging workforce needs as integrated behavioral health care leaders and providers

IV. COURSE COMPETENCIES:

By the completion of this course, the student is expected to be able to:

1. Describe theoretical frameworks and models of integrated health care
2. Understand the roles of social workers on an integrated health care team, including the unique contribution that social workers provide to the team
3. Develop knowledge and skills related to effective communication and collaboration with medical professionals on an integrated health care team
4. Demonstrate knowledge of evidence-based, team-based screening, assessment, and treatment in integrated health care settings
5. Apply tenets of cultural competence to team-based treatment of whole health
6. Demonstrate knowledge of working effectively with professionals from other disciplines with varying Codes of Ethics
7. Apply integrated health care practice to a wide range of client populations
8. Understand medical terminology, including diagnoses, symptoms, and treatments, of chronic health conditions in integrated health care settings
9. Understand application of change management strategies to transition from individual lines of service to an integrated model.

V. LEARNING ENVIRONMENT:

The student is a co-creator of the learning experience and environment. It is the purpose of this class to provide knowledge and access to resources that will serve as a springboard for individual learning. The student and instructor will work collaboratively through Zoom meetings and email interactions to ensure a productive and meaningful learning environment.

VI. REQUIRED TEXTBOOK

Hunter, C. L., Goodie, J. L, Oordt, M. S., & Dobmeyer, A. C. (2009). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. Washington, DC: American Psychological Association.

VII. EVALUATION PROCEDURES AND GRADES

Grades will be assessed on the following assignments:

ASSIGNMENT	POINT VALUE
4 Quizzes (10 points each)	40 points
3 DB posts (5 points each)	15 points
Paper #1	20 points
Paper #2	25 points
	100 possible points

The final course grade will be assigned as follows:

NUMERIC GRADE	LETTER GRADE	DESCRIPTION
95-100	A	Outstanding/Superior. Student consistently exceed expectations.
90-94	B+	Above Average. Student consistently meets, and occasionally exceeds, normal expectations for the course
85-89	B	Average. Student consistently meets normal expectations for the course.
80-84	C+	Below Average. There is unevenness in grasping course content. Student is inconsistent in meeting normal expectations for the course.
70-79	C	Poor. There is a lack of understanding of course content. Student does not meet course expectations.
60 or below	F	Very Poor. Course expectations are not met. There is a lack of attendance or incomplete assignments.

VIII. COURSE OUTLINE

LIVE Zoom sessions will be held during the following times. Please make every effort to attend these sessions:

- 1/18/17 (Thursday) 5:30-6:30 pm CT (6:30-7:30 pm ET)
- 2/7/17 (Wednesday) 5:30-6:30 pm CT (6:30-7:30 pm ET)
- 3/7/17 (Wednesday) 5:30-6:30 pm CT (6:30-7:30 pm ET)
- 4/11/17 (Wednesday) 5:30-6:30 pm CT (6:30-7:30 pm ET)

MODULE 1: Introduction to Integrated Health Care

- **You will gain an understanding of the following in this Module:**
 1. Theories of behavior change in integrated health care
 2. The interrelated nature of chronic medical and behavioral health disorders
 3. Integrated health care, including variations in models of integrated care delivery
 4. The different roles that social workers can serve in integrated health care settings
 5. The micro-level and macro-level impact of integrating primary and behavioral health services
- **Attend LIVE Zoom session**
- **Watch 3 recorded Zoom trainings**
 - Introduction to Integrated Health Care
 - Models of Integrated Health Care
 - Roles of Social Workers in Integrated Health Care
- **Textbook Reading:**
 - Chapter 1: Building an Integrated Primary Care Service
 - Chapter 2: Conducting the Initial Consultation Appointment
- **Additional Readings**
 - Craig, S., Frankford, R., Allan, K., Williams, C., Schwartz, C., Yaworski, A., Janz, G., & Malek-Saniee, S. (2016). Self-reported patient psychosocial needs in integrated primary health care: A role for social work in interdisciplinary teams. *Social Work in Health Care*, 55(1), 1-20.
 - Gonzalez, V. M., Goeppinger, J., & Lorig, K. (1990). Four psychosocial theories and their application to patient education and clinical practice. *Arthritis Care and Research*, 3(3), 132-143.
 - Horevitz, E., & Manoleas, P. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care*, 52(8), 752-787.
 - Kravitz, R. L., Ford, D. E. (2008). Introduction: Chronic medical conditions and depression – the view from primary care. *American Journal of Medicine*, 121 (Suppl 2), S1-7.
 - Patient-Centered Primary Care Collaborative. *Benefits of integration of behavioral health*. Retrieved from <https://www.pcpcc.org/content/benefits-integration-behavioral-health>
 - Unutzer, J., Katon, W. J., Fan, M. Y., Schoenbaum, M. C., & Lin, E. H., Penna, D., & Powers, D. (2008). Long-term cost effects of collaborative care for late-life depression. *American Journal of Managed Care*, 14(2), 95-100.

- Unutzer, J., Schoenbaum, M., Druss, B. G., & Katon, W. J. (2006). Transforming mental health care at the interface with general medicine: Report for the President's Commission. *Psychiatric Services, 57*(1), 37-47.
 - **Podcast:**
 - Care Coordination in CCBBHC's (Certified Community Behavioral Health Clinics): http://www.center4healthandsdc.org/uploads/7/1/1/4/71142589/uic_academy_for_policymakers_care_coordination_podcast_1.mp3
 - **ASSIGNMENTS DUE THIS MODULE (Due on 2/6/17)**
 - DB #1
 - Quiz #1
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MODULE 2: Team-based, Culturally Competent Care Delivery

- **You will gain an understanding of the following in this Module:**
 1. Administrative aspects of integrated health care: billing, staffing, systemic change
 2. Delivering evidence-based and effective team-based assessments and treatment planning
 3. Tenets of effective communication and collaboration with non-social work providers
 4. Close collaboration with non-social work providers that have different Codes of Ethics
 5. Delivery of culturally competent care in integrated health care settings
- **Attend LIVE Zoom session**
- **Watch two recorded Zoom trainings**
 - Effective Interpersonal Communication and Collaboration
 - Culturally Competent Integrated Health Care
- **Textbook Reading:**
 - Chapter 3: Common Behavioral and Cognitive Interventions in Primary Care: Moving Out of the Specialty Mental Health Clinic
 - Chapter 4: Cultural Competence
- **Additional Readings**
 - American Psychological Association (2014, February). *Integrated health care requires unified code of ethics*. Retrieved from <http://www.apa.org/news/press/releases/2014/02/unified-code-ethics.aspx>
 - Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs, 27*(3), 759-769.
 - Cordes, C. C., Cummings, N. A. (n.d.). Addressing barriers to integration: Successful reimbursement strategies for behavioral health providers in primary care [PPT slides]. Retrieved from http://www.integration.samhsa.gov/Addressing_Barriers_to_Integration_Successful_Reimbursement_Strategies.pdf
 - Davis, T., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., & Swenson, S. (2015). Integrated and culturally relevant care: A model to prepare social workers for primary care behavioral health practice. *Social Work in Health Care, 54*(10), 909-938.

- Hodgson, J., Mendenhall, T., & Lamson, A. (2013). Patient and provider relationships: Consent, confidentiality, and managing mistakes in integrated primary care settings. *Families, Systems, & Health, 31*(1), 28-40.
 - Liberati, E. G., Gorli M., & Scaratti, G. (2016). Invisible walls within multidisciplinary teams: Disciplinary boundaries and their effects on integrated care. *Social Science & Medicine, 150*, 31-39.
 - Mann, C. C., Golden, J. H., Cronk, N. J., Gale, J. K., Hogan, T., Washington, K. T. (2016). Social workers as behavioral health consultants in the primary care clinic. *Health & Social Work, 41*(3), 196-200.
 - Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O. N. (2014). Eliminating health disparities through culturally and linguistically centered integrated health care: Consensus statements, recommendations, and key strategies from the field. *Journal of Health Care for the Poor and Underserved, 25*(2), 469-477.
 - Taylor, B. (2012). Developing an integrated assessment tool for the health and social care of older people. *British Journal of Social Work, 42*, 1293-1314.
 - Gilbody, S., Bower, P., & Whitty, P. (2006). Costs and consequences of enhanced primary care for depression: Systematic review of randomized economic evaluations. *British Journal of Psychiatry, 189*, 297-308.
 - Glied, S., Herzog, K., & Frank, R. (2010). Review: The net benefits of depression management in primary care. *Medical Care Research and Review, 67*(3), 251-274.
- **ASSIGNMENTS DUE THIS MODULE (Due on 2/27/17)**
 - DB #2
 - Paper #1
 - Quiz #2
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MODULE 3: Evidence-based Assessments, Screenings, and Brief Interventions in Primary care

- **You will gain an understanding of the following in this Module:**
 1. Evidence-based assessment, screening, and interventions in integrated health care
 2. Variation in integration settings
 3. Integrated health care with different age groups
 4. Effect treatment strategies for individuals with varying degrees of health literacy
- **Attend LIVE Zoom session**
- **Watch two recorded Zoom trainings**
 - Use of Evidence-based Assessments, Screenings, and Brief Interventions in Primary Care
 - Treatment of Children, Adolescents, and Transitional-age Youth in Integrated Health Care Settings
- **Textbook Reading:**
 - Chapter 5: Depression, Anxiety, and Insomnia
 - Chapter 14: Special Considerations for Older Adults
 - Chapter 16: Women's Health
- **Additional Readings**

- Bartels, S. J. (2004). Caring for the whole person: Integrated health care for older adults with severe mental illness and medical comorbidity. *Journal of the American Geriatrics Society*, 52(12 Suppl), S249-S257.
 - Carrio, F., Suchman, A.L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice and scientific inquiry. *Annals of Family Medicine*, 2(6), 576-582.
 - Fleming, M. F. (n.d.) *Screening and brief interventions in primary care*. Retrieved from <https://pubs.niaaa.nih.gov/publications/arh28-2/57-62.pdf>
 - Gallo, J. J. et al. (2004). Primary care clinicians evaluate integrated and referral models of behavioral health care for older adults: Results from a multisite effectiveness trial (PRISM-E). *Annals of Family Medicine*, 2(4), 305-309.
 - Liechty, J. M. (2011). Health literacy: Critical opportunities for social work leadership in health care and research. *Health & Social Work*, 36(2), 99-107.
 - Mauer, B., & Druss, B. (2010). Mind and body reunited: Improving care at the behavioral and primary care interface. *The Journal of Behavioral Health Services & Research*, 37(4), 529-542.
 - Paasche-Orlow, M. (2011). Caring for patients with limited health literacy: A 76-year-old man with multiple medical problems. *JAMA*, 306(10), 1122-1129.
- **ASSIGNMENTS DUE THIS MODULE (Due on 3/20/17)**
 - DB #3
 - Quiz #3
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MODULE 4: Medical Knowledge and Health Information Technology

- **You will gain an understanding of the following in this Module:**
 1. Medical knowledge that social workers need to know in integrated health care settings
 2. Use of telemedicine in integrated health care settings
 3. Use of Electronic Health Records in integrated health care settings
- **Attend LIVE Zoom session**
- **Watch four recorded Zoom trainings**
 - Health Information Technology – SW perspective
 - Health Information Technology – Pharmacy perspective
 - Pharmacology
 - Physician perspective of behavioral health in primary care
- **Textbook Reading:**
 - Chapter 6: Health Behaviors: Tobacco use, Overeating, and Physical Inactivity
 - Chapter 7: Diabetes
 - Chapter 10: Cardiovascular Disease
 - Chapter 16: Health Anxiety
- **Additional Readings**
 - Brownlee, K., Graham, J. R., Doucette, E., Hotson, N., & Halverson, G. (2010). Have communication technologies influenced social work practice? *British Journal of Social Work*, 40(2), 622-637.

- Goldstein, M. G., Whitlock, E. P., & DePue, J. (2004). Multiple behavioral risk factor interventions in primary care: Summary of the research evidence. *American Journal of Preventive Medicine*, 27 (Suppl. 2), 61-79.
 - Herrick, D. M., Gorman, L., & Goodman, J. C. (2010, April). *Health information technology: Benefits and problems*. Retrieved from <http://www.ncpa.org/pdfs/st327.pdf>
 - Llorente, M. D., & Urrula, V. (2006). Diabetes, psychiatric disorders, and the metabolic effects of antipsychotic medications. *Clinical Diabetes*, 24(1), 68-74.
 - McCarty, D., & Clancy, C. (2002). Telehealth: Implications for social work practice. *Social Work*, 47(2), 153-161.
 - Weiner, M., Callahan, C. M., Tierney, W. M., Overhage, J. M., Mamlin, B., Dexter, P. R., & McDonald, C. J. (2003). Using information technology to improve the health care of older adults. *Annals of Internal Medicine*, 139(5 Pt 2), 430-436.
- **ASSIGNMENTS DUE THIS MODULE (Due on 4/18/17)**
 - Paper #2
 - Quiz #4

QUIZZES

You will have 2 quizzes (see due dates highlighted in yellow above). These quizzes will provide both you and the instructor with ongoing feedback concerning knowledge acquisition.

You will have **1 hour** to complete each quiz. The quiz will close at the end of 1 hour.

Late quizzes will not be accepted.

DISCUSSION BOARD AND PAPER ASSIGNMENTS DESCRIPTIONS

*A note about Paper assignments: Late submission of a paper will result in a grade reduction of 10% each day that the paper is late, through day 2. **On day 3, the late paper assignment will not be accepted and the grade will be a 0.***

*A note about Discussion Board participation: These assignments are meant to build critical thinking/analysis skills and to foster lively discussions among class members. The intent of the assignment is thwarted when students wait until late in the discussion cycle to make initial posts and/or write responses to classmates' posts. Points will be deducted for late-cycle participation; **no points will be awarded for posts submitted after the specified due date cutoff time.***

MODULE 1:

DB #1 (Module #1): Due 2/6/17

See Course Canvas site for DB questions

MODULE 2:

DB #2 (Module #2): Due 2/27/17

See Course Canvas site for DB questions

Paper #1 (Module #3): Due 2/27/17

Drawing from the class readings thus far, provide a thoughtful, critical response to the following questions. Use the research and your own experiences to support/provide rationale for your response. (1) What are the key skills that social workers provide on an integrated health care team?; (2) What are the greatest gaps in knowledge that social workers might face when working in an integrated health care setting? (3) Critique micro- or macro-level strengths and challenges to integrating health care services; (4) For which populations is integrated health care most beneficial? For which populations is integrated health care least beneficial?

MODULE 3:

DB #3 (Module #3): Due 3/20/17

See Course Canvas site for DB questions

MODULE 4:

Paper #2 (Module #4): Due 4/18/17

Please select one of the two following paper assignments:

EBIP-focused assignment option

Using the clinical case scenario provided in Module #4, the content learned throughout this course on integrated health care, and your own experiences, provide responses to the following questions/statements. (1) Identify 4 treatment goals for the client that the social worker might address; (2) Describe in depth ways in which the providers identified in the case scenario might collaborate to best treat the client; (3) Identify one evidence-based treatment strategy that a social worker might use in an integrated health care setting for this client; (4) Explain how the use of technology (e.g., telemedicine and/or electronic health records) would apply in the treatment of this client; (5) Discuss strategies for ensuring that treatment is culturally competent; and (6) Identify the essential skills that a social worker needs to treat this client in the specified setting.

OL-focused assignment option

Using the macro-focused case example provided in Module 4, the content learned throughout this course on integrated health care, and your own experiences, provided responses to the following questions/statements. (1) Describe a marketing plan indicating the specific services that would be offered; (2) Identify 3 barriers that are likely to arise during the integration process; (3) Identify a strategy to address each of the stated barriers, be detailed; (4) Explain how the use of technology (e.g., telemedicine and/or electronic health records) would be employed in the setting, including the benefits of these technologies; (5) Discuss approaches for ensuring that all providers and staff members are trained in cultural competence; and (6) Identify the essential skills that a social work administrator needs to provide effective management in this setting.

Suggested websites

- NIDA Quick Screen: Clinician's Screening Tool for Drug Use in General Medical Settings: <http://www.drugabuse.gov/nmassist/>
- NIDA Research Report Series, Dec. 2008. Comorbidity: Addiction and other mental illnesses. <http://www.drugabuse.gov/PDF/RRComorbidity.pdf>

Suggested readings

- AHRQ (2015, June). *Health information technology integration*. Retrieved from <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/health-it/index.html>
- AIMS Center (2017). Evidence-based behavioral interventions in primary care. Retrieved from <https://aims.uw.edu/evidence-based-behavioral-interventions-primary-care>
- American Psychology Association (n.d.) *Integrated health care for an aging population: A fact sheet for graduate psychology faculty and training directors*. Retrieved from <https://www.apa.org/pi/aging/ihap-factsheet-training-directors.pdf>
- Anderson, R. M., & Funnell, M. M. (2009). Patient empowerment: Myths and misconceptions. *Patient Education and counseling*, 79(3), 277-282.
- Bliss, D. L., & Pecukonis, E. (2009). Screening and brief intervention practice model for social workers in non-substance-abuse practice settings. *Journal of Social Work Practice in the Addictions*, 9(1), 21-40.
- Collins, S., & Daub, S., (2012). *Social work and primary care: A natural collaboration*. Retrieved http://socialworkers.org/ce/online/Resources/20125814415231_May%2023%202012%20Webinar%20Slides.pdf
- Eaton, W. W., Armenian, H., Gallo, J., Pratt, L., & Ford, D. E. (1996). Depression and risk for onset of type II diabetes – a prospective population-based study. *Diabetes Care*, 19(10), 1097-1102.
- Gilbody, S., Whitty, P., Grimshaw, J. & Thomas, R. (2003). Educational and organizational interventions to improve the management of depression in primary care: A systematic review. *JAMA*, 289(23), 3145-3151.
- Goplerud, E., & McFeature, B. (2011). Implementing SBIRT in community health and community behavioral health centers. Retrieved from <http://www.integration.samhsa.gov/images/res/SBIRT%20Webinar,%20PPP%20final.pdf>
- Kanzler, K., E., Hunter, C., L., Goodie, J. L., Glotfelter, M. A., & Bodart, J. J. (2013). From colleague to patient: Ethical challenges in integrated primary care. *Families, Systems, & Health*, 31(1), 41-48.
- Khatri, P., & Mays, K. (2011). Brief interventions in primary care. [PPT slides]. Retrieved from <http://www.integration.samhsa.gov/Brief Intervention in PC, pdf.pdf>
- Karlin, B. E., Karel, M. J., & Meeks, S. (2014). National integration of mental health providers in VA home-based primary care: An innovative model for mental health care delivery with older adults. *The Gerontologist*, 54(5), 868-879.
- Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 63(6), 617-627.
- Mendenhall, A. N., & Frauenholtz, S. (2013). Mental health literacy: Social work's role in improving public mental health. *Social Work*, 58(4), 365-368.
- Park, J., Pollack, D., Bartels, S., & Mauer, B. (2005, January). *Integrating behavioral health and primary care services: Opportunities and challenges for state mental health authorities*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council.
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.

- Rosenthal, T. C. (2008). The medical home: Growing evidence to support a new approach to primary care. *Journal of American Board of Family Medicine*, 21(5), 427-440.
- Rugulies, R. (2002). Depression as a predictor for coronary heart disease – a review and meta-analysis. *American Journal of Preventive Medicine*, 23(1), 51-61.
- Ryan, R., Patrick, H., Deci, E., & Williams, G. (2008). Facilitating health behavior change and its maintenance: Interventions based on self-determination theory: *The European health Psychologist*, 10, 2-5.
- Sanchez, K., Thompson, S., & Alexander, L. (2010). Current strategies and barriers in integrated health care: A survey of publicly funded providers in Texas. *General Hospital Psychiatry*, 32(1), 26-32.
- Stanhope, V., Lynn, V., Helle, T., McKay, M. (2015). Moving toward integrated health: An opportunity for social work. *Social Work in Health Care*, 54(5), 383-407.