

**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:

**Catalogue 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 chronic health conditions and end-of-life . 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, their families and other networks. Tools for multidimensional 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 commonly experienced ethical dilemmas, and methods for resolution will be addressed.

**Place of Course in Program**

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 and Health. Satisfactory completion of the Professional Foundation year is a prerequisite, and it is recommended (but not required) that students be in a field placement that provides opportunities for practice experiences with older adults and their families.

**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.

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.

### **Course Learning Goals**

Course learning goals primarily relate to the aforementioned competencies/program level learning goals as the course addresses policy analysis skills and competencies. Also addressed are 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.

More specifically, the learning goals for the course, Clinical Social Work: Aging, will be approached within the context of these broader social work competencies. We will examine together theories and practical methods for supporting older adults, their families and communities across micro, meso and macro contexts, all while incorporating the diverse experiences of the aging population and the need for ethical, respectful social work practice. We will learn about and criticize interventions in order to be attentive to the ways older adults differ, not only in need but also in age, gender, race, ethnicity, class, sexual orientation, religion, physical or mental disability and national origin.

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

1. Assess the biological, psychological, social, and spiritual factors that influence the functioning of older adults and their families, and, understand how these contribute to behavior, interpersonal and intrapersonal relationships, and overall functioning.
2. 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 older adults.
3. Describe and analyze how complex ethical and value dilemmas influence intervention considerations in providing service to older adults and their families.
4. Describe and analyze the needs of older adults facing particular types of vulnerability, including impaired cognitive status, chronic conditions, mental health problems, abuse, and terminal illnesses.
5. Describe and analyze the impact of intersectional identities (including ethnicity, culture, gender, age, sexual, orientation, disability, spiritual beliefs) impact the aging experience, at each stage of the clinical process from problem definition and diagnosis through treatment planning, intervention, and evaluation.
6. Describe and analyze how aging service system infrastructure and healthcare policy influence direct practice with older adults and their families.
7. Determine older adults that are at risk for experiencing significant losses (examples include but are not limited to - a family member or friend, their independence, their physical or mental ability, or financial security) and design effective social work interventions.

### **School of Social Work Mission Statement**

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

### **Diversity Statement**

The RU SSW supports an inclusive learning environment where diversity, individual differences and identities (including race, gender, class, sexuality, religion, ability, etc.) are respected and recognized as a source of strength. Students and faculty are expected to respect differences and contribute to a learning environment that allows for a diversity of thought and worldviews. Please feel free to speak with me if you experience any concerns in this area.

### **Course Readings and Texts**

The required readings for this course include the text referenced below -

McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.)*. New York: Pearson.

Other required readings (separate from textbook) are available through the Rutgers University Library “Reading List” that is integrated into our class Canvas course.

To find your readings:

Click on the “Reading List” tab in the Canvas navigation bar to the left hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media).

### **Course Requirements**

#### **Participation**

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.

**Note: Please do *not* use cell phones or have other internet browsers open 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. We are here to learn from and with one another so please be as present as possible!**

### Attendance

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 point reduction of your final grade. 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. **Please note, missing five classes is likely to result in failing the course, even if all of the absences are excused.**

### Assignments

All written work must be typed. Late assignments will be penalized each day it is late. All written assignments must follow APA format. The Instructor 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>).

### Midterm and Final Papers

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 A client provided by the class instructor should you not be working with older clients at your field placement. Both the mid-term and final paper assignments will require focusing on the same client. In other words, if you can, choose one that you feel confident in working with and writing about for both assignments.

The outside references for both papers should be (a) explicitly be written about older adults. (b) from scholarly sources (i.e., book chapters, articles, think tank reports, but not Wikipedia, personal blogs, etc.). 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.**

### Methods of Evaluation

Grades for the course will be weighted as follows:

- 10% = Attendance & Participation (6% attendance, 4% participation)
- 10% = Assignment 1: Discussion Leader Assignment (assigned by Instructor)
- 30% = Assignment 2: Midterm Paper, 10 pages max
- 30% = Assignment 3: Final Paper, 10 pages max
- 20% = Assignment 4: "In-Service" Group Presentation

### 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 and Grading Criteria Breakdown**

### **Assignment 1: Discussion Leader**

**Due:** Once per semester

**Weight:** 10% 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 a specific reading to present to the class on. **Students will submit the following the week they are planned to present - (1) Provide classmates and instructor with a written one-page outline of the reading's key points at class; and on the day of their presentation, students will - (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 by asking the class one question based off the reading. This is not a formal presentation- it is a class discussion.**

### **Assignment 2: Midterm Clinical Paper:** Beginning Work with Older Adult Client

**Due:** Week #8 or as determined by Instructor

**Weight:** 30% of final grade

The mid-term paper should be no more than 10 pages but no less than 5 pages and must use a minimum of six sources. Students can use more than six sources if they choose. At least three readings should be from this course.

\*\* Please note that if you do not have a client to write about, the Instructor will provide this to you or the midterm and final papers.

### **Questions to Answer for this Midterm Paper are:**

1. Provide a description of the older adult client. Use a bio-psycho-spiritual-social perspective. Also consider answering whether the client was mandated to seek your services or if they sought support on their own. When performing the bio-psycho-spiritual-social for the client, describe and analyze the ways that their background can influence their behavior.
2. Describe and analyze the client's micro-level systems (family, friends, people who the client may or may not interact with). Consider drawing up an ecomap to demonstrate relationships and the quality of these relationships to demonstrate their impact on the client's behavior.
3. Describe and analyze the impact of macro-level systems that can potentially be impacting your client and their behavior.
4. Describe and analyze the presenting problem(s) the client is experiencing. Why did they come for support? What do they need assistance with? Are there other problems in addition to perhaps the main problem that need to be considered and worked with?
5. Consider stressors that the client has been exposed to (e.g., world events, family events, physical and/or psychological challenges, biases, trauma, loss(es)). Describe and analyze how these can influence their behavior.
6. Given the resources and risks, provide examples of the character's coping strategies. Include evidence of strengths and resilience, as well as vulnerability.

7. What additional knowledge do you need to gain to inform your future approach with the client?

**Assignment 3: Final Paper:** Continued Work with Older Adult Client

**Due:** Week #12 or as determined by Instructor

**Weight:** 30% of final grade

The end-of-term paper should be no more than 10 pages but no less than 5 pages and must use a minimum of 6 sources. Students can use more than 6 sources if they choose to. At least three readings must be from Modules (weeks) 8-13. 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.

**Questions to Answer for the End of Term Paper are:**

1. Provide general details about the client with reference to the bio-psycho-spiritual-social you've already completed for the midterm (this is to set the stage for the rest of the paper. Should be no more two pages)
2. Describe and analyze your approach (or intervention) that you have used with your client (or plan to use). Be sure to include in your own words general information about the approach used (for example, if you decide to use or have used cognitive-behavioral therapy with your client, explain what this approach generally entails for aging populations) and why you chose this approach.
3. Reflect on challenges you have experienced with your client or imagine you may have as you continue to work together.
4. Describe any instances of transference or countertransference with the client.
5. Describe where there were or potentially could be any ethical dilemmas in the work with the client. For example, capacity and competency issues.
6. Reflect on what you have learned from this client experience and how this will influence your work moving forward with aging populations. Was there another intervention that may have better suited the client and their concerns? Is there any approaches you are interested in learning more about in working with older adults that we have not covered in our course, or would like to know more about?

**Assignment 4: Course "In-Service" Presentation**

**Due:** Week #14 or #15, or as determined by your Instructor

**Weight:** 20% of final grade

**(Instructors- Please Note:** Based on the size of your class you can opt to make this assignment an individual assignment or a group assignment)

**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). PowerPoint is encouraged, and can be used at the handout to be distributed to students as part of assignment. 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.

**In-Service Assignment Questions/Criteria to Meet:**

The presentation should be 15 minutes in length and followed by 5 minutes of questions ("Q & A"). Presenters are expected to facilitate class discussion during Q & A. Presenters should bring handouts for their classmates on the date of the presentation. The handouts should include a summary of the actual presentation (i.e., written outline of key points and/or copy of power point slides) and a list of references used for the presentation. For the presentation you will need to use a minimum of seven sources (see below for source requirements for each section).

**There are five main components of the presentation (total of 35 points):**

- A. Overview of the Model/Intervention (6 points): define the model or intervention and clearly review the premises for the intervention. Also review why this model/intervention may be of particular interest to the class. Two academic sources from outside the course must be used for this section.
  
- B. Literature Review (8 points): review current research about this model/interventions and discuss implications. What were the limitations to the studies? Review if this model/intervention is considered to be an evidence-based practice (or evidence-based model). Two academic sources from outside the course (and published within the past 6 years) must be used for this section.
  
- C. Clinical Implications (8 points): discuss clinical practice implications of topic including the following: How can this modality be used and in what settings? Is this modality easy or challenging to implement? Must use a minimum of two academic sources.
  
- D. Diversity (6 points): must explicitly focus on diversity as part of the review of this intervention/model. Discuss how this approach may be helpful, or not, to certain sub-populations. Must use a minimum of one academic source.
  
- E. Summary (1 point): summarize findings in light of your own future practice.

The remaining six points are for handouts (can be powerpoint) (4 points) and format/style (2 points). Handouts should be emailed prior to the presentation so that the class has in preparation.



# **Schedule of Topics and Readings**

## **Part One: Introduction to SW Practice with Older Clients, Cultural Humility, and Conducting Assessments with Older Adult Clients (Modules #1-3)**

Module #1: Ageism & Anti-Oppression Gerontology (AOG) (Hulko, Brotman, Stern & Ferrer, 2020)

Date:

Learning Objectives:

After Module 1, Students will be able to:

1. Consider how expectations of aging are shaped and structured
2. Define ageism and identify how ageism is a form of oppression
3. Acknowledge and discuss how ageism intersects with other injustices like racism and heterosexism
4. Incorporate the principles of anti-oppression gerontology into future social work practice (and personal environment)

Required Reading:

1. World Health Organization (1999). Ageing: Exploding the myths. Retrieved from [http://whqlibdoc.who.int/hq/1999/WHO\\_HSC\\_AHE\\_99.1.pdf](http://whqlibdoc.who.int/hq/1999/WHO_HSC_AHE_99.1.pdf)
2. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter One. Age/ism. Age as a category of Difference. Routledge.
3. The Gerontological Society of America (2020). Understanding Ageism and COVID-19. Retrieved from: [https://www.geron.org/images/gsa/reframing/AgeismInfographic\\_final.pdf](https://www.geron.org/images/gsa/reframing/AgeismInfographic_final.pdf)
4. Allen, C. (2009). Self-Reported Ageism in Social Work Practitioners and Students. Journal of Gerontological Social Work, 52(2), 124–134. <https://doi.org/10.1080/01634370802561927>

Recommended as Additional Background Reading:

1. Kelly Harris, MSc, Sarah Krygsman, MSc, Jessica Waschenko, MSc, Debbie Laliberte Rudman, PhD, Ageism and the Older Worker: A Scoping Review, The Gerontologist, Volume 58, Issue 2, April 2018, Pages e1–e14, <https://doi.org/10.1093/geront/gnw194>

Module #2: Clinical Considerations for Gerontological Social Workers – And Some Theory, Theory, Theory

Date:

Learning Objectives:

After Module 2, Students will be able to:

1. Describe, analyze and connect theories on aging to social work theories that guide clinical practice
2. Describe and analyze the impact identity (i.e. ethnicity, gender, religions, spirituality, economic status, and sexual orientation) has on human behavior for unique older adults specifically with respect to unique, lived experiences
3. Build upon abilities to practice with cultural humility when working with older clients in social work practice
4. Increase their overall understanding of social work practice with older adults and services that are widely considered as interventions

Required Reading:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.). New York: Pearson. Chapter 1: The Context of Social Work Practice with Older Adults, entire chapter.
2. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.). New York: Pearson. Chapter 2: Biological Changes and the Physical Well-Being of Older Adults, entire chapter.
3. Duntley-Matos, R., Shiery, M., Ortega, R. M., Matos Serrano, M. M., Newberry, C., & Chapman, M. M. (2017). Promoting LatinX generativity: Cultural humility and transformative complicity through geriatric teams. *SAGE Open*, 7(1), 2158244016670560.
4. Fredriksen-Goldsen, K. I., Shiu, C., Bryan, A. E. B., Goldsen, J., & Kim, H.-J. (2017). Health Equity and Aging of Bisexual Older Adults: Pathways of Risk and Resilience. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 72(3), 468–478.  
<https://doi.org/10.1093/geronb/gbw120>
5. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter Two. Theorizing later life and social work praxis. Routledge.
6. Listen to Podcast - <https://oldschool.info/resource/age-against-the-machine-the-fatal-intersection-of-racism-ageism-in-the-time-of-coronavirus>

Recommended as Additional Background Reading:

1. Warner, D. F., & Brown, T. H. (2011). Understanding how race/ethnicity and gender define age-trajectories of disability: An intersectionality approach. *Social science & medicine*, 72(8), 1236-1248.

2. 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> . **Skim through this report for information on demographic trends, diversity of older adults, health issues, mental health issues, etc.**
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. *Journal of Gerontological Social Work*, 57 (2-4), 362-385. DOI: 10.1080/01634372.2013.871381.

Module #3: Conducting Bio-Psycho-Spiritual-Social (BPSS) Assessments, Case Management and Potential Ethical Dilemmas in Practice with Older Adult Clients

Date:

**DUE: Instructor assigns Discussion Leader Articles to students**

Learning Objectives:

After Module 3, Students will be able to;

1. Conduct a comprehensive BPSS assessment for an older client
2. Incorporate a strength-based perspective into the BPSS assessment, in addition to identifying opportunities for support, intervention, and positive change
3. Assess for and recognize the impact trauma can have on the aging experience for individuals
4. Rethink clinical assessment skills with respect to ageism, racism, and trauma, and incorporate new knowledge into clinical practice
5. Critically think about interventions for older adult clients and respond to potential ethical dilemmas in practice

Required Reading:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.). New York: Pearson. Chapter 4: Conducting a Biopsychosocial Assessment, entire chapter. Aging & Trauma Fact Sheet. Retrieved from – [https://cdn.fedweb.org/fed-42/2/AgingAndTrauma\\_FactSheet\\_CenterOnAgingAndTrauma\\_2fdbr.pdf](https://cdn.fedweb.org/fed-42/2/AgingAndTrauma_FactSheet_CenterOnAgingAndTrauma_2fdbr.pdf)
2. Morrow-Howell, N., Jackson, C., Lewis-Harris, J., Clark, R., Clarke Ekong, S., & Bostic, B. (2017). Experiencing civil unrest: Elder voices on Ferguson. *Journal of Gerontological Social Work*, 60(4), 256-269.

3. Fry, P.S. & Debats, D.L. (2014). Sources of life strengths appraisal scale: A multidimensional approach to assessing older adults' perceived sources of life strengths. *Journal of Aging Research*, 2014, 1-15. DOI: 10.1155/2014/783637.
4. Hulko, Brotman, Stern, & Ferrer. (2020). *Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities*. Routledge.
  - Chapter Four. Deconstructing risk and frailty.
  - Chapter Eight. Mapping trauma across the life course.

Recommended as Additional Background Reading:

1. Purcell, B., Heisel, M.J., Speice, J., Franus, N., Conwell, Y., & Duberstein, P.R. (2012). Family connectedness moderates the association between living alone and suicide ideation in a clinical sample of adults 50 years and older. *The American Journal of Geriatric Psychiatry*, 20 (8), 717-723.
2. Kivnik, H.Q. & Murray, S.V. (2001). Life strengths interview guide: Assessing elder clients' strengths. *Journal of Gerontological Social Work*, 34, 7-31.
3. Ogle, C. M., Rubin, D. C., & Siegler, I. C. (2013). The impact of the developmental timing of trauma exposure on PTSD symptoms and psychosocial functioning among older adults. *Developmental psychology*, 49(11), 2191.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3806884/pdf/nihms437916.pdf>

**Part Two: Topical Areas of Practice (experiences) in Clinical Social Work with Older Clients**  
**Modules #4-8**

Module #4: Loss, Grief & Death

Date:

Learning Objectives:

After Module Four, Students will be able to;

1. Describe and analyze types of loss that may occur during older adulthood, and, the impact earlier loss can have on functioning later in life
2. Describe and analyze how grief may impact older clients
3. Think critically about the different and unique ways older clients may position and process death
4. Describe and analyze “desire to die” or DTD statements made by clients and ways to respond
5. Incorporate advanced care planning techniques in future practice

Required Reading:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.). New York: Pearson. Chapter 11: End-of-Life Care for Older Adults, entire chapter
2. McCoyd, J. L. M., Walter, C. A. & Lopez Levers, L. (2012). Issues of loss & grief. Trauma counseling: Theories and Interventions (Levers, L.L., Ed.). New York: Springer Publishers. Chapter 5: pages 77-97
3. Goveas, J. S., & Shear, M. K. (2020). Grief and the COVID-19 pandemic in older adults. *The American Journal of Geriatric Psychiatry*, 28(10), 1119-1125.  
<https://reader.elsevier.com/reader/sd/pii/S1064748120303973?token=4F7B0D1046B0E2883575F6B8D84D373D2D3740D717CA573C327FCB014ED33BC23F8A053BE29D5A372CE1697599641849&originRegion=us-east-1&originCreation=20210608173357>
4. 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. *Palliative Medicine*, 20, 703-710.
5. Newson, R. S., Boelen, P. A., Hek, K., Hofman, A., & Tiemeier, H. (2011). The prevalence and characteristics of complicated grief in older adults. *Journal of Affective Disorders*, 132(1-2), 231-238.
6. Carr, D. (2012). "I don't want to die like that...": The impact of significant others' death quality on advance care planning. *The Gerontologist*, 52(6), 770-781.

Recommended as Additional Background Reading:

1. Ghesquiere, A., Haider, Y.M.M., & Shear, K. (2011). Risks for complicated grief in family caregivers. *Journal of Social Work in End- of-Life & Palliative Care*, 7 (2-3), 216-240. DOI: 10.1080/15524256.2011.593158
2. Jenkins, C. L., Edmundson, A., Averett, P., & Yoon, I. (2014). Older lesbians and bereavement: Experiencing the loss of a partner. *Journal of Gerontological Social Work*, 57(2-4), 273-287.
3. Enguidanos, S., Yonashiro-Cho, J., & Cote, S. (2013). Knowledge and perceptions of hospice care of Chinese older adults. *Journal of the American Geriatrics Society*, 61(6), 993-998

Module #5: Dementia

Date:

Learning Objectives:

After Module 5, Students will be able to;

1. Define and identify dementia and dementia-related illnesses, their symptoms and ways to evaluate clients for changes in their memory or functioning
2. Describe and analyze the social worker's role in the road to dementia diagnosis and thereafter
3. Describe, analyze, and incorporate new ways to respond to someone living with dementia that is also experiencing anxiety, depression or another concern
4. Describe and analyze the impact of dementia on older adult populations from different backgrounds
5. Advocate *with* an individual living with dementia. Specifically, students will be able to describe and incorporate person-centered approaches into their practice

Required Reading:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.). New York: Pearson. Chapter 5: Differential Assessment and Diagnosis of Cognitive and Emotional Problems of Older Adults, pp. 118-125.
2. 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.
3. Mast, B.T. (2012). Methods for assessing the person with Alzheimer's disease: Integrating person-centered and diagnostic approaches to assessment. *Clinical Gerontologist*, 35, 360-375.
4. Dilworth-Anderson, P., Pierre, G., & Hilliard, T. S. (2012). Social justice, health disparities, and culture in the care of the elderly. *The Journal of Law, Medicine & Ethics*, 40(1), 26-32.
5. [https://www.nytimes.com/2012/02/26/health/dealing-with-dementia-among-aging-criminals.html?\\_r=1](https://www.nytimes.com/2012/02/26/health/dealing-with-dementia-among-aging-criminals.html?_r=1)

Recommended as Additional Background Reading:

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. *Clinical Interventions in Aging*, 2(3), 477-483.
2. 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.
3. 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

4. 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.

Module #6: Depression, Anxiety and Loneliness during Mid to Later Life

Date:

**DUE: Preferences for In-Service Topics submitted by students**

Learning Objectives:

After this Module, Students will be able to;

1. Describe and assess for the ways that depression can present in older adult clients
2. Describe and analyze the relationship between depression, age, ethnicity and socioeconomic class
3. Describe and assess for anxiety disorders that occur in older adult clients
4. Describe and assess for suicidality in older adult clients
5. Describe the differences between loneliness and isolation and assess for such in older adult clients

Required Reading:

1. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention* (5<sup>th</sup> Ed.). New York: Pearson.
  - o Chapter 5: Differential Assessment and Diagnosis of Cognitive and Emotional Problems of Older Adults, pp. 110-118 (subsections on depression) and pp. 131-137 (subsections on anxiety).
2. Choi, N., & Kimbell, K. (2009). Depression care need among low-income older adults: Views from aging service providers and family caregivers. *Clinical Gerontologist*, 32(1), 60-76.
3. Berg-Weger, M., & Morley, J. E. (2020). Loneliness and social isolation in older adults during the Covid-19 pandemic: Implications for gerontological social work.
4. Mouzon, D. M., Taylor, R. J., Keith, V. M., Nicklett, E. J., & Chatters, L. M. (2017). Discrimination and psychiatric disorders among older African Americans. *International Journal of Geriatric Psychiatry*, 32(2), 175-182.
5. Hoy-Ellis, C. P., & Fredriksen-Goldsen, K. I. (2017). Depression among transgender older adults: General and minority stress. *American Journal of Community Psychology*, 59(3-4), 295-305.

Recommended as Additional Background Reading:

1. Butler, L.D., Critelli, F.M., & Rinfrette, E.S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31, 197-210.
2. Labisi, O. (2006). Suicide risk assessment in the depressed elderly patient with cancer. *Journal of Gerontological Social Work*, 47 (1-2), 17-25. [https://doi:10.1300/J083v47n01\\_03](https://doi:10.1300/J083v47n01_03)

### Module #7: Substance Abuse in Older Adult Clients

Date:

Learning Objectives:

After Module 7, students will be able to;

1. Describe and analyze issues correlated to chronic and new onset of substance abuse for older adult clients
2. Describe the prevalence (or number of) older adults who are living with substance abuse
3. Approach older clients about substance abuse, assess and consider differential diagnoses

Required Reading:

1. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.)*. New York: Pearson. Chapter 8: Substance Abuse and Suicide Prevention in Older Adults, pp. 203-221.
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. *Drug and Alcohol Dependence*, 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. *Gerontology*, 61, 32-40.
4. Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016). Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study. *PLoS ONE*, 11(5), e0155065.
5. Rodriguez, C., Schonfeld, L., King-Kallimanis, B., & Gum, A. (2010). Depressive symptoms and alcohol abuse/misuse in older adults: Results from the Florida BRITE Project. *Best Practices in Mental Health*, 6(1), 90-102.

Recommended as Additional Background Reading:

1. Gardner, P J., & Poole, J. M. (2009). One story at a time: Narrative therapy, older adults, and



addictions. *Journal of Applied Gerontology*, 28(5), 600-620.

2. Toleos, A. (2020). Press Release: Millions of Older Americans Harmed by Too Many Medications. Retrieved from: <https://lowinstitute.org/press-release-millions-of-older-americans-harmed-by-too-many-medications/#.Xvq1qwP5sFs.link>

## Module #8: Elder Abuse

### Date:

**DUE: Midterm Papers (Specific Date issued by Instructor)**

### Learning Goals:

After Module 8, Students will be able to;

1. Describe (and assess for) types of abuse that occur against older adults (in community and in care)
2. Describe and analyze current resources available for intervention
3. Incorporate new ways to respond if a client is resistant to help (and intervention)

### Required Reading:

1. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention* (5<sup>th</sup> Ed.). New York: Pearson. Chapter 9: Social Work Practice in Identifying and Preventing Abuse and Neglect of Older Adults, Entire chapter.
2. Makaroun, L. K., Bachrach, R. L., & Rosland, A. M. (2020). Elder abuse in the time of COVID-19—Increased risks for older adults and their caregivers. *The American Journal of Geriatric Psychiatry*, 28(8), 876-880.
3. Burnes, D. (2017). Community elder mistreatment intervention with capable older adults: Toward a conceptual practice model. *The Gerontologist*, 57 (3), 409-416.  
doi:10.1093/geront/gnv692.
4. Beaulieu, M., & Leclerc, N. (2006). Ethical and psychosocial issues raised by the practice in cases of mistreatment of older adults. *Journal of Gerontological Social Work*, 46(3-4), 161-186.
5. Mistreatment of Lesbian, Gay, Bisexual, and Transgender Elders. Retrieved from: [https://ncea.acl.gov/NCEA/media/Publication/NCEA\\_RB\\_LGBT2020.pdf](https://ncea.acl.gov/NCEA/media/Publication/NCEA_RB_LGBT2020.pdf)
6. Dahl, N., Ross, A., & Ong, P. (2020). Self-neglect in older populations: A description and analysis of current approaches. *Journal of aging & social policy*, 32(6), 537-558.

### Recommended as Additional Background Readings:

1. Blum, B. (2016). Undue influence and financial exploitation. The Huffington Post. Retrieved from [http://www.huffingtonpost.com/entry/undue-influence-and-financial-exploitation\\_us\\_574f5d10e4b09554f17c9ffe](http://www.huffingtonpost.com/entry/undue-influence-and-financial-exploitation_us_574f5d10e4b09554f17c9ffe)
2. Bourassa, D. B. (2009). Compassion fatigue and the adult protective services social worker. *Journal of Gerontological Social Work*, 52(3), 215-229.
3. Donovan, K., & Regehr, C. (2010). Elder abuse: Clinical, ethical and legal considerations in social work practice. *Clinical Social Work Journal*, 38, 174-182.
4. Haribson, J. (2008). Stoic heroines or collaborators: Ageism, feminism, and the provision of assistance to abused old women. *Journal of Social Work Practice*, 22(2), 221-234
5. 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. *Family Process*, 46, 451-470.

#### Module # 9: Formal (paid) and Informal (family/friend/unpaid) Caregiving –

Date:

Learning Objectives:

After Module 9, Students will be able to;

1. Describe the caregiving role (formal and informal) and how common this role is in today's society
2. Describe and analyze the impact of family (informal) caregiving on the caregiver and care receiver
3. Describe and analyze the family (informal) caregiving role and its' relationships with other aspects of the caregiver's social identity (i.e. race, gender, sexual orientation)
4. Assess caregivers for changes in their physical and mental health, as well as their capabilities for caregiving
5. Validate and offer responsive interventions to family (informal) caregivers no matter where they are in their caregiving journey
6. Support interdisciplinary team members, like direct care workers (paid caregivers) in working with older adult clients in the community and in care

Required Reading:

1. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention* (5<sup>th</sup> Ed.). New York: Pearson. Chapter 12: Working with Older Adults' Support Systems: Spouses, Partners, Families, and Caregivers, Entire chapter.

2. Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *Journal of Social Work Education*, 44(sup3), 105-113. Retrieved from: <https://www.tandfonline.com/doi/pdf/10.5175/JSWE.2008.773247702>
3. 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.). *Supporting the caregiver in dementia: A guide for health care professionals* (pp. 168-191). Baltimore: John Hopkins University Press.
4. 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. *The Gerontologist*, Advance Access Publication, 00 (00), 1-12. doi:10.1093/geront/gnx093.
5. <https://www.rosalynncarter.org/wp-content/uploads/2020/10/Caregivers-in-Crisis-Report-October-2020-10-22-20.pdf>
6. Montgomery, R. J. V., & Kosloski, K. (2013). Pathways to a caregiver identity and implications for support services. In R. C. Talley and R. Montgomery (Eds.). *Caregiving across the lifespan* (pp. 131-156). New York: Springer.

Recommended as Additional Background Reading:

1. Feinberg, L.F. (2003). The state of the art of caregiver assessment. *Generations*, 4, 24-32
2. Scommegna, P. (2016). Family caregiving. *Today's Research on Aging*, 33, 1-9.
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. *Journal of Gerontological Social Work*, 55(3), 282-297.

**Part #Three :Clinical Therapeutic Interventions with Older Adult Clients, their Families, and in Groups, Modules #10-13**

Module #10: Cognitive-Behavioral Therapy (CBT) & Behavioral-based Interventions in Practice

Date:

Learning Objectives:

After Module 10, Students will be able to;

1. Describe and analyze Cognitive Behavioral Therapy (CBT) and its' utility (usefulness) in clinical work with older adult clients
2. Approach clinical social work practice with older adult clients by assessing presenting behaviors
3. Identify and evaluate the connection between thoughts, behaviors and social identity for older adult clients

Required Readings:

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. *Journal of Gerontological Social Work*, 54(3), 276-291.
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. *The American Journal of Geriatric Psychiatry*, 24 (11), 1063-1073.  
<https://doi.org/10.1016/j.jagp.2016.06.006>.
3. Cummings, S. M., Cooper, R. L., & Cassie, K. M. (2009). Motivational interviewing to affect behavioral change in older adults. *Research on social work practice*, 19(2), 195-204.
4. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.)*. New York: Pearson. Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults.
5. Petkus, A.J. & Wetherell, J.L. (2013). Acceptance and commitment therapy with older adults: Rationale and considerations. *Cognitive and Behavioral Practice*, 20, 47-56.

Recommended as Additional Background Reading:

1. Evans, C. (2007). Cognitive-behavioral therapy with older people. *Advances in Psychiatric Treatment*, 13, 111-118.
2. Hanson, M. & Gutheil, I.A. (2004). Motivational strategies with alcohol-involved older adults: Implications for social work practice. *Social Work*, 49, 364-372.
3. Steinman, L., Cristofalo, M. & Snowden, M. (2012). Implementation of an evidenced- based depression care management program (PEARLS): Perspectives from staff and former clients. *Preventing Chronic Disease*, 9, 1-7. <https://dx.doi.org/10.5888/pcd9.110250>
4. 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. *Journal of Gerontological Social Work*, 54(2), 224-239.

## Module #11: Psychodynamic and Interpersonal Approaches

Date:

Learning Objectives:

After Module 11, Students will be able to;

1. Identify barriers older adult clients may endure when seeking psychotherapy
2. Describe and analyze psychodynamic approaches with older adult clients
3. Describe and analyze the differences between psychodynamic and interpersonal approaches with older adults

Required Reading:

1. Garner, J., & Evans, S. (2011). Psychodynamic approaches to the challenges of aging. In N.A. Pachana, K. Laidlaw, & B.G. Knight (Eds.), *Casebook of clinical geropsychology: International perspectives on practice* (pp. 55-72). New York: Oxford.
2. 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. *American Journal for Geriatric Psychiatry*, 23 (1), 87-98. doi:10.1016/j.jagp.2014.03.010
3. Hinrichsen, G.A. (2008). Interpersonal psychotherapy as a treatment for depression in later life. *Professional Psychology: Research and Practice*, 39 (3), 306-312.  
DOI: 10.1037/0735-7028.39.3.306
4. Lipsitz, J. D., & Markowitz, J. C. (2013). Mechanisms of change in interpersonal therapy (IPT). *Clinical Psychology Review*, 33(8), 1134-1147. Retrieved from:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4109031/pdf/nihms583262.pdf>

Recommended as Additional Background Reading:

1. Cronin, D. P. (2006). Psychodynamic psychotherapy. In B. Berkman (ed.), *Handbook of social work in health and aging* (Ch. 71, pp. 773- 780). Oxford University Press: New York.
2. Vacha-Haase, T., Wester, S. R., & Christianson, H. F. (2011). *Psychotherapy with older men* (pp. 33-57). New York: Routledge

---

## Module #12: Group Work With Older Adult Clients

**Date:**

## DUE: Final Papers (Specific Date Issued by Instructor)

### Learning Goals:

After Module 12, Students will be able to;

- Describe and analyze group work with older adult clients, its' benefits and limitations in clinical practice
- Consider other settings & scenarios where group work might occur with older adult clients and appropriate skills needed to facilitate
- Assess comfort and build upon skills to facilitate groups with older adult clients

### Required Readings:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5<sup>th</sup> Ed.). New York: Pearson. Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults, pp. 159-166.
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. *Geriatric Nursing*, 36, 372-380. doi.org/10.1016/j.gerinurse.2015.05.004
3. Marziali, E., & Donahue, P. (2006). Caring for others: Internet video- conferencing group intervention for family caregivers of older adults with neurodegenerative disease. *The Gerontologist*, 46(3), 398-403.
4. Varsha Pandya (2010) An Evidence Base for Group Work with Older Adults Living in the Community, *Social Work with Groups*, 33:4, 323-349, DOI: 10.1080/01609513.2010.487177
5. Shellman, J., Ennis, E., & Bailey-Addison, K. (2011). A contextual examination of reminiscence functions in older African-Americans. *Journal of Aging Studies*, 25, 348-354. doi: 10.1016/j.jaging.2011.01.001
6. Rizzo, V. M., & Toseland, R. W. (2005). What's different about working with older people in groups? *Journal of Gerontological Social Work*, 44(1&2), 5-23.

### Recommended as Additional Background Readings

1. 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. *The Gerontologist*, 44, 262-269.

2. Frost, R.O., Ruby, D., & Shuer, L.J. (2012). The buried in treasures workshop: Waitlist control trial of facilitated support groups for hoarding. *Behavior Research and Therapy*, 50, 661-667. <http://dx.doi.org/10.1016/j.brat.2012.08.0044>

### Module #13: Spirituality and Religion in Clinical Social Work Practice with Older Adult Clients

Date:

#### Learning Objectives:

After Module 13, Students will be able to;

1. Build upon their skills/abilities to ensure that spirituality and religion are being included in a biopsychosocial assessment for an older adult client
2. Respond more skillfully to older clients and their spiritual and religious beliefs
3. Incorporate religion and spirituality in clinical work with older adults in response to an older adult client's needs/interests

#### Required Reading:

1. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention* (5<sup>th</sup> Ed.). New York: Pearson.
  - o Chapter 7: Complementary and Alternative Socioemotional Interventions for Older Adults, entire chapter.
  - o Chapter 10: Spirituality and Social Work with Older Adults, entire chapter.
2. Reamer, F.G. (2020). *E-Social Work in a COVID-19 World: An Ethics Primer*. Retrieved from: [https://www.socialworktoday.com/news/eoe\\_0420.shtm](https://www.socialworktoday.com/news/eoe_0420.shtm)
3. 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. *Frontiers in Psychology*, 8 (118), 1-4. doi: 10.3389/fpsyg.2017.00118
4. Pfeil, U., Zaphiris, P., & Wilson, S. (2009). Older adults' perceptions and experiences of online social support. *Interacting with computers*, 21(3), 159-172.

#### Recommended as Additional Background Readings:

1. Bowland, S., Edmond, T., & Fallo, R. (2012). Evaluation of a spiritually focused intervention with older trauma survivors. *Social Work*, 57 (1), 73-82.

2. Quach, J. & Lee, J. (2017). Do music therapies reduce depressive symptoms and improve qol in older adults with chronic disease? *Nursing*, 47(6), 58-63.
3. Stephenson, R.C. (2013). Promoting well-being and gerotranscendence in an art therapy program for older adults. *Art Therapy: Journal of the American Art Therapy Association*, 30 (4), 151- 158.

#### Module 14: In-Service Presentations

Students will present their In-Services during this module.

#### Module 15: Course Debrief and Termination

Together, students and Instructor will discuss goals that were and were not met, opportunities for the future of the student's clinical practice and recommendations for the course. Termination practices will also be discussed.

#### **Resources for Instructor to review with students during last class –**

1. Szczygiel, P., & Emery-Fertitta, A. (2021). Field Placement Termination During COVID 19: Lessons on Forced Termination, Parallel Process, and Shared Trauma. *Journal of Social Work Education*, 1-12.
2. Caroline R. Gelman PhD (2009) MSW Students' Experience with Termination: Implications and Suggestions for Classroom and Field Instruction, *Journal of Teaching In Social Work*, 29:2, 169-187, DOI: 10.1080/08841230802238328

### **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](http://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.

### **Academic Resources**

#### *Library Research Assistance*

Meredith Parker is the social work librarian on the New Brunswick Campus

Meredith.parker@rutgers.edu p. 848-932-6124 ; Natalie Borisovets is at Newark, Dana Library natalieb@rutgers.edu 973-353-5909; 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.

**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-services/writing-tutoring>

#### Newark Campus

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

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

## *Additional Online Resources*

### APA Style

All students are expected to adhere to the citation style of the Publication Manual of the American Psychological Association, 7th edition (2020). It can be purchased at APA Manual 7th Edition. The Purdue OWL website also provide assistance with APA style

[https://owl.purdue.edu/owl/purdue\\_owl.html](https://owl.purdue.edu/owl/purdue_owl.html)

### Academic Integrity

As per Rutgers University Academic Integrity Policy, “Students are responsible for understanding the principles of academic integrity and abiding by them in all aspects of their work at the University. Students are also encouraged to help educate fellow students about academic integrity and to bring all alleged violations of academic integrity they encounter to the attention of the appropriate authorities.” All SSW students are expected to review and familiarize themselves with the RU Academic Integrity Policy in its’ entirety.

As per Rutgers University Academic Integrity Policy, “The principles of academic integrity require that a student: make sure that all work submitted in a course, academic research, or other activity is the student’s own and created without the aid of impermissible technologies, materials, or collaborations; properly acknowledge and cite all use of the ideas, results, images, or words of others; properly acknowledge all contributors to a given piece of work; obtain all data or results by ethical means and report them accurately without suppressing any results inconsistent with the student’s interpretation or conclusions; treat all other students ethically, respecting their integrity and right to pursue their educational goals without interference. This principle requires that a student neither facilitate academic dishonesty by others nor obstruct their academic progress; uphold the ethical standards and professional code of conduct in the field for which the student is preparing.”

Students should review all types of Academic Integrity Violations per the RU Academic Integrity Policy. Below are some of the more common violations, as articulated in Rutgers University Academic Integrity Policy:

“**Plagiarism:** Plagiarism is the use of another person’s words, ideas, images, or results, no matter the form or media, without giving that person appropriate credit. To avoid plagiarism, a student must identify every direct quotation using quotation marks or appropriate indentation and cite both direct quotation and paraphrasing 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, regardless of the nature of the assignment; Incorporating into one's work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other non-textual material from other sources, regardless of format, without proper attribution."

**“Cheating:** Cheating is the use or possession of inappropriate or prohibited materials, information, sources, or aids in any academic exercise. Cheating also includes submitting papers, research results or reports, analyses, and other textual or visual material and media as one's own work when others prepared them. Some common examples are: Prohibited collaboration: receiving research, programming, data collection, or analytical assistance from others or working with another student on an assignment where such help is not permitted; Copying another student's work or answers on a quiz or examination; Using or having access to books, notes, calculators, cell phones, technology, or other prohibited devices or materials during a quiz or examination; Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructors involved; Preprogramming a calculator or other device to contain answers, formulas, or other unauthorized information for use during a quiz or examination.; Acquiring a copy of an examination from an unauthorized source before the examination; Having a substitute take an examination in one's place; Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement; Submitting as one's own work a term paper or other assignment prepared, in whole or in part, by someone else.”

Any faculty member or academic administrator who becomes aware of a possible academic integrity violation must initiate a formal complaint with the Office of Student Conduct and the SSW's Academic Integrity Facilitator (Laura Curran at lacurran@ssw.rutgers.edu). The AIF deciding the case (the “adjudicator”) shall notify the accused student of the allegation in writing or by electronic communication within fifteen working days of the time the faculty member becomes aware of 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, see RU Academic Integrity Policy and Procedures for Adjudicating Academic Integrity Violations

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/assignment.”*

### **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>.

### **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, 848.932.1181, <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>

### **Resources:**

- 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