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## Social Work in Mental Health and Interprofessional Collaboration

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**Capstone**

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SWK. 870

Dr. Ann Callahan

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## **Social Work in Mental Health and Interprofessional Collaboration**

### **Briefly describe your practice setting, the scope of the practice, and specific job responsibilities as they relate to working with your interprofessional team**

Collaboration of interprofessional team members recognizes when there is a need for improvement in client safety and satisfaction (Iachini et al., 2018). My practicum agency, The Trillium Center at the Brisco Clinic, assists the patients and families with "education on the importance of taking their medications on time, suicide prevention, and safety concerns" (G. Bowlin, personal communication, March 18, 2022). For example, think of a family member or a home health aide helping their client take their medications in the home setting. The initial interaction would be micro-level work, where we only interact with the client. In this interaction, the social worker would discover whether patients can make safe decisions for themselves, such as taking their medication correctly.

The problem is that when clients go home, they could refuse to take the medications to assist with their mental health disorders. According to Lund et al., the intervention may be a referral to another medical discipline. This professional collaboration would allow the colleague to visit the home and evaluate the patient for any additional medical problems (2020). Kirschner et al. mention that to promote the importance and benefits of creating a healthy lifestyle once the client goes home (2022). This quickly moves our work to the mezzo level, which addresses the entire family.

After addressing all the client's needs, the interprofessional team considers what intervention would be best to implement with the family. Some families need more assistance than others, and each intervention is different.

**Based on the ECU MSW Program definition of interprofessional social work practice and interprofessional behaviors, how does this approach apply to your practice setting?**

According to the Council on Social Work Education (CSWE), the generalist social work curriculum introduces the foundation course work (2015). The coursework does not focus on one specialized area or practice setting. The master's in social work (MSW) program prepares students to practice their code of ethics and principles in their work with individuals, families, communities, and interprofessional teams. Social work theory relies on scientific inquiry and best practices. An example may be that not all interventions work equally for everyone. Communities, clients, and patients present with different problems, and you must meet each population where they are.

The importance of the Foundation Social Work Practicum is that the student is prepared to participate effectively work in interprofessional teams. The foundation courses reflect human behavior, field practice, research methods, policy analysis, and advocacy which helps prepare you for master-level work. The MSW program prepares the student to practice these skills in a specialized area that involves micro, mezzo, and macro social work (Ward, 2022, p.1).

Interprofessional collaboration is "collaboration between and among professionals from different disciplines" (Iachini et al., 2018, p.15). The curriculum in theory and research has enhanced my knowledge, skills, and the importance of interprofessional teamwork with these populations. Daily team collaboration meetings allow members to share their patient observations with the group. This allows individual team members to effectively interact and

work with the patient throughout their treatment at the Trillium Center, which focuses on mental health, substance abuse, and suicidal adolescents. Participation in team collaboration allows me to observe the patient's plans for aftercare and medications. Upon discharge, the physical and emotional environment is vital for the patient's recovery, and it is up to the collaborative team to determine these standards (Taube-Schiff et al., 2019).

The Eastern Kentucky MSW program teaches the student how to participate and engage as a member of an interprofessional team. Also, ECU offers a certificate that applies to a specialized field. My certification is in mental health—the Intensive Outpatient Program deals with substance abuse and severely mentally ill clients. Knowing about mental health and substance abuse will make me realize that the patient's treatment is more successful when colleagues collaborate.

**What kind of information, practice skills, or self-care strategies do you want to develop to enhance your approach to mezzo-level practice?**

I want to improve my practice skills by quickly recognizing diagnoses and better understanding effective interventions to help with those diagnoses. According to Gina Bowlin, "knowing how to comprehend the DSM-5TR will help with these skills" (personal communication, August 23, 2021). Practicing self-care will help prevent burnout in social work by eating healthy, exercising, getting plenty of sleep, socializing with family/friends, and participating in spiritual practice is essential in promoting self-care (Cox et al., 2016). These practices have helped me in the past. The strategy that I would like to learn is time management. I want to learn techniques to assist with balancing my personal, academic, and professional life. Time management will prevent early burnout and help work better in teams. It is essential to

respect the timeframes of the patients and the interprofessional team. Also, using supervision, professional development, and collaborating with other professionals.

### **Evaluating Evidence for Individual and Collective Action**

#### **What does the research say about interprofessional collaboration relevant to your practice setting?**

In improving interprofessional collaboration and family practice, "it will be helpful to read literature on trauma, solution-focused therapy, cultural and religious background, values, language, education, boundaries, and family beliefs" (O. Hoskins, personal communications, March 28, 2022). The group leader must understand their role and interprofessional team and collaborate with nurses, doctors, family members, and other professionals (Iachini, 2018). Leading groups can focus on different topics; the type of group facilitated in mental health acute care is short-term. "Time-limited groups have a specific focus, and interventions aim to be efficient" (Corey, 2004, p.85). The group leader needs to be aware of the diverse population and beliefs. For example, the information that will be helpful to read is literature on family systems, trauma, solution-focused therapy, and interventions. The role of the family in the patient's life is essential, and they will also need to be contacted and informed of the patient's mental illness.

K. Martin from the Eastern Kentucky Library recommends that the writer locates information using books and peer-reviewed articles through JSTOR to research information. (Personal communication, April 1, 2022). Also, talking with other team members/colleagues (such as case managers and supervisors) will allow you to grow in your profession, which benefits the care of your clients. Another social work student (R. Smith-Rogers, March 31, 2022)

recommends keeping desk references nearby for the professions you are working with. Doing this reflects self-awareness and humility because one cannot know the ins and outs of every interprofessional you work with.

In finding research on psychiatric social work, Dr. Gerald Corey demonstrates how to effectively engage with clients through his experience as a Diplomate in Counseling Psychology. Reading *Theory and Practice of Group Counseling* (Corey, 2016) has informed me that to build the right skills for group work, you must be a good leader that can work well with the other professionals on your team. Corey highlights theories of a psychoanalytic approach to groups, the existential approach to groups, and the person-centered approach to groups that will help guide my practice (2004; 2016).

**What research have you collected about your specific approach to interprofessional social work practice relevant to your population or setting?**

According to Zerden et al. (2019) Reports, most social workers working on interprofessional teams felt supported by their doctors and nurses. For example, I would update the section on the psychological problems that clients would share. However, there were barriers that I encountered. The terminology differences between the interdisciplinary team medical staff and social workers made it difficult for some team members to function as team members.

**How do other professionals use theory and evidence to inform their intervention with your client group or family?**

Other professions use evidence-based practice (EBP) when working with their patients. The EBP provides decisions based on the most up-to-date methods of each team member (E. Hamblin, personal communication, March 30, 2022). By using EBP, each profession devotes its professional practice to enhancing patient outcomes (Drake et al., 2001; National Association of

Social Work [NASW], 2022). For example, psychiatrists use the DSM-5 to assist with the patient's diagnosis for prescribing the correct medications.

### **Exercising Social Work Values and Ethics**

**Apply an ethical model to demonstrate how you would (or have) resolved an ethical dilemma that emerged as part of working with your interprofessional team.**

An ethical dilemma is when "one or more practitioner's obligations conflict" (Cox, 2020, p.7). Ethical dilemmas differ from ethical violations because an ethical violation is when you make a decision that opposes the social work code of ethics. For example, the psychiatrist on the interprofessional team wanted to discharge a client from their treatment too early without discussing it with the other team members (T. Hammond, personal communication, April 2022). The nursing team may face an ethical dilemma with mental health care practice.

During my practicum placement at the Trillium Center, an ethical dilemma that I was involved in was that a colleague wanted to discharge a patient after two days, which conflicted with my recommendation of the program. We used the ETHIC decision-making model (M. Medford, personal communication, April 2022). The ETHIC model is a theoretical model for decision-making, considering the latest research, and drawing from multiple professional perspectives (Thomson and Hauck, 2017).

*Examine and evaluate the presented dilemma and professional values*

The patient has a severe mental health diagnosis. I felt we were a disservice to the patient by discharging him too soon, violating the social work value of service (Reamer, 2018; NASW, 2022).

*Think ahead toward what the documentation says about your dilemma and the various possible outcomes*



The chain of command would argue that my recommendation holds less value than my colleague's. Protecting the client first would mean going over the chain of command and disrupting interprofessional collaboration.

*Hypothesize different scenarios that could play out in this dilemmatic scenario*

If the patient is discharged too early, there is a high risk of readmission to the hospital. If we go over the colleague's recommendation, they may feel a power struggle within the interprofessional team.

*Identify the benefits and the harm*

The benefits would be the client feeling a sense of self-determination and self-worth by being discharged as a free person. The harm would be that the client would be discharged into an unstable environment without housing, outpatient care, or additional resources (personal communication, April 2022).

*Consult and ask for help from your supervisor, colleagues, and interprofessional team members*

During my supervision hour, I consulted with my supervisor and informed her of the conflicts. Due to the agency's protocol, we could discuss the proper procedures that ensured the safety and well-being of the patient. The Baptist Health handbook states, "licensed and other professional employees working at Baptist Health are expected to adhere to any ethical standards required and guidelines recommended by their licensing agency and professional associations" (2021, p.14).

**What are the differences between the social work code of ethics and the code of ethics for the other professions that you collaborate with in your field placement setting?**

"Behavioral Health Outpatient Services are provided by an interdisciplinary group of professionals including board-certified psychiatrists, advanced practice nurses, licensed clinical social workers, and licensed professional clinical counselors" (Baptist Health, 2022). The doctors

use the Medical Code of Ethics (American Medical Association [AMA], 2016), which is like the Social Work Code of Ethics, in several ways. Both professionals abide by hospital policies and procedures, which discuss the importance of confidentiality and policies (Reamer, 2018). There are differences also; the Medical Code of Ethics has a section about ethical financing, genetics, and reproductive medicine that the social work Code of Ethics does not have (AMA, 2016). The medical Code of Ethics is concerned with (1) saving life versus quality of life, (2) The patient's autonomy in setting treatment goals, (3) attitudes toward objective versus subjective data, (4) responses to patients with an emotional problem, attitudes toward objective versus subjective data, (4) responses to patients with emotional problems, and (5) differing perspectives on team roles, (5) differing perspectives on interprofessional team roles (Roberts, 1989).

**How could the differences in professional ethics between professions that you collaborate with in your field placement setting affect intervention with your client group or family?**

Many professionals have professional ethics; an intervention may be affected if one profession follows an ethical code different from the social work Code of Ethics. The intervention may have to be changed, so the code aligns. As a social worker, my responsibility to patients and their families goes beyond hospital treatment. Looking at the family holistically, we focus on supporting the patient with housing and aftercare resources for their medical condition

### **Being Culturally Responsive**

**How do members of your interprofessional team approach social justice issues? Ask them how it relates to your work together.**

The definition of social justice revolves around equality and human rights. The interprofessional team members have different ages, characteristics, and cultural backgrounds, and the medical director is from India. All patients get the same level of care for their mental

health or addiction problems. Baptist Health has funding to help pay for patients' out-of-pocket deductibles, help with homelessness, and gas cards to help with transportation. One challenge I found was that interprofessional team members would negatively comment on the client's substance abuse. I explained that addiction causes could be related to untreated mental health diagnoses.

**How can interprofessional collaborative practice be culturally responsive to the intersecting status associated with race, ethnicity, gender, and socioeconomic in ways of social justice?**

The goal of cultural competency is to become more diverse. Working with various members of the team members can be accomplished by " (1) becoming aware of the cultures, (2) learning about your own culture, (3) knowing your own biases, (4) learning about other cultures, (5) acquire cultural knowledge, and (6) and apply the agreed-upon intervention to their approach with the patients (Zastrow, 2019)". And you are being more responsive to members on the interprofessional team members.

Primarily patients are white and religious, the therapists in the work setting are social workers and younger, and the medical director is from India. Sometimes communication can be challenging due to thick accents and alternative meanings of words. Language barriers can be a problem due to the misunderstanding of the phrase. The problem that can arise is the beliefs about psychiatry care from different areas, religions, seeking medical care, and support from the family. Biases can cause barriers to treating mental health and seeking psychiatric care (Ayvaci, 2016).

Each interprofessional team member brings a role in advocacy for their patient. However, other disciplines make comments that blame patients for their problems versus how social

structures can work against many of them. As the social worker, I understand the client's socioeconomic status and how it has led to not having a strong voice regarding their care. Baptist Health Hospital supports "The Mental Health Parity Law and the Affordable Care Act" (M. Abbott, personal communication, April 11, 2022). The Mental Health Parity and Addiction Equity Act requires insurance coverage for mental health conditions and substance abuse disorders to be no more restrictive than insurance coverage for medical conditions. The uninsured population has been higher in low-income and mental health substance abuse disorders than in lower-income groups. Problems can arise because states could deny pre-existing conditions for some medical issues (Glide & Frank, 2014).

**How can interprofessional collaborative practice be culturally responsive to these intersecting statuses associated with factors such as race, ethnicity, gender, and socioeconomic in ways that advance human rights and social justice?**

The social worker can be essential to the interprofessional team in the hospital setting. Social workers have knowledge and skills that are useful in many hospital settings. The interprofessional section can apply social justice and advance human rights by using the social workers' skills to reach out to community resources; this allows the patient to have continuing care once they go home. An example was when a transgender male in the IOP program became homeless. His family told him he could not return home unless he dressed like a man. I placed him in a shelter in Eastern Kentucky and arranged daily transportation to the IOP program.

**Does your social work skill set overlap with other disciplines in your practice setting? Conversely, what unique perspectives do you believe social workers bring to interprofessional collaborative teams in your practice setting?**

Each interprofessional team member collaborates with the patient's care plan. The other interprofessional team members are doctors, nurses, therapists, and the clergy. The interprofessional team must depend on each other to complete a care plan, communicate, and respect each other's roles (Iachini et al., 2018). For example, psychiatrists are concerned with medication management, clergy focus on the client's spiritual needs, and the therapist helps with the patient's emotional needs. As a social worker, I completed behavioral health screenings, assessments, and training to ensure the services provided are culturally sensitive and holistic in treating the whole person. Also, as a social worker, I referred the patients and families with referrals for aftercare.

### **Preparing, Engaging and Assessing**

**Describe the Iachini et.al (2018) Model for Interdisciplinary Collaboration. What other theories, perspectives, or models inform your approach with your interprofessional team? Is there research to support this application?**

"Collaboration between social workers and other professionals: interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on the process. Part two of the model consists of four influences on collaboration: professional role, structural characteristics, personal characteristics, and history of Collaboration ( Iachini et al., 2018 ).

Interdependence knows my role and the role of my team members. For example, with the patient's permission, I would consult the physician or nurse about the patient's care. Newly created professional activities included my participation and weekly team meetings with the doctors regarding the patients' medications and reviewing urinalysis to ensure they were taking it as prescribed. Using flexibility, as the social worker, I could consult with the patient

about their urinalysis report and review the consequences if levels were elevated for opioids. I could answer general questions but refer them to the medication provider as part of the team for specific questions or recommendations. By understanding the need for collective ownership of goals, we were able to help a patient with the collaboration from the interprofessional team and family to assist the patient's goals of staying clean and sober. Using the process of reflection, we, as the team, knew that the patient needed a higher level of care. Due to a relapse into alcohol and needing to go to the detox unit, she detoxed for four days and then moved to the PHP program, which is a partial hospitalization program.

**What social work practice skills might be needed to promote interprofessional team collaboration that supports a shared identity or vision for your work while valuing the discrete knowledge base of the profession?**

The social work skills needed are understanding and communicating my professional role on the team and understanding collaborator's roles; identifying the similarities of my interdisciplinary team; recognizing the differences between social work and other disciplines; addressing conflict; establishing and maintaining relationships with colleagues (NASW), (2022). For example, the morning huddle meeting involves joint decision-making on the patient's care plan sharing interdisciplinary information and bouncing ethical considerations of each other. During the morning huddle, interprofessional collaboration took place regarding patient care and the group processes. By doing this, we had a team vision for the day.

**How does my agency context shape interprofessional collaboration?**

The most concrete way interdisciplinary collaboration took place was in the weekly staffing. The team included doctors, nurses, and therapists regarding the patients, and discussions had any concerns regarding the patient's mental health and medication compliance treatment.

Some of the barriers for the social worker were roles and functions overlapped. For example, if a patient struggles with group rules and inappropriate behavior that cannot resolve, the team brainstorms a solution and then speaks to the patient. They are referred to the psychiatrist if that does not alter the behavior.

### **Setting Goals, Planning, and Contracting**

**How does your interprofessional teamwork as a collaborative set goal to support your clients? Have any responsibilities or goals of interprofessional team members impacted the formation of social work goals for intervention?**

In the initial stage of setting goals, the interprofessional team and I collaborate to develop a treatment that best suits the needs of the individual. This treatment plan consists of goals that are individualized for each client. Once the client goes to level two, the interprofessional team works together to establish new goals that prepare the client for a successful transition to a sober life and exit the program. However, if the client relapsed on substances, then the date changes for their discharge planning.

As a social worker, I would begin the client's discharge process two weeks before the end date. I would speak with the interprofessional team members and collaborate on any setbacks the client may have in exiting the program—for example, unresolved family problems, unemployment problems, lack of support, financial troubles, etc. Without the proper help in place, clients can find themselves relapsing easier than compared to those clients who have a solid discharge plan in place. The goals of social workers directly impacted the formation of the intervention plan for the client to be successful if followed. As a member of the interprofessional team, each member brings a role of advocacy and support to one another.

**How can you apply social work knowledge and skills to ensure social causes of health (poverty, discrimination, community violence, and isolation ) are used by your interprofessional team to inform intervention planning for your client?**

The knowledge and skills I bring to the table are developing Ecomaps and Genograms as a blueprint for the client to show their relationships to other people, possible obstacles, and supports in place during their transition from discharge to developing a plan to achieve a sober life.

**What strategies might be used to incorporate better your clients' perspectives, voices, and participation in the decision-making process on your interprofessional team?**

By including the client in the weekly team meeting with the interprofessional team collaboration, we would better incorporate the client's perspectives and voice in decision-making that affects their life. I would use the Patient-Centered Approach. (Iachini, et. al., 2018. p. 121).

### **Applying Practice Theories and Skills**

**How does the Iachini et al. (2018) Model for Interdisciplinary collaboration explain facilitators and barriers to collaboration on your interprofessional team?**

The barriers to collaboration can be affected by the administrator, time constraints, language barriers, and no place to meet. I must understand each role, build relationships with other interprofessional team members, and understand their position with the client. Also, support from administrators with coordinating meetings, trusting, and respecting each other, treating each other with positive regard, and working together.

**How do policies shape processes with your group, family, or interprofessional team?**

There are separate job descriptions for the program director, psychologists, psychiatrists, therapists, therapeutic recreation specialists, and mental health technicians. All team members



follow the same policies that detail program eligibility which is 18 years old for males and females diagnosed with a substance use disorder or mental health diagnosis. The guidelines outline the services offered, how they will be delivered, and by whom.

**How does interprofessional collaboration enhance a team's ability to respond in a culturally competent manner to address your client's complex needs or histories of trauma?**

Members of interprofessional team members need to collaborate before client discharges. The therapist can meet with family members to educate them on the client's mental health needs once they are in the home or leave the program. The discharge plan should be reviewed with the client and sent to providers in the community setting.

**How does interprofessional team collaboration enhance the team's ability to address complex needs or histories of trauma of your client in a culturally competent manner?**

The IOP has many steps that the interprofessional team adheres to. When addressing complex needs or histories of your client's trauma, the interprofessional team collaborates by addressing it in the morning and weekly meetings. If any problems arise that they cannot handle, they are referred to psychiatrists to help process the trauma and possible medication changes. The interprofessional team has a morning meeting to discuss each client on their caseload. The therapist discusses the current symptoms and progress the client displays: the social worker talks about where the client wants to go upon discharge and if there is family involvement. The psychiatrist relies on his interprofessional team to give accurate reports regarding compliance with their medication and stability.

### **Evaluating, Ending, and Documenting**

**How do you prepare your interprofessional team for termination of intervention with clients ?**

By providing the following information to the interprofessional team, I would have successfully prepared them for the termination of the IOP program. Once the client graduates from the IOP program, an outreach follow-up appointment is available. Aftercare plans are discussed with the client upon discharge planning. The treatment plan for the termination phase includes referrals to an outside agency that provides case management, psychiatric care, and medication management. The patient has an assessment from each member of the interprofessional team. The client will meet with the therapist, social worker, and psychiatrist separately to discuss their needs and develop the appropriate discharge plan.

**What factors shaped the quality of interprofessional collaboration? Based on your experience? Based on your experience with team members?**

The factors that shape the quality of interprofessional teamwork are mutual respect for other professions, experience, culture, and building cohesive relationships with the interprofessional team. According to Competency 2, the intervention that I would use to address team members' differences encourages the constituencies to keep the client's needs central to interprofessional care.

**Were there missed opportunities to improve the quality of intervention?**

Their professional code of ethics is an essential factor that shapes the quality of interprofessional collaboration. An intervention may be affected if one code differs from the social work Code of Ethics, and the intervention may have to change, so the codes align. An example is that the physician is mainly concerned with the client's health and treatment and discharges the patient when stable. My responsibility as a social worker is to the clients and their

families once they leave the hospital. I did not experience missed opportunities to improve the quality of interventions in my setting. There was a collaboration between the team members and me. However, if I noticed problems, I would discuss my concerns with my supervisor and use theory and evidence to inform my supervisor and team members.

**Were there missed opportunities to enhance the quality of interprofessional teamwork?**

The missed opportunities were daily notes not being completed promptly by the doctor. Also, providers were unavailable for the interprofessional weekly meeting. These two pieces affected the client's care during the program. However, when this occurred, I could contact the team member by Zoom and inquire about the client's session and change in care.

**How did your level of privilege or marginalization shape your viewpoints that informed interprofessional teamwork?**

The level of privilege that shapes my viewpoints is being raised in a culturally diverse, wealthy environment and valuing education. This can interfere with understanding and working with team members in a new environment. My level of marginalization is understanding the client's complex needs and how poverty has shaped their decision-making. Marginalization can cause barriers between the interprofessional team and me. Also, these effects can harm the treatment of the client. Interprofessional support by team members can improve barriers. This can be achieved through better communication between different health and social care professionals on the team.

**What kind of information, practice skills, self-care strategies do you still need to develop to enhance your approach to interprofessional practice?**

For personal care, I chant, pray, and practice yoga. I do not have time to run right now due to time restraints. Skills and information that I need to become more familiar with are Iachini's

Model for Interprofessional Collaboration (MIC), using my communication skills, and speaking up in morning meetings, and providing feedback regarding the client. As a social worker, I adhere to the National Association of Social Workers (NASW) Code of Ethics. Competency 2, Social Workers Ethical Responsibility to Colleagues, significantly 2.03, speaks to the collaboration of the individual members of the interdisciplinary team. The social work profession's perspective, values, and experiences focus on the client's well-being.

Established goals that are clear, professional, and ethical should be adhered to by the interdisciplinary team members and at the individual professional level. This course has prepared me to practice this when I am no longer in the student position. (NASW, 2022, p. 16)

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