

THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK
Spring, 2003
SW 540: Social Work in Health Care Settings

Dr. Egan
Phone w/voice mail: 901-448-4480
Office hours: Tuesdays: 11:30am-12:30pm & by appt.

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*, 2002).

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 CSW MSSW handbook. www.csw.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 Office of Disability Services at 191 Hoskins Library at 865-974-6087. This will ensure that you are properly registered for services.

Course Description

This advanced MSSW elective course focuses on the continuum of professional social work in health care from the ecological and strengths' perspectives. The course spans social work in inpatient, outpatient and community-based service and program delivery settings and emphasizes the societal, economic and health consumer population changes that influence health care delivery, health care consumers and social work practice in health care. Specifically, the societal, economic and health consumer population changes that provide a framework for the course are: (1) the development and expansion of managed care and restricted resources; (2) dramatic developments in medical and technological health interventions; (3) the shift in focus from acuity to chronicity and from inpatient to outpatient services; and (4) the increasing diversity and aging of the health care consumer population, and, in particular health care delivery for high-risk persons and families. The course content includes the knowledge and skills required for ethical, effective, culturally responsive and evaluable practice in these complex settings.

Course Rationale

Social work in health care is one of the oldest settings for practice in the profession. However, over the most recent decade, the health care environment has rapidly and recurrently changed due to shifts in fiscal priorities and reimbursement systems, the locus

of health care delivery, medical technology, emerging diseases and consumer population demographics. As a result, social workers in health care settings must have a broad scope of knowledge inclusive of these changes and their impact on health care consumers and skills for appropriate interventions. Professional social workers must also be skilled for practice in the increasingly interdisciplinary environment of health care, across various of health care settings and diverse, high risk consumers. Further, constraints on health care resources coupled with the emphasis in health care organizations on fiscal priorities require that social workers be skilled in strategies for resolving complex ethical dilemmas and as advocates to insure humane and equitable service delivery in health care.

Course Objectives:

By the completion of the course, students are expected, through class discussions, class activities, assignments and/or exams, to be able to:

1. Describe the influences of the major contextual changes in health care (e.g., managed care, the Prospective Payment system, advances in medical technology, the shift from inpatient to outpatient and community-based settings and from a focus on acuity to chronicity of illnesses, changing client population demographics) on social work, consumers, providers and programs in health care settings;
2. Assess the influences that demographic characteristics (e.g., race, gender, age, ethnicity, nationality, sexual orientation, culture and spirituality) may have on the health care beliefs of health care consumers, their families' and on health care providers;
3. Articulate culturally competent/responsive health care practice and delivery systems inclusive of the issues/needs, risks and protective factors of health care consumers across the lifespan from strengths-based and bio-psycho-social perspectives;
4. Describe the roles of social workers particular to health care settings (e.g., inpatient, outpatient, community-based) and across the continuum of health care delivery from primary through preventive health care as a professional in interdisciplinary health care settings;
5. Apply the NASW Code of Ethics to analyze and develop resolution strategies for ethical dilemmas typical to social work practice in health care settings;
6. Identify disparities/inequities in health care resources and services for persons from oppressed groups (e.g., economically at risk, HIV+ persons, gay men, lesbians, elderly, differently-abled and nationality) and strategies to advocate for socially and economically just distributions of health care resources and services;
7. Develop interventions that facilitate evaluation of the effectiveness of practice.

Evaluation of course work and grading criteria:

1. Written work must be completed and submitted on time; permission to submit a paper later than its official due date must be obtained from the instructor PRIOR to one (1) hour before the assignment is due; papers submitted late without prior permission will not be accepted.
2. Assignments must follow the format given in the assignment description/outline.
3. Assignments must demonstrate the ability to integrate theories, concepts and practice approaches/interventions/programs as requested in the description(s) of assignment(s)
4. Written assignments must be identified by Social Security Numbers ONLY.
5. Spelling errors, syntactical errors or verb tense errors: ONE (1) point will be deducted for each.
6. Attendance and participation evidencing preparedness for class discussion is expected.

Grading scale	Assignment Point Distribution	
95-100 = A	Assign. #1	30
90-94 = B+	Assign. #2	30
84-89 = B	Assign. #3	20
79-83 = C+	Preparedness &	
74-78 = C	participation	<u>20</u>
Below 73 = F		100 points

Assignments [details of these assignments are included at the end of this course outline]:

Assignment #1: Ethnographic Interview

Assignment #2: Teaching Moment

Assignment #3: Internet Critique: An in-class activity

Contracting for a grade:

NOTE: All students are expected to come to each class session prepared and to participate in class discussions.

For an “A” in the course students will satisfactorily complete 1-the Ethnographic Interview, 2-the Internet Assignment, and 3-the Teaching moment; written work in expected to be of an “A” graduate level.

For a “B+” in the course students will satisfactorily complete 1-the Ethnographic Interview, 2-the Internet Assignment and 3-present a brief verbal annotated bibliography summarizing appropriate selections from the social work literature as a backdrop to one of our visiting speakers [e.g., women’s health care, the Oregon model of health care delivery, terminal illnesses/hospice, etc.]; written work in expected to be of an “B+” graduate level.

For a “B” in the course students will complete the Ethnographic Interview & the Internet Assignment; written work in expected to be of an “B” graduate level

Course session schedule, activities & required readings

Required Readings may be accessed at www.lib.utk.edu --online electronic reserves for SW 540: Social Work in Health Care Settings

Please note, as indicated in the grading policy statements above, students are expected to participate in class session activities and to evidence preparation for class sessions through completing assigned readings.

Sessions 1 & 2 Jan. 14th & 21st

Topics:

- Overview: The overarching framework of the course
- History of social work in health care settings
- Context of current health care delivery
 - Societal, political and organizational shifts:
 - Changes in health care technology
 - Trends in health care consumer population
 - Managed care
 - The shift from acute to chronic & inpatient to outpatient care

Activity: Discussion on developing options for Assignment #2 [Jan. 21st]

Readings:

Berkman, B. (1996). The emerging health care world: Implications for social work practice and education. *Social Work*, 41(5), 541-551.

Cnaan, R., & Boddie, S. Charitable choice and faith-based welfare: A call for social work. *Social Work*, 47(3), 224-235.

Cowles, L. (2000). U.S. Health care system strengths and problems. In *Social work in the health field: A care perspective*, (pp. 283-306). New York: Haworth.

Dinerman, M. (1997). Social work roles in America's changing health care. *Social Work in Health Care*, 25(1/2), 23-33.

Mizrahi, T., & Berger, C. (2001). Effect of a changing health care environment on social work leaders: Obstacles and opportunities in hospital social work. *Social Work*, 46(2), 170-182.

Panos, P., & Panos, A. (2000). A model of culture-sensitive assessment of patients in health care settings. *Social Work in Health Care*, 31(1), 49-62.

Reamer, F. (1997). Managing ethics under managed care. *Families in Society: The Journal of Contemporary Social Work*, Jan./Feb., 96-101.

Redman, H. (2001). The health care crisis in the United States: A call to action. *Health and Social Work, 26*(1), 54-57.

Schneider, A., Hyer, K., & Luptak, M. (2000). Suggestions to social workers surviving in managed care. *Health and Social Work, 25*(4), 276-279.

Warren, M., Weitz, R. & Kulis, S. Physician satisfaction in a changing health care environment: The impact of challenges to professional autonomy, authority and dominance. *Journal of Health and Social Behavior, 39*(4), 356-367.

Sessions 3, 4, & 5

Jan. 28th, Feb. 4th & 11th

[Jan. 28th – class will include the UTHSC First Annual Rice Bowl - 4:00-6:00pm; we will return to our classroom after the Bowl to complete class by 7:00pm]**

Topics:

- Multicultural health care beliefs
- Technology: Issues for social work practice
- Chronicity? Acuity
- Genetics

Video: Chronic Illness: The Constant Companion [Feb. 4th]

Readings:

Applewhite, S. L. (1995). Curanderismo: Demystifying the health beliefs and practices of elderly Mexican Americans. *Health and Social Work, 20*(4), 247-253.

Asian Pacific Islander American Health Forum: <http://www.apiahf.org>

Congress, E. P., & Lyons, B. P. (1992). Cultural differences in health beliefs: Implications for social work practice in health care settings. *Social Work in Health Care, 17*(3), 81-96.

Cornelius, L. J., & Altman, B. M. (1995). Have we succeeded in reducing barriers to medical care for African and Hispanic Americans with disabilities? *Social Work in Health Care, 22*(2), 1-17).

Freedman, T.G. (1998). Genetic susceptibility testing: Ethical and social quandaries. *Health and Social Work, 23* (3), 214-222.

Howard, D., Konrad, T., Stevens, C., & Porter, C. (2001). Physician-patient racial matching, effectiveness of care, use of service and patient satisfaction. *Research on Aging, 23*(1), 83-108.

Human Genome Project Information: http://www.ornl.gov/TechResources/Human_Genome/home.html

Indian Health Services: <http://www.ihs.gov>

Jackson, L. E. (1993). Understanding, eliciting, and negotiating clients' multicultural health beliefs. *Nurse Practitioner*, 18(4), 30-43.

Morrow-Howell, N., Chadiha, L. A., Proctor, E. K., Hourd-Bryant, M., & Dore, P. (1996). Racial differences in discharge planning. *Health and Social Work*, 21(2), 131-139.

Oktaç, J. (1998). Genetics cultural leg: What can social workers do to help? *Health and Social Work*, 23(4), 310-315.

Sudha, S., & Mutran, E. (2001). Race, ethnicity, nativity, and issues of health care. *Research on Aging*, 23(1), 3-13.

Sessions 6 & 7 Feb. 18th & 25th

Topics:

- The biopsychosocial perspective & intervening in the managed care environment
- High risk families, children and adolescents

Activity: In class activity: Internet Assignment [Feb. 18th]
Discussion of Ethnographic Interviews [Feb. 25th]

Readings:

Bedway, A. J., & Smith, L. H. (1996). "For Kids Only": Development of a program for children from families with a cancer patient. *Journal of Psychosocial Oncology*, 14(4), 19-28.

Bergman, A., Wells, L., Bogo, M., Abbey, S., Chandler, V., Embleton, L., Guirgis, S., Huot, A., McNeil, T., Prentice, L., Stapleton, D., Shekter-Wolfson, L., & Urman, S. (1993). High-risk indicators for family involvement in social work in health care: A review of the literature. *Social Work*, 38(3), 281-288.

Dosser, D., Smith, A., Markowski, E., & Cain, H. (2001). Including families' spiritual beliefs and their faith communities in systems of care. *Journal of Family Social Work*, 5(3), 63-78.

Dungan, S. S., Jaquay, T. R., Reznik, K. A., & Sands, E. A. (1995). Pediatric critical care social work: Clinical practice with parents of critically ill children. *Social Work in Pediatrics*, 69-81.

Kadushin, G. (1998). Adaptations of the traditional interview to the brief-treatment context. *Families in Society: The Journal of Contemporary Social Work*, July-August, 346-357.

Munch, S., & Levick, J. (2001). "I'm special, too": Promoting sibling adjustment in the neonatal intensive care unit. *Health and Social Work*, 26(1), 58-64.

Roberts, C. S., Tumey, M. E., & Knowles, A. M. (1998). Psychosocial issues of adolescents with cancer. *Social Work in Health Care*, 27(4), 3-18).

Shapiro, E. R. (1996). Family bereavement and cultural diversity: A social developmental perspective. *Family Process*, 35, 313-331.

Telfair, J., & Gardner, M. (2000). Adolescents with sickle cell disease: Determinants of support group attendance and satisfaction. *Health and Social Work*, 25(1), 43-49.

Thompson, S., Auslander, W., & White, N. (2001). Influence of family structure on health among youth with diabetes. *Health and Social Work*, 26(1), 7-14.

Tollier, D. (2001). African American female caregivers of family members living with HIV/AIDS. *Families in Society*, 82(2), 144-156.

Sessions 8 & 9

March 4th & 25th [Comps March 14th; Spring break March 17th - 21st]

Topics:

- Interdisciplinary teams & leadership in health care
- Community-based health care
- Women's health care & prevention
 - ? Church Health Center: Health care for the Un-insured
 - ? UTHSC Institute on Women-Dr. Nancy Hardt

Readings:

Abramson, J., & Mizrahi, T. (1996). When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. *Social Work*, 41(3), 270-281.

Chillag, K., Bartholow, K., Cordeiro, J., Swanson, S., Patterson, J., Stebbins, S., Woodside, C., & Sy, F. (2002). Factors affecting the delivery of HIV/AIDS prevention programs by community-based organizations. *AIDS Education and Prevention*, 14(3/Supp.), 27-37.

Hurdle, D. (2001). Social support: A critical factor in women's health and health promotion-prevention. *Health and Social Work*, 26(2), 72-79.

Gellis, Z. (2001). Social work perceptions of transformational and transactional leadership in health care. *Social Work Research*, 25(1), 17-25.

Lesser, J. (2000). Clinical social work and family medicine: A partnership in community service. *Health and Social Work*, 25(2), 119-125.

Mosley, A. (1998). Community partnerships in neighborhood-based health care: A response to diminishing resources. *Health and Social Work*, 23(3), 231-235.

Netting, F., & Williams, f. (2000). Expanding the boundaries of primary care for elderly people. *Health and Social Work*, 25(4), 233-242.

Pistella, C., Bonati, F., & Mihalie, S. (2000). Rural women's perceptions of community prenatal care systems: An empowerment strategy. *Journal of Health and Social Policy*, 11(4), 75-87.

Rabkin, J. C., Balassone, M. L., & Bell, M. (1995). The role of social workers in providing comprehensive care to pregnant women. *Social Work in Health Care*, 20(3), 83-97.

Ramos, R., & Ferreira-Pinto, J. (2002). A model for capacity-building in AIDS prevention programs. *AIDS Education and Prevention*, 14(3), 196-206.

Resnick, C., & Tighe, E. G. (1997). The role of multidisciplinary community clinics in managed care systems. *Social Work*, 42(1), 91-98. 85-95.

Staral, J. (2000). Building on mutual goals: The intersection of community practice and church-based organizing. *Journal of Community Practice*, 7(3),

Session 10 April 1st

Topic:

- Ethical conflicts in the managed care environment of health care
- Evaluating practice in health care settings & grant writing

Readings:

Auslander, G. (2000). Outcomes of social work intervention in health care settings. *Social Work in Health Care*, 31(2), 31-46.

Berg, W., Rubio, D., & Tebb, s. (2000). The Caregiver Well-Being Scale revisited. *Health and Social Work*, 25(4), 255-263.

Davidson, J. R., & Davidson, T. (1996). Confidentiality and managed care: Ethical and legal concerns. *Health and Social Work*, 21(3), 208-215.

Galambos, C. (1997). Resolving ethical conflicts in providing case management services to the elderly. *Journal of Gerontological*, 27(4), 57-67.

Gelman, S., Pollack, D., & Weiner, A. (1999). Confidentiality of social work records in the computer age. *Social Work*, 44(3), 243-252.

Hartman, A., & Laird, J. (1998). Moral and ethical issues in working with lesbians and gay men. *Families in Society*, Sept.-Oct., 263-275.

Kadushin, G., & Egan, M. (2001). Ethical dilemmas in home health care: A social work perspective. *Health and Social Work* 26,(3), 136-149.

Keigher, S. (2001). Clinical ethics, living and dying: New challenges for changing times. *Health and Social Work*, 26(3), 131-135.

National Association of Social Workers: <http://www.naswdc.org>

Rock, B., & Cooper, M. (2000). Social work in primary care: A demonstration student unit utilizing practice research. *Social Work in Health Care*, 31(1), 1-17.

Sessions 11 & 12

April 8th & April 15th

Topics:

- Health care access and social justice
- Advocacy in agencies and in legislation

? Le Bonheur HIV Program: Tiffany Ford [April 8th]

Video: "Travis" [April 8th]

Video: "Before I Die" [April 15th]

Readings:

Goren, S. (2001). The crisis of public health: Implications for social workers. *Health and Social Work*, 26(1), 49-53.

Marcenko, M. O., & Sarnost, L. (1999). Living with HIV/AIDS: The voices of HIV - positive mothers. *Social Work*, 44(1), 36-44.

Poindexter, C. C., & Linsk, N. L. (1999). HIV -related stigma in a sample of HIV -affected older female African American caregivers. *Social Work*, 44(1), 46-6 1.

Poindexter, C. (1999). Promises in the plague: Passage of the Ryan White comprehensive AIDS resources emergency act as a case study for legislative action. *Health and Social Work*, 24(1), 35-41.

Session 13 & 14

April 22nd & April 29th

Topics:

- Social work practice with the terminally ill and their families
 - ? Baptist-Trinity Hospice & Camp Good Grief: Angela Hamblen [April 22nd]
- Advance directives, living wills, durable powers of attorney, informed consent, competence
 - ? Legal issues in health care: Attorneys Deborah Brooks & Donna Harkness [April 29th]

Readings:

Bern-Klug, M., Gessert, C., & Forbes, S. (2001). The need to revise assumptions about the end of life: Implications for social work practice. *Health and Social Work*, 26(1), 38-48.

Kovacs, P. J., & Bronstein, L. R. (1999). Preparation for oncology settings: What hospice social workers say they need. *Health and Social Work, 24*(1), 57-64.

Miller, P. (2000). Life after death with dignity: The Oregon experience. *Social Work, 45*(3), 263-271.

Netting, E., & Williams, F. (2000). Expanding the boundaries of primary care for elderly people. *Health and Social Work, 25*(4), 233-242.

Shapiro, E. R. (1996). Family bereavement and cultural diversity: A social developmental perspective. *Family Process, 35*, 313-33 1.

Wesley, C. (1996). Social work and end-of-life decisions: Self-determination and the common good. *Health and Social Work, 21*(2), 115-121.

Assignments

Assignment #1	Ethnographic Interview
---------------	------------------------

Learning Objective: It is expected that by completing this assignment the student will gain an understanding of what it means to "live with" a chronic or serious physical illness from the perspective of a person, also known as an "informant," who has a chronic or serious illness or who is the primary caregiver of someone with a chronic/serious physical illness. Since informants are living day-to-day with the illness, they are considered the "experts," and you should approach the interview from the position of a naïve learner.

It is important to let the informant teach you about his/her experience and to identify what he/she thinks is important for you to learn about the daily life of one who is living with a chronic, disabling or terminal illness.

PART A: Interview Guidelines:

1. Select an informant who is NOT related to you and is currently experiencing a chronic/serious physical illness or is the primary caregiver, relative, or significant other of someone who has a chronic/serious physical illness.
2. Unlike a clinical interview which focuses on gaining information for assessment and intervention, the ethnographic interview approach focuses on three main dimensions from the informant's viewpoint:
 - (1) the meaning of the illness;
 - (2) the types of strategies used to cope with the illness;
 - (3) the way in which the informant organizes his/her world in the context of illness.
3. Confidentiality must be upheld and discussed with the informant before the interview occurs; assure the informant that her/his name will not be used in any way in your verbal or written work.
4. Interviews are generally 1 to 2 hours long; you may take detailed handwritten notes during the session IF agreeable to the informant BUT you may not tape record the interview. The interview should be fairly open, yet focused enough so that you can develop an understanding of what it's like to live with the person's illness/disability/ health crisis.
5. Acquaint yourself with the informant's illness PRIOR to the interview [****use the website resource list in this course outline and consult with the instructor; *Taber's Medical Encyclopedia* may also be useful**].
6. Develop an interview guide to help you during the interview.
The following are suggestions for what you might want to cover/include in your interview guide:
 - how did the informant first notice that something was wrong or experience symptoms?
 - what were the informant's initial feelings/response to symptoms and/or diagnosis and what did those mean for the informant?
 - how did the informant make sense of his/her illness (i.e., what kinds of explanations/theories about "why me?") ?
 - how does the informant's culture, ethnicity, age, gender, race, social-economic class, philosophical or religious beliefs affect his/her illness experience?
 - how does she/he cope with the illness on a daily basis?
 - what is the impact of the illness and of receiving medical treatment on self, family life, work, career plans, social relationships, etc. ?
 - what is her/his experience of accessing health care and of interactions with health care providers ?

PART B: Written assignment of the Interview

Summarize the informant's experience of being chronically ill as you uncovered/discovered/understood it from your interview in 3-5 double-spaced typed pages (removing all identifying names) including at least 3 direct quotes from the informant, and 3 relevant citations from the social work literature (1993-2002) and address ALL the questions below:

1. What is your understanding of the condition/illness/disease of the informant? List sources you utilized to gain that understanding.
2. Discuss the impact on the psychosocial life of the informant from her/his viewpoint. How does she/he cope with the illness/what strategies does he/she use to cope with/adapt to the illness?

3. What was the most compelling thing you learned about the informant's experience from an insider's perspective? How will you incorporate this learning in your practice as a professional social worker?
4. In retrospect, in general, how well do you think you elicited information from the informant about his/her illness experience/role as caregiver? Looking back, what areas do you wish you had covered in the interview but did not? How "connected" did you feel to the informant and why, and what part of the interview was most difficult for you to "stay with" and why?
5. How were the health care service delivery system(s)/provider agency(s)/managed care system(s) barriers and/or resources for the informant and/or family. Analyze how these systems enhanced, challenged, or were neutral influences on the well being of the consumer and family.
6. Attach your interview guide.

Assignment #3

Student selected topics--"teaching moments"

It is expected that, regardless of the topic you chose, the following will be included:

- a) an understanding of the health/illness/disorder/delivery issue/policy issue of your topic
- b) analysis of the interface of health care delivery systems, managed care systems and the needs of health care consumers with this illness/disorder/condition/issue;
- c) inclusion of the 'social work perspective' in your presentation;
- d) provision to the class of an annotated bibliography [handout] of at least 3 relevant articles from the social work literature during 1993-2003; one of these references may review a website specific to the condition/illness/disorder/issue.
- e) It is anticipated that you will 'place' your topic within the context of your Concentration

Possible topics among others:

Mandatory HIV testing

Organ Transplantation: Donor/recipient selection

The Human Genome Project; genetic testing & medical system reporting

Social work in public health—the vaccination crisis

Gerontology—HC for the elderly [community-based, nursing home & assisted living]

Websites related to Social Work in Health Care Settings

AGS Foundation for Health in Aging: www.healthinaging.org/bulletin_board.html

Alzheimer's Disease Education and Referral (ADEAR) Center: www.alzheimers.org

American Association of Retired Persons. www.aarp.org/cyber/guide1.htm.

American Public Health Association: www.apha.org

Asian Pacific Islander American Health Forum: www.apiahf.org

CBS consumer health version of Medscape: www.cbshealthwatch.com

CDC Infants' and Children's Health Page: www.cdc.gov/health/nfantsmenu.htm

CDC Trends In Health and Aging Data Warehouse: www.cdc.gov/nchs/agingact.htm

Census Bureau: www.census.gov

C-SPAN: www.cspan.org

Emory University Medical Library. www.gen.emory.edu/med

Government search engine: www.healthfinder.gov

Harvard School of Medicine search engine [with downloadable article retrieval]: www.intelihealth.com

Health A to Z – Women's Health: www.HealthAtoZ.com

Health Care Financing Administration (HCFA). www.hcfc.gov

Hispanic Health Link: www.cossmho.org

HIV Insite: hivinsite.ucsf.edu

SW 540: Social Work in Health Care Settings

13

Human Genome Project Information: www.ornl.gov/TechResources/Human_Genome

Indian Health Services: www.ihs.gov

Maternal and Child Health Bureau: www.mchb.hrsa.gov

Minority Health Project: www.minority.unc.edu

National Association of Social Workers: www.naswdc.org

National Cancer Institute: www.nci.nih.gov

National Center for Chronic Disease Prevention and Health Promotion, Maternal Child Health: www.cdc.gov

National Institute on Aging: www.nih.gov/nia

National Parent Network on Disabilities (NPND): www.npnd.org

NY Times: www.archives.nytimes.com/1archiv

Office of Minority Health Resource Center: www.omhrc.gov

The Centers for Disease Control and Prevention: www.cdc.gov

U.S. Department of Health and Human Services: www.healthfinder.com

Women's health: www.4women.gov

Additional Recommended Bibliography

- Abramson, J., & Mizrahi, T. (1993). Disagreements in discharge planning: A normative phenomenon. *Health and Social Work, 18*, 57-64.
- Abramson, M. (1996). Toward a more holistic understanding of ethics in social work. *Social Work in Health, Care, 23* (2), 1-14.
- Abramson, J. S. (1990). Enhancing patient participation: Clinical strategies in the discharge planning process. *Social Work in Health Care, 14*(4), 53-71.
- Azzarto, J. (1993). The social emotional needs of elderly family practice patients: Can social workers help? *Health and Social Work, 20*(4), 247-253.
- Bricker-Jenkins, M. (1994). Feminist practice and breast cancer: "The patriarchy has claimed my right breast..." *Social Work in Health Care, 19*(3/4), 17-42.
- Bryne, J. (1999). Social work in psychiatric home care: Regulations, roles, and realities. *Health and Social Work, 24*(1), 65-71.
- Chadiha, L. A., Proctor, E. K., Morrow-Howell, N. M., Darkwa, O. K., & Dore, P. (1995). Post-hospital home care for African-American and white elderly. *The Gerontologist, 35*(2), 233-239.
- Charmaz, K., & Paternite, D. (1999). *Health, illness, and healing: Society, social context and self*. Los Angeles: Roxbury.
- Cook, C. (1997). The role of the social worker in perinatal substance abuse. In *Fundamentals of perinatal social work: A guide for clinical practice*, (pp. 65-83). New York: Haworth Press.
- Cowles, L. J., & Lefcowitz, M. J. (1995). Interdisciplinary expectations of the medical social worker in the hospital setting. *Health and Social Work, 20*(4), 279-285.
- DeMontigny, F., Beaudet, L., & Dumas, L. (1999). A baby has died: The impact of perinatal loss on family social networks. *Journal of Obstetric Gynecologic and Neonatal Nursing, 28*(2), 151-6.
- Dziegielewski, S. F. (1998). *The changing face of health care social work*. New York: Springer Publishers.
- Egan, M., & Kadushin, G. (1998). The social worker in the emerging field of home care: Professional activities and ethical concerns. *Health and Social Work, 24*(1), 43-56.

Ell, K. O., Mantell, J. E., & Hamovitch, M. B. (1998). Ethnocultural factors in health care delivery: Implications for curriculum in health concentrations. *Journal of Teaching in Social Work*, 2(1), 33-47.

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: The Noonday Press.

Fraser. (1997). *Risk and resiliency in childhood*. Washington, D. C.: NASW Press.

Gillman, R. R., & Newman, B. S. (1996). Psychosocial concerns and strenghts of women with HIV infection: An empirical study. *Families in Society*, 77(3), 131-41.

Gray, M. L., & Gant, L. M (1997). Orphaned children: A continuing problem in the HIV/AIDS epidemic. *Journal of Prevention and Education for Adolescents and Children*, 1(3/4), 137-143.

Groce, N. E., & Zola, 1. K. (1993). Multiculturalism, chronic illness, and disability. *Pediatrics*, 91(5), 1048-1055.

Hill, S. (1994). Motherhood and the obfuscation of medical knowledge: The case of sickle cell disease. *Gender and Society*, 8(1), 29-47.

HIV/AIDS: A Factsheet for Practitioners. (1999). NASW On-Line. www.naswdc.org.

Hughes, S. L. (1997). Impact of expanded home care models. *Social Work Research*, 21(3),65-172.

Iglehart, A. P. (1990). Discharge planning: Professional perspectives versus organizational effects. *Health and Social Work*, 15(4) 301-308.

Indyk, D., et al. (1993). A community-based approach to HIV case management: Systematizing the unmanageable. *Social Work*, 38(4), 381-387.

Keller, J. & McDade, K. (1997). Cultural diversity and help-seeking behavior: Sources of help and obstacles to support for parents. In *The challenge of permanency planning in a multicultural society*, (pp 63-78). New York: Haworth Press.

Koch-Hatten, A. (1986). Siblings' experience of pediatric cancer: Interviews with children. *Health and Social Work*, 107-117.

Lind, R., & Bachman, D. (Eds.). (1997). *Fundamentals of perinatal social work*. New York: Haworth Publications.

Linzer, N. (1999). *Resolving ethical dilemmas in social work practice*. Boston: Allyn and Bacon.

Lynch, V. J. (Ed.) (2000). *HIV/AIDS at year 2000: A sourcebook for social workers*. Boston: Allyn and Bacon.

Mayden, B., Castro, W., & Annitto, M. (1999). *First talk: A teen pregnancy prevention dialogue among Latinos*. Washington, D.C., CWLA Press.

Mizrahi, T., and Abramson, J. (1985). Sources of strain between physicians and social workers: Implications for social workers in health care settings. *Social Work in Health Care*, 10(3), 33-49.

Netting, F. E., & Williams, F. G. (1996). Case manager-physician collaboration: Implications for professional identity, roles, and relationships. *Health and Social Work*, 21(3), 216- 224.

Netting, F. E. & Williams, F. G. (1995). Integrating geriatric case management into primary care physician practices. *Health and Social Work*, 20(2), 152-155.

Oktay, J. S., & Walter, C. A. (1991). *Breast cancer in the life course: Women's experiences*. New York: Springer.

Osman, H., & Perlin, T. M. (1994). Patient self-determination and the artificial prolongation of life. *Health and Social Work*, 19(4), 245-252.

Poindexter, C. C. (1999). Promises in the plague: Passage of the Ryan White comprehensive AIDS resources emergency act as a case study for legislative action. *Health and Social Work*, 24(1), 35-41.

Proctor, E. K., Morrow-Howell, N. M., & Lott, C. L. (1993). Classification and correlates of ethical dilemmas in hospital social work. *Social Work*, 38(2), 166-177.

Purcell, D. W., DeGross, A. S., & Wolitski, R. J. (1998). HIV prevention case management: Current practice and future directions. *Health and Social Work*, 23(4), 282-289.

Reamer, F. (1997). Managing ethics under managed care. *Families in Society: Journal of Contemporary Social Work*, Jan./Feb., 96-101.

Roberts, C. (1989). Conflicting professional values in social work and medicine. *Health and Social Work*, 14, 211-218.

Rolland. (1994). *Families, illness, and disability*. New York: Basic Books.

Rosenberg, G. (1994). Social work, the family, and the community. *Social Work in Health Care*, 20(1), 7-20.

Roth, N., & Fuller, L. (Eds.) (1997). *Women and AIDS*. New York: Haworth Publications.

Sands, G., Stafford, J., & McClelland, M. (1990). 'I Beg to Differ': Conflict in the interdisciplinary team. *Social Work in Health Care*, 14(3), 55-73.

Scofield, E. C. (1995). A model of preventive psychosocial care for people with HIV disease. *Health and Social Work*, 20(2), 102-109.

Simmons, J. (1994). Community-based care: The new social work paradigm. *Social Work in Health Care*, 20, 35-46.

Soskis, C. W., & Kerson, T. S. (1992). The patient self-determination act: Opportunity knocks again. *Social Work in Health Care*. 16(4), 74-79.

Taber's Medical Encyclopedia.

Taylor-Brown, S., & Johnson, A. M. (1998). Social work's role in genetic services. NASW On- Line. www.naswde.org/PRAC/genetics.htm.

Zayas, L. H., & Dyche, L. A. (1992). Social workers training primary care physicians: Essential psychosocial principles. *Social Work*, 37(3), 247-252.