

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK
COURSE OUTLINE

19:910:525
Spring 2023
Instructor:

Clinical Social Work: Aging

Office hours:
Telephone:
Email:

I. Catalog Course Description

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

II. Course Overview

This course addresses theory, research, and practice that serve as a foundation for advanced social work 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. 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.

III. 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.

IV. Program Level Learning Goals and the Council of Social Work Education’s Social Work Competencies

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). Students are welcome to review CSWE’s accreditation standards 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 1: Demonstrate Ethical and Professional Behavior

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.

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.

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.

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

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

V. Course Level 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.

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.

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

- Recognize how early experiences frame the aging experience
- Assess how changes in physical, psychological, social areas (and more) of functioning over the lifespan impact mental health, interpersonal relationships, and overall functioning in mid to later life
- Recognize the role of age in clients' intersections of identity
- Respond empathetically to diverse and unique kinds of loss that older adults face, which can affect one's sense of self
- Incorporate existing strengths of older adults into interventions and practice

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 and Readings

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 your 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). For further instructions [please click here for a video tutorial](#)

VIII. Course Attendance and Participation Policies

(Faculty: all classes should have clearly articulated policies, with clear expectations and associated consequences for non-attendance as appropriate. You can edit the below exemplar policy as appropriate to your course)

In order to gain the most from their educational experience, MSW students are expected to attend class regularly. You should 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. Because of the amount of instruction you would miss, more than three absences may result in grade deductions. In addition, students are expected to take leadership roles in class discussions and exercises and come to class having completed any readings and assignments. If you do need to miss class or come late, please reach out to me and let me know.

IX. Zoom camera policy (for synchronous classes only)

In order to promote interactive learning, engagement, and community building, we expect students enrolled in synchronous remote classes (i.e., 'Zoom') courses to turn their cameras on for the duration of class. RU SSW also expects: 1) students should be in as private and distraction free environment as possible in order to support focused learning; and 2) students should not be engaged in other activities during class (driving, at work, etc.). If you are unable to turn your camera on for a particular week, please communicate let me know before class.

X. Diversity and Inclusion Statement

RU SSW seeks to create an inclusive learning environment where diversity, individual differences and identities (including but not limited to race, gender-identity and expression, 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 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.

XI. Reaching Out and Student Success and Well-Being

Graduate School is challenging no matter what and this has been a particularly challenging time period for all of us. My goal is to support your success in the classroom despite these challenges. If you are struggling academically or if you have other concerns, please reach out to me and communicate your concerns. I am here to help you with course content and I can refer you to other academic support and/or resources to support your well-being as necessary. Please remember that the [Office of Student Affairs](#) and your advisor are also here to help facilitate your success in our program as well. A variety of resources can be found on including supports around behavioral health/counseling, sexual violence and misconduct diversity and inclusion and bias reporting by campus at <https://socialwork.rutgers.edu/current-students/office-student-affairs>.

XII. Assignments and Grading

SSW MSW Grading Scale: Below is the grading scale for the MSW program

A 92-100

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

*Scores to be rounded up at .5

Assignment Value

- Attendance & Participation = 20%
- Assignment 1: Case Presentation Class Activity = 20%
- Assignment 2: Midterm Paper 30%
- Assignment 3: Final Paper 30%

XIII. Academic Resources

Library Research Assistance

Julia Maxwell is the social work the social work librarian on the New Brunswick Campus jam1148@libraries.rutgers.edu p. 848-932-6124 ; **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. Writing skills can be improved with practice and effort and Rutgers has multiple resources available to help students strengthen their professional and academic writing skills.

All MSW Students

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. <https://rlc.rutgers.edu/student-services/writing-tutoring> Online tutoring is available.

Newark Students Only

The Newark writing center is available for MSW students on the Newark campus by appointment. Online tutoring may be available. <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.english.purdue.edu/owl/resource/560/01/>

Email Etiquette for Students

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

XIV. 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 (Patricia Findley at pfindley@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.***

XV. 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 website.

XVI. Course Outline

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

Learning Objectives:

After this Module, Students will be able to:

- Consider how expectations of aging are shaped and structured
- Define ageism and identify how ageism is a form of oppression
- Discuss how ageism intersects with other injustices like racism and heterosexism

Core Reading:

1. Crockett, C., Cooper, B., & Brandl, B. (2018). Intersectional stigma and late-life intimate-partner and sexual violence: How social workers can bolster safety and healing for older survivors. *British Journal of Social Work*, 48(4), 1000-1013.
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

Supplemental Reading:

1. 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>
2. 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: Theories and Perspectives for Clinical Social Work Practice with Older Adults

Learning Objectives:

After this Module, Students will be able to:

- Recognize theories on aging and social work theories that guide clinical social work practice with older adult clients
- Incorporate cultural humility (and safety) into their practice when working with older adult clients
- Incorporate a strength-based perspective into practice

Core Reading:

1. 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.

2. 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.
3. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.)*. New York: Pearson. Chapter 1: The Context of Social Work Practice with Older Adults, entire chapter.
4. Vishal, M. V. (2018). Strengths-based social work: Proposing protective and engagement practice with older adults. *Journal of social work*, 3(3), 46-53.

Supplemental Reading:

1. 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.
2. 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>
3. 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.

Module #3: Physical Health and Aging

Learning Objectives:

After this Module, Students will be able to:

- Recognize physical (health) changes that occur as we age
- Recognize ways physical impairments impact the aging experience
- Describe ways that physical health impacts mental health during older adulthood

Core Reading:

1. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.)*. New York: Pearson. Chapter 2: Biological Changes and the Physical Well-Being of Older Adults, entire chapter.
2. McGrath, C., Rudman, D. L., Polgar, J., Spafford, M. M., & Trentham, B. (2016). Negotiating ‘positive’ aging in the presence of age-related vision loss (ARVL): The shaping and perpetuation of disability. *Journal of Aging Studies*, 39, 1-10.
3. Putnam, M. (2002). Linking aging theory and disability models: Increasing the potential to explore aging with physical impairment. *The Gerontologist*, 42(6), 799-806.

Supplemental Reading:

1. Reid, M. C., Eccleston, C., & Pillemer, K. (2015). Management of chronic pain in older adults. *Bmj*, 350.
2. Schoot, T. S., Perry, M., Hilbrands, L. B., van Marum, R. J., & Kerckhoffs, A. P. (2022). Kidney transplantation or dialysis in older adults—an interview study on the decision-making process. *Age and Ageing*.

Module #4: Mental Health and Aging (part one)

Learning Objectives:

After this Module, Students will be able to:

- Describe and assess for the ways that depression can present in older adult clients (acutely and chronically)
- Describe and assess for anxiety disorders that occur in older adult clients (acutely and chronically)
- Consider ways to engage older in clients for support

Core Readings:

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

Supplemental Readings:

1. Orth, U., Robins, R. W., & Soto, C. J. Tracking the Trajectory of Shame, Guilt, and Pride Across the Life Span.
2. Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. (2018). Social isolation, depression, and psychological distress among older adults. *Journal of aging and health*, 30(2), 229-246.

Module #5: Mental Health and Aging (part two)

Learning Objectives:

After this Module, Students will be able to:

- Describe dementia and dementia-related illnesses and their symptoms
- Describe and analyze the social worker's role in the road to dementia diagnosis and

thereafter

- Incorporate new ways to respond to someone living with dementia that is also experiencing anxiety, depression, or another mental health concern

Core Readings:

1. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter Seven. Dementia, personhood, and citizenship as practice. Routledge.
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. McGovern, J. (2015). Living better with dementia: Strengths-based social work practice and dementia care. *Social Work in Health Care*, 54(5), 408-421.
4. Baril, A., & Silverman, M. (2022). Forgotten lives: Trans older adults living with dementia at the intersection of cisgenderism, ableism/cogniticism and ageism. *Sexualities*, 25(1-2), 117-131.

Supplemental Readings:

1. 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.
2. Fitzpatrick, K., & Grace, M. (2019). Dementia patients' transition to residential aged care: Carers' and social workers' experiences. *Australian Social Work*, 72(3), 287-298.

In Class Activity – Case Presentation

Module #6: Interpersonal Relationships and Aging

Learning Objectives:

After this module, Students will be able to:

- Describe and analyze the impact of family (informal) caregiving on the caregiver and care receiver
- Assess caregivers for changes in their physical and mental health, as well as their capabilities for caregiving
- Describe the ways that social ties evolve across the lifespan and their impact on clients in older adulthood

Core Readings:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th 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. 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.
4. Rook, K. S., & Charles, S. T. (2017). Close social ties and health in later life: Strengths and vulnerabilities. *American Psychologist*, 72(6), 567.

Supplemental Readings:

1. Abramson, T. A. (2015). Older adults: the “Panini Sandwich” generation. *Clinical Gerontologist*, 38(4), 251-267.

Module #7: Substance Abuse and Aging

After this Module, Students will be able to:

- Discuss the prevalence (or number of) older adults who are living with substance abuse
- Analyze issues correlated to chronic and new onset of substance abuse for older adult clients
- Assess for substance abuse and consider strategies for treatment

Core Readings:

1. 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.
2. Kuerbis, A. (2020). Substance use among older adults: an update on prevalence, etiology, assessment, and intervention. *Gerontology*, 66(3), 249-258.
3. McInnis-Dittrich, K. (2020). *Social work with older adults: A biopsychosocial approach to assessment and intervention* (5th Ed.). New York: Pearson. Chapter 8: Substance Abuse and Suicide Prevention in Older Adults, pp. 203-221.
4. Xin, Y., España, M., & Davis, A. The acceptability of non-abstinent treatment goals among clinical social workers in the United States. *Journal of Social Work Practice*. DOI: <https://doi.org/10.1080/02650533.2022.2034768>

Supplemental Readings:

1. 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: NO CLASS

Midterm Papers Due by Midnight on this day

Module #9: Interpersonal Abuse, Trauma, and Aging

After this Module, Students will be able to:

- Describe types of abuse that occur against older adults (in community and in care)
- Assess for abuse in older adult clients
- Describe and analyze current resources available for intervention
- Identify the impact trauma has on the experience of aging

Core Readings:

1. Beck, E., Lewinson, T., & Kropf, N. P. (2015). Restorative justice with older adults: Mediating trauma and conflict in later life. *Traumatology*, 21(3), 219.
2. Hulko, Brotman, Stern, & Ferrer. (2020). *Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities.* Chapter Eight Mapping trauma across the life course. Routledge
3. Trauma Fact Sheet https://cdn.fedweb.org/fed-42/2/AgingAndTrauma_FactSheet_CenterOnAgingAndTrauma_2fdbr.pdf
4. 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.

Supplemental Readings:

1. 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.
2. Mistreatment of Lesbian, Gay, Bisexual, and Transgender Elders. Retrieved from: https://ncea.acl.gov/NCEA/media/Publication/NCEA_RB_LGBT2020.pdf
3. 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 #10: Cognitive-Behavioral Therapy (CBT) Practice

Learning Objectives:

After this Module, Students will be able to:

- Evaluate the connection between thoughts, behaviors, and social identity for clients in mid/older adulthood
- Consider Cognitive Behavioral Therapy (CBT) and its utility (usefulness) in clinical work practice with older adult clients
- Consider ways to incorporate CBT – related practice strategies

Core Readings:

1. Kropf, N. & Cummings S. (2017). Evidence-Based Treatment with Older Adults: Theory, Practice, and Research. Chapter Three Cognitive Behavioral Therapy: Theory and Practice. Oxford University Press USA – OSO.
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>.

Supplemental Readings:

1. Evans, C. (2007). Cognitive-behavioral therapy with older people. *Advances in Psychiatric Treatment*, 13, 111-118.
2. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). New York: Pearson. Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults.

Module #11: Reminiscence and Life Review

Learning Objectives:

After this Module, Students will be able to:

- Describe the therapeutic functions of reminiscence and life review for older adult clients
- Describe ways that they might incorporate these functions into their practice
- Analyze the utility of these functions in clinical social work practice with older adults

Core Readings:

1. 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
2. Kropf, N. & Cummings S. (2017). Evidence-Based Treatment with Older Adults: Theory, Practice, and Research. Chapter 11 Reminiscence and Life Review: Theory and Practice. Oxford University Press USA – OSO.
3. 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

Supplemental Readings:

1. Keall, R. M., Clayton, J. M., & Butow, P. N. (2015). Therapeutic life review in palliative care: a systematic review of quantitative evaluations. *Journal of Pain and Symptom Management*, 49(4), 747–761.

2. 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 #12: Interpersonal Therapy

Learning Objectives:

After this Module, Students will be able to:

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

Core Readings:

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>

Supplemental Readings:

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 #13: Group Work with Older Adult Clients

Learning Goals:

After this Module, Students will be able to:

- Lead group work interventions with older adult clients
- 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

Core Readings:

1. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). New York: Pearson. Chapter 6: Interventions for Depression, Anxiety, and Dementia in Older Adults, pp. 159-166.
2. 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.
3. 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
4. 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.

Supplemental 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>

Final Papers due by Midnight Date of Module 13

Module #14: Spirituality and Religion in Clinical Social Work Practice with Older Adult Clients

Learning Objectives:

After this Module, Students will be able to:

- Build upon their skills/abilities to ensure that spirituality and religion are being included in a biopsychosocial assessment for all aged clients
- Be responsive and inclusive toward clients and their spiritual and religious beliefs
- Incorporate religion and spirituality in clinical work with older adults in response to an older adult client's needs/interests

Core Readings:

1. Emlet, C. A., Harris, L., Pierpaoli, C. M., & Furlotte, C. (2018). "The journey i have been through": The role of religion and spirituality in aging well among HIV-positive older adults. *Research on aging*, 40(3), 257-280.
2. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). Chapter 10: Spirituality and Social Work with Older Adults, entire chapter. New York: Pearson.

Recommended as Additional Background Readings:

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

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.

Core Readings:

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

XVI. Course Assignments

Assignment 1: Case Presentation IN CLASS

Will occur: Week #5

Weight: 20% of final grade

Students will be assigned through Canvas to groups put into groups. Each student will present a client to their group for 10 minutes and leave 10 minutes for comments about what would be the area of focus for treatment. Students not presenting will be taking notes on each case to each group and document their own questions and focus for treatment. ALL students will turn in these notes to the Instructor at the end of class.

For synchronous class sections, students will be pre-assigned in Canvas and placed in breakout groups via ZOOM to complete this assignment.

Assignment 2: Midterm Paper on Assessment

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 6 sources. At least 3 sources 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 the Midterm Paper are:

- 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.

- 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.
- Describe and analyze the impact of macro-level systems that can potentially be impacting your client and their behavior.
- 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?
- 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.
- Given the resources and risks, provide examples of the character's coping strategies. Include evidence of strengths and resilience, as well as vulnerability.
- What additional knowledge do you need to gain to inform your future approach with the client?

Assignment 3: Final Paper on Intervention

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. At least 3 sources should be from this course.

Questions to Answer for the End of Term Paper are:

- 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)
- 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 why using readings from our class or others)
- Describe how you incorporated (or would incorporate) this approach (or intervention) with the client.
- Reflect on challenges you have experienced with your client or imagine you may have as you continue to work together.
- Describe any instances of transference or countertransference with the client.

- Describe where there were or potentially could be any ethical dilemmas in the work with the client. For example, capacity and competency issues.
- 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?