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

Clinical Social Work: Aging
19:910:525

Term:
Instructor:
Office hours:
Telephone:
Email:

I.   Catalog Course Description

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

II.   Course Overview

This course addresses theory, research, and practice that serve as a foundation for advanced social work practice with diverse older adults, their families and other networks. Tools for multidimensional assessment are presented. Students learn the details of how to engage in collaborative treatment planning across disciplines. Particular attention is paid to the most vulnerable populations that bring a history of social struggle to their growing older or that face particular challenges of the oldest adults. Multiple levels of interventions will be considered in the context of different practice settings. Finally, the ethical implications for practice with older adults, recognition of some commonly experienced ethical dilemmas, and methods for resolution will be addressed.

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 Program

This course is offered as a distributional practice course within the clinical social work concentration, which MSW students typically take in the fall semester of their advanced-program year. This course also serves as a "choice" course for the MSW Certificate in Aging and Health. Satisfactory completion of the Professional Foundation year is a prerequisite, and it is recommended (but not required) that students be in a field placement that provides opportunities for practice experiences with older adults and their families.

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

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). 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.

Upon completion of their MSW education students will be able to:
- demonstrate ethical and professional behavior;
- engage in diversity and difference in practice;
- advance human rights and social, economic and environmental justice;
- engage in practice-informed research and research-informed practice;
- engage with individuals, families, groups organizations and communities;
- intervene with individual, families, groups organizations and communities;
- and evaluate practice with individuals, families, groups, organizations, and communities.

This course will assist students in developing the following competencies:

Competency 1: Demonstrate Ethical and Professional Behavior

Practitioners in clinical social work recognize the importance of the therapeutic relationship, person‑in‑environment and strengths perspectives, professional use of self, and adherence to ethical and value guidelines for professional practice. Clinical social workers differentially utilize theories, research, and clinical skills and integrate them with a commitment to human rights, anti-racist practices, diversity, equity, and inclusion to enhance the well‑being of individuals, families, and communities in an ethical manner. Clinical social work practitioners acknowledge the complexities involved in their practice, including the need to navigate ethical issues in an organizational context, and use clinical supervision to ensure that their practices are congruent with social work values and ethics. Extending and enhancing ethical and professional practice from the foundation level requires that clinical social workers reflect on their own family of origin to assess how it impacts their clinical work. Advanced‑level practitioners must manage complex systems while understanding how cultural and developmental aspects of self and their clients influence their work. Clinical social workers recognize their own strengths and

weaknesses in developing, managing, and maintaining therapeutic relationships. Practitioners of clinical social work must continually adapt to rapidly changing technology in an ethical and professional manner. Practitioners in clinical social work:

- Use clinical supervision and consultation to continuously examine professional roles and boundaries, engage in ongoing self‑correction, and ensure that their practice is congruent with social work ethics and values.
- Apply ethical decision‑making skills and frameworks to clinical material, while complying with the NASW Code of Ethics and local, state, and federal regulations.
- Demonstrate knowledge of one's family of origin's cultural, psychodynamic, and behavioral patterns and reflect on how that history impacts one's ability to differentially use one's professional self in service for clients.
- Exhibit an anti‑oppressive stance incorporating the social work values of social justice, the dignity and worth of the person, confidentiality, support for self-determination, the value of human relationships, and integrity in all discussions of clinical case material.
- Provide services and represent themselves as competent within the boundaries of their education, training, experience, and license.
- Establish and maintain clear and appropriate professional boundaries.

Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice

Clinical social workers are fully grounded in the ethics of the profession, recognizing the dignity and worth of all individuals and the need to advocate for social, racial, economic, reproductive, and environmental justice. Clinical social workers recognize the need to assess clients' physical environment for the availability of safe shelter, food, water, and air. Clinical social workers are adept at recognizing how human rights violations, racism, and other social-structural forces marginalize people and thus work to advocate for policies that promote social, racial, reproductive, and economic justice, advance human rights, and promote environments in which all individuals can thrive. Practitioners in clinical social work:

- Contextualize all client conceptualizations (assessments) utilizing the lenses of human rights and social, racial, reproductive, and economic justice, including aspects of identity and social location that may marginalize clients and/or contribute to inadequate access to healthcare and the inequitable distribution of social and economic resources.
- Assess the availability of clean and safe shelter, water, food, air, and other health-sustaining environmental resources and help individuals, families, groups, and communities to develop mechanisms to advocate for and maintain these environmental resources.
- Advocate for equitable distribution of all social, economic, and practical resources, including the availability of a competent clinical social worker with commitments to human rights as well as anti-racist, anti‑oppressive, and justice‑oriented clinical practices.

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.

View the entire set of 2022 CSWE competencies.

V.   Course Objectives

This course focuses on providing students with the knowledge and skills to assess and intervene upon specific experiences that may occur throughout middle and later adulthood.

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

- Recognize how early experiences frame the aging experience.
- Assess the impact of changes in physical, psychological, and social functioning have on mental health during mid, old and older adulthood.
- Recognize the role of age in clients' intersections of identity.
- Respond empathetically to diverse and unique kinds of loss that older adults face, which can affect one's sense of self.
- Incorporate existing strengths of older adults into evidence-based interventions and practice.

VI.   Required Texts and Readings

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

Students also are expected to read other works drawn from a selection of additional books and journals.

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. Course 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. ***For this course in particular***, students who miss more than one class may receive a 5-point deduction for their participation grade. Students who miss more than two classes, are at risk of failing the course.

Late Assignments
Late assignments will <u>not</u> be accepted, unless the student has made arrangements prior to the assignment due date. The instructor of the course needs to be made aware and approve of the arrangement before any late assignments can be submitted. The instructor reserves the right to reduce the letter grade for late assignments. Both the midterm and final assignments for this course need to be completed and earn a passing grade in order to pass this course.

VIII. Assignments and Grading

All written assignments must follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not confirm to APA format (see this website for a useful guide to APA, http://www.columbia.edu/cu/ssw/write/apastyle.html).

Assignment Value

- Assignment 1: Case Presentation Class Activity = 20% (Awareness)

- Assignment 2: Midterm Paper 30% (Analysis)

- Assignment 3: Final Paper 30% (Analysis)

- Attendance & Participation = 20% (Accountability and Allyship)

Assignment 1: Case Presentation
Due Date: Due between Module 5 and 6 via Canvas
Weight: 20% of final grade
Assignment Details:
- This assignment is to help prepare students for future clinical practice. Students will consider confidentiality and the Social Work Code of Ethics in preparation for this assignment and all future assignments.

- Students will use a client from their internship and present the following details about the client:
    1. Relevant demographic details (i.e. sex, gender, ethnicity, age)
    2. Presenting Problem (i.e. why are they working with you/the agency?)
    3. How does their age (and stage of development) impact their presenting problem(s)?
    4. How might ageism be experienced by the client?

- **The Write Up of the Case:** Students should write this case presentation up and submit via Canvas. It does not need to include citations. It should be reflection-style and as if you were presenting.

- In addition to submitting their own Case presentation, students will also need to comment on one other student's case presentation via Canvas.

Assignment 2: Midterm Paper on Assessment
Due:
Weight: 30% of final grade
The mid-term paper should be no more than 10 pages but no less than 5 pages and must use a minimum of 6 sources. At least 3 sources should be from this course.

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

Questions to Answer for the Midterm Paper are:
- Provide a description of the older adult client. Use a bio-psycho-spiritual-social perspective. Also consider answering whether the client was mandated to seek your services or if they sought support on their own. When performing the bio-psycho-spiritual-social for the client, describe and analyze the ways that their background can influence their behavior.

- Describe and analyze the client's micro-level systems (family, friends, people who the client may or may not interact with). Consider drawing up an ecomap to demonstrate relationships and the quality of these relationships to demonstrate their impact on the client's behavior.

- Describe and analyze the impact of macro-level systems that can potentially be impacting your client and their behavior.

- Describe and analyze the presenting problem(s) the client is experiencing. Why did they come for support? What do they need assistance with? Are there other problems in addition to perhaps the main problem that need to be considered and worked with?

- Consider stressors that the client has been exposed to (e.g., world events, family events, physical and/or psychological challenges, biases, trauma, loss(es). Describe and analyze how these can influence their behavior.

- Given the resources and risks, provide examples of the character's coping strategies. Include evidence of strengths and resilience, as well as vulnerability.

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

Assignment 3: Final Paper on Intervention
Due:
Weight: 30% of final grade
The end-of-term paper should be <u>no more than 10 pages</u> but no less than 5 pages and must use <u>minimum of 6 sources</u>. At least 3 sources should be from this course.

Questions to Answer for the End of Term Paper are:
- Provide general details about the client with reference to the bio-psycho-spiritual-social you've already completed for the midterm (this is to set the stage for the rest of the paper. Should be no more two pages)

- Describe and analyze your approach (or intervention) that you have used with your client (or plan to use). Be sure to include in your own words general information about the approach used (for example, if you decide to use or have used cognitive-behavioral therapy with your client, explain why using readings from our class or others

- Describe how you incorporated (or would incorporate) this approach (or intervention) with the client.

- Reflect on challenges you have experienced with your client or imagine you may have as you continue to work together.

- Describe any instances of transference or countertransference with the client.

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

- Reflect on what you have learned from this client experience and how this will influence your work moving forward with aging populations. Was there another intervention that may have better suited the client and their concerns? Is there any approaches you are interested in learning more about in working with older adults that we have not covered in our course, or would like to know more about?

IX. Course Outline

Module #1: Ageism & Anti-Oppressive Gerontology (AOG)

After this Module, Students will be able to:
- Analyze how expectations of aging are shaped and structured
- Define ageism and identify how ageism is a form of oppression
- Discuss how ageism intersects with other injustices like racism and heterosexism
- Identify instances how ageism impacts professional social work

Core Readings:
1. Bodner, E., Palgi, Y., & Wyman, M. F. (2018). Ageism in mental health assessment and treatment of older adults. *Contemporary perspectives on ageism*, 241-262.

2. Duntley-Matos, R., Shiery, M., Ortega, R. M., Matos Serrano, M. M., Newberry, C., & Chapman, M. M. (2017). Promoting LatinX generativity: Cultural humility and transformative complicity through geriatric teams. SAGE Open, 7(1), 2158244016670560.

3. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter One. Age/ism. Age as a category of Difference. Routledge.

4. J. Ober Allen, Solway, E. , Kirch, M. , Singer, D. , Kullgren, J. T. , and Malani, P. N. , "The Everyday Ageism Scale: Development and Evaluation.", J Aging Health, vol. 34, no. 2, pp. 147-157, 2022.

5. Sprik, P., & Gentile, D. (2020). Cultural humility: a way to reduce LGBTQ health disparities at the end of life. *American Journal of Hospice and Palliative Medicine®*, *37*(6), 404-408.

Supplemental Reading:
1. Allen, C. (2009). Self-Reported Ageism in Social Work Practitioners and Students. Journal of Gerontological Social Work, 52(2), 124–134. https://doi.org/10.1080/01634370802561927

2. Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of social issues*, *61*(2), 207-221.

Module #2: Defining Clinical Social Work Practice with Older Adults – What it is like out there?

After this Module, Students will be able to:
- Identify common settings/practice where clinical social workers work with older adult clients (i.e. long-term care, healthcare, private practice, nonprofits and community, and geriatric care management)
- Build their practice skills based on theories on aging and social work theories
- Incorporate cultural humility (and safety) into their practice when working with older adult clients
- Incorporate a strength-based perspective into practice

Core Readings:
1. Erdley, S.D., Anklam, D.D., & Reardon, C.C. (2014). Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in healthcare. Journal of Gerontological Social Work, 57 (2-4), 362-385. DOI: 10.1080/01634372.2013.871381.

2. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter Three. Sites and Sectors of Health and Social Care. Routledge.

3. Kim, Y., Kim, K., Chartier, K. G., Wike, T. L., & McDonald, S. E. (2019). Adverse childhood experience patterns, major depressive disorder, and substance use disorder in older adults. Aging & Mental Health, 25(3), 484–491. https://doi-org.proxy.libraries.rutgers.edu/10.1080/13607863.2019.1693974

4. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). New York: Pearson. Chapter 1: The Context of Social Work Practice with Older Adults, entire chapter.

5. Vishal, M. V. (2018). Strengths-based social work: Proposing protective and engagement practice with older adults. Journal of social work, 3(3), 46-53.

Supplemental Readings:
1. Fredriksen-Goldsen, K. I., Shiu, C., Bryan, A. E. B., Goldsen, J., & Kim, H.-J. (2017). Health Equity and Aging of Bisexual Older Adults: Pathways of Risk and Resilience. The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 72(3), 468–478. https://doi.org/10.1093/geronb/gbw120

Module #3: Physical Health and Aging

After this Module, Students will be able to:
- Recognize physical (health) changes that occur as we age
- Understand how ableism impacts practice

- Recognize the role of physical health in mental health assessment (and treatment) during older adulthood
- Identify treatment strategies for practice with older adults with these experiences

Core Readings:
1. Garcia, M. A., Downer, B., Crowe, M., & Markides, K. S. (2017). Aging and disability among Hispanics in the United States: Current knowledge and future directions. *Innovation in Aging*, *1*(2), igx020.

2. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). New York: Pearson. Chapter 2: Biological Changes and the Physical Well-Being of Older Adults, entire chapter.

3. Putnam, M. (2002). Linking aging theory and disability models: Increasing the potential to explore aging with physical impairment. The Gerontologist, 42(6), 799-806.

4. Rogers, M. L., Joiner, T. E., & Shahar, G. (2021). Suicidality in chronic illness: An overview of cognitive–affective and interpersonal factors. *Journal of clinical psychology in medical settings*, *28*, 137-148.

5. Schoot, T. S., Perry, M., Hilbrands, L. B., van Marum, R. J., & Kerckhoffs, A. P. (2022). Kidney transplantation or dialysis in older adults—an interview study on the decision-making process. Age and Ageing.

Supplemental Readings:
1. Kelsi Carolan, Ernest Gonzales, Kathy Lee, Robert A Harootyan, Institutional and Individual Factors Affecting Health and Employment for Low-Income Women With Chronic Health Conditions, *The Journals of Gerontology: Series B*, Volume 75, Issue 5, June 2020, Pages 1062–1071, https://doi.org/10.1093/geronb/gby149

2. McGrath, C., Rudman, D. L., Polgar, J., Spafford, M. M., & Trentham, B. (2016). Negotiating 'positive' aging in the presence of age-related vision loss (ARVL): The shaping and perpetuation of disability. Journal of Aging Studies, 39, 1-10.

Module #4: Interpersonal Relationships during Mid to Older Adulthood

After this module, Students will be able to:
1. Describe the ways that social ties evolve and their impact on clients in older adulthood
2. Describe and analyze the impact of family (informal) caregiving on the caregiver and care receiver
3. Assess the caregiver and care receiver dyad
4. Review tools to assess social health

Core Readings:
1. Gordon S. (2020). Ageism and Age Discrimination in the Family: Applying an

Intergenerational Critical Consciousness Approach. *Clinical social work journal*. 48(2):169-178. doi:10.1007/s10615-020-00753-0

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

3. Montgomery, R. J. V., & Kosloski, K. (2013). Pathways to a caregiver identity and implications for support services. In R. C. Talley and R. Montgomery (Eds.). Caregiving across the lifespan (pp. 131-156). New York: Springer.

4. Rook, K. S., & Charles, S. T. (2017). Close social ties and health in later life: Strengths and vulnerabilities. American Psychologist, 72(6), 567.

5. Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. Journal of Social Work Education, 44(sup3), 105-113. Retrieved from: https://www.tandfonline.com/doi/pdf/10.5175/JSWE.2008.773247702

Supplemental Readings:
1. Abramson, T. A. (2015). Older adults: the "Panini Sandwich" generation. Clinical Gerontologist, 38(4), 251-267.

2. Berg-Weger, M., & Morley, J. E. (2020). Loneliness and social isolation in older adults during the Covid-19 pandemic: Implications for gerontological social work.

Module #5: Dementia: What Social Workers Need to Know

After this Module, Students will be able to:
*   Describe dementia and dementia-related illnesses and their symptoms
*   Describe and analyze the social worker's role in the road to dementia diagnosis and thereafter
*   Incorporate new ways to respond to someone living with dementia that is also experiencing anxiety, depression, or another mental health concern

Core Readings:
1. Dilworth-Anderson, P., Pierre, G., & Hilliard, T. S. (2012). Social justice, health disparities, and culture in the care of the elderly. The Journal of Law, Medicine & Ethics, 40(1), 26-32.

2. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter Seven. Dementia, personhood, and citizenship as practice. Routledge.

3. McGovern, J. (2015). Living better with dementia: Strengths-based social work practice and dementia care. Social Work in Health Care, 54(5), 408-421.

4. Baril, A., & Silverman, M. (2022). Forgotten lives: Trans older adults living with dementia at the intersection of cisgenderism, ableism/cogniticism and ageism. Sexualities, 25(1-2), 117-131.

Supplemental Readings:
1. Shirley Long, Kate Irving & Catriona Murphy (2023) Is therapeutic lying contradictory to person-centred care? Toward understanding the connection, Aging & Mental Health, DOI: 10.1080/13607863.2023.2202632

2. McClive-Reed, K.P., & Gellis, Z.D. (2011). Anxiety and related symptoms in older persons with dementia: Directions for practice. Journal of Gerontological Social Work, 54(1), 6-28.

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

<mark>Case Assignment Due before Module 6</mark>

Module #6: Mental Health Experiences (and disorders) in Older Adults Part One

After this Module, Students will be able to:
1. Identify the most common mental health disorders during mid to later adulthood
2. Assess (and screen) older adult clients' symptoms relating to anxiety, depression, trauma, substance use, and grief
3. Incorporate diverse frameworks alongside dominant assessment tools

Core Readings:
1. Bodner, E., Palgi, Y., & Wyman, M. F. (2018). Ageism in mental health assessment and treatment of older adults. *Contemporary perspectives on ageism*, 241-262.

2. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). New York: Pearson.
   a. Chapter 5: Differential Assessment and Diagnosis of Cognitive and Emotional Problems of Older Adults, pp. 110-118 (subsections on depression) and pp. 131-137 (subsections on anxiety).

3. Zarit, S. H., & Zarit, J. M. (2011). Mental disorders in older adults: Fundamentals of assessment and treatment. Chapter 3, p.78-97. Guilford Press.

4. Caserta M, Lund D, Utz R, de Vries B. Stress-related growth among the recently bereaved. Aging Ment Health. 2009 May;13(3):463-76. doi: 10.1080/13607860802534641. PMID: 19484611; PMCID: PMC2928470.

Supplemental Readings:
1. Orth, U., Robins, R. W., & Soto, C. J. (2010). Tracking the trajectory of shame, guilt, and pride across the life span. Journal of personality and social psychology, 99(6), 1061.

2. Singer J, Roberts KE, McLean E, Fadalla C, Coats T, Rogers M, Wilson MK, Godwin K, Lichtenthal WG. An examination and proposed definitions of family members' grief prior to the death of individuals with a life-limiting illness: A systematic review. Palliat Med. 2022 Apr;36(4):581-608. doi: 10.1177/02692163221074540. Epub 2022 Feb 23. PMID: 35196915; PMCID: PMC10098140.

3. Taylor, H. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. (2018). Social isolation, depression, and psychological distress among older adults. Journal of aging and health, 30(2)229-246.

Module #7: Mental Health Experiences (and disorders) in Older Adults Part Two

After this Module, Students will be able to:
- Identify the most common mental health disorders during mid to later adulthood
- Assess (and screen) older adult clients' symptoms relating to anxiety, depression, trauma, substance use, and grief
- Incorporate diverse frameworks alongside dominant assessment tools

Core Readings:
1. Hulko, Brotman, Stern, & Ferrer. (2020). Gerontological Social Work in Action. Anti-Oppressive Practice with Older Adults, their Families, and Communities. Chapter Eight Mapping trauma across the life course. Routledge

2. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). New York: Pearson. Chapter 8: Substance Abuse and Suicide Prevention in Older Adults, pp. 203-221.

3. O'Malley KA, Sullivan JL, Mills W, Driver J, Moye J. Trauma-Informed Care in Long-Term Care Settings: From Policy to Practice. Gerontologist. 2023 Jun 15;63(5):803-811. doi: 10.1093/geront/gnac072. PMID: 35592885.3.

4. Trauma and Aging Fact Sheet. (2023). AgingAndTrauma_FactSheet_CenterOnAgingAndTrauma_2fdbr.pdf (fedweb.org) Retrieved from: Guides & Factsheets | The Center on Holocaust Survivor Care ,

5. Xin, Y., España, M., & Davis, A. The acceptability of non-abstinent treatment goals among clinical social workers in the United States. Journal of Social Work Practice. DOI: https://doi.org/10.1080/02650533.2022.2034768

Supplemental Readings:
1. Parra-Cardona, J. R., Meyer, E., Schiamberg, L., & Post, L. (2007). Elder abuse and neglect in Latino families: An ecological and culturally relevant theoretical framework for clinical practice. Family Process, 46, 451-470.

2. Palgi, Y. (2015). Predictors of the new criteria for probable PTSD among older adults. *Psychiatry Research*, *230*(3), 777-782.

Module #8: The Clinical Interview with an Older Adult Client

After this Module, Students will be able to:
- Apply clinical strategies for engagement and rapport building with older adult clients
- Recognize and respond to instances of transference and countertransference
- Incorporate new knowledge into the assessment and treatment of older adult clients

Core Readings:
1. Kusmaul, N., & Anderson, K. (2018). Applying a trauma-informed perspective to loss and change in the lives of older adults. *Social work in health care*, *57*(5), 355-375.

2. Van Etten D. (2006). Psychotherapy with older adults: benefits and barriers. Journal of psychosocial nursing and mental health services. 44(1):29-33.

3. Zarit, S. H., & Zarit, J. M. (2011). Mental disorders in older adults: Fundamentals of assessment and treatment. Chapter 6, p.115-147. Guilford Press.

Supplemental Readings:
1. Chapin RK, Sergeant JF, Landry S, et al. (2013). Reclaiming joy: Pilot evaluation of a mental health peer support program for older adults who receive medicaid. The Gerontologist. 53(2):345-352. doi:10.1093/geront/gns120

Midterm Paper on Assessment Due between Module 8 and 9

Module #9: Cognitive-Behavioral Therapy (CBT) Practice

After this Module, Students will be able to:
- Evaluate the connection between thoughts, behaviors, and social identity for clients in mid/older adulthood
- Consider Cognitive Behavioral Therapy (CBT) and its utility (usefulness) in clinical work practice with older adult clients

- Consider ways to incorporate CBT – related practice strategies

Core Readings:
1. Foulk, M. A., Ingersoll-Dayton, B., Kavanagh, J., Robinson, E., & Kales, H. C. (2014). Mindfulness-based cognitive therapy with older adults: an exploratory study. *Journal of gerontological social work*, *57*(5), 498-520.

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

3. Hall, J., Kellett, S., Berrios, R. Bains, M.K., & Scott, S. (2016). Efficacy of cognitive behavioral therapy for generalized anxiety disorder in older adults: Systematic review, meta-analysis, and meta-regression. The American Journal of Geriatric Psychiatry, 24 (11), 1063-1073. https://doi.org/10.1016/j.jagp.2016.06.006.

Supplemental Readings:
1. Evans, C. (2007). Cognitive-behavioral therapy with older people. Advances in Psychiatric Treatment, 13, 111-118.

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

Module #10: Group Work with Older Adult Clients

After this Module, Students will be able to:
- Lead group work interventions with older adult clients
- Consider other settings & scenarios where group work might occur with older adult clients and appropriate skills needed to facilitate
- Assess comfort and build upon skills to facilitate groups with older adult clients

Core Readings:
1. Elias, S.M.S., Neville, C., & Scott, T. (2015). The effectiveness of group reminiscence therapy for loneliness, anxiety, and depression in older adults in long-term care: A systematic review. Geriatric Nursing, 36, 372-380. doi.org/10.1016/j.gerinurse.2015.05.004

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

3. Supiano, K. P., & Luptak, M. (2014). Complicated grief in older adults: A randomized controlled trial of complicated grief group therapy. *The Gerontologist*, *54*(5), 840-856.

4. Varsha Pandya (2010) An Evidence Base for Group Work with Older Adults Living in the Community, Social Work with Groups, 33:4, 323-349, DOI: 10.1080/01609513.2010.487177

5. Rizzo, V. M., & Toseland, R. W. (2005). What's different about working with older people in groups? *Journal of Gerontological Social Work, 44*(1&2), 5-23.

Supplemental Readings:
1. Zarit, S., Femia, E., Watson, J., Rice-Oeschger, L., & Kakos, B. (2004). Memory club: A group intervention for people with early-stage dementia and their care partners. The Gerontologist, 44, 262-269.

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

Module 11: Motivational Interviewing (MI) and Older Adult Clients

After this Module, Students will be able to;
- Describe key aspects of delivering (MI) related treatment strategies
- Consider meaningful nuances for applying MI in treatment with mid to older aged clients
- Apply these strategies to future practice

Core Readings:
1. Cummings, S. M., Cooper, R. L., & Cassie, K. M. (2009). Motivational interviewing to affect behavioral change in older adults. Research on social work practice, 19(2), 195-204.

2. Kropf, Nancy P., and Sherry M. Cummings, 'Motivational Interviewing: Theory and Practice', Evidence-Based Treatment and Practice with Older Adults: Theory, Practice, and Research, Evidence-Based Practices (New York, 2017; online edn, Oxford Academic, 18 May 2017), https://doi.org/10.1093/acprof:oso/9780190214623.003.0007

3. Burnes, D., Connolly, M. T., Salvo, E., Kimball, P. F., Rogers, G., & Lewis, S. (2022). RISE: A conceptual model of integrated and restorative elder abuse intervention. The Gerontologist, gnac083.

Module #12: Spirituality and Religion in Clinical Social Work Practice with Older Adult Clients

After this Module, Students will be able to:
- Build upon their skills/abilities to ensure that spirituality and religion are being included in a biopsychosocial assessment for all aged clients
- Be responsive and inclusive toward clients and their spiritual and religious beliefs

- Incorporate religion and spirituality in clinical work with older adults in response to an older adult client's needs/interests

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

2. Emlet, C. A., Harris, L., Pierpaoli, C. M., & Furlotte, C. (2018). "The journey i have been through": The role of religion and spirituality in aging well among HIV-positive older adults. Research on aging, 40(3), 257-280.

3. McInnis-Dittrich, K. (2020). Social work with older adults: A biopsychosocial approach to assessment and intervention (5th Ed.). Chapter 10: Spirituality and Social Work with Older Adults, entire chapter. New York: Pearson.

Module 13: Additional Clinical Concepts to Consider in Practice

Instructors will use this time to review concepts they feel, based on their experiences, are important to share with students in this course. Based on the course coordinator, something important to for emerging therapists to consider when therapy is working or not.

After this Module, Students will be able to;
- Analyze the effectiveness of therapy for older adults
- Consider ways to assess the effectiveness of therapy for their clients.

Instructors Note: Please consider for this course an opportunity to help facilitate a discussion in (together or in small groups) about how these particular concepts pertain to working with older adults. Some thoughts to consider are

- How might the age of the client impact some of these experiences?
- What experiences discussed in the readings resonate with you the most?
- Write a personal mission statement (in class) about the type of social worker you will be upon graduation and submit by end of class.

Core Readings:
- Dominus, S. (2023). Does therapy really work? Let's unpack that. Retrieved from [Does Therapy Really Work? Let's Unpack That. - The New York Times (nytimes.com)](#)

- Miller, S. and Hubble, M. (2007). Supershrinks: What's the secret to their success? Retrieved from [Supershrinks (psychotherapynetworker.org)](#)

- Doherty, W. (2013). When therapy is going nowehere: Escaping the groundhog day cycle. Retrieved from [When Therapy Is Going Nowhere (psychotherapynetworker.org).](#)

Module 14: Termination

Instructors: Please consider as in-class activity having the students as a class or in small groups identify and present to the others in the class the 6 points listed in the Social Work Code of Ethicsthat discuss termination and when it is appropriate.

After this module, Students will be able to;
- Describe termination as described by Social Work Code of Ethics
- Identify methods for termination processes with older adult clients (and all aged clients)
- Reflect critically on their past and future Termination
- Incorporate strategies for approaching and initiating termination

Core Readings:
1. Szczygiel, P., & Emery-Fertitta, A. (2021). Field Placement Termination During COVID 19: Lessons on Forced Termination, Parallel Process, and Shared Trauma. *Journal of Social Work Education*, 1-12.

2. Caroline R. Gelman. (2009) MSW Students' Experience with Termination: Implications and Suggestions for Classroom and Field Instruction, Journal of Teaching In Social Work, 29:2, 169-187, DOI: 10.1080/08841230802238328

3. Barnett, J. E. (2016). 6 strategies for ethical termination of psychotherapy: And for avoiding abandonment. [Web article]. Retrieved from: http://www.societyforpsychotherapy.org/6-strategies-for-ethical-termination-of-psychotherapy

Module 15: Wrap Up and Final Paper Due

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

Final Paper Due by week of Module 15