



## **COURSE SYLLABUS**

### **CLINICAL SOCIAL WORK: FAMILIES**

**19:910:519: SECTION #**

**INSERT SEMESTER & YEAR**

**INSERT BUILDING AND ROOM #**

**INSERT CLASS DAY AND TIME**

**Instructor:**

**Phone:**

**Email:**

**Office Hours:** By appointment.

#### **I. CATALOG COURSE DESCRIPTION**

Advanced practice with family systems, with an emphasis on systems-analytical perspective that includes enviroing systems as well as internal dynamics of the family system. Differential use of the major theoretical approaches in family therapy. Emphasis on a social work framework and on such traditional family social work techniques as advocacy, brokerage, and provision of concrete services.

#### **II. COURSE OVERVIEW**

This course provides in-depth level, theory and advanced clinical practice for social work with the diverse family configurations (including single, reconstituted, gay/lesbian families) that social workers encounter in agency-based practice. The course will include lecture, discussion, role-playing, written case materials, and videotaped clinical interviews.

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 is an elective offered as part of the Clinical Social Work concentration curriculum and is ideal for students who wish to deepen their knowledge and expand their skills in working with families. Satisfactory completion of the Professional Foundation is



a prerequisite and it is recommended that students be placed in a field setting that has opportunity for work with families.

#### **IV. The Council of Social Work Education Policy and Accreditation Standards**

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at [www.cswe.org](http://www.cswe.org).

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the CSWE competencies within its curriculum. *These competences serve as program level Learning Goals for the MSW Program and include the following. Upon completion of their MSW education students will be able to: demonstrate ethical and professional behavior; engage in diversity and difference in practice; advance human rights and social, economic and environmental justice; engage in practice informed research and research informed practice; engage with individuals, families, groups organizations and communities; intervene with individual, families, groups organizations and communities; and evaluate practice with individuals, families, groups, organizations and communities.*

This course will assist students in developing the following competencies:

##### **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.

[Explore the entire set of 2022 CSWE competencies.](#)

## **V. COURSE GOALS**

1. To acquire an understanding of a variety of theoretical approaches to family therapy and be able to assess their applicability to a range of families including those that are single parent, minorities of color, and gay and lesbian.
2. To develop the ability to differentially use one's professional self to intervene with families using an anti-oppressive stance while drawing on current supported theories of practice and research.
3. To be able to complete an intergenerational family assessment through the use of a genogram and understand the use of the family of origin as a resource for change.
4. To be able to identify the structural patterns in the family, have a culturally sensitive ability to assess dysfunctional patterns and knowledge of appropriate intervention methods to alter family structure.

## **VI. REQUIRED TEXT**

Nichols, P. M., with Davis, D. S. (2021). Family Therapy: Concepts and Methods (12th ed.). Hoboken, NJ: Pearson Education. (ISBN-13: 9780135842843)

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](#)

## **VII. ATTENDANCE AND PARTICIPATION POLICIES**

### **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.

**Attendance is required.** Points will be deducted from a student's class participation score for each absence and late arrival. Absence, early departure, or lateness to class is acceptable only for compelling reasons, such as illness. Attend all classes, and participate in class discussions and exercises. Students with more than two absences will drop a letter grade for each absence (3=B).

### **Late Work**

**Late assignments will not be accepted**, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late assignments.

## **VIII. COURSE ASSIGNMENTS & REQUIREMENTS**

### **Student Expectations:**

1. **Read all required and specifically assigned readings.**
2. Attend all classes, and participate in class discussions and exercises. **Students with more than two absences will drop a letter grade for each absence (3=B).**
3. 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.
4. Adhere to the University's Policy on Academic Integrity as well as the NASW Code of Ethics.

### **Use of electronic devices**

All cell phones, tablets, and laptops must be silenced and **stored out-of-sight before class begins. Use of cell phones and laptops is prohibited in the classroom. Texting during class is NOT allowed.** Notetaking on a laptop needs advance approval from the instructor. Failure to comply with these rules (along with any rude behavior) will result in point deductions in grade for class participation and you may be asked to leave class at the instructor's discretion.

### **Assignment Requirements**



Written assignments are due at the beginning of class (before the instructor begins the session). Late papers/assignments/exams 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. A late assignment will lose 10 points for each day it is late.

Students who do not complete required assignments (including exams) will be given a failing grade on those assignments unless the instructor agrees to late receipt of the work because of serious illness or other compelling reasons, and a definite plan for completion of missing work is agreed upon in advance by the instructor and the student. Absence on the due date for an assignment or scheduled presentation will result in a 0 grade. No opportunities for make-ups or extensions will be given unless the student provides documentation of extenuating circumstances.

Written assignments must be typed using Times New Roman in 12-point font. 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.

**Papers should be carefully proofread before submission for problems in grammar, syntax, spelling, formatting, typographical errors, or other problems which impede clarity of communication. Problems in these areas will result in substantial deductions from your paper's grade.**

**Course Assignments:**

A. Brief Discussion Papers (10 pts. ea.)	30%
B. Genogram & Analysis	25%
C. Final Paper	35%
D. Class Participation and Attendance	10%

**A. Brief Discussion Papers (3 papers, 10% each)**

Students will do three reaction/discussion papers, 2-3 pages in length (not including bibliography), answering specific questions related to the readings. The questions can be found in section IX where the specific readings are listed. They will use these papers to prepare for class discussions and will submit them for grades at the end of the class they are due. Papers must have proper citations and references in APA style. Include page numbers. Abstracts and running heads are not necessary.

**B. Genogram Assignment**

Students will construct a three-generation genogram of a family presenting for therapy and then write a 5-8 page analysis of the family system as depicted on the genogram. Ideally you will use a case from your field placement. You may also create a fictionalized family or use the list of movie families found on the course site for ideas. Do not use your own family.

**The Genogram:**

1. Create a three-generation genogram of the family using the Multicultural Family Institute Standard Symbols for Genograms (found on the course site).



2. Show patterns, strengths, and vulnerabilities that appear among members of the family.
3. Some areas you may choose to depict include: level of education, type of occupations, religious observance, stability of marriages, patterns of strengths, parenting styles, physical illnesses, mental illnesses, substance abuse, forms of abuse, forms of discrimination, notable achievements, major losses, family transitions, social class, racial and ethnic identity, immigration/emigration etc.
4. Indicate significant relationship patterns and intensities using symbols (e.g. closeness, distance, conflict, enmeshment, cutoffs, triangles etc.).
5. Note cross-generational patterns, trends, and problems.
6. Create a key describing any unique symbols or colors you use.

### ***Paper Describing and Analyzing Family Trends***

Using at least two different readings from the course to frame your analysis, describe what is depicted in the genogram:

1. Describe the presenting problem.
2. Briefly describe the family. Include everyone involved in the presenting problem. Include demographic factors and what makes the family unique.
3. Describe at least two family strengths depicted in the genogram.
4. Describe the relational patterns or trends depicted in the genogram and how they might relate to the presenting problem.
5. Describe intergenerational vulnerabilities (including those resulting from cutoffs and triangles) that might have a role in the presenting problem.
6. Be sure to demonstrate understanding of concepts from this course. You will be graded on your ability to analyze and apply theoretical concepts to your case.

### **C. Final Paper**

Choose a client family you are working with or have worked with in the past to serve as the basis for the paper. You are being asked to describe the assessment and treatment of the family using two family treatment approaches, at least one of which has been covered in class (Structural, Bowenian, Solution-Focused, Narrative). You do not need to describe actual work you have done with the family; you are using them to write as if you conducted family therapy with them. This paper should be 10-12 pages in length.

- 1) Assess this family using two perspectives. How well does each of these models fit (or do not fit) the client family system you have chosen? What research or theoretical literature (3 sources at least two of which are not assigned for class) do you have to support the use of one or both of your chosen models with this family? Be sure to include the presenting problem, description of the family and how issues of race/ethnicity, class, gender and sexual orientation relate to the family's problems and strengths.
- 2) Develop and describe a treatment plan. What explicit, measurable, observable goals do you have for this family and/or its members? How do the goals relate to the models of treatment you have chosen? (Be sure to include any environmental goals.)
- 3) Describe your interventions. Include relevant environmental interventions such as case management, advocacy and referral.



- 4) Evaluation: Discuss if your interventions were successful. How do you know? Why or why not? Do you think another model of treatment would have worked better? Describe.

#### **D. Class Discussion/Participation**

As this class will be seminar style, each of you will be called upon to give your impressions of the readings and to engage in class discussions. **Please note that if you are called upon and it becomes clear that you have not done the reading assignment, you will lose points on class participation. If this happens three times, your final grade will be reduced one letter grade.**

All assignments for this class must reflect social work values and ethics including awareness of issues of diversity and economic and social injustice.

### **IX. GRADING**

Brief Discussion Papers (10 pts. ea.)	30%
Family-of-Origin Genogram	25%
Final Paper	35%
Class participation and Attendance	10%

### **X. COURSE EVALUATION**

Rutgers University issues a survey that evaluates both the course and the instructor. Toward the end of the semester, students complete this survey and all answers are confidential and anonymous. The instructor may also choose to conduct a mid-point evaluation and/or add qualitative questions to the final evaluation.

### **XI. COURSE OUTLINE**

#### **UNIT I INTRODUCTION TO FAMILY-CENTERED CLINICAL SOCIAL WORK PRACTICE AND GETTING STARTED**

Definition of family and description of family configurations and types, including ethnicity, composition, and sexual orientation, and how these differences impact the family life cycle and development.

History, ethics and values, underlying assumptions.

Family Life Cycle.

Empirical Support for the family approach.



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## **Class 1**

### **Introduction General Skills for Working with Diverse Families**

#### **Required Reading:**

Nichols

Chapter 2: Basic Techniques of Family Therapy (pp. 27-49)

Chapter 3: The Fundamental Concepts of Family Therapy. (50-68).

Carter, B. & McGoldrick, M. (1999). Overview: The expanded family life cycle: Individual, family and social perspectives. In B. Carter & M. McGoldrick, (Eds.) *The expanded family life cycle: Individual, family, and social perspectives* (3<sup>rd</sup> ed., pp. 1-26). New York: Allyn & Bacon.

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## **Class 2**

### **Evidence Basis for the Family Approach**

#### **Required Reading:**

Nichols. (Textbook)

Chapter 14: Lebensohn-Chialvo, F. Research on Family Intervention. (276-289).

Frediani, G., & Rober, P. (2016). What Novice Family Therapists Experience During a Session... A Qualitative Study of Novice Therapists' Inner Conversations During the Session. *Journal of marital and family therapy*, 42(3), 481-494.

Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of marital and family therapy*, 30(2), 113-129.

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## **UNIT 2                      THE STRUCTURAL APPROACH**

## **Class 3, 4 & 5**

### **Structural Family Therapy**

#### **Required Reading**

Minuchin, S. (1974). *Families & family therapy*. Cambridge, MA: Harvard University Press. (Chapter 8: Restructuring the Family pp. 138-157).



Nichols, M.

Chapter 6: Structural Family Therapy (pp. 111-130)

Davis, S. D. & Butler, M. H. (2004). Enacting relationships in marriage and family therapy: A conceptual and operational definition of an enactment. *Journal of Marital and Family Therapy*, 30, 319-333

Recommended Reading

Gardner, B. C., & Butler, M. H. (2009). Enacting relationships in MFT: The empirical, theoretical, and clinical case for incorporating enactments as common factors in the best practice model. *Journal of Couple & Relationship Therapy*, 8(4), 306-324.

**DUE -Brief Discussion Paper 1 (Briefly answer the following questions.)**

- 1) What are the stages of enactment as articulated by Davis and Butler?
- 2) Briefly contrast and compare their model of enactment with the descriptions by Nichols and Minuchin.

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**Class 6**

**Practicing Enactments**

**UNIT 3: THE EXTENDED FAMILY SYSTEMS (BOWENIAN) APPROACH**

**Class 7**

**Bowen Family Systems Theory**

Required Readings

Nichols Chapter 4: Bowen Family Systems Therapy (69-88)

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.  
(Chapter 22, "Toward the differentiation of self in one's family of origin." pp. 529-547).

Papero, D. V. (2000). The Bowen theory. (pp. 272-299). *Family counselling and therapy*, 3<sup>rd</sup> Edition, Boston, Cenage.



**DUE—Brief Discussion 2:** Briefly answer the following questions:

- 1) What are the theoretical underpinnings of Bowenian family therapy?
- 2) How is it different and similar from structural family therapy?
- 3) Why is it important for therapists to develop and work on their own genograms?

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## **Class 8**

### **The Genogram**

#### Required Reading

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

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## **Class 9**

### **Genogram and Genogram Paper Due**

#### Required Reading

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.

McGoldrick, M. & Carter, B. (2001). Advances in coaching: Family therapy with one person. *Journal of Marital and Family Therapy*, 27, 381-300.

## **UNIT 4: THE SOLUTION-FOCUSED APPROACH**

## **Class 10**

### **Solution-Focused Theory**

#### Required Reading

Nichols  
Chapter 11: Solution Focused Therapy (pp. 219-238)



Berg, I. K. & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton.

Chapter 5, Useful Tools: How and What to Use. (pp. 245-267)

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## **Class 11**

### **Required Reading**

Berg, I. K. & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton.

Chapter 6, Investigation as Intervention and Prevention (142-186).

Chapter 7: Case Closure: How Good is Good Enough? (187-203).

## **UNIT 5      DIFFERENTIAL USE OF THEORETICAL APPROACHES AND INTERVENTIONS**

## **Class 12**

### **Contextual Issues**

### **Required Reading**

Nichols

Chapter 10: Family Therapy in the 21st Century (189-218)

Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221-233.

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.

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### **DUE-Discussion Paper 3: Briefly answer the following questions.**

- 1) What are some ways your cultural identity impacts your work with clients?
- 2) Explore some areas of difference that you might currently avoid exploring with clients and speculate as to why. (e.g. race, class, religion, sexual orientation).



## **Class 13**

### **Other Family Therapy Theories**

#### **Required Reading:**

Nichols, M.

Chapter 9: Cognitive Behavioral Family Therapy (167-188)

Chapter 12: Narrative Therapy (239-256)

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## **Class 14 & 15**

<b>Class 15 - FINAL PAPER DUE</b>
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### **Contextual Issues**

#### **Required Reading**

Davis, S. D., & Hsieh, A. L. (2019). What does it mean to be a common factors informed family therapist?. *Family Process*, 58(3), 629-640.

Knudson-Martin, C., McDowell, T., & Bermudez, J. M. (2019). From knowing to doing: Guidelines for socioculturally attuned family therapy. *Journal of marital and family therapy*, 45(1), 47-60.

LaSala, M. C. (2010). *Coming out, coming home: Helping families adjust to a gay or lesbian child*. New York: Columbia University Press. (Chapter 5: Family Renewal: The Gift of the Gay or Lesbian Child (pp.183-215).

#### **Recommended Reading**

Ahrens, C. R. (1999). Divorce; An unscheduled family transition. In B. Carter & M. McGoldrick, (Eds.) *The expanded family life cycle: Individual, family, and social perspectives* (3rd ed., pp. 1-26). New York: Allyn & Bacon.

Boyd-Franklin, N. (2003). Race, class, & poverty. In Walsh, F. *Normal family processes: Growing diversity and complexity* (3<sup>rd</sup> ed.) New York: Guilford Press.