RUTGERS
School of Social Work

LOSS ACROSS THE LIFESPAN (19:910:547:XX)   **Spring 2019**

Instructor:
Office:
Phone:
E-Mail:

I.   Catalogue Course Description

This course will address many types of loss that occur across the lifespan and will incorporate a developmental approach to loss and grief.

II.   Course Overview

Loss is a universal human experience, asserts Bertha Simos, yet we have a tendency to only acknowledge losses due to death as worthy of therapeutic attention. This course starts with a unique premise: all of life is about loss and therefore it is imperative for social workers to be skilled at identifying less recognizable losses as well as more common ones. Social workers must be adept at helping people process the meaning of that loss in their life.

The course will start with an overview of loss as a normal and necessary part of life and growth. The evolution of grief theory from Freud, Lindemann and Kubler- Ross, through Rando, Klass, Silverman, Nickman and Neimeyer will be an additional focus. It will provide the foundations of classical grief theory as well as its evolution through more recent understandings about continuing bonds, meaning making and the hazards of phase theories of grief. While death and dying at different stages in the lifespan will be addressed, each life stage will also be explored for the normative losses that occur at that stage- for instance, toddlers often lose their primary status as care object and college students often lose the physical care of parents who no longer provide meals, laundry and rides. Although these are positive developmental steps, they are still losses requiring transitions.

This is a participatory and experiential class. All are expected to approach the class ready to consider implications of loss and what it requires of the social worker to be able to effectively assist those going through various transitions. Theory and practice guidelines will be integral to the coursework and the main assignment will be an interview of someone who has experienced some loss. Additionally, each student will be expected to present some section of the main course material, either individually or in dyads.

III. Place of the Course in the Program

This is an advanced elective requiring that HBSE I and Foundation Practice have been taken.

IV. Program Level Learning Goals and the Council on Social Work Education's Social Work Competencies

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:

Competency 2: Engage Diversity and Difference in Practice

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.

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

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.

Assessment of Competencies/Program Level Learning Goals: Because this course focuses on providing you with the knowledge, skills, and values for you to advance human rights and social, economic, and environmental Justice and engage in policy practice, it has been selected be to part of the School of Social Work overall assessment program of the social work competencies/program level learning goals. This means that on the following course assignments have been designed to assess your attainment of these competencies:

Competencies	Assessment Measure
C #2: Engage Diversity and Difference in Practice	• Interview with Griever • Presentation • Discussion of cultural aspects of grief
C #7: Assess Individuals, Families, Groups, Organizations, and Communities	• Presentation • Class Discussion • Interview with Griever

V.   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.   Demonstrate the ability to use varied conceptual frameworks for assessment and intervention with individuals experiencing loss.

2.   demonstrate ability to differentiate task-centered from phase-centered models of grief and describe some of the benefits and hazards of each.

3.   understand the newer conceptualizations of loss, from disenfranchised grief to ambiguous losses to traditional losses due to death, at various points in the lifecycle.

4.   trace the development of grief theory from early theoretical models through current understandings about the unfolding of "normal" and complicated grief.

5.   understand how development at each stage of life affects the experience of loss and know which interventions are developmentally appropriate at each lifestage.

6.   Demonstrate a professional stance in work with individuals experiencing loss, including an ability to reflect critically upon one's practice, utilize research in assessing and intervening with the bereaved, and reflect upon the impact such work has upon the social worker personally.

7.   demonstrate an ability to apply developmental and grief theories and practice guidelines to a specific case in a professional manner.

8.   demonstrate the ability to utilize information about cultural context, spiritual beliefs and other demographically –based information and discussion to inform the assessment and intervention planned with any specific individual.

9.   exhibit competence to assess normative developmental losses as well as losses due to death and to tie this assessment to an appropriate form of intervention, particularly focusing on meaning making as it applies to that specific individual..

10.   understand the interplay of societal recognition of loss and individuals' ability to mobilize support and consider how the professional social worker may use policy and advocacy to promote equitable support for individuals

experiencing disenfranchised losses, as well as more commonly recognized losses.

VI.   **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

VII.   **Required Texts:**

McCoyd, J.L.M. & Walter, C. A. (2016*). Grief and loss across the lifespan: A biopsychosocial perspective (2ⁿᵈ ed)*. New York: Springer Publishing.
(ISBN 978-0-8261-2028-1- paperback)

Neimeyer, R.A., Harris, D. L. , Winokuer, H. R., Thornton, G. F. (2011). *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Routledge.
(ISBN 978-0-415-88481- paperback)

Recommended:
Doka, K. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champagne, IL: Research Press.
Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.
Rando, T. (1993). *Treatment of complicated mourning*. Champagne, IL: Research Press.

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).

VIII.   **Course Requirements and Attendance/ Participation Policies**

Students are expected to attend class regularly and to complete readings on a

timely basis so that they can participate effectively in class discussions. <u>More than three absences may result in the failure of the class</u>. Students are expected to arrive to class on time and stay for the entire duration of class. More than 3 late arrivals or early departures will result in grade deductions. In addition, students are expected to take leadership roles in class discussions and exercises.

INSTRUCTOR AND STUDENT ROLES

The instructor plays an active part in the learning process. Students can expect that the professor will convey clear, specific information about theory, advanced social work practice, and social work values and ethics. Assignments have been developed in a format that encourages learning, as well as provides the instructor with a means with which to evaluate the student.

The student plays an active part in the learning process. As with all social work classes, participating in the process of the educational experience is vital. It is expected that students will **read all required readings, attend all classes, come to class prepared to discuss the topic and complete assignments on time**. *Note: All electronic devices (e.g., cell phone, ipod, laptop) must be silenced and stored out-of-sight before class begins. Use of electronic devices is prohibited in the classroom at all times. (See instructor to discuss exceptions). Failure to comply will result in point deductions at the instructor's discretion. Behavior in this course must also comply with the university's code of conduct (http://www.rci.rutgers.edu/~judaff/code.htm).

IX.   REQUIRED ASSIGNMENTS:

Rubrics for the assignments are at the back of the syllabus with the full assignment description.

FINAL ASSIGNMENT

The student will interview someone about a loss they have experienced. The student will follow the guidelines for interviewing found in the appendix. This will become the basis of the final assignment in which the student will apply developmental and grief theories to the understanding of the material gathered through the interview. The interviewees (NOT clients) will be informed of the educational purposes of the interview and given the right to stop participation at any time. All interviews will be audio- or video-taped and large important sections will be transcribed. Together, the interview and final paper will count for 50% of the grade.

IN CLASS PRESENTATION

Students will be responsible for presenting some aspect of the class material during the course of the term. For example, a student may elect to present information about death in another culture or religious tradition on the class day devoted to Grief and Culture. This is different from the interview and primary assignment and should not focus solely on a case, but on the theoretical and practice information. Students can work individually or with a partner/ in groups to: 1) discuss at least one new research-based article that is

presented and critiqued in the presentation to the class; 2) present the material in class incorporating at least one case example or video clip; and 3) use at least one discussion question to start class discussion and engage the class. This accounts for 40% of the student's grade.

The Media Project is an alternative for the research- based presentation. The student can view 3 TV shows or movies and consider the losses shown in the media. This will entail the description of the shows (preferably showing a clip of them within the presentation). These must be followed by an application of grief theories to the material and analysis of the impact such messages in popular media may have for grievers and grief counselors.

Class Participation:
Students are expected to attend all classes having read the assigned readings and arrive on time. Absences may occur due to unforeseen circumstances, however, excessive absences (three absences) and/or consistent lateness will result in the lowering of the final grade. The student must notify the instructor in advance or as soon as possible after the missed class. Missed classes will be excused by the instructor only for compelling reasons (e.g., illness, emergency, and other--to be determined by the instructor); *notification does not automatically indicate an excused absence*. Even in the event of illness/compelling reasons, 3 or more absences may result in course failure. Students are responsible for obtaining class notes and handouts of the missed session from a fellow student.

Class participation includes, but is not limited to, responses to the threaded discussion questions, asking relevant questions/making relevant comments, active participation in small/large group exercises, presentation of case material, and bringing to class relevant articles/newspaper clippings/current events information. Use of phones, laptops during class time is a form of non-participation and will mean deductions from the class participation grade.

Grade Summary:
50 %	Interview and final paper
40 %	Presentation or Media Project
10 %	Class participation (Attendance, demonstration of reading, in class discussions, and no use of electronics in class)

Grade Statement:

Grades are increasingly contentious. They have also been broadly inflated and standards not held equally across classes. This is provided to have an understanding of the way this professor assesses student work.

It should be understood that students are not graded "on a curve," which would require that the majority get a C (average under the normal bell curve) and the other 20% +-are above that and 20%+- below that. That said, there is some degree of comparison in that

those who clearly go above and beyond the bare requirements and who write well and clearly, and who integrate excellent analysis and/or creativity are going to earn A's.

Those who just meet the requirements of the assignment, with no indication of strong engagement with the material and adequate writing and analysis will receive B's. Those who fail to meet some aspect of the assignment requirements, or who have poor syntax or other writing errors and minimal analysis should not expect to get any higher than a C.

Grade		Definition	Equivalent
A	92-100	Outstanding	4.0
B+	87-91	Very Good	3.5
B	82-86	Good	3.0
C+	77-81	Average	2.5
C	70-76		2.0
F	69 and below	Failing	0.0

*Scores to be rounded up at .5

Class 1   Overview of Course and Assignments

Required Reading:

Simos, B. (1979). *A time to grieve*. Washington, DC: Family Service of America. (Read the chapters in the course shell docsharing- Grief Theories)

Stroebe, M., Schut, H., & Boerner, K.). (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *Omega* (United States), *74*(4), 455-473. doi:10.1177/0030222817691870

Class 2   Theories of Loss: Traditional through Postmodern

Required Readings:

McCoyd & Walter text Chapter 1 (Introduction)

Doka, K. J. (Ed). (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Research Press: Champaign, IL.
          Chapter 1- Introduction

Neimeyer, R.A., et al. Text
          Chapters:
          2- Neimeyer & Sands-Meaning reconstruction in bereavement
          3- Zech & Arnold-   Attachment and coping with bereavement
          6- Worden & Winokuer- A Task-based approach for counseling the bereaved

Recommended:
          Maciejewski, P.K. et al. (2007) An empirical examination of the stage theory of grief. *JAMA: the Journal of the American Medical Association*, 297, 716-723.

          Neimeyer , R. A., Klass, D. & Dennis, M. R. (2014). A Social Constructionist account of grief: Loss and the narration of meaning. *Death Studies, 38*(8), 485-498, doi:10.1080/07481187.2014.913454

          Shear, K., Frank, E., Houck, P. & Reynolds, C.F. (2007). Treatment of complicated grief. *JAMA: the Journal of the American Medical Association, 293* (21), 2601-2608.

Class 3   Closure and Newer Theories

Required Readings:

Berns, N. (2011). *Closure: The rush to end grief and what it costs us*. Philadelphia: Temple University Press. (Chs 1, 2, 9)

Klass, D. (2013). Sorrow and solace: Neglected areas in bereavement research. *Death Studies*, 37: 597-616. doi: 10.1080/07481187.2012.673535

Neimeyer Text
12- Shear, Boelen & Neimeyer- Treating complicated grief
13- Boss, Roos, & Harris- Grief in the midst of ambiguity and uncertainty

Shear, M. K. (2015). Complicated grief. *New England Journal of Medicine, 372*(2), 153-160. doi:10.1056/NEJMcp1315618

Recommended:

Attig, T. (2015). Seeking wisdom about mortality, dying and bereavement. In J. M. Stillion and T. Attig (Eds). *Death, dying, and bereavement: Contemporary perspectives, institutions, and practices* (pp. 1-16). New York: Springer Publishing Co.

Gawande, A. (2014). *Being mortal: Medicine and what matters in the end*. New York: Metropolitan Books.

Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.
Chapter 2- Broken hearts or broken bonds

Class 4   Cultural Aspects of Grief

Required Readings:

Balk, D. (1999). Bereavement and spiritual change. *Death Studies*, 23, 485-493.

Neimeyer Text:
7- Martin & Doka-   The influence of gender and socialization on grieving styles
Ch 26- Klass & Chow-Culture & ethnicity in experiencing policing and handling grief

Dezutter, J. J., Soenens, B. B., Luyckx, K. K., Bruyneel, S. S., Vansteenkiste, M. M., Duriez, B. B., & Hutsebaut, D. D. (2009). The role of religion in death attitudes: distinguishing between religious belief and style of processing religious contents. *Death Studies*, *33*(1), 73-92.

Recommended:

> Edwards, S. S., McCreanor, T. T., Ormsby, M. M., Tuwhangai, N. N., & Tippene-
> Leach, D. D. (2009). Maori men and the grief of SIDS. *Death Studies*,
> *33*(2), 130-152.

> Valentine, C. (2010). The role of the ancestral tradition in bereavement in
> contemporary Japanese society. *Mortality*, *15*(4), 275-293.
> doi:10.1080/13576275.2010.513161

Class 5   Pregnancy and Perinatal Losses

Required Readings:

McCoyd & Walter Text- Chapter 2

Bennett, S. M., Litz, B. T., Sarnoff Lee, B., & Maguen, S. (2005). The scope and impact
of perinatal loss: Current Status and future directions. *Professional Psychology:
Research and Practice, 36*(2), 180-187.

Grout, L.A.., Romanoff, B. D. (2000). The myth of the replacement child: Parents' stories
after perinatal death. *Death Studies, 24* (2), 93-113.

McMahon, S, Huang, C-C, Boxer, P. & Postmus, J. (2011). The impact of emotional and
physical violence during pregnancy on maternal and child health at one year post-
partum. *Children and Youth Services Review, 33*, 2103-2111.

Phillips, A., Tripathi, V., & Tomlinson, C. (2016). The tyranny of silence: Giving sorrow
words in the context of genetic counselling. *Healthcare Counselling &
Psychotherapy Journal*, 18-21.

Recommended:

> Gerber-Epstein, P. P., Leichtentritt, R. D., & Benyamini, Y. Y. (2009). The
> experience of miscarriage in first pregnancy: the women's voices. *Death
> Studies*, *33*(1), 1-29.

> Goldbach, K.R.C., Dunn, D.S., Toedter, L.J., & Lasker, J.N. (1991). The effects
> of gestational age and gender on grief after pregnancy loss. *The American
> Journal of Orthopsychiatry*, 61 (3), 461-7.

> McCoyd, J.L.M. (2009). Discrepant feeling rules and unscripted emotion work:
> Women terminating desired pregnancies due to fetal anomaly (Lead
> Article). *American Journal of Orthopsychiatry,* 79 (4), 441-451.

Uren, T. H. & Wastell, C.A. (2002). Attachment and meaning-making in perinatal bereavement. *Death Studies, 26*, 279-308

Class 6   **Infancy and Toddler-hood**
Required Readings:

McCoyd & Walter Text- Chapter 3

Douglas, H. A. (2014). Promoting meaning-making to help our patients grieve: an exemplar for genetic counselors and other health care professionals. *Journal of Genetic Counseling, 23*(5), 695-700. doi:10.1007/s10897-014-9731-6

Hames, C.C.(2003). Helping infants and toddlers when a family member dies. *Journal of Hospice & Palliative Nursing*, 5 (2), 103-112.

Rosengren, K. S., Miller, P. J., Gutierrez, I. T., Chow, P. I., Schein, S. S., Anderson, K. N. (2014). Children's understanding of death: Toward a contexutualized and integrated account. *Monographs in the Society for Research in Child Development,* 79(1), Chapters 1 and 7.

Recommended:

Abrams, S. M, Field, T., Scafidi, F., Prodromidis, M. (1995). Newborns of depressed mothers. *Infant Mental Health Journal*, 16 (3), 233-239.

Brett, J. (2004). The journey to accepting support: how the parents of profoundly disabled children experience support in their lives. *Paediatric Nursing*, 16 (8), 14-18.

Viorst, J. (1986). *Necessary losses: The loves, illusions, dependencies and impossible expectations that all of us have to give up in order to grow.* New York: Fawcett. Chapters. 1-3

Class 7   **Elementary Age Children**

Required Readings:

McCoyd & Walter Text- Chapter 4

Neimeyer text- Ch 9- Buckle & Fleming- Parental challenges after the death of a child

Berg, L., Rostila, M., Saarela, J., & Hjern, A. (2014). Parental death during childhood and subsequent school performance. *Pediatrics, 133*, 682-689. doi: 10.1542/peds.2013-2771.

Christ, G. H.(2000). The impact of development on children's mourning. *Cancer Practice*, 8 (2), 72-81.

Goldman, L. (2015). Supporting grieving children. In J. M. Sillion and T. Attig (Eds.). *Death, dying and bereavement* (pp. 275-291). New York: Springer Publishing.

Recommended:

Ahrons, C. (2007). Family ties after divorce: Long-term implications for children. *Family Process, 46*, 53-65.

Broadway, M. D. (2008). Dealing with death: books to help young people cope with grief. *Teacher Librarian*, *35*(5), 44-48.

Cohen, J. A. & Mannarino, A. P. (2004). Treatment of childhood traumatic grief. *Journal of Clinical Child and Adolescent Psychology, 33*, 819-831.

Corr, C.A. (2003-4) Pet loss in child related literature. *Omega: Journal of Death & Dying,* 48 (4), 399-415.

Currier, J., Holland, J., & Neimeyer, R. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child & Adolescent Psychology, 36*, 253-259.

Doka- Chapter 16-Disenfranchised Grief and the loss of an animal companion; Doka- Chapter 19-The disenfranchised grief of children

Eppler, C. (2008). Exploring themes of resiliency in children after the death of a parent. *Professional School Counseling, 11(*3), 189-196.

Kempson, D. D., & Murdock, V. V. (2010). Memory keepers: A narrative study on siblings never known. *Death Studies*, *34*(8), 738-756.

Graham-Bermann, S. A., & Perkins, S. (2010). Effects of early exposure and lifetime exposure to intimate partner violence (IPV) on child adjustment. *Violence and Victims, 25*, 427–439.

Holland, J. (2008). How schools can support children who experience loss and death. *British Journal of Guidance & Counseling, 36,* 411-424.

Hung, N. C., & Rabin, L. A. (2009). Comprehending childhood bereavement by parental suicide: A critical review of research on outcomes, grief processes, and interventions. *Death Studies*, *33*(9), 781-814.

Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia, PA: Taylor & Francis.
Ch 12- The deceased child in the psychic and social worlds of bereaved parents

McCoyd, J.L.M., Akincigil, A., Peak, E.H. (2010). Pediatric disability and caregiver separation. *Journal of Family Social Work, 13* (3), 251-268.

Melhem, N. M., Moritz, G., Walker, M., Shear, M. K., & Brent, D. (2007). Phenomenology and correlates of complicated grief in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*, 493–499. doi: 10.1097=chi.0-b013e31803062a9

Schaefer, D. & Lyons, C. (2001). *How Do we Tell the Children?* New York: NewMarket Press.

Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolkno, D. J., Putnam, F.W., & Amaya-Jackson, L. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology, 37*, 156-183.

Willis, C. A. (2002). The grieving process in children: Strategies for understanding, educating, and reconciling children's perceptions of death. *Early Childhood Education Journal, 29*, 221-226.

INTERVIEW SHOULD HAVE BEEN COMPLETED BY NOW

Class 8   **Tweeners and Teens**

Required Readings:

McCoyd & Walter Text- Chapter 5

Neimeyer text-
       Ch 19- Goldman & Livoti- Grief in LGBT populations.

Cinzia, P. A., Montagna, L., Mastroianni, C., Giuseppe, C., Piredda, M., & Grazia de Marinis, M. (2014). Losing a parent: Analysis of the literature on the experience and needs of adolescents dealing with grief. *Journal of Hospice and Palliative Nursing, 16*, 362-373. doi: 10.1097/NJH.0000000000000079

Recommended:

Cait, C.A.. (2004) Spiritual and religious transformation of females who are parentally bereaved in adolescence. *Omega: Journal of Death & Dying*, 49 (2), 163-181.

Christ, G. H., Siegel, K., Christ, Adolph, E. (2002). Adolescent Grief: It never really hit me… until it actually happened." *JAMA: Journal of the American Medical Association,* 288 (10), 1269-79.

Doka- Chapter 15-Disenfranchising the Broken-hearted

Flowers, P., Buston, K. (Feb 2001). "I was terrified of being different: exploring gay men's accounts of growing up. *Journal of Adolescence*, 24 (1), 51-66.

LaSala, M. C. (2014). Condoms and connection: Parents, gay and bisexual youth, and HIV risk. *Journal of Marital and Family Therapy*, 1-14. doi: 10.1111/jmft.12088

Li Kitts, R. (2005). Gay adolescents and suicide: Understanding the association. *Adolescence*, *40* (159), 621-28.

Murphy, S., Johnson, et al. (2003). Parents' responses after the death of their child due to accident, suicide or homicide. *Death Studies, 27* (1), 39-62.

Wheeler, I. (2001). Parental bereavement: the crisis of meaning. *Death Studies, 25 (1), 51-66.*

HAVE A WONDERFUL SPRING BREAK!

Class 9   **Emerging Adulthood**

Required Readings:

McCoyd & Walter text- Chapter 6

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives, 1,* 68–73. doi:10.1111/j.1750-8606.2007.00015.x

Arnett, J. J. (2008). From 'worm food' to 'infinite bliss': emerging adults' views of life after death. *Positive youth development & spirituality: from theory to research*, (pp. 231-243). Philadelphia: Templeton Foundation.

Huismann, D., Sheldon, J., Yashar, B., Amburgey, K., Dowling, J., & Petty, E. (2012). Quality of life and autonomy in emerging adults with early-onset neuromuscular

disorders. *Journal of Genetic Counseling, 21*(5), 713-725. doi:10.1007/s10897-012-9492-z

Recommended:

Power, L., & McKinney, C. (2013). Emerging adult perceptions of parental religiosity and parenting practices: Relationships with emerging adult religiosity and psychological adjustment. *Psychology of Religion and Spirituality, 5*(2), 99-109. doi:10.1037/a0030046

Rappleyea, D., Taylor, A., & Fang, X. (2014). Gender differences and communication technology use among emerging adults in the initiation of dating relationships. *Marriage and Family Review, 50*(3), 269-284. doi:10.1080/01494929.2013.879552

Rogers, H. B. (2013). Koru: Teaching Mindfulness to emerging adults. *New Directions For Teaching & Learning,134*, 73-81. doi:10.1002/tl.20056

Schultz, L. A. (2007). The influence of maternal loss on young women's experience of identity development in emerging adulthood. *Death Studies, 31*(1), 17-43, doi: 10.1080/07481180600925401

Stone, A. L., Becker, L. G., Huber, A. M. & Catalano, R.F. (2012). Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive Behaviors, 37*(7), 747–775. doi: 10.1016/j.addbeh.2012.02.014

Weiland, B. J., Korycinski, S. T., Soules, M. M., Zubieta, J. K., Zucker, R. A., & Heitzeg, M. M. (2014). Substance abuse risk in emerging adults associated with smaller frontal gray matter volumes and higher externalizing behaviors. *Drug and Alcohol Dependence*, *137*, 68-75. doi:10.1016/j.drugalcdep.2014.01.005

Class 10   **Young Adulthood**

INTERVIEW FOR FINAL PAPER SHOULD BE TRANSCRIBED

Required Readings:

McCoyd & Walter Text: Chapter 7

Neimeyer Text- Ch 17- Jordan & McIntosh- Is suicide bereavement different?

Recommended:

Bagnoli, A. (2003). Imagining the lost other: The experience of loss and the process of identity construction in young adults. *Journal of Youth Studies*, 6 (2), 203-18.

Brooks, R. A., Martin, D. J., Ortiz, D. J., & Veniegas, R. C. (2004). Perceived barriers to employment among people living with HIV/AIDS. *AIDS Care*, 16 (6), 756-766.

Ferguson, A. D., Richie, B. S., & Gomez, M. J. (2004). Psychological factors after traumatic amputation in landmine survivors. *Disability & Rehabilitation, 26*, (14/15), 931-938.

Grinyer, A., Thomas, C. (2004). The importance of place of death for young adults with cancer. *Mortality*, 9 (2), 114-131.

Hawkins, K. A., Hames, J. L., Ribeiro, J. D., Silva, C., Joiner, T. E., & Cougle, J. R. (2014). An examination of the relationship between anger and suicide risk through the lens of the interpersonal theory of suicide. *Journal of Psychiatric Research*, *50,* 59-65. doi:10.1016/j.jpsychires.2013.12.005

Read,S. (2005). Loss, bereavement and learning disabilities; A continuum of support. *Learning Disability Practice*, 8 (1), 31-37.

Robak, R.W. & Weitzman, S. P. (1998). The nature of grief: Loss of love relationship in young adulthood. *Journal of Personal & Interpersonal Loss,* 3 (2), 205-17.

Class 11   **Middle Adulthood**

Required Readings:
McCoyd & Walter Text: Chapter 8

Lloyd, G. M., Sailor, J. L., & Carney, W. (2014). A phenomenological study of postdivorce adjustment in midlife. *Journal of Divorce & Remarriage, 55*(6), 441-450. doi:10.1080/10502556.2014.931757

Huffington Post (2015). Working poor stories. Retrieved February 20, 2015 from http://www.huffingtonpost.com/news/working-poor/ .

Recommended:
Ahmad, F., Driver, N., McNally, MJ, Stewart, DE. (2009) "Why doesn't she seek help for partner abuse? An exploratory study with South Asian immigrant women. *Social Science & Medicine, 69*(4), 613-622.

Continuing Bonds- Chapter 9- Widowhood and husband sanctification

Doka- Chapter 10: A Later Loss: The Grief of Ex-spouses

Gibson, P. R., Placek, E., Lane, J., Brohimer, S. O., Earehart Lovelace, A.C.(2005). Disability-induced identity changes in people with multiple chemical sensitivity. *Qualitative Health Research*, 15 (4), 502-524.

 Huffington Post (2014). Job loss map. Retrieved February 20, 2015 http://www.huffingtonpost.com/2014/10/30/geography-of-jobs_n_6069856.html .

Johnson, D.M. & Zlotnick, C. (2009) HOPE for battered women with PTSD in domestic violence shelters. *Professional Psychology: Research & Practice, 4*0(3), 234-241.

Marshall, H.(2004). Mid-life loss of parents: from adult child to orphan. *Ageing International*, 29 (4), 351-367.

Mwemtembe Reading in Walter & McCoyd text

Nickerson, A., Liddell, B. J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R. A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry, 14*(1), 1-19. doi:10.1186/1471-244X-14-106

Parfitt, Y. & Ayers, S. (2014). Transition to parenthood and mental health in first-time parents. *Infant Mental Health Journal*, 35(3), 263-273. doi: 10.1002/imhj.21443

Pappas, P. A.(1989). .Divorce and the psychotherapist. *American Journal of Psychotherapy, 43* (4), 505-18.

Pizzi, L. T., Carter, C. T., Howell, J.B., Vallow, S. M., Crawford, A.G., & Frank, E. D. (2005). Workloss, healthcare utilization and costs among US employees with chronic pain. *Disease Management & Health Outcomes* 13 (3), 201-208.

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug & Alcohol Review*, 24 (2), 143-155.

Thorpe, A., Spittlehouse, J., Joyce, P., Pearson, J., & Schluter, P. (2014). Attitudes to aging in midlife are related to health conditions and mood. *International Psychogeriatrics, 26*(12), 2061-2071. doi:10.1017/S1041610214001550

Class 12   **Retirement**

Required Readings:

McCoyd & Walter Text- Chapter 9

Carstensen, L. L. (2015). The new age of much older age. *Time, 185*(6/7), 68-70.

Wallis, D. (2014, Aug 29). Increasingly, retirees dump their possessions and hit the road. *New York Times*. Retrieved from http://www.nytimes.com/2014/08/30/business/increasingly-retirees-dump-their-possessions-and-hit-the-road.html

Class 13   Older Adulthood

Required Readings:

McCoyd & Walter Text- Chapter 10

Neimeyer text- Ch 8- Carr & Jeffreys- Spousal bereavement in later life

Ghesquiere, A. (2014). "I was just trying to stick it out until I realized that I couldn't": A phenomenological investigation of support seeking among older adults with complicated grief. *Omega, 68*(1), 1-22. doi: http.//dx.doi.org/10.2190/OM.68.1.

Sachs, O. (2014). My own life. Accessed at http://mobile.nytimes.com/2015/02/19/opinion/oliver-sacks-on-learning-he-has-terminal-cancer.html?_r=3&referrer=

Sasson, I. & Umberson, D.J. (2014). Widowhood and depression: New light on gender differences, selection, and psychological adjustment. *Journals of Gerontology, Series B: Psychological and Social Sciences, 69(*1), 135-145. doi:10.1093/geronb/gbt058

Recommended:

Lynn, J., Teno, J. M., Phillips, R. S. et al. (1997). Perceptions by family members of the dying experience of older and seriously ill patients. *Annals of Internal Medicine, 126,* 97-106.

Holland, J. M., Thompson, K. L., Rozalski, V., & Lichtenthal, W. G. (2014). Bereavement-related regret trajectories among widowed older adults. *Journals Of Gerontology Series B: Psychological Sciences & Social Sciences, 69B*(1), 40-47. doi:10.1093/geronb/gbt050

Ishii, H., Torunaga, Y., Kawatani, D., Nishizono, M., Ishii, H.. (1998). Clinical features of pathological grief reaction in the elderly. *Psychiatry & Clinical Neurosciences*, 52 (6), 571-576.

Moss, S. Z. & Moss, M. S. (1989). The impact of the death of an elderly sibling. *American Behavior Scientist, 33,* 94-106.

Telonidis, J., Lund, D.A., Caserta, M.S., Guralnik, J.M., Pennington, J.R..,(2004-5). The effects of widowhood on disabled older women. *Omega: Journal of Death & Dying,* 50 (3), 217-235.

Troyer, J. M. (2014). Older widowers and post-death encounters: A qualitative investigation. *Death Studies*, 38 , 637-647. doi: 10.1080/07481187.2014.924829

Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality, 1*, 7-25.

Final Paper Due

Class 14   Death and Dying Process: General Issues re: Loss

Required Readings:

McCoyd & Walter Text Chapter 11

Braden, A., Overholser, J., Fisher, J., & Ridley, J. (2015). Life meaning is associated with suicidal ideation among depressed veterans. *Death Studies*, 39, 24-29. doi: 1080/07481187.2013. 871604

Bustamante, Juan Jose.(2001).Understanding hope. Persons in the process of dying. *International Forum of Psychoanalysis*, 10 (1), 49-55.

Carey, I. M., Shah, S. M., DeWilde, S., Harris, T., Victor, C. R., & Cook, D. G. (2014). Increased risk of acute cardiovascular events after partner bereavement. *JAMA Internal Medicine*.   doi: 10.1001/jamainternmed.2013.14558

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2010). Do CBT-based interventions alleviate distress following bereavement? A review of current evidence. *International Journal of Cognitive Therapy*, 3, 71-95.

Eliott, J. A. & Olver, I. N. (2007). Hope and hoping in the talk of dying cancer patients. *Social Science & Medicine, 64*, 138-149.

Recommended:

Bonnewyn, A., Shah, K., Bruffaerts, R., Schoevaerts, K., Rober, P., Van Parys, H. & Demyttenaere, K. (2014). Reflections of older adults on the process

preceding their suicide attempt: A qualitative approach. *Death Studies, 38* (9), 612-618. dx.doi.org/10.1080/481187.2013.835753.

Moneymaker, Kathleen A.; White, Jocelyn (2005). Understanding the dying process: Transitions during final days to hours. *Journal of Palliative Medicine*, 8 (5),1079-1079

Schroepfer, TA. (2007). Critical events in the dying process: The potential for physical and psychosocial suffering. *Journal of Palliative Medicine*, 10 (1), 136-147

Class 15   Final Thoughts re: Loss

Required Readings:

Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for the bereaved: A comprehensive quantitative review. *Psychological Bulletin, 134*, 648-661.

Kendler, K. S., Myers, M. D., & Zisook, M. S.(2008). Does bereavement related depression differ from major depression associated with other stressful life events? *American Journal of Psychiatry, 165*, 1449-1455.

National Caregiver's Library. (2015). Accessed at http://www.caregiverslibrary.org/caregivers-resources/grp-end-of-life-issues/hsgrp-hospice/hospice-vs-palliative-care-article.aspx .

Neimeyer text- Ch 30- Gamino & Moore- Grief dimensions associated with hastened death

Penman, E. L., Breen, L. J., Hewitt, L. Y. & Prigerson, H. G. (2014) Public attitudes about normal and pathological grief. *Death Studies, 38*(8), 510-516, doi: 10.1080/07481187.2013.873839

Recommended:

Bertman, S. (2015). Using the arts and humanities with the dying, bereaved…and ourselves. In J. M. Stillion and T. Attig (Eds). *Death, dying, and bereavement*: *Contemporary perspectives, institutions, and practices* (pp. 245-257). New York: Springer Publishing Co.

Boelen, P. A., De Keijser, J., Van den Hout, M. A., & Van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 75*(2), 277-284.

Bryant, R., Kenny, L., Joscelyne, A., Rawson, N., Maccallum, F., Cahill, C., Hopwood, S., & Aderka, I. (2014). Treating prolonged grief disorder a randomized clinical trial. *JAMA Psychiatry, 71*(12), 1332-1339. doi:10.1001/jamapsychiatry.2014.1600

Karam, E. G., Tabet, C. C., & Alam, D. (2009). Bereavement related and nonbereavement related depressions: a comparative field study. *Journal of Affective Disorders, 112*, 102-110.

Levine, C. (2004). One loss may hide another. *Hastings Center Report*, 34 (6), 17-19.

Lubas, M. & De Leo, G. (2014). Online grief support groups: Facilitators' attitudes. *Death Studies, 38*(8), 517-521. doi: 10.1080/07481187.2013.873840

Monk, T.H., Houck, P. R., & Shear, M. K. (2006). The daily life of complicated grief patients- what gets missed, what gets added? *Death Studies, 30*(1), 77-85.

Stroebe, M & Schut, H. (2010) The Dual Process model of coping with bereavement: A decade on. *OMEGA, 61*(4), 273-289

Zisook, S. & Shuchter, S.R. (2001). Treatment of the depressions of bereavement. *American Behavioral Scientist, 44*, 782-797.

Zisook, S., Shear, K. & Kendler, K. S. (2007). Validity of the bereavement exclusion criteria for the diagnosis of major depressive episode. World Psychiatry, 6, 102-107.

X.   Academic Resources

Library Research Assistance

Dr. Karen Hartmann is the social work the social work librarian on the New Brunswick Campus karen.hartman@rutgers.edu p. 848-932-6104 ;
Natalie Borisovets is at Newark, Dana Library natalieb@rutgers.edu973-353-5909;
Katie Anderson is at Camden, Robeson Library: Katie.anderson@rutgers.edu 856-225-2830. They are all available to meet with students.

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 (New Brunswick, Camden, Newark, Intensive Weekend, online and blended) are eligible to access writing assistance at the New Brunswick Learning Center.

Online tutoring may also be available.
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

Additional Online Resources

APA Style

Purdue OWL https://owl.english.purdue.edu/owl/resource/560/01/
APA Style Guide http://www.apastyle.org/learn/faqs/index.aspx

Purdue OWL Mechanics, grammar, organization
https://owl.english.purdue.edu/owl/section/1/

Email Etiquette for Students

https://owl.english.purdue.edu/owl/resource/694/01/

XI.   Course Evaluation

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

XII. 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.

XIII.   Disability Accommodation

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.

XIV. Other Resources

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**.

Appendix for Assignments:

Final Assignment

Interview:
The goal of this assignment is two-fold:
  (a) to have you experience what it is like to explore what is often a taboo topic with an individual and
  (b) to learn more experientially about a particular form of loss.

  In many ways, you must approach this assignment as a true practitioner/researcher. Your practice skills will be useful to maintain rapport. Use open ended questions to explore and help contain the emotional expression if necessary. Your goal is NOT to practice by doing therapeutic work, however. Your goal is to explore the experience with your interviewee until you believe you have fully understood the various aspects of their loss.

The following interview guide provides possible questions- it is NOT to be used as a survey (ie <mark>DO NOT just read the questions to the interviewee</mark>), but only to guide ideas about how to explore the topic with your interviewee.

I.   What loss experience are you ready to discuss with me today?
            What was the precise loss?
            When did it occur?
            How old were you at the time?
            Who else did the loss affect?
II.   What was the most difficult part of the loss for you?
            What part-losses/ sub-losses did you realize you had experienced?
            What surprised you in terms of the loss itself?
III.   What was your emotional response to the loss?
            How did you express your emotion?
            How did it unfold over time?
            At what point did you consider your loss "resolved" or "worked through"?- How did you know?
            How did others respond to the loss?
            How did their response affect your response?
IV.   What was hardest to keep doing after the loss?
            Were there any "silver linings" to the loss?
V.   Is there any way that who/ what you lost remains part of your life today?
VI.   How has it been for you to participate in this interview?

Remember to have the person sign the form on the next page allowing either audio or video taping of the interview.

Authorization/ Permission for Taping of Interview

I _____ give permission for _____

to audiotape / videotape an interview in which I talk with her/him about a loss I

experienced. I understand that I may request that we end the interview at any time.

I also understand that I may request that the taping cease and it will be turned off

immediately.

Most importantly, I understand that this interview is being done for

educational purposes and is not intended to be therapeutic, nor will it be available to

anyone other than the person who is interviewing me and the instructor. The tape

will be destroyed after the assignment is completed. Confidentiality will be strictly

observed.

I am aware of the above, have had the opportunity to ask questions, and consent to

the interview and taping of the interview.

_____

Outline for Final Loss Across the Lifespan Paper

The purpose of this paper is to integrate the theory and practice principles we have learned and to apply them to a living person's experience of loss. The outline below is provided as a guide, not a rigid format. Each subsection should be labeled, but not all questions are appropriate to your respondent's loss. The order is not prescribed- flow of the paper's narrative is more important than answering questions in order. Although this is a formal paper and proper grammar, syntax, spelling and citation are expected, you may use "I" judiciously (especially in the summary).

I. **The Respondent:** Describe the person's demographics, their developmental age and functioning, and your relationship to the respondent. What intersectional identities impact their loss or their mourning of it?

II. **The Loss**: Describe the person's loss, both referring to the words they used (in the transcript, but also your classification of the loss (ie a disenfranchised loss of a loved pet during the adolescent years).

III. **Application of Grief Theory**: Think about the information you elicited about how the person experienced their loss and particularly how they believed their grief process evolved. Try to use several sections of the transcript to show the evolution of the grief process over time while possibly applying the questions below to a section or two (remember, each question is not appropriate for all losses).

    A. Does the person's trajectory of grief fit better within classical grief theories, or task or process oriented models of grief- classical, or newer post-modern models (Disenfranchised grief; Continuing Bonds; Meaning-making) ? (Use appropriate professional literature)

    B. How do spirituality/ culture or other aspects play a roles in the person's grief process and/ or meaning- making?

    C. What area/s did the person struggle with as their grief evolved and what factors do you assess as critical to why they had more difficulty in those areas?

IV **Application of Practice**:

    A. If you were providing grief work services to this person, what models/ theories would inform your assessment and treatment plan? What professional literature supports this view?

    B. What do you believe the person's needs continue to be as they regard this loss and what would you recommend professionally to help?

V. **Summary**:

How do you perceive this person's loss overall?

What did you learn from this experience interviewing them?

Attach the transcript at the end.

Rubric:
15 points- evidence of competent interview and transcription (5 points for flow; 5 for following respondent's lead; 5 for completeness)

15 points- shows analysis of the loss within the theoretical frameworks of loss (5 points for identification of types of loss; 5 for use of relevant loss theories; 5 for analysis)
10 points- shows evidence of skilled application to practice planning (5 for appropriate plan; 5 for connection to the theoretical assessment as driving the intervention)

10 points- follows instructions, has accurate grammar, syntax, citation and writing.

Assignment 2: Presentation or Media Project (Worth 40 points)
PRESENTATION
        You may do your presentation alone or with a small group. Your first task is to select the age group and topic area that you want to present. This must be coordinated with the professor to ensure that most topic areas are covered, but not duplicated. If you have another topic area that fits within the course focus, please feel free to ask the professor about focusing in that area.
        The presentation reporting on a reading you find and select related to your topic area. The literature you select must have an evidence- base and come from a peer reviewed article. You will then present the information in a creative way and lead discussion about the topic area while incorporating the material.
        For the presentation itself, you must also include at least 1 reading from the assigned readings from the course. The presentation itself benefits from videos or other media, current event tie-ins, case studies, or even mini-case presentation.
        The goal is to engage the class with the material. There is much latitude and your work to engage the class in a learning experience and dialogue is a crucial part of the grade. Do NOT just read your PowerPoint slides at the class.

Rubric:
10 points- choice of the selected reading and explanation of it to the class

20 points- creatively presented material that engages the class (5 for PowerPoint; 10 for clarity of presentation and not reading slides; 5 for creativity/ engagement)

10 points- promotion of dialogue with the class about the material (Questions/ exercises).

OR:
MEDIA PROJECT
Overview:
Watch 3 TV shows or movies- one sit- com, one drama and one reality show. Identify losses (traditional as well as maturational or disenfranchised) that occur within each show. Analyze why and how some are portrayed as traumatic and others are minimized or made laughable. How does this frame people's experiences of loss, traumatic and otherwise?

This assignment requires that you analyze three shows: You will need to select representative clips to show the class and discuss the plots of each. You will discuss the losses involved (multiple levels), and discuss how the loss/es are portrayed in the show.

You will also talk about what messages each sends to the audience, with some discussion of how each format differs in its presentation of loss.

You need to track not only the plot, but the aspects of the way different characters are portrayed, whether the laugh track accompanies various scenes, what other character responses are to other characters throughout the show. You will also be on alert to identify every loss in the show. Although this may include an actual death, it is much more likely that these will be less obvious- things like loss of a relationship, loss of a friendship, loss of respect or "face", or some other less recognized loss. You need to pay special attention to how these losses are portrayed and also how they remain (or not) in the rest of the story line.

You will provide a summary of each of the plots (as well as appropriate identifying information about the show (title, date aired). You will identify the various losses in each TV show along with your observations of how this was presented in the show. You will end the presentation by analyzing the ways theory from the course applies to the various losses and what messages you believe the shows give to their watchers.

I.   Summary of the plots- include the show title, the episode title, and airing date
     Show A
     Show B
     Show C

II.   Identification of Losses in the shows
     Show A
     Show B
     Show C

III.   Description of the theories as they seem to be applicable. Identify the types of losses, why characters responded the way they did (Disenfranchised loss? Continuing bonds? Ambiguous loss?).

IV.   Analyze what messages they show seemed to be portraying and what implications this may have for viewers about grief, loss or related understandings of "the way the world works."

Rubric:
15 points- The description of the shows, the identification of the losses and the appropriate writing syntax, grammar, citation: For the presentation, selection of the clips and description of the plots in an engaging and understandable manner.

15 points- Application of grief theories (and interventions if appropriate) to the material in the show (3.3 points each for relevant theories identified; application of theory to loss; discussion of implications of theory)

10 points- Analysis of the messages portrayed to the audience and the implications of those messages for grievers and grief counselors. (3.3 points each for identification of explicit messages within the show; identification of implicit messages about loss; analysis of what those messages mean for societal perceptions of loss).

Rubric for Attendance and Participation (10 points)

Participation points will be based on attendance and class participation (including refraining from use of cell phone etc in class). Students are expected to attend all classes and arrive on time. Absences are in compliance with SSW policies with more than 2 leading to a reduced grade. The student must notify the instructor in advance or as soon as possible if there is a missed class. ***Points will be deducted for use of electronics in the class room without express permission from the professor.***

Examples of class participation include, but are not limited to, asking relevant questions/making relevant comments, active participation in small/large group exercises, presentation of case material, and bringing to class relevant articles/newspaper clippings/current events information. This is an interactive class, so participation in class discussion is required.

Rubric:
3 points- Timeliness/ attendance
4 points- Attentiveness in class
3 points- Engagement with class discussions, framing questions, or bringing in outside relevant information.

Revised November 2018