

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK**

Clinical Social Work: Aging
19:910:525

MASTER SYLLABUS

Instructor Name:
Telephone:
Email:
Office:

CATALOG COURSE DESCRIPTION

This course will examine social work practice theories, multidimensional assessment, and intervention approaches and skills as they apply to practice with older adults and their families. Diversity among older people will be emphasized, including discussion of the lifelong integration of personal life experiences and client populations that range from well elders to older adults and their families who are facing end-of-life issues. Late life opportunities, transitions, and challenges will be addressed. Implications for policy that impacts older persons will also be included.

COURSE OVERVIEW

This course addresses theory, research, and practice that serve as a foundation for advanced practice with diverse older adults and their families. Tools for multidimensional geriatric assessment are presented. Students learn the details of how to engage in collaborative treatment planning across disciplines and the service delivery system. Particular attention is paid to the most vulnerable populations that bring a history of social struggle to their growing older or that face particular challenges of the oldest adults. Multiple levels of interventions will be considered in the context of different practice settings. Finally, the ethical implications for practice with older adults, recognition of some typical ethical dilemmas, and methods for resolution will be addressed.

PLACE OF COURSE IN CURRICULUM

This course is offered as a distributional practice course within the clinical social work concentration, which MSW students typically take in the fall semester of their advanced-program year. This course also serves as a “choice” course for the MSW Certificate in Aging. It also satisfies the aging course requirement for the MSW Certificate in Aging and Health. Satisfactory completion of the Professional Foundation year is a prerequisite, and it is recommended that students be in a field placement that provides opportunities for practice experiences with older adults and their families.

THE COUNCIL ON SOCIAL WORK EDUCATION POLICY AND ACCREDITATION STANDARDS

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at www.cswe.org. In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. These competences serve as program level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education students will be able to: demonstrate ethical and professional behavior; engage in diversity and difference in practice; advance human rights and social, economic and environmental justice; engage in practice informed research and research informed practice; engage with individuals, families, groups organizations and communities; intervene with individual, families, groups organizations and communities; and evaluate practice with individuals, families, groups, organizations and communities.

This course will assist students in developing the following competencies:

1. Competency 1: Demonstrate Ethical and Professional Behavior

The definition of this competency is below:

Practitioners in clinical social work recognize the importance of the therapeutic relationship, person-in-environment and strengths perspectives, professional use of self, and adherence to ethical-and value-guidelines for professional practice. Clinical social workers differentially utilize theories, research, and their clinical skills to enhance the well-being of individuals, families and communities in an ethical manner. Clinical social work practitioners acknowledge the complexities involved in their practice, including the need to navigate ethical issues in an organizational context, and they use clinical supervision to ensure that their practices are congruent with social work values and ethics. Extending and enhancing ethical and professional practice from the foundation level requires that clinical social workers reflect on their own family of origin to assess how it impacts their clinical work. Advanced-level practitioners must manage complex systems while understanding how cultural and developmental aspects of self and their clients influence their work. Clinical social workers recognize their own strengths and weaknesses in developing, managing and maintaining therapeutic relationships. Practitioners of clinical social work must continually adapt to rapidly changing technology in an ethical and professional manner.

2. Competency 2: Engage Diversity and Difference in Practice

The definition of this competency is below:

Clinical social work practitioners are knowledgeable about many forms of diversity and difference (e.g., culture, age, health/mental health functioning, educational attainment, sexual orientation/gender identity socioeconomic status, race/ethnicity etc.) and how these components influence the therapeutic relationship and clients' presenting concerns. Clinical social workers understand how various dimensions of diversity affect explanations of health/mental health and well-being, as well as help-seeking behaviors. Practitioners in clinical social work value cultural strengths and recognize the importance of tailoring their engagement strategies, assessment tools, and interventions to meet the diverse needs of their clients. Practitioners in clinical social work monitor their biases, reflect on their own cultural beliefs, and use and apply knowledge of diverse populations and complex health/mental health delivery systems to enhance client well-being. Clinical social workers recognize the need to conceptualize cases using an intersectional perspective

and to identify their clients' strengths and resiliencies, while learning to critically evaluate their own family history, privileges, and characteristics. In presenting case material, clinical social work practitioners integrate anti-oppressive stances and attend to clients' experiences of oppression and marginalization while also working to avoid undue pressure or use of power over clients.

3. Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

The definition of this competency is below:

Clinical social workers understand the importance of the assessment process and recognize that it is ongoing and that it directly informs their interventions. Clinical social workers value holistic assessment and therefore use the bio-psycho-social-spiritual assessment process as well as analysis of clients' strengths and resiliencies, their coping skills, and their adaptation to traumatic and stressful life events in a full assessment. Practitioners of clinical social work understand how their personal experiences may impact the assessment process. Clinical social workers recognize the power of intergenerational family patterns on individuals and explain these to clients while avoiding deterministic approaches to identifying such patterns. When applicable, clinical social workers rely on the *Diagnostic and Statistical Manual of Mental Disorders* to enhance their assessment, to conduct differential diagnosis, and to communicate with other healthcare providers about clients' presenting problems and symptomatology. Clinical social workers elicit client feedback about their experience of the assessment process, reflect upon varied meanings of the assessment, and share these assessment outcomes with clients.

4. Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

The definition of this competency is below:

Clinical social workers select effective modalities for intervention based on the extant research as well as the client's cultural background. Clinical social work practitioners integrate their knowledge of various individual, family, and group psychotherapeutic modalities, as well as crisis intervention techniques and community-wide referrals, to intervene effectively; demonstrate flexibility by tailoring interventions to suit the needs of multiple client populations; and understand the effects of the social environment on client well-being. Clinical social workers therefore recognize the need to intervene on mezzo and macro levels. Practitioners in clinical social work critically select, apply, and evaluate best practices and evidence-informed interventions; they value collaboration with the client and other professionals to coordinate treatment plans. Clinical social workers maintain knowledge of the communities they serve in order to ensure that clients are connected with relevant services and resources in an effective manner, while eliciting client feedback about how the interventions are impacting the client.

COURSE LEARNING GOALS

Course level learning goals primarily relate to the aforementioned competencies/program level learning goals as the course addresses policy analysis skills and competencies as well as addresses human rights and social, economic and environmental justice through the study of the evolution of the US welfare state and the emergence of the social work profession.

Upon completion of this course, students will be able to:

1. To assess the biological, psychological, social, spiritual, and cultural factors that influence the functioning of elders and their families and understand how these contribute to behavior and interpersonal relationships.
2. To use professional expertise in translating practice concepts and skills into effective individual, family, and group service plans/interventions appropriate to the particular strengths and needs of elders.
3. To gain awareness and understanding of how complex ethical and value dilemmas influence intervention considerations in providing service to elders and their families.
4. To understand the needs of older adults facing particular types of vulnerability, including impaired cognitive status, chronic conditions, mental health problems, abuse, and terminal illness.
5. To consider issues of client diversity (including ethnicity, culture, gender, age, sexual, orientation, disability, spiritual beliefs) at each stage of the clinical process from problem definition and diagnosis through treatment planning, intervention, and evaluation.
6. To understand how aging service system infrastructure and healthcare policy influence direct practice with elders and their families.
7. To identify older adults at risk of significant loss of independence or institutionalization and target social work interventions to maximize functioning.

SCHOOL OF SOCIAL WORK MISSION STATEMENT AND SCHOOL WIDE LEARNING GOALS

The mission of the School of Social Work is to develop and disseminate knowledge through social work research, education, and training that promotes social and economic justice and strengths individual, family, and community well-being, in this diverse and increasingly global environment of New Jersey and beyond.

School Wide Learning Goals: Upon graduation all students will be able to:

1. Demonstrate Ethical and Professional Behavior;
2. Engage Diversity and Difference in Practice; and
3. Engage, Assess, and Intervene with Individuals, Families, Groups, Organizations, and Communities

COURSE READINGS AND TEXTS

The required readings for this course include the text referenced below, in addition to a collection of book chapters and journal articles that are available through the library system's e-reserves. The easiest way to locate the reserves is to visit http://www.libraries.rutgers.edu/course_reserves, and search under

“Greenfield” as the instructor. Alternatively, most of the readings will be available on the Sakai course site under “Resources” and in the folder labeled “Required Readings.”

McInnis-Dittrich, K. (2014). *Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)*. New York: Pearson.

Other required readings can be accessed through the RU Libraries electronic reserve system at <https://www.libraries.rutgers.edu/>. In the QuickSearch box on the [Libraries homepage](#), type the Course NAME or the Course Number (Social Welfare Policy and Service 1 19:910:504) and select Course Reserves in the autofill drop down).

COURSE REQUIREMENTS

Students are expected to be **active** learners and collaborators. Students are expected to contribute knowledge and observations to discussions. Regular class attendance with active participation is expected. When students participate actively in class discussions learning is enhanced. It is important that reading assignments be completed prior to each session. Please take responsibility for seeking clarification of difficult material encountered in the text, readings, and lectures. At the end of each class session, readings for the subsequent class will be assigned.

Class attendance is **not** optional. Students are expected to notify the instructor prior to missing a session (see email and telephone numbers above). **Each** absence **over two** will lead to a 15 point reduction of your final grade (i.e., 3rd absence results in 85 points available instead of 100 points; 4th absence results in 70 points available; 5th absence results in course failure). Thus with three absences, the highest grade possible is a B. With four absences the highest grade possible is a C. Please note that students who arrive significantly late and/or leave significantly early will be marked as absent.

You will not be penalized for missing class if emergencies arise and/or for religious observances. In these circumstances please advise the instructor with as much notice as possible. Students are required to submit papers and present to the class on the designated dates. No make-ups will be given unless a physician has certified, in writing, that you are unable to attend class that day. **Please note, missing five classes is likely to result in failing the course, even if all of the absences are excused.**

All written work **must** be typed. Late assignments will be penalized 15 points (one letter grade) per day. Thus, the highest grade a student can receive for an assignment submitted one day after the due date and time is an 85; the highest grade a student can receive for an assignment submitted two days after the due date and time is a 70; and so on. All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not conform to APA format (see this website for a useful guide to APA, <http://www.columbia.edu/cu/ssw/write/apastyle.html>).

Student behavior in this course must comply with the university's code of conduct. The entire code of contact can be attained from Student Judicial Affairs Office or on-line at <http://studentsconduct.rutgers.edu/university-code-of-student-conduct>. Students should be aware that violations of academic integrity, for example plagiarism of any kind, would result in expulsion from the program.

Please do *not* use cell phones or laptops during class, unless they are required for your learning. Please notify the Instructor if this is the case. Otherwise, your participation grade will be negatively impacted if you are observed using these devices during class. This course is meant to be a conversation. Electronic devices easily disrupt attention interrupt the learning process.

Methods of Evaluation

Grades for the course will be weighted as follows:

- Attendance & participation, including role-play participation: 10%
- Creating the "role play persona": 05% (due week #3)
- One required reading summary outline- date and reading assigned by instructor: 05%
- Course "In-Service" Presentation: 20% (due week #14 or week #15)
- Mid-Term Paper, 10 pages max.: 30% (due week # 8)
- End-of- term Paper, 10 pages max.: 30% (due week #12)

Grading Standards

A = Exceptional or outstanding work; student demonstrates full understanding of material, displays unusual analytical and/or creative ability; extremely thorough work; must be well organized and conform to accepted standards of writing including correct grammar, accurate spelling, etc.; cites material correctly. Work is completed by the due date.

B+ = Above average work in terms of understanding material and ability to apply material from lectures and readings to own proposed project. Work must be organized and conform to accepted standards of writing; cites material correctly. Work is completed by the due date.

B = Good work; demonstrates understanding of material; written materials well organized and conforms to accepted standards of grammar, spelling punctuation, etc.; cites material correctly. Work is completed by the due date.

C = Acceptable work, similar to C+ but reveals greater problems in applying the concepts and techniques to own work, fails to cover some important point(s). Some problems in organizing and presenting written materials; cites material incorrectly; too many direct quotes; fails to paraphrase and cite appropriately.

Grade cut-offs for all courses offered by the Rutgers Graduate School of Social Work (MSW) as follows (Scores to be rounded up at .5):

A	92-100
B+	87-91
B	82-86
C+	77-81
C	70-76
F	0-69

Assignments:

Class Attendance & Participation (10% of final grade)

Participation grades will be assigned in two parts.

A. *Class Attendance (6% of total grade and grade reductions for over 2 absences: see attendance policy for details)*

Students are expected to notify the instructor PRIOR to any absence. Each absence over two will lead to a reduction of one letter grade; for example, with three absences, the highest grade possible is a B. Students are encouraged to use their two missed-class allowances carefully, as no additional “passes” without medical or police documentation will be granted.

B. *Quality and Quantity of Class Contributions (4% of total grade)*

As a graduate-level course, this class will be facilitated, in part, as a seminar. This means that students are expected to work hard during class by thoughtfully contributing to class discussions, fully participating in role-play and group exercises, responding to the instructor’s and classmates’ questions, and asking questions in return of classmates and the instructor. Students will be granted up to 4% of their final grade for the quality and quantity of their class contributions throughout the semester.

In general, no cell phones are allowed in class. If one needs to monitor their cell phone in the case of an emergency, please discuss this with the instructor in advance of class. Otherwise, please turn all modes of ringers off, and put phones out of sight. Students can use phones during designated break periods outside of the classroom.

Students who use technology inappropriately during class will not receive full credit for class participation, regardless of the quantity and quality of their class contributions.

Role-Play Experiential Learning (part of your participation grade)

This course will use experiential learning through the use of role-plays. Each student will be in the role of a practitioner and will be assigned to a client (portrayed by a classmate). Likewise each student will be in the role of a client. Part of your class contribution grade (see above) will be based on your participation as a “counselor” and as a “client” for two or three class sessions. Attendance on the dates of these “sessions” is extremely important, and your absence will negatively impact two of your classmates (your “counselor” and your “client”). For the purpose of these role-plays you will create your client “persona.”

Creating Role-Play Persona (5% of final grade)- Due Week # 3:

To provide a role play experience that is as realistic as possible, each member of the class is expected to create a “persona” that you will portray when interviewed by a classmate. This will involve developing a character that has a back story, personality style, and a specific social and cultural identity. You will play this character whenever you participate in a role play in the client role this semester.

Look to create a character that is complex and realistic but NOT impossible to work with. **Also, the character should NOT be based on you or a close family member.** The course is not designed for students to receive actual psychotherapy for themselves. Create a fictional personality or a composite of clients or people you know. Write a 2-3 page assessment document of your adult persona that includes the following sections:

Demographics:

1. Name
2. Age and birth cohort
3. Gender and Gender Identity
4. Occupation
5. Education
6. Marital/Relationship Status
7. Race, Ethnicity, and Cultural Identities
8. Sexual orientation

Dynamics:

1. Personality traits
2. Family makeup
3. Family dynamics
4. Health status (including any/all disabilities)
5. Ongoing problems and stressors
6. Comfort/discomfort in being in therapy
7. Strengths
8. Challenges
9. The role of religion

- 10. History of trauma
- 11. Additional information (optional)

Required Reading Outline & Lead Discussion- once per semester (5% of final grade)

Students are expected to complete the readings before each class session. To encourage the class as a whole to do this, each student will be assigned to one required reading. On the date of the required reading the student needs to: (1) Provide classmates and instructor with a written **one page** outline of the reading's key points at class; and (2) Discuss the reading during that specific class. The written outline is not meant to be a recap of the entire reading. Rather, you need to provide a brief synopsis of the main points. In class, in addition to summarizing the key points of the reading the student should engage the class in a discussion of the material. This is not a formal presentation- it is a class discussion. No power points should be used.

Mid-Term Clinical Paper (30% of final grade)- Due Week #8 & End-of-Term Clinical Paper (30% of final grade)- Due Week #12

For the midterm and final papers you will have two options- (1) to focus on an older adult client you have seen or are currently seeing in your field placement OR (2) to focus on your in-class "client." Both the mid-term and final paper assignments will require focusing on the same client.

Mid-term Paper: Beginning Work with Older Adult Client: The mid-term paper should be no more than 10 pages and must use a minimum of six sources. Three sources should be from outside readings. Additionally at least three class readings should be integrated into this paper.

End of Term Paper: Continued Work with Older Adult Client: The end-of-term paper should be no more than 10 pages and must use a minimum of six sources. Three sources should be from outside readings. Additionally at least three class readings should be integrated into this paper and they must be from class 8-class 13 readings. You are permitted to use readings from earlier in the semester but they will be in addition to, not in lieu of, the later semester readings. In other words, sources used from class from earlier in the semester will not count towards the required amount of 3 class reading sources.

The outside references for both papers should be (a) from articles and book chapters that the students find on their own (i.e., not from another MSW course), and (b) explicitly be written about older adults. The references should be from scholarly sources (i.e., book chapters, articles, think tank reports, but not Wikipedia, personal blogs, etc.). To learn more about the difference between scholarly versus popular and professional sources, see http://www.libraries.rutgers.edu/scholarly_articles.

As always, the ideas from these outside references—as well as the course material—should be stated in your own words and incorporate proper APA format. Please refer to the academic integrity policy discussed in detail in this syllabus for more information. No abstract is necessary. A title page including student name, class and section, professor, and title of assignment is required.

All written work should be clear and easy to read: grammar, punctuation, syntax, spelling and vocabulary matter. For your own protection, please keep an electronic copy of your paper.

Grading is based on evidence of having understood and integrated the principles presented in class and course readings and your ability to analyze and integrate course principles into the case while showing competencies for engaging, assessing and planning intervention with the older client/older client subgroup.

The rubric provides details about how the paper will be assessed. Excellent (A) papers address each of the points in the outline and are also very well-written, well-organized, demonstrate a masterful ability to integrate and apply concepts and practice techniques learned in class (and/or outside of class, if applicable), and show evidence of critical thinking. Your behavior is expected to conform to ethical standards including the University Code of Conduct (School of Social Work Student Handbook) and the NASW Code of Ethics. Violations of the expectations will be brought to the attention of the University and may result in expulsion.

Include the honor statement on the title page. *On my honor, I have neither received nor given any unauthorized assistance on this examination.*

Please see the “Assignments” folder in Sakai for details of these assignments and grading rubrics.

Course “In-Service” Presentation (20% of final grade)- Week #14 or #15

(Instructors- Please Note: Based on the size of your class you can opt to make this assignment a group assignment instead of an individual assignment. If your class has more than 12 students you should consider using a group format. You can assign students based on topic of choice, geographic vicinity, and/or student choice). Please adjust your syllabus with the correct directions (see below) according to this choice.

Individual Presentation Instructions:

Toward the end of the semester, students will be expected to provide their classmates with a concise (15-20 minutes) “in service” on a topic relevant to clinical social work with older adults and their families. The presentation of the topic should be approximately 10-15 minutes followed by class questions and discussion (approximately 5 minutes). Students will be provided with a list of topics that the instructor recommends. They also are welcomed to propose topics that are not on this list. A prompt and rubric for the course presentation will be distributed well before the due date. Please see the “Assignments” folder in Sakai for details of this assignment and grading rubric.

Dyad/Group Presentation Instructions:

Toward the end of the semester, student dyads or small groups (each comprised of 2-3 students) will be expected to provide their classmates with a concise (15-20 minutes) “in service” on a topic relevant to clinical social work with older adults and their families. The presentation of the topic should be approximately 10-15 minutes followed by class questions and discussion (approximately 5 minutes). Groups will be assigned by the instructor based on topic choice, geographic area, and/or student preference. Students will be provided with a list of topics that the instructor recommends. They also are welcomed to propose topics that are not on this list. A prompt and rubric for the course presentation will

be distributed well before the due date. Please see the “Assignments” folder in Sakai for details of this assignment and grading rubric.

Submitting Written Work

Work that is submitted late will be penalized 15 points for each day it is late. Students who do not show up for an in-class presentation will not receive any credit for that assignment. If an emergency arises with a due date, students must request an extension without penalty as much as possible in advance and in writing. The timeliness of the request for an extension without penalty will be weighted heavily in the instructor’s decision as to whether or not the extension without penalty is warranted. If an extension without penalty is granted, the student will receive this information in writing from the instructor indicating when the assignment needs to be submitted. If the assignment is submitted after the approved extension it will be subject to the same late assignment policy as stated above. Please refer to the schedule of course topics and readings for deadlines with respect to each assignment.

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: ***On my honor, I have neither received nor given any unauthorized assistance on this examination.***

Appropriate citation and grammar are expected on papers. Professional social workers keep case records, write treatment reports for referral sources and managed care companies, correspond with judges and other professionals, develop policy, and advocate for their clients. All of these tasks require excellent writing skills. Therefore, proper grammar, syntax, spelling, and appropriate referencing (APA style) are expected for all assignments. Substantial credit will be deducted from a paper’s grade for gross and repeated writing, spelling, and referencing errors. Writing assistance is available. Contact the instructor for details.

WRITING ASSISTANCE

Success in graduate school and within the larger profession of social work depends on strong writing skills. Several resources are available to help students strengthen their professional and academic writing skills. Writing assistance is available to all MSW students as described below.

New Brunswick Campus

All MSW SSW students (NB, Camden, Newark, IW, Online, and Blended) are eligible to access writing assistance at the New Brunswick Learning Center. Online tutoring may also be available.

Contact: <https://rlc.rutgers.edu/student-info/group-and-individual-academic-support/writing-coaching>

Newark Campus

The Newark writing center is available for MSW students on the Newark campus by appointment.

<http://www.ncas.rutgers.edu/writingcenter>

Camden Campus

The Camden learning center provides writing assistance for MSW students on the Camden campus.

<http://learn.camden.rutgers.edu/writing-assistance>

COURSE EVALUATION

Rutgers University evaluates both the course and the instructor. This survey is completed by students toward the end of the semester; all answers are confidential and anonymous. The instructor may also choose to conduct a midterm evaluation.

Resources and Important Links:

- [National Alliance for the Mentally Ill \(NAMI\)](#)
- [National Institute of Mental Health](#)
- [National Institute on Alcohol Abuse and Alcoholism](#)
- [National Institute on Drug Abuse \(NIDA\)](#)
- [National Mental Health Association](#)
- [Substance Abuse and Mental Health Services Administration](#)

Rutgers University issues an online survey that evaluates both the course and the instructor. This survey is completed by students toward the end of the semester, and all answers are confidential and anonymous. The university also will ask students to complete a mid-semester evaluation. Students are expected to thoughtfully participate in both surveys for the purpose of continuous quality course improvement.

OFFICE ON VIOLENCE PREVENTION AND VICTIM ASSISTANCE

Our school is committed to fostering a safe, productive learning environment. Title IX and our school policy prohibit discrimination on the basis of sex, which regards sexual misconduct — including harassment, domestic and dating violence, sexual assault, and stalking. We understand that sexual violence can undermine students' academic success and we encourage students who have experienced some form of sexual misconduct to talk to someone about their experience, so they can get the support they need.

Confidential support and academic advocacy are available through the Rutgers Office on Violence Prevention and Victim Assistance, **732.932.1181**, <http://vpva.rutgers.edu>. Services are free and confidential and available 24 hrs. /day, 7 days a week.

ACTIVE SHOOTER RESOURCES

Over the years, there has been an increase in the number of active shootings on campus. It is important that you know what to do in cases there is an active shooter on campus. Please go to this site to retrieve

information that will reduce your personal risk in case of an active shooting on campus-
<http://rupd.rutgers.edu/shooter.php>.

ACADEMIC INTEGRITY

All work submitted in a graduate course must be your own.

It is unethical and a violation of the University's Academic Integrity Policy to present the ideas or words of another without clearly and fully identifying the source. Inadequate citations will be construed as an attempt to misrepresent the cited material as your own. Use the APA citation style which is described in the Publication manual of the American Psychological Association, 6th edition.

Plagiarism is the representation of the words or ideas of another as one's own in any academic exercise. To avoid plagiarism, every direct quotation must be identified by quotation marks or by appropriate indentation and must be properly cited in the text or footnote. Acknowledgement is required when material from another source is stored in print, electronic, or other medium and is paraphrased or summarized in whole or in part in one's own words. To acknowledge a paraphrase properly, one might state: "to paraphrase Plato's comment..." and conclude with a footnote identifying the exact reference. A footnote acknowledging only a directly quoted statement does not suffice to notify the reader of any preceding or succeeding paraphrased material. Information which is common knowledge, such as names of leaders of prominent nations, basic scientific laws, etc., need not be footnoted; however, all facts or information obtained in reading or research that are not common knowledge among students in the course must be acknowledged. In addition to materials specifically cited in the text, only materials that contribute to one's general understanding of the subject may be acknowledged in the bibliography. Plagiarism can, in some cases, be a subtle issue. Any question about what constitutes plagiarism should be discussed with the faculty member.

Plagiarism as described in the University's Academic Integrity Policy is as follows: ***Plagiarism:*** Plagiarism is the use of another person's words, ideas, or results without giving that person appropriate credit. To avoid plagiarism, every direct quotation must be identified by quotation marks or appropriate indentation and both direct quotation and paraphrasing must be cited properly according to the accepted format for the particular discipline or as required by the instructor in a course. Some common examples of plagiarism are:

- Copying word for word (i.e. quoting directly) from an oral, printed, or electronic source without proper attribution.
- Paraphrasing without proper attribution, i.e., presenting in one's own words another person's written words or ideas as if they were one's own.
- Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement.

-Incorporating into one's work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other nontextual material from other sources without proper attribution”.

Plagiarism along with any and all other violations of academic integrity by graduate and professional students will normally be penalized more severely than violations by undergraduate students. Since all violations of academic integrity by a graduate or professional student are potentially separable under the Academic Integrity Policy, faculty members should not adjudicate alleged academic integrity violations by graduate and professional students, but should refer such allegations to the appropriate Academic Integrity Facilitator (AIF) or to the Office of Student Conduct. The AIF that you should contact is Laura Curran, at lacurran@ssw.rutgers.edu. The student shall be notified in writing, by email or hand delivery, of the alleged violation and of the fact that the matter has been referred to the AIF for adjudication. This notification shall be done within 10 days of identifying the alleged violation. Once the student has been notified of the allegation, the student may not drop the course or withdraw from the school until the adjudication process is complete. A TZ or incomplete grade shall be assigned until the case is resolved. For more information regarding the Rutgers Academic Integrity Policies and Procedures, see: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers>.

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: ***On my honor, I have neither received nor given any unauthorized assistance on this examination.***

DISABILITY ACCOMMODATIONS

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation:

<https://ods.rutgers.edu/students/documentation-guidelines>.

If the documentation supports your request for reasonable accommodations, your campus' disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at:

<https://ods.rutgers.edu/students/registration-form>.

XII. Schedule of Topics and Readings

<u>Session #</u>	<u>Topic</u>	<u>Readings</u>	<u>Coursework Due</u>
PART 1: Introduction, Cultural Competency, and Conducting Assessments, Sessions # 1-3			
Session #1- Date	An Integrated, Bio-psycho-social Approach to Social Work with Older Adults	<p><u>Required:</u></p> <p>1. World Health Organization (1999). <i>Ageing: Exploding the myths</i>. Retrieved from http://whqlibdoc.who.int/hq/1999/WHO_HSC_AHE_99.1.pdf</p> <p>2. Chonody, J.M. (2015). Addressing ageism in students: A systematic review of the pedagogical intervention literature. <i>Educational Gerontology</i>, 41(12), 859-887.</p>	
Session #2- Date	General Themes & Cultural Competency	<p><u>Required:</u></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. <u>Chapter 1</u>: The Context of Social Work Practice with Older Adults, entire chapter.</p> <p>2. Bullock, K. (2011). The influence of culture on end-of-life decision making. <i>Journal of Social Work in End-of-Life & Palliative Care</i>, 7(1), 83-98. DOI: 10.1080/15524256.2011.548048</p> <p>3. Erdley, S.D., Anklam, D.D., & Reardon, C.C. (2014). Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in healthcare. <i>Journal of Gerontological Social Work</i>, 57 (2-4), 362-385. DOI: 10.1080/01634372.2013.871381.</p>	<p>Required reading & date assigned</p> <p>Preferences for course presentation submitted by students</p>

		<p>4. Gerontological Society of America (2012). Communicating with older adults: An evidence based review of what really works. Gerontological Society of America: Washington, D.C.</p> <p>5. National Center for Chronic Disease Prevention and Health Promotion (2013). The state of aging and health in America, 2013. Retrieved: https://www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf</p> <p><u>Skim through</u> this report for information on demographic trends, diversity of older adults, health issues, mental health issues, etc.</p> <p><i>Recommended as Additional Background Reading:</i></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson.</p> <p><u>Chapter 2</u>: Biological Changes and the Physical Well-Being of Older Adults, p. 41, Table 2.1 and <u>page 52</u>, Psychosocial Factors.</p> <p>2. Min, J. W. (2005). Cultural competency: A key to effective future social work with racially and ethnically diverse elders. <i>Families in Society</i>, 86, 347-358.</p>	
Session #3- Date	Conducting a Biopsychosocial- Spiritual-Cultural Assessment with Older Adults	<p><i>Required:</i></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson.</p> <p><u>Chapter 4</u>: Conducting a Biopsychosocial Assessment, entire chapter.</p> <p>2. Fry, P.S. & Debats, D.L. (2014). Sources of life strengths appraisal scale: A multidimensional approach to assessing older adults’</p>	<p>Topics (and group assignments if applicable) are assigned for student presentations</p> <p>Role-play “persona” assignment is due</p>

		<p>perceived sources of life strengths. <i>Journal of Aging Research</i>, 2014, 1-15. DOI: 10.1155/2014/783637.</p> <p>3. Kivnik, H.Q. & Murray, S.V. (2001). Life strengths interview guide: Assessing elder clients' strengths. <i>Journal of Gerontological Social Work</i>, 34, 7-31.</p> <p><u>Recommended as Additional Background Reading:</u></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. <u>Chapter 3: Psychosocial Adjustments to Aging</u>, p. 66, Table 3.1</p> <p>2. Purcell, B., Heisel, M.J., Speice, J., Franus, N., Conwell, Y., & Dubersetin, P.R. (2012). Family connectedness moderates the association between living alone and suicide ideation in a clinical sample of adults 50 years and older. <i>The American Journal of Geriatric Psychiatry</i>, 20 (8), 717-723.</p>	
PART 2: Topical Issues in Clinical Social Work and Aging, Sessions # 4- 8			
Session #4- Date	Dying, loss, grief, & trauma	<p><u>Required:</u></p> <p>1. McInnis-Dittrich, K. (2014).). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. <u>Chapter 11: End-of-Life Care for Older Adults</u>, entire chapter</p> <p>2. McCoyd, J. L. M., Walter, C. A. & Lopez Levers, L. (2012). Issues of loss & grief. <i>Trauma counseling: Theories and Interventions</i> (Levers, L.L., Ed.). New York: Springer Publishers. Chapter 5: pages 77-97</p>	

		<p>3. Hudson, P. L., Kelly, B., Hudson, R., Street, A., O'Connor, M., Kristjanson, L. J., Ashby, M., & Aranda, S. (2006). Responding to desire to die statements from patients with advanced disease: Recommendations for health professionals. <i>Palliative Medicine</i>, 20, 703-710.</p> <p>4. Jenkins, C. L., Edmundson, A., Averett, P., & Yoon, I. (2014). Older lesbians and bereavement: Experiencing the loss of a partner. <i>Journal of Gerontological Social Work</i>, 57(2-4), 273-287.</p> <p><u>Recommended for Viewing:</u> Webinar: Holocaust Survivors: A Trauma-Informed Approach to Aging in Place, June 6, 2016, American Society on Aging https://www.youtube.com/watch?v=c4DGCK486GQ&feature=youtu.be</p> <p><u>Recommended as Additional Background Reading:</u> Ghesquiere, A., Haider, Y.M.M., & Shear, K. (2011). Risks for complicated grief in family caregivers. <i>Journal of Social Work in End-of-Life & Palliative Care</i>, 7 (2-3), 216-240. DOI: 10.1080/15524256.2011.593158</p>	
Session #5- Date	Dementia	<p><u>Required:</u> 1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. <u>Chapter 5: Differential Assessment and Diagnosis of Cognitive and Emotional Problems of Older Adults, pp. 119-127</u> (subsections on dementia and delirium)</p> <p>2. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson.</p>	

Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults, pp. 170-175, (subsection on behavioral management interventions for dementia).

3. McClive-Reed, K.P., & Gellis, Z.D. (2011). Anxiety and related symptoms in older persons with dementia: Directions for practice. *Journal of Gerontological Social Work, 54*(1), 6-28.

4. O'Connor, C.M., Smith, R., Nott, M.T., Lorang, C., & Matthews, R.M. (2011). Using video simulated presence to reduce resistance to care and increase participation of adults with dementia. *American Journal of Alzheimer's Disease and Other Dementias, 26*, 317 – 325.

5. Scherrer, K. S., Ingersoll-Dayton, B., & Spencer, B. (2013). Constructing clients' stories: Clinical practice insights from a dyadic dementia intervention. *Clinical Social Work Journal*. Advance online publication. Doi: 10.1007/s10615-013-0440-7

6. Wilkins, J.M. (2017). Narrative interest standard: A novel approach to surrogate decision-making for people with dementia. *The Gerontologist, Advance Access*, 00 (00), 1-5.

Recommended for Viewing:

Webinar: Dementia Care: The Right Care at the Right Time, February 16, 2012, Screencast

http://www.screencast.com/users/Am_Soc_on_Aging/folders/Moving%20Forward%20with%20Alzheimer%27s%20and%20Dementia-%20Sponsored%20by%20Senior%20Helpers%20and%20Alzheimer%27s%20Foundation%20of%20America/media/0d5388dc-94a5-41e3-b749-d1b1c64141b1

Recommended as Additional Background Reading:

		<p>1. Lee, M. M., Camp, C. J., & Malone, M .L. (2007). Effects of intergenerational Montessori-based activities programming on engagement of nursing home residents with dementia. <i>Clinical Interventions in Aging</i>, 2(3), 477-483.</p> <p>2. Mast, B.T. (2012). Methods for assessing the person with Alzheimer’s disease: Integrating person-centered and diagnostic approaches to assessment. <i>Clinical Gerontologist</i>, 35, 360-375.</p>	
<p>Session #6- Date</p>	<p>Depression; Anxiety; Suicide</p>	<p><u>Required:</u></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson.</p> <p><u>Chapter 5: Differential Assessment and Diagnosis of Cognitive and Emotional Problems of Older Adults</u>, pp. 110-118 (subsections on depression) and pp. 131-137 (subsections on anxiety).</p> <p><u>Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults</u>, pp. 142-161.</p> <p><u>Chapter 8: Substance Abuse and Suicide Prevention in Older Adults</u>, pp. 222-229.</p> <p>2. Therrien, Z. & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. <i>Aging & Mental Health</i>, 16 (1), 1-16.</p> <p>3.Labisi, O. (2006). Suicide risk assessment in the depressed elderly patient with cancer. <i>Journal of Gerontological Social Work</i>, 47 (1-2), 17-25. https://doi:10.1300/J083v47n01_03</p> <p><u>Recommended:</u></p> <p>Butler, L.D., Critelli, F.M., & Rinfrette, E.S. (2011). Trauma-informed care and mental health. <i>Directions in Psychiatry</i>, 31, 197-210.</p>	

<p>Session # 7- Date</p>	<p>Substance Abuse; Safe Medication Use</p>	<p><u>Required:</u></p> <ol style="list-style-type: none"> 1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. <u>Chapter 8: Substance Abuse and Suicide Prevention in Older Adults</u>, pp. <u>202-221</u>. 2. Han, B.H., Moore, A.A., Sherman, S., Keyes, K.M., & Palamar, J.J. (2017). Demographic trends of binge alcohol use and alcohol use disorders among older adults in the United States, 2005-2014. <i>Drug and Alcohol Dependence</i>, 170, 198-207. 3. Mixon, A. S., Neal, E., Bell, S., Powers, J. S., & Kripalani, S. (2015). Care transitions: A leverage point for safe and effective medication use in older adults—a mini-review. <i>Gerontology</i>, 61, 32-40. <p><u>Recommended for Viewing:</u></p> <p>Webinar: Seniors and Medication Management, March 21, 2016, Screencast. http://www.screencast.com/users/Am_Soc_on_Aging/folders/Family%20Caregiver%20Support%20Webinar%20Series-%20Sponsored%20by%20Home%20Instead%20Senior%20Care/media/66c9248e-80ac-4e9f-a259-e6dafd480009</p> <p><u>Recommended:</u></p> <ol style="list-style-type: none"> 1. Gardner, P J., & Poole, J. M. (2009). One story at a time: Narrative therapy, older adults, and addictions. <i>Journal of Applied Gerontology</i>, 28(5), 600-620. 	

<p>Session # 8- Date</p>	<p>Elder Mistreatment and Abuse</p>	<p><u>Required Reading:</u></p> <ol style="list-style-type: none"> 1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. Chapter 9: Social Work Practice in Identifying and Preventing Abuse and Neglect of Older Adults, entire chapter. 2. Blum, B. (2016). Undue influence and financial exploitation. <i>The Huffington Post</i>. Retrieved from http://www.huffingtonpost.com/entry/undue-influence-and-financial-exploitation_us_574f5d10e4b09554f17c9ffe 3. Burnes, D. (2017). Community elder mistreatment intervention with capable older adults: Toward a conceptual practice model. <i>The Gerontologist</i>, 57 (3), 409-416. doi:10.1093/geront/gnv692. 4. Parra-Cardona, J. R., Meyer, E., Schiamberg, L., & Post, L. (2007). Elder abuse and neglect in latino families: An ecological and culturally relevant theoretical framework for clinical practice. <i>Family Process</i>, 46, 451-470. <p><u>Recommended:</u></p> <ol style="list-style-type: none"> 1. Beaulieu, M., & Leclerc, N. (2006). Ethical and psychosocial issues raised by the practice in cases of mistreatment of older adults. <i>Journal of Gerontological Social Work</i>, 46(3-4), 161-186. 2. Bourassa, D. B. (2009). Compassion fatigue and the adult protective services social worker. <i>Journal of Gerontological Social Work</i>, 52(3), 215-229. 	<p>Mid-term papers Due</p>
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		<p>3. Donovan, K., & Regehr, C. (2010). Elder abuse: Clinical, ethical and legal considerations in social work practice. <i>Clinical Social Work Journal</i>, 38, 174-182.</p> <p>4. Haribson, J. (2008). Stoic heroines or collaborators: Ageism, feminism, and the provision of assistance to abused old women. <i>Journal of Social Work Practice</i>, 22(2), 221-234</p>	
PART 3: Clinical Social Work Interventions with Aging Individuals, Families, and Groups, Sessions # 9-13			
<p>Session #9- Date</p>	<p>Cognitive-Behavioral and Behavioral Approaches</p>	<p><u>Required:</u></p> <p>1. Enguidanos, S., Kogan, A.C., Keffe, B., Geron, S.M., & Katz, L. (2011). Patient-centered approach to building problem solving skills among older primary care patients: Problems identified and resolved. <i>Journal of Gerontological Social Work</i>, 54(3), 276-291.</p> <p>2. Petkus, A.J. & Wetherell, J.L. (2013). Acceptance and commitment therapy with older adults: Rationale and considerations. <i>Cognitive and Behavioral Practice</i>, 20, 47-56.</p> <p>3. Rozario, P.A., Kidahashi, M., & DeRienzi, D.R. (2011). Selection, optimization, and compensation: Strategies to maintain, maximize, and generate resources in later life in the face of chronic illnesses. <i>Journal of Gerontological Social Work</i>, 54(2), 224-239.</p> <p>4. Steinman, L., Cristofalo, M. & Snowden, M. (2012). Implementation of an evidenced- based depression care management program (PEARLS): Perspectives from staff and former clients. <i>Preventing Chronic Disease</i>, 9, 1-7. https://dx.doi.org/10.5888/pcd9.110250</p> <p><u>Recommended:</u></p> <p>1. Evans, C. (2007). Cognitive-behavioral therapy with older people. <i>Advances in Psychiatric Treatment</i>, 13, 111-118.</p>	

		<p>2.Hall, J., Kellett, S., Berrios, R. Bains, M.K., & Scott, S. (2016). Efficacy of cognitive behavioral therapy for generalized anxiety disorder in older adults: Systematic review, meta-analysis, and meta-regression. <i>The American Journal of Geriatric Psychiatry</i>, 24 (11), 1063-1073. https://doi.org/10.1016/j.jagp.2016.06.006.</p> <p>3. Hanson, M. & Gutheil, I.A. (2004). Motivational strategies with alcohol-involved older adults: Implications for social work practice. <i>Social Work</i>, 49, 364-372.</p>	
Session #10- Date	Psycho-dynamic and Interpersonal Approaches	<p><u>Required:</u></p> <p>1. Garner, J., & Evans, S. (2011). Psychodynamic approaches to the challenges of aging. In N.A. Pachana, K. Laidlaw, & B.G. Knight (Eds.), <i>Casebook of clinical geropsychology: International perspectives on practice</i> (pp. 55-72). New York: Oxford.</p> <p>3. Heisel, M.J., Talbot, N.L., King, D.A., Tu, X.M., & Duberstein, P.R. (2015). Adapting interpersonal psychotherapy for older adults at risk for suicide. <i>American Journal for Geriatric Psychiatry</i>, 23 (1), 87-98. doi:10.1016/j.jagp.2014.03.010</p> <p>4. Hinrichsen, G.A. (2008). Interpersonal psychotherapy as a treatment for depression in later life. <i>Professional Psychology: Research and Practice</i>, 39 (3), 306-312. DOI: 10.1037/0735-7028.39.3.306</p> <p><u>Recommended:</u></p> <p>1.Cronin, D. P. (2006). Psychodynamic psychotherapy. In B. Berkman (ed.), <i>Handbook of social work in health and aging</i> (Ch. 71, pp. 773-780). Oxford University Press: New York.</p>	

		<p>2. Vacha-Haase, T., Wester, S. R., & Christianson, H. F. (2011). <i>Psychotherapy with older men</i> (pp. 33-57). New York: Routledge.</p> <p>1.</p>	
<p>Session #11- Date</p>	<p>Families and Caregiving</p>	<p><u>Required:</u></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. Chapter 12: Working with Older Adults' Support Systems: Spouses, Partners, Families, and Caregivers, entire chapter.</p> <p>2. Sorenson, S., King, D., & Pinquart, M. (2006). Care of the caregiver: Individual and family interventions. In S.M. LoboPrabha, V.A. Molunari, & J.W. Lomax (Eds.). <i>Supporting the caregiver in dementia: A guide for health care professionals</i> (pp. 168-191). Baltimore: John Hopkins University Press.</p> <p>3. Wolff, J.L., Mulcahy, J., Huang, J., Roth, D.L., Covinsky, K., & Kasper, J.D. (2017). Family caregivers of older adults, 1999-2015: Trends in characteristics, circumstances, and role-related appraisal. <i>The Gerontologist</i>, Advance Access Publication, 00 (00), 1-12. doi:10.1093/geront/gnx093.</p> <p><u>Recommended for Viewing:</u> Webinar: Solving Communication Issues within Families, January 6, 2016, Screencast http://www.screencast.com/users/Am_Soc_on_Aging/folders/Family%20Caregiver%20Support%20Webinar%20Series-%20Sponsored%20by%20Home%20Instead%20Senior%20Care/media/bf76a97d-3f50-4efa-bf07-b3fea5fb2555</p>	

		<p><u>Recommended as Additional Background Reading:</u></p> <p>1. Feinberg, L.F. (2003). The state of the art of caregiver assessment. <i>Generations</i>, 4, 24-32.</p> <p>2. Scommegna, P. (2016). Family caregiving. <i>Today's Research on Aging</i>, 33, 1-9.</p> <p>3. Wall, J.C., & Spira, M.C. (2012). A conceptual framework for differential use of mediation and family therapy interventions with older adults and their families. <i>Journal of Gerontological Social Work</i>, 55(3), 282-297.</p>	
Date		No Class- Thanksgiving – Enjoy!	
Session #12- Date	Groups	<p><u>Required:</u></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. <u>Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults, pp. 162-170.</u></p> <p>2. Elias, S.M.S., Neville, C., & Scott, T. (2015). The effectiveness of group reminiscence therapy for loneliness, anxiety, and depression in older adults in long-term care: A systematic review. <i>Geriatric Nursing</i>, 36, 372-380. doi.org/10.1016/j.gerinurse.2015.05.004</p> <p>3. Frost, R.O., Ruby, D., & Shuer, L.J. (2012). The buried in treasures workshop: Waitlist control trial of facilitated support groups for hoarding. <i>Behavior Research and Therapy</i>, 50, 661-667. http://dx.doi.org/10.1016/j.brat.2012.08.004</p> <p><u>Recommended as Additional Background Reading:</u></p>	End-of-Term papers due

		<p>1. Marziali, E., & Donahue, P. (2006). Caring for others: Internet video-conferencing group intervention for family caregivers of older adults with neurodegenerative disease. <i>The Gerontologist</i>, 46(3), 398-403.</p> <p>2. Shellman, J., Ennis, E., & Bailey-Addison, K. (2011). A contextual examination of reminiscence functions in older African-Americans. <i>Journal of Aging Studies</i>, 25, 348-354. doi: 10.1016/j.jaging.2011.01.001</p> <p>3. Zarit, S., Femia, E., Watson, J., Rice-Oeschger, L., & Kakos, B. (2004). Memory club: A group intervention for people with early-stage dementia and their care partners. <i>The Gerontologist</i>, 44, 262-269.</p>	
Session #13- Date	Other Therapeutic Approaches and Spirituality	<p><u>Required:</u></p> <p>1. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. Chapter 7: Complementary and Alternative Socioemotional Interventions for Older Adults, entire chapter.</p> <p>2. McInnis-Dittrich, K. (2014). <i>Social work with older adults: A biopsychosocial approach to assessment and intervention (4th Ed.)</i>. New York: Pearson. Chapter 10: Spirituality and Social Work with Older Adults, entire chapter.</p> <p>In addition to the McInnis readings, choose <u>2</u> of the following 5 articles to read for class:</p> <p>1. Bowland, S., Edmond, T., & Fallot, R. (2012). Evaluation of a spiritually focused intervention with older trauma survivors. <i>Social Work</i>, 57 (1), 73-82.</p>	In-Class Student Presentations (If a third date is needed based on class size)

		<p>2. Quach, J. & Lee, J. (2017). Do music therapies reduce depressive symptoms and improve qol in older adults with chronic disease? <i>Nursing</i>, 47(6), 58-63.</p> <p>3. Stephenson, R.C. (2013). Promoting well-being and gerotranscendence in an art therapy program for older adults. <i>Art Therapy: Journal of the American Art Therapy Association</i>, 30 (4), 151-158.</p> <p>4. Unadkat, S., Camic, P.M., & Vella-Burrows, T. (2017). Understanding the experience of group singing for couples where one partner has a diagnosis of dementia. <i>The Gerontologist</i>, 57 (3), 469-478. doi: 10.1093/geront/gnv698.</p> <p>5. Zarbo, C., Brugnera, A., Cipresso, P., Brignoli, O., Cricelli, C., Rabboni, M., Bondi, E., & Compare, A. (2017). E-mental health for elderly: Challenges and proposals for sustainable integrated psychological interventions in primary care. <i>Frontiers in Psychology</i>, 8 (118), 1-4. doi: 10.3389/fpsyg.2017.00118</p>	
PART 4: Student Presentations, Course Integration, and Conclusion, Sessions # 14-15			
Session #14- Date		In-Class Student Presentations	
Session #15- Date LAST CLASS		In-Class Student Presentations	

