

COURSE SYLLABUS

CLINICAL SOCIAL WORK II

19:910:512

INSERT SEMESTER/TERM

INSERT LOCATION

INSERT DAY & HOURS OF THE COURSE

*\*Instructors: Changes for 2025 are noted in yellow highlighting. Insert your section's due dates in the green highlighted areas. Remove highlighting in the version you create for your students/section. Delete this message.*

Instructor:

Phone:

E-Mail:

**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 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 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: 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 clinical interventions that appropriately account for power differentials and use culturally relevant interventions and consider how clients’ intersectional identities impact their lives. They promote equity and justice through collaborative healing relationships.

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 in engaging clinical techniques and in supervisory processes.
- **Analyze** widely used clinical interventions to ensure they: recognize power differentials based on the intersection of social identities including race, class, age, gender, and ability status in the client-worker relationship are trauma and culturally informed.

- **Act** by using culturally relevant assessment and interventions and by helping clients understand how their intersectional 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 with clients, embracing client feedback, and ensuring clients play a key role in directing their treatment process.

**The CSWE Competencies are Assessed with these Assignments:**

<b>Competency</b>	<b>Assessment Assignment</b>
Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (A DEI) in Practice	Genogram Family Analysis Paper 2b
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities	Group Paper Section 3
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities	Genogram diagram and Family Analysis paper sections 1 & 2.
Eight: Intervene with Couples, Families and Groups Organizations, and Communities	Group Paper Sections 2, 3, & 4
Competency 10: Liberatory Consciousness:	Genogram Family Analysis paper 1: b, c, 2: b and Group proposal section 3, under Engagement numbers 4 & 5 & section 4: numbers 3 & 4.

**V. COURSE OBJECTIVES**

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 and READINGS

### **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

**\*[The Yalom text is available electronically (e-version) via the Rutgers Library.]**

The required texts can be purchased at the Rutgers University Bookstore, at <https://www.barnesandnoble.com> , or at <https://amazon.com> They are also on reserve at Alexander Library, Graduate Reserve.

### **Required Readings**

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](#)

## VII. COURSE EXPECTATIONS

This course will use a combination of discussion, experiential exercises, and lecture (the least used modality at this level). At the option of individual section instructors, there may also be individual or group assignments and presentations in addition to the required genogram and peer supervision assignments; if these are used, they will be computed into the course grade.

### **Students are expected to:**

1. **Read all required and specifically assigned readings.**
2. Additionally, read a large sampling of the supplementary readings.
3. Attend all classes and participate in class discussions and exercises.
4. Demonstrate, in class sessions and in the assignments, that they have read the readings, can relate readings and class material to their field experiences, and have sought out empirical evidence for the validity of various theories and the effectiveness of various intervention approaches.
5. Adhere to the University's Policy on Academic Integrity as well as the NASW Code of Ethics.

### **Late Assignments**

Written assignments are due at the beginning of class (before the instructor begins the session). Late papers/assignments/ will be accepted only in very unusual and compelling circumstances and only if cleared with the instructor in advance. Late papers/assignments not arranged in advance 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.

### **Assignment Integrity**

Plagiarism, cheating, lying, sabotage or any other violation of academic or professional standards for ethical behavior will not be tolerated and will result in failure for the assignment and course. **Plagiarism includes lack or inaccuracy of citation.**

**Use of artificial intelligence (AI)** such as ChatGPT should not be used to provide content for your assignments. This is an academic integrity violation. If it is used at all, it is only permitted to help you brainstorm ideas and see examples, unless otherwise directed by your instructor. All material submitted in the course must be your own as per the Academic Integrity policy.

### **ALL assignments should include the following:**

*On my honor, I have neither received nor given any unauthorized assistance on this assignment. Signed by \_\_\_\_\_.* (Inserted typed name is acceptable).

Please see the SSW School-Wide Syllabus for the entire Academic Integrity Policy.



## VIII. ATTENDANCE & 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.

## IX. ASSIGNMENTS & GRADING

Course assignments are valued in the following way:

A. Group Proposal Paper	30 points	(Due week 6)
B. Genogram Assignment	35 points	(Due weeks 10 & 12)
C. Family or Couple Role Play Assignment	25 points	(Varied due dates)
D. Class Participation	<u>10 points</u> 100 points	

Excellent papers address relevant course concepts, are well-written and well-organized, use formal English, demonstrate a masterful ability to analyze the concepts and issues learned in this course, and show evidence of critical thinking. Excellent papers identify client's strengths as well as their challenges.

Critical analysis requires that you: state/identify concepts, reference and cite sources, provide examples and definitions, discuss/analyze how examples illustrate the concept (or differ from the norm), integrate across course and other academic material, and consider implications. It is wise to give a copy of your assignments (other than the genogram) to your practicum instructor to discuss.

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.

### **A. CSW II Group Proposal Assignment: Due on (week 6, after group modules end)**

#### Assignment Overview:

Successful groups are well designed from the outset. They have a clear purpose and are delivered with a plan. This assignment provides students the opportunity to prepare a proposal for a new group that you would like to conduct with a target population of interest to you. Your task is to describe the planning and delivery of a well-thought-out group, describing the key factors required from conception through final evaluation. Show your plan is supported by theory and research.

#### *Format:*

- The paper should be **10 pages +/-2.**

- A title page including student name, class and section, professor, and title of assignment is required.
- Use the section headings below to structure your paper.
- Include the honor statement on the title page. *On my honor, I have neither received nor given any unauthorized assistance on this paper.*
- No abstract or running head is necessary.
- Do not use initials or real names to identify your clients. All names in the paper should be pseudonyms.
- You may use “I” and “we” and should use a direct and academically appropriate style of writing.
- Grammar and syntax matter and will constitute a portion of the grade. Write in a clear and engaging manner.
- Include your last name in the title of digital files.

### ***References***

- The paper should be guided by course readings and other relevant literature and must include **3-5 references at minimum (within the last 15 years)**, one of which should be the Pelech or Yalom text. Use references to support your work and plan.
- APA 7 reference and citation style is required.
- Literature supporting your choices of group format, approach, and interventions should be liberally sprinkled throughout the paper.
- In your appendix, if you use handouts from published resources or materials from a group with which you have been involved, you must cite the resources appropriately.
- **For in-text quotations**, be sure to include the page numbers when citing (e.g., Pelech et al., 2016, pp. 30–31).

### **Paper Outline:**

#### **Section 1 - Title, Purpose, Format of the Group:**

- a) Name of group and why that title was chosen.
- b) Define your group as one of the following types: mutual support, psychoeducational, or therapy.
- c) Explain why this group is needed and the goals of the group.
- d) Cite literature supporting use of the model and/or type of group you are using and why it is well matched to the target population. Citations should be within the last 15 years unless you are citing a seminal work,
- e) What is the plan for the number, frequency, length, and time of meetings and what is the rationale for those decisions?
- f) Identify whether the group is open or closed in terms of population and whether it is a fixed number of sessions or on-going (and why). Discuss the pros & cons of your chosen format.
- g) **State your inclusion and exclusion criteria.**

- h) Describe your role as a leader or co-leader, and what approach you will use in that role (e.g., active, reflective, educative etc.).

### **Section 2 - Group Conditions:**

- a) Describe the physical space you will need for the group. Discuss if there are any arrangements necessary for your specific group to run successfully (e.g. financial support, child-care, transportation, supplies).
- b) If necessary, how will you advocate for what you need to run the group?
- c) Include an appendix with a sample outline for at least three group sessions and the major topics to be covered (if defined topics are part of your group).

### **Section 3 - Recruitment and Engagement:**

#### *Recruitment*

- a) Who is the population you are trying to recruit and how you will recruit them?
- b) Discuss any anticipated problems with recruitment, permissions, or screening.

#### *Engagement*

- a) How will you orient and engage the group at the first meeting?
- b) How will you establish yourself as the leader or facilitator?
- c) What challenges do you anticipate in engaging the group members?
- d) How will you manage issues of power and privilege, including your own?
- e) How will you work with differences of race, gender, economic status, age, education levels or other personal characteristics of group members, particularly in conjunction with your own intersectional position and privilege?

### **Section 4 - Group Interventions and Cohesion:**

- a) What *group* intervention modalities and skills do you expect to use most often? Be sure the interventions are appropriate for group work and the type of group you are running. For example, if this is a mutual support group, specific facilitation skills are more likely to be a customary intervention, mini-lectures may be part of a psychoeducation group, while in a psychotherapeutic group, reflection might be a regularly used intervention. Be detailed about your interventions.
- b) Include references from the literature to support the use of this type of treatment for your population. If there is no evidence base for your population, cite evidence from the closest population and note the lack of research relating to your target population.
- c) Describe how your clinical interventions will be culturally relevant and account for power differentials and consider clients' intersectional identities.

- d) How will you promote group cohesion? In building cohesion, how will you address the intersection of social identities within the group?
- e) Name two potential challenging scenarios that may arise and describe how you would intervene to manage them.

**Section 5 - Termination and Evaluation:**

- a) How will you end the group (if it is not an ongoing group)?
- b) How will you manage group members leaving?
- c) How will you assess the effectiveness of the group and how effective you are as a leader:
  - I. Over the course of the group
  - II. At termination
- d) Summarize why this proposed group should take place.

**Grading Rubric for Group Paper (30 points)**

- **5 points** Writing and References: (grammar and syntax; APA references)
- **5 points** Purpose and Format
- **5 points** Group Conditions
- **5 points** Recruitment and Engagement
- **5 points** Group Interventions and Cohesion
- **5 points** Evaluation

**B. Four Generation Genogram with Written Analysis of Family Patterns**

**In-class draft genogram assignment due: (week 10)**

**Genogram & paper due: (week 12)**

Part of doing a full assessment with a family is identifying the dynamics that run like currents throughout the family’s history. The genogram allows us to understand this by creating a visual representation of the family’s history, structure, dynamics, and issues.

Another critical feature of conducting effective social work is to understand our own family history and its impacts. Insights about your own family structure & patterns will support effective and mindful social work practice. This assignment is designed to help you explore your own family influences, while also developing skills for creating and using genograms in practice.

How individuals define their “family” is highly varied. You can define who your kin are and who should be included on the genogram (e.g., non-blood relatives, families formed outside of biological or legal bonds, chosen family). If your history includes adoption, foster care, or a different family constellation in some way, you have the liberty to define who your family is. If one has been adopted or in foster care, use the family you identify with most clearly as your family of origin (where you know more of the people and their stories). You will indicate existence of other families as ‘bubbles’ next to the symbol for you. (If you have multiple foster families or other circumstances, feel free to talk with your instructor about how to focus your genogram.)

Most students find this assignment valuable both professionally and personally. Self-awareness regarding your family background, while it can be challenging, is crucial to being an aware, empathetic, and effective social worker. Assignments like this have been a mainstay in the training of clinicians in many professions for decades. For some, working on this assignment can evoke strong emotions. Please practice self-care as needed while researching and writing this assignment. Campus counseling services are available if needed.

- Camden: <https://wellnesscenter.camden.rutgers.edu/psychological-counseling-services/>
- Newark: <https://studentaffairs.newark.rutgers.edu/health-wellness/counseling-center>
- New Brunswick: <http://health.rutgers.edu/medical-counseling-services/counseling/>

**Ultimately, you have control over what information you choose to include.** Although it is vitally important to understand how your own family characteristics and history influence your interactions with clients, use your judgment about the level of information you elect to share, recognizing that the instructor and classmates are bound by confidentiality.

### **This Genogram Assignment is a Multi-step Process:**

**Step 1-** Throughout the early part of the semester, gather information from your family members about four generations of your family (parents, grandparents, great grandparents; their siblings and their families, etc.). It is understandable that there may be little or no information about older generations but do your best to get what information you can. More information will help you to see intergenerational patterns. If there is little or no information about the fourth generation (e.g. great grandparents.) consider discussing the family reasons for this.

You will need to gather basic information on the **family members**, such as names, ages, year of death if deceased, education, occupation, notable characteristics, addictions, etc.

You should also collect information about **relationship dynamics** (e.g., divorces, relationship styles, parent –child interactional styles), family stressors, as well as family accomplishments and strengths.

**Ethnicity and cultural information** are important to include as well. How has ethnicity and culture shaped the family over time? If some family members emigrated, indicate from what country and the year of immigration. Strengths as well as challenges should be included.

***Clear structure lines are necessary, and a creative key is required. The genogram must be drawn by hand. Genopro or other software is not to be used.***

**Step 2 - Genogram draft and peer consultation;** Prior to class on (week 10), be sure you have completed the readings for that date and use a large piece of paper/ poster board to create a detailed working genogram of your family with at least four generations (people often find butcher block paper or the back of wrapping paper to be useful). Start with the dark structure lines (family structure- children from unions) and then add relationship lines (enmeshed, distant etc.) in colors. Be sure to include appropriate information about each person, as well as relationship lines as described in the readings. Use of color (circling those with alcohol use with purple for example), stickers (flags for military service) or other creative ways of indicating patterns in the family is encouraged and a key explaining the symbols and/or color use should be included. **Bring this to class.** All of the structure lines and most of relationship lines should be included on the genogram brought to class (at minimum). **You will lose points if your draft is minimal.**

**Step 3 -** During class, we will work in dyads to help each other recognize themes/trends/dynamics in one another's genograms. While interviewing one another, try to incorporate new information into the genogram that arises from your discussion. Your sensitive use of questions and help with guiding analysis of your partner's genogram is expected and *confidentiality must be strictly observed*. You will only share your information with the partner in class, NOT the whole class.

**Step 4 - The final "project" is due on (week 12):** It consists of the fully delineated genogram (it should be rich with information) as well as a 7-10 page paper identifying the trends and patterns you have been able to identify in your genogram. If you bring your genogram to class rolled up, put your first name on the outside of the tube. The genogram will be returned to you after grading. An outline of the paper is provided below:

#### **Paper Outline:**

**1. Identification of: Family Patterns, Issues and Traits:**

Identification of psychosocial patterns, traits, and dynamics is the main focus of this section. What are the strongest or most prevalent traits and patterns you see?

- a) **DESCRIBE** the specific trends and issues depicted in the genogram, such as education attainment, marriage patterns, parent-child relationships, gender roles & identity, ethnicity, religion, **family strengths**, traumas, abuse of any sort (e.g., substance abuse or family violence), mental health issues, health issues/illnesses, economic status, and any other patterns that emerge (in the next section you will have the opportunity to analyze and explore the impact of the patterns identified here).
- b) Are there **patterns** related to culture, race, religion, ethnicity, economic status, occupations, sexuality, or education that have impacted your family over time? Consider strengths as well as challenges.

- c) Highlight if privilege, discrimination, and/or structural inequities have impacted the family.

**2. Theoretical Analysis of: Family Patterns, Issues and Traits:**

- a) In this section, you will use **concepts from this course** and/or other family therapy theories to **explain the family's patterns and dynamics that were identified in the prior section**. Here you go beyond describing the individuals and patterns by exploring how the family dynamics are explained by research and theory. Possible areas to describe include patterns of relating and intensities such as boundaries, triangles, enmeshment, hierarchy, and differentiation. The impact of culture and ethnicity on family can also be examined. Use theory/research to explain the patterns, issues, and traits identified in the prior section. Cite 2- 3 references (within the last 15 years) that support your analysis.
- b) If present, discuss how forms of racism, stigma, prejudice, discrimination, structural inequities, and oppression intersect and contribute to the family patterns and functioning. If present, discuss how privilege has contributed to the family patterns and functioning.
- c) Note how **strengths, vulnerabilities, and traumas** have been transmitted intergenerationally. Analyze how these patterns are likely to affect the current generation and following ones into the future. How might they be perpetuated? How might they be broken? Use of a family therapy theory can be helpful to explain the family dynamics.

**3. Work with Partner**

Describe the process of working with your partner in identifying trends. Describe your experience, key insights, and your own level of comfort in each role (interviewer/interviewee). Comment on the experience of feeling vulnerable and how it might be helpful in your work as a social worker.

**4. Use of Genograms**

Consider how this may be of use as a tool in your practice (or not). How does it fit with the population with whom you hope to work?

**Genogram Assignment Grading Rubric (35 points):**

- 5 points **Genogram Construction:**  
Structure lines, relationship lines, clarity, level of relevant detail, creativity with the key.
- 10 points **Identification of Family Patterns:**  
Ability to identify and depict family patterns and traits in the diagram.
- 10 points **Written Analysis of Family Patterns/Generational Trends:**

Relevant family therapy theories are used to analyze generational patterns and traits and their impact on the family, including how they may influence current and future generations (and self).

5 points **Written Analysis of Experience:**

Written analysis of your experience of being interviewed vs. interviewing for the genogram in class; Discussion of use in one's practice.

5 points **Syntax:**

Clarity of writing, grammar and following the outline for critical analysis.

### **C. Family or Couple Role Play Assignment**

You will be part of a small groups (4-6 in a group) that will develop and present a role play for the class. Your task is to develop a couple or family scenario and to develop a role play to show how to use Engagement, Assessment, and Intervention techniques from a specified family or couple modality. Highlight if discrimination, oppression, and/or structural inequities are impacting the family.

For the role play, you can use a real family as the source material but be sure to alter details of the family to make them unrecognizable to others (e.g. change names, genders, circumstances, ethnicity etc.). You may also create a fictional family to suit your needs or use a family from a film. Feel free to be creative in your approach. Engaging presentations are usually better learning opportunities for your audience. Do not read long paragraphs to the class.

As you plan and develop your presentation, the group members should be willing to discuss how to maintain an **equitable workload** among the group members. Clarify each member's role within the group and how each member will be accountable to your group for creating a quality presentation.

#### *Presentation*

The presentations should be no more than 30-40 minutes. Approximate timeframes for the elements are listed below. Your group should:

- a) Briefly (5-7 minutes) present a concise overview of the type of couple or family therapy being depicted in the role play (e.g. Structural, Strategic, Bowenian, etc.). Do not get bogged down in a long presentation on the theory. Just provide a brief overview to prepare the class for the role play. Describe the key points you plan to cover. Do not simply read a report to the class.
- b) Introduce the "couple" or "family" and why they are in treatment. Highlight if discrimination and/or structural inequities are impacting the family (3 minutes).
- c) Conduct a role play that highlights elements of the theory in the following areas:
  - a. Engagement (5 minutes)
  - b. Assessment (8 minutes)
  - c. Intervention (10 minutes)



- d) Take questions from the class about your role play.

### *Case Overview*

Prepare a case summary document with the following information. Bring copies for everyone in the class (or submit to the instructor 48 hours before class):

1. The name of your group and each group member's name.
2. A list of each family member, including their key information in a short paragraph or itemized list.
3. A short description of the presenting problem. 2-3 sentences.
4. A description of each Engagement, Assessment, and Intervention element you plan to display in the role play and why it has been chosen for this family.
5. References used to prepare the role play.

### **Family or Couple Role Play- Grading Rubric (25 points):**

5 points	<b>Case Overview Handout</b> Level of clarity. Appropriateness and depth of research. Understanding of the theory is demonstrated.
5 points	<b>Engagement</b> Efforts to join with the family consistent with the theory are demonstrated. Each member of the family is engaged.
5 points	<b>Assessment</b> Theory consistent assessment of the problem & strengths is demonstrated.
5 points	<b>Intervention</b> Skillful intervention is depicted based on theory and appropriateness to the family and problem.
5 points	<b>Overall Effectiveness as a Learning Opportunity</b> Level of engagement, interest, and fun generated. Teamwork is evident.

### **D. Class Participation Grade**

Participation points will be based on attendance and class participation. Participation in class discussions is expected and is seen as a way to further develop your professional voice. Involvement in other's peer supervision feedback is also expected.

#### **Students are expected to:**

- **Regularly participate in class discussions** and demonstrate integration of readings and case material. Examples of class participation include, but are not limited to, asking relevant questions/making relevant comments, active participation in small/large group exercises, presentation of case material, and bringing to class relevant articles/readings/current events information. Not participating verbally on a regular basis will lower your participation grade.

- **Read all required readings** and come to class prepared to discuss the topic.
- **Attend all classes and arrive on time.**
  - Lateness for any reason will impact your participation grade.
  - Absences may occur due to unforeseen circumstances, however, excessive absences (more than two absences) and/or consistent lateness (more than four) will result in the lowering of the final grade by at least one full grade point.
  - Partial attendance of a session is usually considered an absence.
  - The student must notify the instructor in advance or as soon as possible after the missed class. Missed classes will be excused by the instructor only for compelling reasons (e.g., illness, emergency, and other--to be determined by the instructor); notification does not automatically indicate an excused absence.
  - Even in the event of illness/compelling reasons, 3 or more absences may result in course failure.
  - Students are responsible for obtaining class notes and handouts of the missed session from a fellow student.
- Electronic devices. Cell phones, laptops or other **electronic devices are NOT to be used during class time.** Using devices will result in the lowering of the class participation grade.
- For some, class participation comes easy, others will need to work at it. Make the effort to be part of the discussion. Repetition should increase your comfort level and prepare you for your social work career.

## X. COURSE OUTLINE and READINGS

### Class 1 Overview of Course & Assignments

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.

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

### Class 2 Clinical Group Practice

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.

**Recommended:**

Drumm, K. (2006) The Essential Power of Group Work, *Social Work with Groups*, 29:2-3, 17-31, DOI: 10.1300/J009v29n02\_02

Turner, H. (2011). Concepts for effective facilitation of open groups. *Social Work with Groups*, 34(3-4), 246-256.

### **Class 3 Clinical Group Practice**

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

Pelech et al., (2016). *Inclusive Group Work*  
Chapter 8 – Group Development and Analysis  
Chapter 9 – Beginnings

Yalom, I.D. (2020). *The theory and practice of group psychotherapy*, 6<sup>th</sup> ed. (the e-version of the Yalom text is available via Rutgers Library)  
Chapter 3 – Group Cohesiveness

**Recommended:**

Gitterman, P. (2019). Social identities, power, and privilege: The importance of difference in establishing early group cohesion. *International Journal of Group Psychotherapy*, 69(1), 99-125.

Singh, A.A., Merchant, N., Skudrzyk, B., Ingene, D. (2012). Association for specialists in group work: Multicultural and social justice competence principles for group workers. *The Journal for Specialists in Group Work*, 37(4), 312-325.

### **Class 4 Clinical Group Practice**

Baird, S. L., & Alaggia, R. (2021). Trauma-informed groups: Recommendations for group work practice. *Clinical Social Work Journal*, 49, 10-19.

Yalom, I.D. (2020). *The theory and practice of group psychotherapy*, 6<sup>th</sup> ed.  
Chapter 5 – The Therapist: Basic Tasks  
Chapter 6 – The Therapist: Working in the Here and Now  
Chapter 10 – In the Beginning

**Recommended:**

- Kurland, R. (2006). Planning: The neglected component of group development. *Social Work with Groups*, 28(3-4), 9-16.
- Leszcz, M. & Kobos, J.C. (2008). Evidence-based group psychotherapy: Using AGPA's practice guidelines to enhance clinical effectiveness. *Journal of Clinical Psychology: In Session*, 64(11), 1238-1260.
- Lietz, C. A. (2007). Strengths-based group practice: Three case studies. *Social Work with Groups*, 30(2), 73-87.
- Rose, S. D., & Chang, H. S. (2010). Motivating clients in treatment groups. *Social Work with Groups*, 33(2-3), 260-277.
- Wayne, J., & Gitterman, A. (2004). Offensive behavior in groups: Challenges and opportunities. *Social Work with Groups*, 26(2), 23-34.

## **Class 5 Clinical Group Practice**

- Birnbaum, M., & Cicchetti, A. (2001). The power of purposeful sessional endings in each group encounter. *Social Work with Groups*, 23(3), 37-52.
- Pelech et al., (2016). *Inclusive Group Work*  
Chapter 11 – The Middle Stage of Group Work  
Chapter 12 – Advanced Skills and Conflict Resolution  
Chapter 13 – Ending a Group and Evaluation

### **Recommended:**

- Atieno Okech, J.E., Pimpleton-Gray, A.M., Vannatta, R., & Champe, J. (2016). Intercultural conflict in groups. *The Journal for Specialists in Group Work*, 41(4), 350-369.

## **Class 6 Termination**

### ***Group Proposal Assignment is Due***

- 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.

**Recommended:**

Rosenthal Gelman, C., Fernandez, P., Hausman, N., Miller, S., & Weiner, M. (2007). Challenging endings: First year interns' experiences with premature termination and discussion points for supervisory guidance. *Clinical Social Work Journal*, 35(2), 79-90.

**Class 7 Family Therapy Overview – Concepts, Models, and Common Factors**

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  
Chapters 1, 3, 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* (2<sup>nd</sup> ed.). Chicago: Lyceum.

Pages 153-164- Summary of family therapy types

**Class 8 Family Therapy Overview – Intersectionality, Therapist Location-of-Self**

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  
Chapters 5-9

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.

**Class 9 Genograms & Triangles**

Barsky, A. E. (2022). Sexuality-and gender-inclusive genograms: Avoiding heteronormativity and cisnormativity. *Journal of Social Work Education, 58*(2), 379-389.

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

**Recommended:**

Balaguer, A., Mary, D., & Levitt, M. (2000). The genogram: From diagnostics to mutual collaboration. *The Family Journal, 8*(3), 236-244.

Magnuson, S., & Shaw, H. E. (2003). Adaptations of the multifaceted genogram in counseling, training, and supervision. *The Family Journal, 11*(1), 45-54.

Shellenberger, S., Dent, M. M., Davis-Smith, M., Seale, J. P., Weintraut, R., & Wright, T. (2007). Cultural genogram: A tool for teaching and practice. *Families, Systems, & Health, 25*(4), 367.

**Class 10 Bowen Theory**

***Genogram Draft and Consult with Partner Assignment Due: In-Class***

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* (2<sup>nd</sup> ed.). Chicago: Lyceum.  
Chapter 11 Bowen Family Systems Pgs. 295-304

**Class 11 Structural Family Therapy**

Bitter, J. R. (2014). *Theory and practice of family therapy and counseling* (2<sup>nd</sup> ed.). Belmont, CA: Brooks/ Cole/ Cengage.

Chapter 10 Structural Family Therapy (Pgs. 233- 256)

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  
Chapters 10-13

**Class 12 Strategic Family Therapy/ Technology in Social Work**

***Genogram & Genogram Paper Due***

Bitter, J. R. (2014). *Theory and practice of family therapy and counseling* (2<sup>nd</sup> 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.

Hudak, J., & Giammattei, S. V. (2014). Doing family: Decentering heteronormativity in “marriage” and “family” therapy. In *Critical topics in family therapy* (pp. 105-115). Springer, Cham

**Class 13 Couples Therapy**

Gottman, J. and Silver, N. (2015). *The seven principles for making marriage work*. New York: Random House.  
Chapters 1-3; Ch 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.), *Short-term couple therapy* (pp. 103–123). New York: Guilford Press. [Ch. 5]

**Class 14 Couples Therapy**

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.

**Recommended:**

Butler, M. H., Harper, J. M., & Mitchell, C. B. (2011). A comparison of attachment outcomes in Enactment- based versus Therapist –centered therapy process modalities in couple therapy. *Family Process*, 50(2), 203-220.

Spengler, E. S., DeVore, E. N., Spengler, P. M., & Lee, N. A. (2020). What does “couple” mean in couple therapy outcome research? A systematic review of the implicit and explicit, inclusion and exclusion of gender and sexual minority individuals and identities. *Journal of Marital and Family Therapy*, 46(2), 240-255.

### **Class 15 Leadership, Self-Care, and Course Wrap-up**

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., Tiarniyu, 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.

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