

**School of Social Work  
University of Wisconsin-Madison  
1350 University Avenue  
Madison, WI 53706**

**SW 821: Social Work Practice in Aging and Mental Health, Section 001  
Fall Semester 2018**

**Instructor Name:** Jacob Dunn, LCSW, Lecturer

**Class Time:** Tuesday 8:00 AM-10:00 AM

**Location:** Social Work 220

**Instructional Mode:** Face-to-Face

**Course Designations and Attributes:** Course counts for 50% graduate coursework requirement

**Course Requisites:** Graduate or Professional Standing

**Credits:** 2 Credits (MSW)

**Canvas Course URL:** <https://canvas.wisc.edu/courses/117072>

**Office Hours/Location:** By Appointment

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## **I. Catalogue Description**

Social Work Practice in Aging and Mental Health prepares front line social workers to address mental health needs of older adults and their family members. The course examines common mental health conditions, assessment, planning, evidence-based individual, family and group interventions, resources, cultural competence, ethical issues, and contexts for practice.

## **II. Course Overview**

The rapid growth in the aged population expected during the next 20 years will require a significant increase in the number of social workers trained to work with elders. While all social workers should possess basic knowledge regarding the biological, psychological and social aspects of later life, effective gerontological social workers must also understand the unique challenges facing this diverse population, the mental health issues confronting them, and effective interventions to address their needs. They will need to enhance their interpersonal, counseling, and advocacy skills for assisting older adults, and their support systems. They must possess the ability to assess and intervene at multiple levels with attention to the socio-cultural-context, social justice and human rights. In addition, they must role model respect and compassion for older persons and guard against a paternalistic approach.

This course meets the Advanced Practice requirement for the Advanced Generalist Curriculum. The focus or context for this Advanced Practice course is Aging. For non-Aging focus area students, this course may be taken as a free elective. NOTE: This course may be of particular interest to students in the health and mental health focus areas.

It is assumed that students enter this course with basic knowledge regarding the physiological, psychological and social aspects of the later years of life. This course will focus on social work practice as it relates to mental health in later life. Various roles of the social worker are examined with particular attention given to the development of skills and techniques of one-to-one, family and group interventions in a variety of settings. The continuum of services and resources available to older adults, and the roles and functions of the social worker in these settings are examined. The unique needs and experiences of diverse populations with attention to age, gender, cultural variation and sexual orientation will be integrated throughout the course with attention to mental health care disparities, social justice and human rights. Students will be encouraged to think critically about an array of situations, ethical issues and cases frequently seen by social workers in practice.

## **III. Course Competency, Description and Dimensions Chart**

Social Work Education is framed by a competency-based approach to curriculum design. At the conclusion of their education, social work students are expected to be competent in 9 core areas. Competency is achieved through mastery of course content as measure through course activities, readings and assignments and behaviors learned in field experiences, and which are derived from social work knowledge, values, skills and cognitive and affective processes. The objective of this course is to help students to demonstrate understanding and mastery of the knowledge, values, skills, and cognitive and affective processes relevant to the competencies described in Appendix A.

#### IV. Course Content

##### Week 1: Tuesday, September 11

Welcome and Introductions  
Syllabus and Assignment Review  
Overview of the Course

#### **INTRODUCTION TO GERONTOLOGICAL SOCIAL WORK AND FACTS OF AGING**

Demographic trends: Implications for Social Work  
Diversity within the older population  
Myths, Stereotypes, and Facts of Aging

**Assignment: Future Self-Activity** (Posted at Canvas: due week 2): The process of aging is inevitable. We're all aging every second of our lives. As evidence, we are older now than when this class began. "Aging" is not a disease; rather, it is a lifelong process. The only difference between younger persons and older persons is that older adults have been aging longer. Understanding this lifelong process of aging has importance for us as professionals in our interactions with older adults and in our personal lives. Some subjects, like statistics, can be learned on an intellectual basis. However, when we are preparing to work with elders, we benefit from considering aging as a fundamental human condition we all will experience (if we are lucky). This exercise will provide an opportunity to consider our personal expectations and hopes regarding our own aging.

#### **Required Readings**

(Text) Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Chapter 2: Normal Processes of Aging (Skim)

(Text) McInnis-Dittrich, K. (2014). *Social work with Older Adults: A biopsychosocial approach to assessment and intervention*. Boston, MA: Allyn & Bacon.

- Chapter 1: The Context of Social Work Practice with Older Adults

Min, J.W. (2005). Cultural competency: A key to effective future social work with racially and ethnically diverse elders. *Families in Society*; 86, 347-358.

##### Week 2: Tuesday, September 18

#### **CONTEXT OF PRACTICE AND FOUNDATIONS OF ASSESSMENT**

Practice Interviewing skills for assessment of older adults  
Common changes associated with aging and implications for communication  
How does communication change between generations?

#### **In Class Activities:**

Establishing Rapport

Assessment Scenarios using research informed practice

Video: Coming of Age in Aging America- <https://www.youtube.com/watch?v=ZOA1v4-2Fos>

**NOTE: Future Self Activity due today; Learning Contracts due to Canvas Dropbox by 5:00 PM**

## **Required Readings**

(Text) McInnis-Dittrich, K. (2014). *Social work with Older Adults: A biopsychosocial approach to assessment and intervention*. Boston, MA: Allyn & Bacon.

- Chapter 2: Biological Changes and the Physical Well-Being of Older Adults
- Chapter 3: Psychological Adjustment to Aging
- Chapter 4: Conducting a Biopsychosocial Assessment

(Text) Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Chapter 6: The clinical interview

## **Recommended Readings**

Harwood et al., (2012). *Communicating with older adults: An evidence-based review of what really works*. Published by the Gerontological Society of America.

Yeo, G. (2010). Culture Med Ethnogeriatrics Overview: Assessment. Stanford University School of Medicine, eCampus Geriatrics Publication. <http://geriatrics.stanford.edu/culturemed/overview/assessment>

## **Week 3: Tuesday, September 25**

### **INTERDISCIPLINARY TEAMS, CARE MANAGEMENT & TRANSITIONS**

Working with Interdisciplinary Teams (IDT)

What is the role of social work among the IDT

Care Management

Effective communication strategies for social workers

How to use your voice to become an effective/valued members of the IDT

Effective techniques to improve social worker/physician relationship

How does gender, age, or race play a role in communication?

Transitions

Role of social worker in the facilitation of transitions from one level of care to the other

### **In-Class Activities:**

Applying the Capacity Risk Model and Inclusive Model to case scenarios

## **Required Readings**

No required readings for this week

## **Week 4: Tuesday, October 2**

### **DEMENTIA, PART 1: DIFFERENTIAL DIAGNOSIS, SCREENING & ASSESSMENT**

Overview of Common Causes of Confusion (The 3 Ds, Depression, Delirium and Dementia)

Screening & Assessment Tools: When to Refer for Formal Testing and how to utilize the results of testing for intervention

Ethical Issues Surrounding Capacity and Risk Assessments

### **In-Class Activities:**

**Video:** Biomarkers for Alzheimer's Disease in Down Syndrome: Waisman Center 2016

<https://www.youtube.com/watch?v=aqhaC3R3tP4&feature=youtu.be> (28 minutes)

## **Required Readings**

(Text) Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Chapter 3: Disorders of aging: Dementia, delirium, and other cognitive problems

(Text) McInnis-Dittrich, K. (2014). In *Social Work with Older Adults: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon

- Ch. 5: Differential Assessment and Diagnosis of Cognitive and Emotional Problems of Older Adults

## **Week 5: Tuesday, October 9**

**NOTE: Reading and Case Study Analysis Due to Canvas Dropbox by 8:00 AM**

### **DEMENTIA ,PART 2: INTERVENTIONS, NON-PHARMACOLOGICAL TECHNIQUES**

Redirection; Environmental Changes; Communication Techniques

Validation Therapy

Challenges faced by the LGBT community

**Guest Speaker:** Bonnie Nuttkinson, Alzheimer's Association: Challenges faced by LGBT couples in providing care for their spouse/significant other (Panel: Rob Marks and Dick Hagen)

#### **In-class activities:**

Video: Music and Memory Project "Alive Inside" <https://www.youtube.com/watch?v=8HLEr-zP3fc> (6 minutes)

Administration of evidence based screening tools (SLUMS; MMSE; Clock Draw)

Case scenarios

#### **Required Readings**

Hinton, L. (2002). Improving care for ethnic minority elderly and their family caregivers across the spectrum of dementia severity. *Alzheimer's Disease & Disorders Association, 16* (supp. 2), S50-S55.

#### **Recommended Readings**

Feil, N. (1999). Current concepts and techniques in validation therapy. In M. Duffy (Ed.), *Handbook of counseling and psychotherapy with older adults* (pp. 590-613). New York, NY: John Wiley & Sons, Inc.

Barrick, A. L. (2006). Behavioral treatment of impaired functioning and behavioral symptoms. In D. K. Attix & K. A. Welsh-Bohmer (Eds.), *Geriatric neuropsychology: assessment and intervention* (pp. 367-393). New York: Guilford Press.

Arnsberger, P. (2005). Best practices in care management for Asian American Elders: The case of Alzheimer's disease. *Care Management Journal, 6*(1), 171-176.

## **Week 6: Tuesday, October 16**

### **DEPRESSION AND SUICIDE IN LATER LIFE**

Assessment and treatment of depression

Prevention of suicide

Risk Factors

Race & Gender

#### **In-class Activities:**

Case Studies and application of Columbia Suicide Risk Assessment tool

Geriatric Depression Scale assessment tool application to case studies

#### **Required Readings**

(Text). Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Chapter 4: Mood and anxiety disorders
- Chapter 9: Treatment of depression

(Text). McInnis-Dittrich, K. (2014). In *Social Work with Older Adults: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon

- Chapter 8: Suicide among Older Adults section only ( pp. 220-227).

Grossman, A. H. (2006). Physical and mental health of older Lesbian, gay, and bisexual adults. In D. Kimmel, T. Rose, & S. David (Eds.). *Lesbian, gay, bisexual, and Transgender aging: Research and clinical perspectives* (pp. 53-69). New York, Columbia University Press.

### **Recommended Readings**

Schraufnagel, T.J, Wagner, A.W., Miranda, J., & Roy-Byrne, P.P.(2006). Treating minority patients with depression and anxiety: What does the evidence tell us? *General Hospital Psychiatry*, 28, 27-36.

Rose, A.L., & Cheung, M. (2012). DSM-5 Research: Assessing the mental health needs of older adults from diverse ethnic backgrounds. *Journal of Ethnic & Cultural Diversity in Social Work*, 21, 144-167.

### **Week 7: Tuesday, October 23**

#### **PARANOIA, SCHIZOPHRENIA AND OBSESSIVE-COMPULSIVE DISORDERS**

Assessment and treatment

Cultural differences (age, gender, socioeconomic, ethnic) in understanding & treating hoarding

Pharmacological treatments

#### **In-class Activities:**

Pair and share Case studies- recognizing symptoms and social work interventions

Video: OCD - Obsessive Compulsive Disorder: <https://youtu.be/KOami82xKec>

### **Required Readings**

(Text). Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Chapter 5: Other common mental health problems in later life
- Chapter 11: Treatment of paranoid symptoms

Faison, W. E. & Armstrong, D. (2003). Cultural aspects of psychosis in the elderly. *Journal of Geriatric Psychiatry and Neurology*, 16(4), 225-231.

Steketee, G., & Frost, R. (2003). Compulsive hoarding: Current status of the research. *Clinical Psychology Review*, 23, 905-927.

### **Recommended Readings**

Meeks, S. & Depp, C. A. (2003). What are the service needs of aging people with schizophrenia? In C. I. Cohen (Ed.). *Schizophrenia into later life: Treatment, Research, and policy* (pp. 177-193). Washington D.C.: American Psychiatric Publishing, Inc.

Ayers, C.R., Wetherell, J.L., Golshan, S., & Saxena, S. (2011). Cognitive-behavioral therapy for geriatric compulsive hoarding. *Behavior Research and Therapy*, 49, 689-694.

Steketee, G., Frost, R. O., & Kim, H. (2001). Hoarding by elderly people. *Health and Social Work*, 26(3), 176-184.

### **Week 8: Tuesday, October 30**

#### **TRAUMA AND POST TRAUMATIC STRESS**

Understanding risk factors

Principles in management and treatment with older adults

Treatment Interventions with Aging Veterans

**In-Class Activities:**

Case Study using research informed practice

Videos:

EMDR <https://www.youtube.com/watch?v=GTLLfdeJE0Q>

What PTSD Is Really Like: <https://youtu.be/PFW4hYsYF-o>

**Required Readings**

Graziano, R. (2003). Trauma and aging. *Journal of Gerontological Social Work, 40*(4), 3-21.

Busuttill, W. (2006). Presentations and management of Post-Traumatic Stress Disorder and the elderly: a need for investigation. *International Journal of Geriatric Psychiatry, 19*; 429-439.

Sherwood, R. J., Shimel, H., Stolz, P., & Sherwood, D. (2003). The aging veteran: Re-emergence of trauma issues. *Journal of Gerontological Social Work, 40*(4), 73-86.

**Recommended Readings**

Mainous III, A. G., Smith, D. W., Acierno, R., & Geesey, M. E. (2005). Differences in posttraumatic stress disorder symptoms between elderly non-hispanic whites and African Americans. *Journal of the National Medical Association, 97*(4), 546-549.

**Week 9: Tuesday, November 6****PSYCHOPHARMACOLGY, SUBSTANCE USE AND DEPENDENCE**

The basics of psychopharmacology

Polypharmacy

Geriparmacology:

Four Age Related Changes: Drug absorption; Distribution; Metabolism; Elimination

Alcohol problems in later life

Genetic and Racial/Cultural disparities

Screening, Intervention, Referral, and Treatment

**In-class Activities:**

AODA Case Studies

Application of evidence based Screening Tools

**Required Readings**

(Text). McInnis-Dittrich, K. (2014). In *Social Work with Older Adults: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon

- Chapter 8: Substance abuse sections only (pp. 202 - 220).

Jacobson, S. (2013). Effects of pharmacokinetic and pharmacodynamics changes in the elderly. *Psychiatric Times, 30*(1), 26-29.

Jessup, M.A., & Dibble, S.L. (2012). Unmet mental health and substance abuse treatment needs of sexual minority elders. *Journal of Homosexuality, 59*, 656-674.

**Recommended Readings**

Satre, D. D. (2006). Use and misuse of alcohol and drugs. In D. Kimmel, T. Rose, & S. David (Eds.). *Lesbian, gay, bisexual, and Transgender aging: Research and clinical perspectives* (pp. 131-151). New York, Columbia University Press.

Cummings, S.M., Bride, B., & Rawlins-Shaw, A. (2006). Alcohol abuse treatment for older adults: A review of recent empirical research. *Journal of Evidence-based social work, 3*(1), 79-99.

## Week 10: Tuesday, November 13

### **LIFE REVIEW THERAPY, REMINISCENCE AND DIGNITY THERAPY**

Theoretical Assumptions

When and How to Implement these Interventions

Challenges faced by minorities, developmental disabled, and the LGBT communities

#### **In-Class Activities:**

Applying interventions to groups and individuals

Small group facilitation of activity

#### **Required Readings**

(Text) McInnis-Dittrich, K. (2014). In *Social Work with Older Adults: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon.

- Ch. 6 (pp. 156-160 on life review)

Silver, M. H. (2001). The significance of life review in old age. In S. E. Lefkoff, Y. K. Chee & S. Noguchi (Eds.), *Aging in good health: Multidisciplinary perspectives* (pp. 29-40). New York, NY: Springer.

Chochinov, H. M., Hack, T., Hassard, T., Krisjanson, L. J., McClement, S., & Harlos, M. (2005). Dignity therapy: A novel psychotherapeutic intervention for patients near the end of life. *Journal of Clinical Oncology*, 23(24), 5520-5525.

#### **Recommended Readings**

Jones, E. D., & Beck-Little, R. (2002). The use of reminiscence therapy for the treatment of depression in rural-dwelling older adults. *Issues in Mental Health Nursing*, 23, 279-290.

## Week 11: Tuesday, November 20

### **PERSON-CENTERED INTERVENTIONS**

Counseling Older Adults: Context and Method

Mind-Body Interventions to Alleviate Psychological Distress: Relaxation training, Mindfulness

Cognitive Behavioral Approaches to Working with Elders

Challenges faced by LGBT older adults and adaptations to treatment

#### **In-class Activities:**

CBT application and Case Study

A-B-C Handout and application to the CBT Case Study

Alternative Extended Thought record for CBT Application

#### **Required Readings**

(Text) Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Chapter 8: Foundations in treatment

(Text) McInnis-Dittrich, K. (2014). In *Social Work with Older Adults: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon.

- Chapter 6: (pp. 144-155; *the intervention process, sections on CBT*).

McBee, L. (2008). Learning from the inside out: Mind-body and mindfulness-based interventions". In *Mindfulness-based elder care: A CAM model for frail elders and their caregivers*. (Ch. 2). New York, NY: Springer Publishing.

Middleton, R. A. (2005). Mental health challenges of African American elders: Issues, interventions, and cultural considerations. In D. A. Harley & J. M. Dillard (Eds.), *Contemporary mental health issues among African Americans* (pp. 75-90). Alexandria, VA: American Counseling Association.

Barón, A. & Cramer, D. W. (2000). Potential counseling concerns of aging lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 207-223). Washington, D.C. American Psychological Association.

## **Week 12: Tuesday November 27**

### **WORKING WITH THE FAMILY SYSTEM**

Understanding the family caregiving context and consequences

Intervening with the family

Facilitating family conferences and family counseling: When, where and how?

Cultural Differences in decision making

Who is considered family?

#### **In-class Activities:**

Role play of family meeting

Case Study

### **Required Readings**

(Text) McInnis-Dittrich, K. (2014). In *Social Work with Older Adults: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon

- Ch. 12: Working with Older Adults' Support Systems: Spouses, Partners, Families, and Caregivers

(Text) Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamental of assessment and treatment*. New York, NY: Guilford Press.

- Ch. 13: Family Caregiving

Gallagher-Thompson, D., Aréan, Coon, D., Menéndez, A., Takagi, K., Haley, W.E., Argüelles, Rubert, M., Lowenstein, D., & Szapocznik, J. (2000). Development and implementation of interventions strategies for culturally diverse caregiving populations. In Schulz, R. (Ed.), *Handbook on dementia caregiving: Evidence-based interventions for family caregivers*. (pp. 151-185). New York, NY: Springer.

## **Week 13: Tuesday December 4**

### **END OF LIFE CONCERNS AND BEREAVEMENT**

Palliative Care: From Diagnosis to Death

Advanced Care Planning

Therapeutic Interventions: Dignity Therapy

The role of culture in end-of-life, death and loss

#### **In-class Activity:**

Guest Speaker: Mike Bernhagen, Rainbow Hospice: Consider the Conversation

### **Required Readings**

(Text) McInnis-Dittrich, K. (2014). In *Social Work with elders: A biopsychosocial approach to assessment and intervention*. New York, NY: Allyn & Bacon

- Ch. 10 Spirituality and Social Work with Older Adults
- Ch. 11 End-of-Life Care for Older Adults

### **Recommended Readings**

Blevins, D., & Werth, Jr., J. L. (2006). End-of-life issues for LGBT older adults. In D. Kimmel, T. Rose, & S. David (Eds.), *Lesbian, gay, bisexual, and Transgender aging: Research and clinical perspectives* (pp. 206-226). New York, Columbia University Press.

Richardson, V. E., & Barusch, A. (2006). Bereavement in later life (Ch. 12) In Gerontological practice for the twenty-first century (91-109). New York, NY: Columbia University Press

**Week 14: Tuesday, December 11**

**INTEGRATION AND SYNTHESIS**

Putting it all together

Course Review

Looking Ahead

Summary and Course Evaluation

**V. Texts and Reading Materials for the course (The textbooks can be found at the UW Bookstore or on Amazon)**

- 1) **Text:** Zarit, S. H., & Zarit, J. M. (2007). *Mental disorders in older adults: Fundamentals of assessment and treatment.* New York, NY: The Guilford Press.
- 2) **Text:** McInnis-Dittrich, K. (2014). *Social work with Older Adults: A biopsychosocial approach to assessment and intervention.* Boston, MA: Allyn & Bacon
- 3) **Additional Required Readings:** See readings posted on Canvas

**VI. Evaluation: Assignments, Grading and Methods**

With respect for adult student’s diverse learning needs, some choice is offered in assignments. Students will review the course assignments and turn in a learning contract indicating the choice of assignments and dates for completion by the second week of class. See “Learning Contract” and description of course assignments for further information.

**Assignments Due Dates and Points:**

<b>Assignment</b>	<b>Due Date</b>	<b>Max Points</b>
Reading and Case Study Analysis	October 9, 2018	10
Major Assignment of your Choice	By December 11, 2018	40
Two Minor Assignments of your choice	By December 11, 2018	40 (20 points each)
Participation and Activities	Ongoing	10
<b>Total Points</b>		<b>100</b>

**Assignment Descriptions, Instructions and Grading Criteria:**

**A. Participation in Class Discussion and Activities (10 Points)**

Although class sessions will include a variety of learning methods, there will be an emphasis on active engagement. Students are expected to assume responsibility for their own learning and demonstrate mastery of the weekly readings by raising insightful questions.

Students should bring 1-2 “open-ended” discussion questions to class that stem from the reading (noting page numbers if relevant). Questions will be used to stimulate active engagement in learning.

Participation credit will additionally include:

- Adherence to Class Dialoging Guidelines (see Appendix B)
- Participation in class activities and completion of mini take home assignments - Degree of active participation (see Appendix C)

**B. Reading and Case Study Analysis (10 Points)**

See description of this assignment in the assignment options packet.

### C. Major and Minor Assignments (80 Total Points)

With respect for adult student’s diverse advanced practice learning needs, a variety of assignments are provided from which students may choose their area of foci. Students will be required to review the course assignments and turn in a learning contract indicating the choice of assignments and dates for completion by the second week of class. See “Learning Contract” and description of course assignments for further information. Students will select from the following assignments for a total of 80 points.

Major Assignments (40 points each; Must select one from the list below)	Minor Assignments (20 points each; Must select two from the list below)
Compare and Contrast 2 Treatment Approaches	Interview Older Adult
Service Learning – Applied Intervention	Book Review & presentation
Research Paper	Group Process Observation & Analysis

**Grades Points:** Grades will be assigned using the following conversion table.

100 Point Scale	Final Grade	Criteria of Work Quality
94-100	A	Outstanding; surpasses expectations in all areas
88-93	AB	Very good; surpasses expectations in many areas
82-87	B	Good; meets expectations in all areas
76-81	BC	Fair; meets expectations in some areas; below in others
70-75	C	Poor; below expectations in most areas; not acceptable graduate work
64-69	D	Below expectations in all areas
< 64	F	Fails to meet minimal expectations in all areas; not acceptable work

#### Assignment Descriptions

##### **READING & CASE STUDY ANALYSIS**

The purpose of this initial assignment is to demonstrate your understanding of the readings and your ability to apply course content to the mental health challenges faced by an elder and their family.

##### **Instructions:**

1. Review lecture notes from Weeks 1-4 and all required readings for Weeks 1-4
2. Read the attached case study.
3. Given what you have learned from classroom discussion and the readings in a **4-5 page double-spaced** (12 pt. font; 1” margins) written report, **use the following headings** to concisely answer these questions:
  - a. Preliminary Assessment (Suspicious): Given what Vanessa shares with you, what might you initially suspect is causing her mother’s symptoms and why? Be specific and provide and cite evidence from the reading to support your preliminary assessment.
  - b. Engagement & the Clinical Interview: You will need to do a home visit to initiate the assessment. What will you do in advance to prepare for the interview? How will you approach Mrs. Johnson? What will want to accomplish during this home visit? What cultural considerations need to be considered?
  - c. Assessment: Given the little bit of information Vanessa has given you, what else will you want to know and how will you obtain that information?
    - i. Please list the various domains that you believe will be important to investigate as part of the assessment to determine the cause of Mrs. Johnson’s symptoms and the most appropriate care plan. Be sure to list the mental status tests and medical tests that you feel should be completed (see Ch. 5 McKinnis, 2014; Ch. 6 in Zarit & Zarit, 2007). [Note: it is acceptable to provide bulleted list of points in response to these particular questions]
    - ii. Describe how that data will be collected (and by whom)?
    - iii. Provide a brief rationale for the assessment domains that will be included.
  - d. Possible Recommendations: Assuming your preliminary assessment turns out to be correct, name 2-3 primary recommendations that you might make to Mrs. Johnson and her family?
4. Submit paper to Canvas dropbox by 8:00 a.m. before week 5 of class.

## Daughter Requests Case Manager Consultation for her mother: Mrs. Johnson

Mrs. Johnson (Mrs. J.) is a 78-year-old, African American woman who lives in a small Midwestern city. About a year ago, her husband died suddenly of a stroke, leaving Mrs. J. to live alone in her home of 52 years. It was the home where she had raised her three children, all of whom graduated from college, have professional careers, and now live in other parts of the state. Her family is a source of pride, and her home has numerous pictures of her children and grandchildren.

About 3 months ago, Mrs. J.'s oldest daughter, Vanessa, got a call from one of the neighbors. Vanessa lives a 4-hour drive from her mother—a drive that can often be longer in bad weather. The neighbor stated that Mrs. J. had walked to the neighborhood store in her pajamas and slippers. Because Mrs. J. has lived in the community for several years, people have been watching out for her since her husband died, and someone gave her a ride back home. Mrs. J. doesn't drive, and the temperature was fairly chilly that day.

As a result of the call, Vanessa went to Mrs. J.'s home for a visit. Although she and her siblings had been calling Mrs. J. regularly, no one had been to the family home in about 7 months. Vanessa was shocked at what she saw.

Mrs. J. had been a cook in a school cafeteria earlier in life and always kept her own kitchen spotless. But now the house was in disarray with several dirty pots and pans scattered throughout different rooms. In addition, odd things were in the refrigerator such as a light bulb and several pieces of mail. Many of the food products were out of date, and there was a foul smell in the kitchen. Trash covered the counters and floor.

Vanessa contacted her siblings to ask them if their mother had told any of them that she wasn't feeling well. Her brother, Anthony, remarked that their mother would often talk about Mr. J. in the present tense—but he thought that it was just her grief about his death. The younger brother, Darius, reported that his wife was typically the one who called their mother—about once a month. He didn't know if there had been any problems—his wife never said anything about it to him.

Vanessa also contacted the pastor of her church, Rev. M. He stated that Mrs. J. had been walking to church on Sundays, as usual, but he did notice that she left early a few times and other times seemed to come to service late. But like the brother, Anthony, he thought that this behavior was probably a grief reaction to the loss of her husband.

A final shock to Vanessa was when she went through her mother's mail. There were several overdue bills and one urgent notice that the electricity was going to be cut off if the balance wasn't paid. She owed several hundred dollars in past due heating, electric, and telephone bills.

Vanessa contacted her mother's primary care physician (Dr. P.) who said that he had last seen Mrs. J. for her regular checkup 6 months earlier and that she had missed her last appointment a week ago. Dr. P. said that her staff had called to make another appointment but that her mother hadn't called them back yet. Mrs. J. is being treated with medication for arthritis, hypertension, and gastroesophageal reflux (GERD). Her weight was stable, and her only complaint was some difficulty staying asleep at night. Dr. P. reported that her mother's mood was sad but had improved some in the month before the last visit. The doctor asked about memory and concentration, but her mother denied having any problems with memory.

Imagine that you are a case manager at the local Senior Coalition. Vanessa is calling you to seek advice about what to do. She would like you to do an assessment to help her determine what is wrong and how she can best help her mother.

<b><u>Possible Grading Criteria</u></b>	<b><u>Your Score</u></b>	<b><u>Score</u></b>
I. Provides reasonable preliminary assessment	2	_____
II. Draws upon course content to prepare for engagement	2	_____
III. Demonstrates understanding of course content	2	_____

relevant to assessment domains with sound rationale

IV. Recommendations appropriate to case example 2 \_\_\_\_\_

V. Quality of Writing and organizational structure of paper  
grammar, sentence structure, spelling 2 \_\_\_\_\_

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TOTAL Score 10 \_\_\_\_\_

**COMPARE AND CONTRAST TWO TREATMENT APPROACHES**

Generalist social work practitioners must be able to select from a wide range of theories and interventions as appropriate to specific situations. The purpose of this assignment is to allow you the opportunity to a) thoroughly investigate two differing treatment and theoretical approaches to clinical work with older clients experiencing mental health concerns; and b) learn how to apply them to your casework practice.

**The Task:** Select an older client from your field placement to use for this assignment (Note: if there is not an appropriate case available, locate a case study in the gerontological social work literature). Decide upon two different theoretical approaches and their treatment methods and investigate them thoroughly. Examples may include: cognitive-behavioral, experiential, existential, task-centered, behavioral, client-centered, systems, role, psychodynamic, or nontraditional counseling/therapeutic approaches.

In a **15 page, typed APA style and double-spaced paper:**

- 1) Write a brief summary of the salient issues relevant to the assessment of this older client. Include the primary concerns to be addressed and the goals desired.
- 2) Propose two detailed treatment plans using the two different theoretical perspectives. Compare and contrast each theoretical approach as it relates to the case presented. Expose the strengths and weaknesses of both theories in their application to your case study.
- 3) In addition to the already diverse application to older adults, what other cultural considerations need to be considered?
- 4) Conclude by selecting the approach which you believe is most appropriate for the case cited and defend that choice. Include an APA style reference list.

<u>Grading Criteria</u>	<u>Possible Score</u>	<u>Your Score</u>
I. Organization of paper Clarity and support of main points	10	_____
II. Articulation of Treatment Plans Understanding of theory Strengths and weaknesses Appropriateness of selected approach	20	_____
III. Instructor's overall impression of effort	5	_____
IV. Technical detail Spelling, grammar, syntax References and APA style	5	_____
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TOTAL Score	40	_____

**SERVICE LEARNING: Applied Intervention**

Many students report that service learning projects provide them with real life, rewarding learning opportunities that go beyond academic concepts to the application of these concepts, and the development of helping skills and therapeutic techniques. This assignment will provide the opportunity to learn more about one of the interventions or approaches explored in class and then carry out the intervention with a willing participant (i.e. one who understands that you want the opportunity to practice and evaluate the intervention). Only select this assignment if you believe it will be feasible to identify an appropriate willing elder, family or group of elders (i.e. if doing a group based intervention).

**The task:**

1. Select an intervention examined in the course that you feel would be feasible to practice, and that that you would like the opportunity to further investigate. Options might include reminiscence, life review, dignity therapy, group work, mindfulness approaches, cognitive behavioral approaches, validation, family conferencing).
2. Complete course readings and identify additional resources to help you gain sufficient understanding to practice the intervention with integrity and develop a plan for how you will carry out the intervention.
3. Identify an older client and/or family/group from your field setting or from another social worker (e.g., at a community agency or nursing home), explain the intervention process and secure their permission to participate.
4. Carry out the intervention employing what you have learned from the course and your additional resources.
5. After you carry out the intervention, seek feedback from the elder (family or group) to gain their insights regarding the strengths and limitations, potential benefits, and how it might be improved in the future.
6. Turn in your 10-15 page written report with the following headings:
  - a. **Selected Intervention:** What is the intervention you selected to practice and what was your rationale?
  - b. **Planning Process:** How did you identify resources to better understand this intervention? What did you learn from your literature search that helped you to develop your plan for carrying out the intervention. Were there cultural diversity related aspects you had to consider?
  - c. **Client Selection:** Provide a brief description of the client/family/group that was involved in the intervention (use pseudonyms to protect confidentiality) and how they were identified.
  - d. **Implementation Description:** Describe what transpired during the intervention.
  - e. **Skills Employed:** What skills did you employ?
  - f. **Evaluation of the Intervention:** How would you evaluate the intervention. How did it go? What were the outcomes? What feedback did you receive. What would you do differently in the future. What did you learn from carrying out this intervention
  - g. **Reference list:** Provide a typed APA style reference list including all resources you drew upon (lecture and course readings should be included as appropriate)

**CRITERIA FOR GRADING DISCUSSION ASSIGNMENT**

<b><u>Grading Criteria</u></b>	<b><u>Possible Score</u></b>	<b><u>Your Score</u></b>
I. Organization of paper and rationale Clarity and support of main points	10	_____
II. Use of Supporting Literature & Articulation of Appropriate planning process, client selection Implementation, skills employed	20	_____
III. Evaluation of the Intervention	5	_____
IV. Technical detail Spelling, grammar, syntax References and APA style	5	_____
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TOTAL Score	40	_____

## RESEARCH PAPER

The purpose of this assignment is to increase your expertise and knowledge regarding a particular mental health issue in later life and the interventions that are most useful for addressing the problem. You will use the literature to develop a better understanding of the prevalence of the problem and the physical, emotional, and social effects impacts on elders and their families. Some examples of mental health problems in later life and topics appropriate for this paper might include mental illness and homelessness, poverty, AIDS, alcoholism, dementia, chronic mental illness, and elder abuse or victimization. Students should also integrate how the role of gender, race, religious beliefs, and culture influence the chosen mental health issue.

**The task:** Select a particular mental health or related social problem of interest to you. Critically review the empirical literature on the topic.

In a **12-15 page typed and double-spaced** paper in **APA style** write a paper that attends to the following:

- 1) A description of the prevalence of a particular mental health issue and related social problem you selected including your rationale for its study. In other words, why is this mental health issue a problem and who (how many) is impacted by it?
- 2) Discuss important situational or contextual factors associated with the problem. What are the cultural, physical, emotional, or social effects related to this problem?
- 3) Thoroughly and critically review the relevant treatment, intervention, or service literature in journals of social work and related applied disciplines. What do we know and not know regarding the utility of the various interventions? What are the limitations of prior research on various interventions? What seem to be the most valuable and appropriate interventions for ameliorating this social problem at macro and micro levels?
- 4) Include an APA style reference list and an Appendix, which lists the specific questions that you developed to guide your investigation.

<u>Grading Criteria</u>	<u>Possible Score</u>	<u>Your Score</u>
I. Organization of paper Clarity and support of main points Content areas described and covered, Summary	15	_____
II. References to literature and interview Appropriateness, integration and application Evidence of critical thinking	20	_____
III. Instructor's overall impression of effort	2	_____
IV. Technical detail Spelling, grammar, syntax References and APA style	3	_____
<hr style="border-top: 1px dashed black;"/>		
TOTAL Score	40	_____

## INTERVIEW WITH AN OLDER ADULT

The purpose of this assignment is to: a) provide an opportunity to practice evidence based communication skills for communicating with older adults; and b) enrich understanding of course content via a face-to-face interview with a selected elder.

### **The Task:**

1. Select a topic relevant to the course objectives. Examples include:
  - \* Experience of growing older and living with chronic physical or psychological challenges
  - \* Cultural aspects of gender/race that have influenced them today
  - \* Effect of mental health issues on family caregivers, how they cope and what do they need
  - \* Experience with seeking and receiving mental health treatment
  - \* Factors contributing to psychological well-being in later life
  - \* Experience with loss and bereavement in later life
2. Review course readings on the topic as relevant
3. Review Learn at UW documents relevant to communication including
  - \* Handout on “Communication Skills” (by Instructor)
  - \* Recommended reading “GSA-Evidence based Review of What Works for Communicating with Older Adults.”
4. Develop a list of “open-ended” questions that would allow you to carefully explore the selected topic.
5. Identify a person who is at least 60 years of age and willing to be interviewed.
6. Before beginning the interview, make a copy of the attached consent form. Review the form with the elder carefully explaining the purpose of the interview. One copy of the consent form is for your informant; keep the other copy and **attach it to the back of your paper.**
7. Conduct the interview, giving special attention to the course materials on communication skills.

In a **5 to 7 page typed and double-spaced paper** using APA format to cite your references, use the following headings:

- a. **Topic Chosen:** Include: the course topic you chose to explore along with your rationale.
- b. **Brief Description of Elder:** Include: concise background info on elder including any demographic info you have (e.g., 89 year old white female), including how you know him/her.
- c. **Concise Summary & Synthesis.** Include: Brief summary regarding what you learned during this interview, how it relates to course content or related literature, the implications for assessment or intervention, and how it expanded your understanding of this topic. This synthesis should include references to the academic literature and/or course content.
- d. **Communication Skills Reflection:** Include: Brief description and critique of your use of the specific communication skills and approaches you employed referencing the course materials on communicating with older adults.
- e. Attach to your report the following: **References** (citing relevant literature and course materials), **Consent form,** & **Appendix** (listing the open-ended questions you explored in your interview):

<u>Grading Criteria</u>	<u>Possible Score</u>	<u>Your Score</u>
I. Organization of paper; insightful topic and Concise description of elder	5	_____
II. Concise summary & synthesis Thoughtful integration and application of course content Cites sources	10	_____
III. Communication skills reflection Insightful description and critique of skills; cites sources Makes good use of communication skills sources	3	_____
IV. Technical detail Spelling, grammar, syntax References and APA style	2	_____
	TOTAL Score 20	_____

**Consent Form**  
University of Wisconsin-Madison  
School of Social Work

**Faculty Sponsor: Jacob Dunn, LCSW**

**Student's Name** \_\_\_\_\_

I am a social work student at the University of Wisconsin. I am taking a class in which we are learning about older adults. Students in our class are interested in finding out how older adults have adjusted to various changes as they age, how their personal life experiences have shaped their life, and how they view various topics related to our course objectives.

Procedures: I am particularly interested in and would like to talk with you about

\_\_\_\_\_ (fill in depending upon your topic). The interview will last approximately 45 minutes. I will take notes on what you tell me while we are talking because I am required to write a brief summary of the interview for my class.

Your participation in this interview is completely voluntary and you may end the interview at any time if you do not wish to continue. You are not required to answer any questions you do not want to answer. If you find any topic unpleasant or otherwise not to your liking, please tell me and we will go on to another one.

This interview is for educational purposes only. Although I am required to attach this consent form to my paper to ensure that you have consented to be interviewed, I will not share your responses with anyone else, nor will I tell anyone that I interviewed you. The notes I take will be kept locked in my possession until I have finished my written report and will then be destroyed. The class instructor (named above) will read the contents of the written summaries to see what each student learned, but nobody else will see them.

Do you have any questions you would like to ask me before we begin?

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

The purpose of the interview has been described to me. I have had a chance to ask the student questions about the interview. I understand that I may end the interview at any time and that I may decline to answer any of the questions asked. I voluntarily consent to participate in this interview.

\_\_\_\_\_  
**Signature of Interviewee**

\_\_\_\_\_  
**Date**

One copy for Interviewee  
One copy to be attached to paper

## BOOK REVIEW and BRIEF PRESENTATION

**Objective:** The purpose of this assignment is to provide you with an opportunity to explore in greater depth a published book that examines issues of aging that are somehow related to the course objectives (see Appendix A of syllabus).

### The task:

1. Choose a book (not used in another course) to enhance your understanding of mental health and aging relevant to the one or more of the course competencies and practice behaviors (first person accounts are acceptable; e.g., a book written by a person with dementia or a family caregiver). Students will choose a book that addresses aspects of race, culture, and gender.
2. In a 5-7 page, double-spaced written report **using the following headings**, concisely address all of the following content areas:
  - a. Author, title, date, publisher, and subject
  - b. Rationale for choosing the book
  - c. Concise Summary  
Include: purpose of the book; the organization of the book (e.g., number of chapters, topics covered); concise description of what the book was about
  - d. Personal reaction  
Include: how the book enhanced your learning, how it helped further your development related to the course competency and practice behavior, and how it impacted you personally and/or professionally
  - e. Critical analysis  
Include: overall assessment of strengths and weaknesses with support for your conclusions, and the specific situational and professional contexts in which you would recommend this book
3. On the day you turn in your report, you will do a 5 minute report to the class to highlight what you learned from reading this book.

Sample book titles other students have enjoyed:

Coste, J. (2004). *Learning to speak Alzheimer's: A groundbreaking approach*. Houghton Mifflin.

Kessler, L. (2007) *Dancing with Rose: Finding life in the land of Alzheimer's*

Liu, W. T., & Kendig, H. (Eds) (2001). *Who should care for the elderly: An east-west value divide*. Singapore Univ. Press.

Karel, M. J., & Ogland-Hand, S., & Gatz, M. (2002). *Assessing and treating late life depression*. Basic Books.

Pipher, M. (1999). *Another country: Navigating the emotional terrain of our elders*. Riverhead Books.

Shahan, L., & Stonehill, A. (2003). *Mind fall: Inside major depression*. Bridgewood Press.

<b><u>Grading Criteria</u></b>		<b><u>Possible Score</u></b>	<b><u>Your Score</u></b>
I.	Concise Summary	4	_____
II.	Personal Reaction	5	_____
III.	Critical Analysis	6	_____
	Strengths and weaknesses identified		
	Support for conclusions		
	Contexts for recommendation of book		
IV.	Clarity in written & Oral Report		
	Instructions followed	3	_____
IV.	Writing style and Technical detail	2	_____
	Spelling, grammar, syntax		
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TOTAL Score		20	_____

**BOOK REVIEW/PRESENTATION-** Sample titles others have enjoyed:

- *Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis Among African Americans.* Poussaint, A. (2000). Beacon Press.
- *Monkey Mind: A Memoir of Anxiety.* Smith, D. (2012). Simon & Schuster.
- *The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought.* Adam, D. (2015). Sarah Crichton Books.
- *When the Time Comes: Families with Aging Parents Share Their Struggles and Solutions.* Span, P. (2009). Grand Central Life & Style.
- *A Bittersweet Season: Caring for Our Aging Parents—And Ourselves.* Gross, J. (2011). Knopf.
- *I Still Do: Loving and Living with Alzheimer's.* Fox, J. and Flukinger, R. (2009). powerHouse Books.
- *36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementias and Memory Loss.* Rabins, P. & Mace, N.
- *Still Alice.* Genova, L. (2009). Pocket Books.
- *The Man Who Mistook His Wife for a Hat: And Other Clinical Tales.* Sacks, O. (2006). Odyssey Editions.
- *Learning to Speak Alzheimer's: A Groundbreaking Approach for Everyone Dealing with the Disease.* Coste, J. (2004). Mariner Books.
- *Dancing with Rose: Finding life in the land of Alzheimer's.* Kessler, L. (2006). Penguin Books.
- *Assessing and treating late life depression.* Karel, M. J., & Ogland-Hand, S., & Gatz, M. (2002). Basic Books.
- *Another country: Navigating the emotional terrain of our elders.* Pipher, M. (1999). Riverhead Books.
- *Mind fall: Inside Major Depression.* Shahan, L., & Stonehill, A. (2003). Bridgewood Press.
- *Being Mortal: Medicine and What Matters in the End.* Gawande, A. (2014). Metropolitan Books.
- *The Creative Age: Awakening Human Potential in the Second Half of Life.* Cohen, G. (2000). Harper Collins
- *Still Here: Embracing Aging, Changing and Dying.* Dass, R. (2000). Hodder & Stoughton.
- *Agewise: Fighting the New Ageism in America.* Morganvoth Gullette, M. (2011). University of Chicago Press
- *In the Arms of Elders.* Thomas, W. (2006). VanderWyk & Burnham.

**BRIEF GROUP PROCESS OBSERVATION AND ANALYSIS**

The purpose of this assignment is to allow you the opportunity to: a) explore empirical research related to group work; b) observe and assess a group in process; and c) exercise your ability to analyze group dynamics, functions, tasks, and process.

**The task:**

- 1) Identify a short-term group in your practicum setting or in the community that is provided for older adults. Secure permission from the group facilitator and group members to observe the group for 1-2 sessions. You might consider community service centers or residential settings.
- 2) Identify and review at least five empirical articles that describe research related to the type of group that you will be observing (e.g., if you will be observing a support group, you might look for articles that describe support group goals, methods, and outcomes or that evaluate the efficacy of support groups of family members with dementia).
- 3) Interview the group facilitator to learn about the purpose of the group, their approach to facilitating the group, their leadership style, their perspectives about the advantages of the group and any other questions that you think will help you understand the group you will be observing.
- 4) Observe the sessions and write a **5 to 7 page** analysis based on your observation. Describe the setting, the group members, and the group's purpose.
- 5) Review your notes from our class lecture and discussion and from your readings on group work. Then discuss the type of group that is being observed (e.g., support group, educational group), the role of the group facilitator, the stage of the group development, how needs for inclusion in regards to race and gender are addressed, control and affection were met, and provide your analysis regarding the group process and progress. Assess whether the goals of the group appear to be met.
- 6) **Drawing upon your literature review and what you have learned in class about group process theory, knowledge and skills,** assess the strengths and weaknesses of the group process. Include a reference list.

<u>Grading Criteria</u>	<u>Possible Score</u>	<u>Your Score</u>
I. Organization of paper Clarity and support of main points	10	_____
II. References to literature Appropriateness Integration and application	6	_____
III. Instructor's overall impression of effort	2	_____
IV. Technical detail Spelling, grammar, syntax References and APA style	2	_____
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TOTAL Score	20	_____

## **VII. Course Policies**

### **Non-Discrimination Policy**

All students will be treated in accordance with federal and state laws prohibiting discrimination on the basis of sex, race, national origin, disability, sexual preference, age and religion. No assignments will be due on major religious holidays. Students who are registered with the Disability Resource Center must give the instructor a copy of their VISA within the first two weeks of the semester so that accommodations can be made. The instructor will assure that there is accommodation made for the student.

### **Disability Accommodation**

The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students requiring accommodation, as approved by the McBurney Center, are expected to provide the instructor with a copy of their Verified Individualized Services and Accommodation (VISA) by the second week of the semester, or as soon as possible after a disability has been incurred or recognized. For more information, please contact the McBurney Center at [mcburney@odos.wisc.edu](mailto:mcburney@odos.wisc.edu); Phone at 608-263-2741; Text messaging at 608-225-7956; or by FAX at 608-265-2998, 711 (Via relay); Address is 702 W. Johnson Street, Suite 2104 Madison, WI 53715

Faculty will work either directly with the student or in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA.

### **Code of Ethics, Student Rights and Responsibilities & Plagiarism**

Incoming BSW and MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy and the Student Rights and Responsibilities. In doing so, they agreed that while in the BSW or MSW Program they would honor the NASW Code of Ethics and Student's Rights and Responsibilities, as well as adhere to the Plagiarism Policy and that should they not do so, sanctions would be imposed. BSW and MSW students are expected to adhere to these policies in the classroom, in the field and in the preparation of course assignments.

### **Attendance & Class Participation Policy**

In order for you and your fellow classmates to benefit from this course, attendance and active participation are expected. Attendance will be taken at the beginning of class and I will note your level of participation. If you are unable to attend class, please email me prior to class so you can receive an excused absence; you may receive no more than two excused absences per semester. Two points will be deducted from your grade for each unexcused absence incurred.

### **Policy on Late Assignments**

Assignments are due at the Canvas Dropbox by the start of the class on the designated date. Sometimes unforeseen circumstances arise and it may be necessary for students to submit work later than the due date. If a student a) communicates with me prior to the due date, b) provides a reasonable explanation as to why the work is late, AND c) we come to an agreement about a different deadline, a late submission may be permitted. D) If there is not a reasonable explanation, or contact about a late submission, a deduction of five points for each day the assignment is late will be taken off the final grade of the assignment.

### **Student-Instructor Communications**

Course materials are posted at the course website, which uses UW Canvas platform. Required and recommended readings, power point slides and handouts will be posted there. Students are expected to visit the website regularly to check for announcements, submit assignments and check grades. In addition, I will use email to send out course announcements and to alert students if there are handouts that they will need to print in advance of class. Be sure to check your WISC EMAIL account by 4:00 on the day before class to check for materials.

**Final Comment:** I'm very much looking forward to getting to know you and exploring the course content together. I sincerely hope you will find the course interesting and relevant. I know that most of you have extensive life and work experience and it will be wonderful to learn from your experiences. Please let me know if you have any questions. Best wishes.

**Appendix A**

<b>Competencies and Description</b>	<b>Course Content relevant to Dimensions that Comprise the Competency*</b>	<b>Location in Syllabus</b>
<p><b>2.1.2 Engage Diversity and Difference in Practice</b> Advanced practice social workers demonstrate in a focus area an advanced understanding of how diversity and difference characterize and shape the human experience and are critical to the formation of identity.</p> <p>They demonstrate comprehension that dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status.</p> <p>Advanced practice social workers recognize that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim, and apply this recognition in their practice.</p> <p>They also demonstrate in practice their understanding of the forms and mechanisms of oppression and discrimination, and a recognition of the extent to which a culture’s structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.</p>	<p>Lecture and discussion related to dimensions of diversity and the delivery of services: Diversity within the older population (K,V) Guest Speakers: Caring for LGBT with dementia (K) Suicide Risk Factors and health disparities (K, V, S) Cultural differences in understanding &amp; treating hoarding (K, V, C &amp; AP) Cultural differences in decision making (K, V, S, C &amp;AP) The role of culture in end-of-life, death and loss (K, V, S, C &amp; AP)</p> <p>Readings (K, V, S, C &amp; AP)</p> <p>Assignments: Compare and Contrast Two Treatment Approaches; Research Paper, Book Review (K, V, C &amp; AP)</p>	<p>Week 1</p> <p>Week 5</p> <p>Week 6</p> <p>Week 7</p> <p>Week 12</p> <p>Week 13</p> <p>Weeks 1, 6, 7, 8, 9, 11, 13, 14</p> <p>Syllabus pages: 13, 15, 18</p>
<p><b>2.1.4 Engage In Practice-informed Research and Research-informed Practice</b></p> <p>Advanced Generalist social workers understand and apply quantitative and qualitative research methods to advance the science of social work and practice in the focus area.</p> <p>They know and apply the principles of logic, scientific inquiry and culturally informed and ethical approaches to building knowledge in the focus area.</p> <p>Advanced Generalist social workers understand and demonstrate that evidence informed practice derives from multi-disciplinary sources and multiple ways of knowing, demonstrate the processes for translating research findings into their focus area of practice.</p>	<p>Lecture, videos, in-class activities, reading and discussion related to practice-informed research, and research-informed practice: Common changes associated with aging (K) Common Causes of Confusion (K) Validation Therapy (K,S, C &amp; AP) Alive Inside (K) Role Play- GDS (K,S) CBT Application (K, S) Dignity Therapy (K, S)</p> <p>Readings (K, S, C &amp; AP)</p>	<p>Week 2</p> <p>Week 4</p> <p>Week 5</p> <p>Week 5</p> <p>Week 6</p> <p>Week 11</p> <p>Week 10 &amp; 13</p> <p>Weeks 2, 4, 5, 7, 9, 13</p>

Competencies and Description	Course Content relevant to Dimensions that Comprise the Competency*	Location in Syllabus
	Assignment: Compare and Contrast Two Treatment Approaches; Applied Intervention; Research Paper (K, S, C & AP)	Syllabus pages: 13; 14; 15
<p><b>2.1.6 Engage with Individuals, Families, Groups</b></p> <p>Advanced Generalist social workers understand and demonstrate that engagement is an ongoing component of the dynamic and interactive process of social work practice in the focus area with, and on behalf of, diverse individuals, families, groups, organizations, and communities. They value the importance of human relationships.</p> <p>Advanced Generalist social workers understand and apply theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the focus area to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. They understand and demonstrate an array of strategies to engage diverse clients and constituencies to advance practice effectiveness in the focus area.</p> <p>Advanced Generalist social workers demonstrate advanced understanding of how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies in the focus area.</p> <p>They value and employ principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals in the focus area.</p>	<p>Lectures, videos and small/large group discussions related to skills and knowledge in facilitating engagement with individuals, families, and groups: Obsessive Compulsive Disorder video (K, V) What is PTSD really like? (K, V) Facilitating family conferences &amp; counseling (K, V, S, C &amp; AP) Guest Speaker: Consider the Conversation (K, V, S, C &amp; AP)</p> <p>Readings (K, V, S, C &amp; AP)</p> <p>Assignments: Compare and Contrast Two Treatment Approaches; Applied Intervention; Interview with an older Adult; Group Process Analysis (K, S, C &amp; AP)</p>	<p>Week 7</p> <p>Week 8</p> <p>Week 12</p> <p>Week 13</p> <p>Weeks 2, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14</p> <p>Syllabus pages: 13; 14; 16; 20</p>
<p><b>2.1.7 Assess Individuals, Families, Groups</b></p> <p>Advanced Generalist social workers independently engage and apply their understanding of theories of human behavior and the social environment in the ongoing assessment of diverse individuals, families, groups, organizations and communities in the focus area.</p> <p>They engage in inter-professional collaboration and utilize methods of assessment appropriate to their focus area to advance practice effectiveness.</p> <p>Advanced Generalist social workers demonstrate an understanding of how their personal experiences and affective reactions may affect their assessment and decision-making.</p>	<p>Lecture, videos and small/large group discussions covering assessment knowledge and skills: Biopsychosocial Assessment (K,V, S, C &amp; AP) Assessment tools role-play and application (K,V, S, C &amp; AP)</p> <p>Readings (K, V, S, C &amp; AP)</p> <p>Assignment: Compare and Contrast Two treatment Approaches; Applied</p>	<p>Week 2</p> <p>Weeks 2, 5, 6, 9, 10, 11</p> <p>Weeks 2, 4, 6, 7, 11, 13</p> <p>Syllabus pages 12; 13; 19</p>

Competencies and Description	Course Content relevant to Dimensions that Comprise the Competency*	Location in Syllabus
	Intervention; Group Process Analysis (K, S, C & AP)	
<p><b>2.1.8 Intervene with Individuals, Families, Groups,</b> Advanced Generalist social workers recognize and understand intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>They independently identify, analyze and implement evidence-informed interventions to achieve the goals of clients and constituencies in a focus area.</p> <p>Advanced Generalist social workers incorporate their knowledge of theories of human behavior and the social environment when selecting and implementing interventions in a focus area.</p> <p>They also engage in interdisciplinary, inter- professional, and inter-organizational collaboration as appropriate, in evaluating and implementing interventions.</p>	<p>Lecture, videos and small/large group discussions, and case studies focused on evidence-informed interventions and assessments: Establishing rapport (V, S) SLUMS, MMSE, &amp; Clock Draw role-play (K, S) Alive Inside video (K) Suicide prevention (K, V, S) Treatment of OCD (K, V, S) Recognizing symptoms of psychosis and developing social work interventions (K, S) Treatment of PTSD (K,V, S) Helping older adults understand and complete advanced directives (K, V, S) Intervening with the family (K, S) Family Conferencing (K, S) Dignity Therapy (K, V, S)</p> <p>Pharmacological interventions (K, C &amp; AP)</p> <p>Readings (K, V, S, C &amp; AP)</p> <p>Assignment: Compare and Contrast Two treatment Approaches; Applied Intervention; Interview with an Older Adult; Group Process Analysis (K, S, V, C &amp; AP)</p>	<p>Week 2 Week 5 Week 5 Week 6 Week 7 Week 7 Week 8 Week 12 Week 12 Week 12 Week 10 &amp; 13 Weeks 6, 7 Weeks 5, 12 Syllabus pages 13; 14; 16; 20</p>
<p><b>2.1.9 Evaluate Practice with Individuals, Families, Groups</b> Advanced Generalist social workers recognize the importance of ongoing evaluation in the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>They are knowledgeable about various methods of evaluating outcomes and practice effectiveness in a focus area and incorporate their knowledge of theories of human behavior and the social environment when</p>	<p>Lecture, and class discussions relevant to evaluating work with</p> <ul style="list-style-type: none"> <li>▪ Individuals (K, S, V, C &amp; AP)</li> <li>▪ families, groups (K, S, C &amp; AP)</li> </ul> <p>Evaluating Screening tool scoring and outcomes (K, C &amp; AP)</p> <p>Interventions and their effectiveness with the older adult population (K, V, C/A)</p> <p>Future of social work with older adults (V, S)</p>	<p>Weeks 4, 5, 6, 9, 10, 11 Weeks 5, 6, 9 Week 1</p>

<b>Competencies and Description</b>	<b>Course Content relevant to Dimensions that Comprise the Competency*</b>	<b>Location in Syllabus</b>
<p>evaluating outcomes.</p> <p>Advanced Generalist social workers employ qualitative and quantitative methods as appropriate for evaluating outcomes and practice effectiveness in a focus area.</p>	<p>Assignment: Compare and Contrast Two treatment Approaches; Applied Intervention; Interview with an Older Adult; Group Process Analysis; (K, S, C &amp; AP)</p>	<p>Syllabus pages: 13; 14; 16; 20</p>

\*K=Knowledge; V=Values; S=Skills; C & AP=Cognitive and Affective Processes

## APPENDIX B:

### Dialoguing Guidelines

From: Colleen Mahoney - UW-Madison School of Social Work

Successful class discussion depends upon people being “good citizens” by taking joint responsibility for moving the discussion forward. That means following guidelines and helping to enforce them. Listening well, making productive contributions and facilitating discussion are all important social work skills.

1. **Do the reading and come to class prepared to talk.**
2. **Listen as well as talk.**
3. **Raise questions.** Asking questions, asking for clarification from faculty or from other members of the class, is as important - and often more valuable- than making points
4. **Build on each other’s points.** Refer to each other and let people know how your point is related to the discussion.
5. **If you want to change the direction of the discussion, make it explicit.** By doing so, you allow the class to decide whether or not they want to change direction. You allow the class to finish one discussion before starting another. This also allows the class to know where you are coming from. You may know what you are talking about, but the class may not – they may still be thinking about the previous discussion, and not realize that you are changing the topic.
6. **Make your point and support your position, then allow the discussion to move on.** Do not persist in defending points. It is frustrating to others when a participant keeps bringing the conversation back to the same point and re-states it over and over again.
7. **Bring in your background.** Let others know where you are coming from. Tell the class if you are using information from personal experience or from knowledge gained outside of class. If you don’t some people may wonder where the information is from – was that in the readings?
8. **Respect diversity of opinions as well as perspective:**
  - a. **Do not stereotype and never dismiss.** For example, if someone takes a feminist position one day, that does not mean that every time that person speaks everyone should roll their eyes and think, “here we go with the feminist position again!”
  - b. **Do not assume.** We come from a variety of backgrounds and have a diversity of lives that you may or may not be aware of. Don’t assume that we are all the same. There are gay people in the room. There are Jewish people in the room. There are white people who have known hunger and people of color who went to prep school and grew up in the suburbs. There are people in this room who were teen parents and people who were or are consumers of many of the social services we are discussing. All of this means that you should never assume that “we” are talking about “them” – whether “them” refers to clients or certain groups of people.
9. **Make the classroom a safe place.** Things that people say in the classroom should not be repeated outside of class. Discussion and learning happen when people feel that they can experiment, openly discuss ideas, try on different concepts, be challenged and grow without being judged. No one wants to be standing in the coffee line and hear someone say, “Can you believe that she said that...!”

## **APPENDIX C:**

### **Guidelines for Evaluating Participation**

From: Severa Austin, UW-Madison School of Social Work

#### **Outstanding Contributor:**

Contributions in class reflect exceptional preparation. Ideas offered are always substantive and provide one or more major insights as well as direction for the class. Challenges are well substantiated and persuasively presented. The student responds to colleagues' ideas, and assists in further development and clarification of these ideas. If this person were not a member of the class, the quality of discussion would be diminished markedly.

#### **Good Contributor:**

Contributions in class reflect thorough preparation. Ideas offered are usually substantive, provide good insights, and sometimes direction for the class. Challenges are well substantiated and often persuasive. Responses to colleagues' ideas are often useful. If this person were not a member of the class, the quality of the class would be diminished.

#### **Adequate Contributor:**

Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, provide generally useful insights, but seldom offer a new direction for the discussion. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive. Occasionally responds to colleagues' comments in ways that are useful. If this person were not a member of the class, the quality of the class would be diminished somewhat.

#### **Non-Participant:**

This person says little or nothing in class, nor does s/he clearly encourage others through active listening. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of the discussion would not be changed.

#### **Unsatisfactory Contributor**

Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights, and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comments do not acknowledge colleagues' contributions, or worse, are disrespectful of them. If this person were not a member of the class, valuable airtime would be saved.

*\*NOTE: Prof. John Tyler of Brown University obtained these guidelines from Prof. Richard J. Murnane at the Harvard Graduate School of Education. Prof. Murnane, in turn, learned them from someone else. Although the original attribution for the guidelines has been lost, they continue to be useful to so many.*