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

Clinical Social Work II
Course: 19:910:512
Spring 2025

Section:
Instructor:
Email:
Office:
Office Hours:

I. CATALOG COURSE DESCRIPTION

This course addresses therapeutic work with couples, families and groups. The focus is on the professional use of self in differentiated ways to enhance therapeutic outcomes. Reinforcement of the connections among theory, evidence-based practice, interventions and culturally appropriate and anti-oppressive stances toward social work practice occurs.

II. COURSE OVERVIEW

This course builds on the advanced techniques of practice taught in Clinical Social Work I. Clinical Social Work II is designed to prepare students to conceptualize, provide, and supervise delivery of social work services to couples, families and groups. Emphasis is on developing competence in processes for helping prevent problems, and to enhance, develop and restore social functioning.

As students read through this syllabus, they should also remember to closely review the School-Wide Syllabus in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

III. PLACE OF COURSE IN THE PROGRAM

This course builds on the learning principles and skills of Clinical Social Work I and focuses on intelligent application and evaluation of practice theories. Prerequisite is successful completion of both Clinical Social Work I, and one semester of advanced practice field along with a concurrent field placement in direct practice.

IV. COUNCIL OF SOCIAL WORK EDUCATION'S SOCIAL WORK COMPETENCIES

The Council on Social Work Education Policy and Accreditation Standards
The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at www.cswe.org.

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the 2022 CSWE competencies within its curriculum. The competencies assessed in this course include:

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

Clinical social workers understand how racism and oppression impact clients, families, groups, and communities. They also acknowledge the pervasive impact of white supremacy on the human rights, health, and well-being of clients, and use their knowledge, awareness, and skills to engage in anti-racist clinical practices. They recognize how the intersectionality of factors (including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status) influence clients' presenting concerns and affect equity and inclusion in all aspects of society. Clinical social workers understand how dimensions of diversity affect client explanations of health/mental health, help-seeking behaviors, and the therapeutic relationship. Practitioners in clinical social work value cultural strengths and tailor their engagement strategies, assessment tools, and interventions to meet the diverse needs of their clients. Clinical social workers monitor their biases, reflect on their own cultural beliefs, and use and apply their knowledge of human rights, ADEI, 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, privilege, and social locations. In presenting case material, clinical social workers integrate anti-racist and anti-oppressive stances and attend to clients' experiences of racism and oppression while also working to avoid undue pressure or use of power over clients. Practitioners in clinical social work:

- Identify how human rights violations, racism, oppression, and white supremacy impact the health and well-being of clients, families, groups, and communities; they rely on their knowledge, awareness, and skills to engage in anti-racist clinical practices and other ADEI efforts.
- Recognize how the intersectionality of factors (including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status) influence clients' presenting

problems and affect equity and inclusion in all aspects of society, including clients' health and mental health care choices.
- Demonstrate awareness of one's intersectionality and cultural background and reflect on how these factors may impact one's practice and the therapeutic relationship.
- Use clinical supervision to address personal and cultural biases and increase self-awareness.
- Use research findings, clinical theories, practice models, and literature on human rights, anti-racist practices, diversity, equity, and inclusion to develop a holistic understanding of client systems and circumstances.
- Apply the various models of clinical practice in ways that are culturally relevant to diverse and oppressed groups.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Clinical social work practitioners recognize the importance of the engagement process and understand the importance of differential use of self in initial encounters. Practitioners in clinical social work rely on ecological, anti-racist, human rights, and anti-oppressive perspectives to inform the therapeutic relationship; are aware of how interpersonal dynamics and cultural factors shape the therapeutic relationship; and use relational techniques to develop a therapeutic relationship. Clinical social workers recognize how engagement with couples, families, and groups may differ from individual approaches, and they develop differential engagement skills accordingly. Clinical social workers value collaboration and thus recognize the importance of clients' input in the development of their treatment goals. Clinical social workers use the engagement process to help clients convey their thoughts and concerns within the therapeutic relationship as well as to other providers/stakeholders. Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems (poverty, crime, social injustice, racism, classism, sexism, homophobia, transphobia, migration status, and ableism, among others) and incorporate this understanding of, and reflect upon, the ways these aspects shape client engagement.
- Understand how members of oppressed groups—people of color, people with varying sexual orientation and gender identities, people with different abilities, people with severe and persistent mental illness, among others—may require methods of engagement rooted in anti-racist, anti-oppressive, and human rights perspectives .
- Identify ways to enhance collaboration with clients and promote their empowerment, including seeking their input and feedback regarding the treatment process and fostering their capacity to provide feedback to other members of the treatment team.

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 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. Clinical social workers also recognize that traumatic and stressful events can be precipitated by human rights violations, racism, and other forms of oppression. 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. Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems— poverty, community violence, racism, sexism, religious or ideological bias, homophobia, transphobia, ableism, and other social injustices—and incorporate this understanding into their assessments.
- Select, modify, adapt, and evaluate clinical assessment tools and approaches depending on the needs and social locations of clients and current empirical evidence.
- Assess how issues of racism and other forms of oppression, social injustice, and inequities in access to resources play a role in client difficulties and how they affect the assessment process, including assisting the client in voicing concerns to the entire treatment team.
- Consider sharing the ways trauma and other stressors (including those related to racism, homophobia, transphobia, and other forms of oppression) affect health and behavior in order to assist colleagues in promoting empathy for clients in regard to the assessed factors, especially in host settings (e.g., health, criminal justice, and educational environments).
- Reflect on their own issues of power and privilege and how they impact the therapeutic relationship.

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

Clinical social workers select effective modalities for intervention based on the existing research as well as the client's cultural background and experiences with racism and other forms of oppression. Clinical social work practitioners integrate their knowledge of various individual, family, and group psychotherapeutic modalities, as well as crisis intervention techniques, 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 also 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. Practitioners in clinical social work:

- Select psychotherapeutic interventions based on a critical knowledge of theory, research, practice experience, and on understanding of how human rights violations, racism, and other types of oppression impact client choice of, and access to, interventions.
- Exhibit flexibility by shifting perspectives and interventions to suit the needs of clients, while recognizing that the multi-faceted assessment drives the selection of appropriate interventions.
- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems— poverty, crime, social inequality, institutional racism, sexism, religious and/or ideological bias, homophobia, and transphobia—and incorporate this understanding into their interventions.
- Intervene effectively with individuals, families, and groups, while eliciting client feedback and knowing when to modify approaches.

Competency 10: Specialized Clinical Competency (RU SSW Specific), Liberatory Consciousness:

Clinical social workers will continually work toward recognizing and utilizing a liberatory consciousness framework which "requires every individual to not only notice what is going on in the world around [them], but to think about it and theorize about it—that is, to get information and develop [their] own explanation for what is happening, why it is happening and what needs to be done about it" (Love, 1980, p. 472). They understand and identify how racism and other forms of stigma, prejudice, discrimination, and oppression intersect and contribute to various sources of stress. Clinical social workers continue to develop self-awareness of their intersectional identities recognizing how discrimination and structural inequities are compounded with multiple marginalized identities. They employ clinically responsive and informed interventions and consider

their power differential when delivering such interventions. Social workers consider how clients' intersectional identities impact their lives and use this knowledge to inform their practice. They promote diversity, equity, and justice through collaborative healing relationships and restorative practices.
Clinical social workers will apply the four elements of developing a liberatory consciousness (*awareness, analysis, action,* and *accountability/allyship*) in order to challenge oppression and promote social, racial, and economic justice.
Clinical social workers will:

- **Practice Awareness** by recognizing how discrimination and structural inequities are compounded with multiple marginalized identities. They will practice reflexivity when engaging clinical techniques and in supervisory processes.
- **Analyze** widely used clinical interventions to ensure those interventions recognize power differentials based on the intersection of social identities including, but not limited to, race, class, age, gender, and ability status[1] in the client-worker relationship. They use culturally responsive and informed interventions, including helping clients to analyze how problems they interpreted as personal faults may originate from systemic inequities.
- **Act** by using culturally responsive and informed assessments and interventions and by helping clients understand how their intersecting identities may affect various facets of their lives.
- Hold themselves **Accountable** and practice in **Allyship** by actively promoting equity and justice. This includes fostering collaborative healing relationships and restorative practice with clients, embracing client feedback, and ensuring clients play a key role in directing their inventions.

V. COURSE LEVEL LEARNING GOALS

This course, in alignment with the aforementioned competencies/program level learning goals, addresses engagement, assessment, and intervention skills with couples, families and groups while incorporating knowledge and awareness of diversity and difference, the social workers own intersectionality and biases, and how dimensions of diversity and oppression impact clinical practice.

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

1- To develop the ability to differentially use one's professional self to intervene with couples, families and groups using an anti-oppressive stance while drawing on current supported theories of practice and research.

2- To develop a proposal for a group that allows the student to integrate engagement, assessment and intervention strategies tailored to specific groups.

3- Demonstrate awareness of how demographics, family of origin, and intersectional identities impact the self of the social work practitioner, as well as the clients with whom we work.

4- Demonstrate awareness of the need to practice in a technology rich environment while navigating the ethical complexities of such practice.

VI. REQUIRED TEXTS:

Gottman, J. and Silver, N. (2015). *The seven principles for making marriage work.* New York: Random House. ISBN 9780553447712

Nichols, M.P. (2009). *Inside family therapy: a case study in family healing* (2nd ed). Boston, MA: Allyn & Bacon. ISBN 978-0-205-61107-2

Pelech, W., Lee, C. D., Basso, R., & Gandarilla, M. (2016). *Inclusive group work*. Oxford University Press. ISBN 13: 9780190657093

Yalom, I.D. & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th edition). Basic Books. ISBN-13: 9781541617575
***[Yalom text is available electronically (e-version) through Rutgers Library.]**

VII. ATTENDANCE AND PARTICIPATION

Attendance
Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program. ***For this course in particular***, students who miss more than one class, X. For students who miss more than two classes, X.

Late Assignments
Late assignments will <u>not</u> be accepted, unless the student has made arrangements prior to the assignment due date. Late papers/assignments not arranged <u>in advance</u> will receive a grade of zero. The instructor has the discretion to reduce the final grade of any late paper even if the lateness is approved in advance.

The instructor reserves the right to reduce the letter grade for late assignments.

VIII. ASSIGNMENTS

Course Assignments are valued in the following way:

A. Group Proposal Paper	**25 points**
B. Genogram Assignment	**30 points**
C. Family or Couple Role Play Assignment	**20 points**
D. Class Participation	**25 points**
	100 points

- **All written assignments must follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not conform to APA format.**
- **More detailed instructions about assignments are located within your Canvas shell.**

XII. COURSE OUTLINE

Module 1

- Pelech et al., (2016). Inclusive Group Work
    - Chapter 1 - Fundamentals of Group Work
    - Chapter 3 - Diversity: A Strengths-Based Approach

- Kurland, R., & Salmon, R. (2006). Group work vs. casework in a group: Principles and implications for teaching and practice. *Social Work with Groups, 28*(3-4), 121-132.
- Taiwo, A. (2022). Social workers' use of critical reflection. *Journal of Social Work 22*(2), 384-401.

Module 2

- Pelech et al., (2016). Inclusive Group Work
    - Chapter 4 – Principles of Inclusive Group Work
    - Chapter 5 – A Diversity of Purposes
    - Chapter 6 – Planning a Group with a Focus on Diversity
- Smith, L. C., & Shin, R. Q. (2008). Social privilege, social justice, and group counseling: An inquiry. The Journal for Specialists in Group Work, 33(4), 351-366.

- Burnes, T. R., & Ross, K. L. (2010). Applying social justice to oppression and marginalization in group process: Interventions and strategies for group counselors. The Journal for Specialists in Group Work, 35(2), 169-176.

Module 3

- Pelech et al., (2016). Inclusive Group Work
    - Chapter 8 – Group Development and Analysis
    - Chapter 9 – Beginnings
- Baird, S. L., & Alaggia, R. (2021). Trauma-informed groups: Recommendations for group work practice. Clinical Social Work Journal, 49, 10-19.

Module 4

- Yalom, I.D. (2020). The theory and practice of group psychotherapy, 6th ed.
    - Chapter 3 - Group Cohesiveness
    - Chapter 5 – The Therapist: Basic Tasks
    - Chapter 6 – The Therapist: Working in the Here and Now
    - Chapter 10 – In the Beginning

Module 5

- Pelech et al., (2016). Inclusive Group Work
    - Chapter 11 – The Middle Stage of Group Work
    - Chapter 12 – Advanced Skills and Conflict Resolution
- Birnbaum, M., & Cicchetti, A. (2001). The power of purposeful sessional endings in each group encounter. Social Work with Groups, 23(3), 37-52.

Module 6

- Pelech et al., (2016). Inclusive Group Work
    - Chapter 13 - Ending a Group and Evaluation
- Barrett, M. S., Chua, W. J., Crits-Christoph, P., Gibbons, M. B., & Thompson, D. (2008). Early withdrawal from mental health treatment: Implications for psychotherapy practice. Psychotherapy: Theory, research, practice, training, 45(2), 247.
- Goode, J. , Park, J. , Parkin, S. , Tompkins, K. & Swift, J. (2017). A Collaborative Approach to Psychotherapy Termination. Psychotherapy, 54 (1), 10-14. doi: 10.1037/pst0000085.
- Maples, J.L. & Walker, R.L. (2014). Consolidation rather than termination: Rethinking how psychologists label and conceptualize the final phase of

psychological treatment. Professional Psychology: Research and Practice, 45 (2), 104-110.

Group Proposal Paper Due

Module 7

- Nichols, M.P. (2009). Inside family therapy: a case study in family healing (2nd ed).
    - Chapter 1
    - Chapter 3
    - Chapter 4
- Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. Journal of marital and family therapy, 30(2), 113-129.
- Van Hook, M. P. (2014). Social work practice with families: A resiliency–based approach (2nd ed.). Chicago: Lyceum. Pages 153-164- Summary of family therapy types

Module 8

- Nichols, M.P. (2009). Inside family therapy: a case study in family healing (2nd ed).
    - Chapter 5
    - Chapter 6
    - Chapter 7
    - Chapter 8
    - Chapter 9

- Combs, G. (2019). White privilege: What's a family therapist to do?. Journal of marital and family therapy, 45(1), 61-75.
- D'Aniello, C., Nguyen, H.N., & Piercy, F.P. (2016). Cultural sensitivity as an MFT common factor. The American Journal of Family Therapy, 44(5), 234-244.
- Watts-Jones, T. D. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. Family Process, 49(3), 405-420.

Supplemental Resources

- Love, B. J. (2010). Developing a liberatory consciousness. In M. Adams, W. J. Blumenfeld, C. R. Casteneda, H. W. Hackman, M. L. Peters, & X. Zuniga (Eds.), Readings for diversity and social justice (pp. 533-540). Routledge.
- Kimberlé Crenshaw. The Urgency of Intersectionality. TEDWomen (October, 2016).

Module 9

- McGoldrick, M., Gerson, R., & Petry, S. (2020). Genograms: Assessment and treatment. WW Norton & Company.
    - Chapter 2 (pp. 35-70)
    - Chapter 4 (pp. 95-151)
- Standard Symbols for Genograms (Multicultural Family Institute).

Genogram Draft and Consultation with Partner Due

Module 10

- Hill, W. E., Hasty, C. & Moore, C. J. (2011). Differentiation of self and the process of forgiveness: A clinical perspective for couple and family therapy. *The Australian and New Zealand Journal of Family Therapy*, 32(1), 43-57.
- LaSala, M. C. (2007). Old maps, new territory. Journal of GLBT Family Studies, 3, 1-14.
- Van Hook, M. P. (2014). Social work practice with families: A resiliency–based approach (2nd ed.). Chicago: Lyceum. Chapter 11 Bowen Family Systems Pgs. 295-304.

Module 11

- Nichols, M.P. (2009). Inside family therapy: a case study in family healing (2nd ed).
    - Chapter 10
    - Chapter 11
    - Chapter 12
    - Chapter 13
- Bitter, J. R. (2014). Theory and practice of family therapy and counseling (2nd ed.). Belmont, CA: Brooks/Cole/Cengage. Chapter 10 Structural Family Therapy (Pgs. 233- 256).

Module 12

- Bitter, J. R. (2014). Theory and practice of family therapy and counseling (2nd ed.). Belmont, CA: Brooks/Cole/Cengage. Chapter 11 Strategic Family Therapy. (Pgs. 257-284).

- Burgoyne, N. & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. Family Process, 59(3), 974-988.

Genogram & Family Analysis Paper Due

Module 13

- Gottman, J. and Silver, N. (2015). The seven principles for making marriage work. New York: Random House.
    - Chapter 1
    - Chapter 2
    - Chapter 3
    - Chapter 8
- Guerin, P. J., Fay, L. F., Fogarty, T. F., & Kautto, J. G. (1999). Brief marital therapy: The story of triangles. In J. M. Donovan (Ed.). New York: Guilford Press.
    - Chapter 5 – Short-term Couple Therapy

Module 14

- Fishbane, M. D. (2011). Facilitating relational empowerment in couple therapy. Family Process, 50(3), 337-352.
- Pentel, K. Z., & Baucom, D. H. (2022). A clinical framework for sexual minority couple therapy. Couple and Family Psychology: Research and Practice, 11(2), 177.
- Hudak, J., & Giammattei, S. V. (2014). Doing family: Decentering heteronormativity in "marriage" and "family" therapy. In T. Nelson & H. Winawer (Eds.), *Critical topics in family therapy: AFTA Monograph Series highlights* (pp. 105–115). Springer Science & Business Media. https://doi.org/10.1007/978-3-319-03248-1_12Links to an external site.

Module 15

- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. Best Practices in Mental Health, 6(2), 57-68.
- Schwartz, R. H., Tiamiyu, M. F., Dwyer, D. J. (2007). Social worker hope and perceived burnout. Administration in Social Work, 31(4), 103-120.
- Vito, R. (2020). How do social work leaders understand and ideally practice leadership? A synthesis of core leadership practices. Journal of Social Work Practice, 34(3), 263-279.

Family and Couple Therapy Assignment Due