

THE UNIVERSITY OF TENNESSEE
COLLEGE OF SOCIAL WORK
SW 538 Social Work Practice with At-Risk Populations
2 credits
Spring 2009
Mondays 5:30 – 9:30 PM
Boling Center RM C 613

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Office Hours: Mondays: 4:30 – 5:30 PM and by appointment

Code of Conduct: It is the student's responsibility to have read the College of Social Work Ethical Academic and Professional Conduct Code that is in the College of Social Work MSSW Handbook (www.utk.csw.edu).

The Honor Statement

An essential feature of The University of Tennessee is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the University, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity. (*Hilltopics*, 2008).

Disability If you need course adaptations or accommodations because of a documented disability or if you have emergency information to share, please contact The University of Tennessee Office of Disability Services at 2227 Dunford (865-974-6087). This will ensure that you are properly registered for services.

Course Description

This is a required foundation course. This course provides in-depth study of evidence-informed and evidenced-based practice models with at-risk populations. Assessment and interventions focus on individuals, groups, families, and communities.

Course Rationale

This is a 2 credit course that builds on the foundation introductory practice course in applying generalist practice to complex social problems and issues. Knowledge, values, and skills in advocacy and evidence-based intervention methods for practice with individuals, small groups, and families, and communities are essential to influence social change and empowering clients/client systems and populations at-risk. The course emphasizes assessment and intervention with client systems inclusive of their risk, protective factors and strengths in the context of the supports and demands of their environment.

Course Competencies

By the completion of this course, the students are expected to be able to demonstrate (through course activities, assignments and/or exams):

1. Assess complex client systems from an ecological perspective for practice with individuals, small groups, families, and communities with an emphasis on diverse strengths, resources, natural support systems and using culturally affirming communication and available evidenced-based, culturally affirming assessment tools. (Practice- F.2, F.3, F.4; CT/EBP- F.1, F.4; Diversity- F.1, F.3, F.4; Research-F.1. *(content: skills and strategies for assessing clients/client systems, problems, issues, and organizations; culturally affirming communication and assessment; critical analysis of assessment tools for evidence-bases and culturally affirmative elements; assessing family dynamics, roles, and patterns; information technology to locate evidence-based assessment tools)*).

2. Evaluate the limitations and strengths of practice models and interventions and identify best practices appropriately in work with diverse client systems, families and small groups (Practice-F.6; CT/EBP-F.1, F.3; Diversity-F.4, F.6; Pops at-risk & SJ-F.1; Research- F.1). *(content: generalist group work (i.e., group dynamics, processes, roles); intra-, inter- and inter-disciplinary teams; generalist family-centered, strengths-based, evidence supported interventions; using information technological resources to identify evidence-based interventions; family configurations (e.g., single parent, step-, aging, GLBTQ) and issues (e.g., child maltreatment and abuse, mental and physical health, immigration/legal status, death and dying, disability(ies), poverty, violence); intra-, inter- and inter-disciplinary teams)*.

3. Recognize, analyze, and tolerate ambiguity in resolving ethical dilemmas that arise in practice with individuals, families, groups, and communities. (Values/ethics-F.1, F.2; CT/EBP-F.4; Pops at-risk & SJ-F.4). *(content: NASW Code of Ethics, International Code of Ethics; ethical principles; professional values; analysis of ethical dilemmas; designing resolution strategies; utilizing supervision appropriately for analysis and resolution of ethical dilemmas)*.

4. Identify evidence-based prevention principles and approaches to wellbeing and social and economic justice across client systems. (Practice-F.9; CT/EBP-F.5; Pops at-risk & SJ-F.3). *(content: public health/risk and resilience framework (Fraser); EBP prevention models of practice; precautionary Principle (Public Health) and traditional scientific risk assessment methodologies; at-risk populations (e.g., HIV, suicide, community, and domestic violence, and substance abuse; using information technology to identify evidence-based principles and approaches)*.

5. Describe how advocacy and social change are applied to advance well-being, human rights, and social and economic justice in communities, and how and when to apply such generalist strategies across larger systems. (Practice-F.5, F.10; Pops at-risk & SJ- F.4., F.6; Values/ethics-F.1). *(content: models of community practice, planned social change, and empowerment (e.g., grassroots, neighborhood, and community organizing); generalist roles, strategies and tactics in organizing functional communities, community social and economic development, program development, community liaison, social planning, coalition building, political and social action; social movements and their core components for progressive change (i.e., social work roles, scope of concern, constituencies, target systems, desired outcomes)*.

Required Textbooks: Dworkin, J. (2005). *Advanced Social Work Practice: An Integrative, Multilevel Approach*, Pearson Education, Inc.

Additional readings have been posted to the (UTK) online Hodges Library course reserve website.

Strongly Recommended Text: Szuchman, L. T. & Thomlison, B. (2008). *Writing with Style: APA Style for Social Work*, Wadsworth Publishing; 3rd edition.

Your grade in this class is based on:

Case Study Activities Questions (4).....(5 points) each (Total = 20 Points)
Small Group Projects
 Draft 1 (20 points); Draft 2 (20 points); and Final Draft (5 points) Total = 45 Points
Discussion Board Entries (4).....(5 points) per assignment (Total = 20 Points)
Oral Presentation5 points
Attendance and Active Participation..... 10 points

The grading scale for the course is:

- A = 93 - 100 points (Superior performance)
- B+ = 92 – 88 points (Better than satisfactory performance)
- B = 87 – 80 points (Satisfactory performance)
- C+ = 79 – 74 points (Less than satisfactory performance)
- C = 73 –70 points (Performance well below the standard expected of graduate students)

(Descriptions are from the 2008-9 UT Graduate School catalog, p.24)

Summary of Course Expectations: Students are expected to:

- Complete reading assignments prior to class (read and analyze/synthesize assigned readings in preparation for each class session); and
- Participate in both in-class as well as on-line discussions, exercises, and
- Submit assignments in a timely manner, make up options will not be given, unless due to **documented emergencies**..
- Completed assignments may be submitted anytime prior to the date posted in the syllabus. However, once the date is past, the material will no longer be accepted and you will receive a ZERO for any assignments not completed.

Graduate level work includes an ability to synthesize one's experience and knowledge into an explication that illuminates theory and an understanding of the course material. The writing of papers is expected to be organized, succinct in conceptualization and syntax and grammatically correct. The following criteria will be used for all graded assignments:

- Quality and clarity of writing and organization;
- Comprehensiveness;
- The extent to which course concepts, discussion and readings are reflected in the writing; and
- Accuracy and specificity of content.

Guidelines for Case Study Activities Questions: Each week students are responsible for submitting a write up that addresses the content located under “Activities” at the end of each assigned case study. All submissions (questions and answers) must be forwarded to the instructor by electronic drop box, found in the Blackboard site for this course. This assignment is due by the end of class each Monday (submissions should not exceed 2 typed pages).

In order to complete the weekly assignments successfully, you must **apply** content from weekly readings and lectures to your assigned case study activity questions; **conduct** a literature review/search and locate evidence-based interventions (maximum of three interventions per case) that may be helpful in addressing the problem behavior(s) in each case; briefly **assess** each intervention; of the three possible interventions select one and **provide** a rationale for your choice based on a multi-systemic assessment of the client system.

Case Study Activities Competencies: (1) *skills and strategies for assessing clients/client systems, problems, issues, and organizations; culturally affirming communication and assessment; critical analysis of assessment tools for evidence-based and culturally affirmative elements; assessing family dynamics, roles, and patterns; information technology to locate evidence-based assessment tools*;(2) *intra-, inter- and inter-disciplinary teams; generalist family-centered, strengths-based, evidence supported interventions; using information technological resources to identify evidence-based interventions; family configurations (e.g., single parent, step-, aging, GLBTQ) and issues (e.g., child maltreatment and abuse, mental and physical health, immigration/legal status, death and dying, disability(ies), poverty, violence); intra-, inter- and inter-disciplinary teams* (3) *ethical principles, professional values, analysis of ethical dilemmas, designing resolution strategies, utilizing supervision appropriately for analysis, and resolution of ethical dilemmas* (4) *Identify evidence-based prevention principles and approaches to wellbeing and social and economic justice across client systems. public health/risk and resilience framework (Fraser); EBP prevention models of practice; precautionary Principle (Public Health) and traditional scientific risk assessment methodologies; at-risk populations (e.g., HIV, suicide, community, and domestic violence, and substance abuse; using information technology to identify evidence-based principles and approaches); and* (5) *models of community practice, planned social change, and empowerment (e.g., grassroots, neighborhood, and community organizing); generalist roles, strategies and tactics in organizing functional communities, community social and economic development, program development, community liaison, social planning, coalition building, political and social action; social movements and their core components for progressive change (i.e., social work roles, scope of concern, constituencies, target systems, desired outcomes).*

Guidelines for Small Group Project: **Select** a high risk group and upon the instructor’s approval: **Discuss** the social determinants of health that put this population at-risk; **Conduct** a literature and website search (government, foundation, NGO, advocacy organizations etc.) for prevention and health promotion models (practice interventions: principles and approaches) used to eliminate/remediate a behavior that your identified population is at risk of presenting. **Assess and address** the limits of identified practice interventions (limit 3 models). Are the models that you identified applicable across gender, ethnic groups, lifespan, family structure, etc? **Articulate** the role that preventative and primary intervention could

play for your at-risk population. **Compare and contrast** the strengths and weaknesses of the identified models. **Address** the impact of viewing your population and its at-risk behavior from a multi-layered (micro/macro perspective and through a structural versus an individual lens) perspective while integrating assessment and information technology tools. Group project papers should be submitted the last day of class (6-8 pages in length); class presentation of findings will be limited to 30 minutes. Each individual within a group will be graded based on his/her contribution to the project.

Each small group will have a site within blackboard to work on its project. Drafts of your work must be posted for review during weeks 3 and 5. Drafts must be submitted via electronic drop box; APA formatting is required.

Small Group Project Competencies: (1) *skills and strategies for assessing clients/client systems, problems, issues, and organizations; culturally affirming communication and assessment; critical analysis of assessment tools for evidence-bases and culturally affirmative elements; assessing family dynamics, roles, and patterns; information technology to locate evidence-based assessment tools*); (2) *intra-, inter- and inter-disciplinary teams; generalist family-centered, strengths-based, evidence supported interventions; using information technological resources to identify evidence-based interventions; family configurations (e.g., single parent, step-, aging, GLBTQ) and issues (e.g., child maltreatment and abuse, mental and physical health, immigration/legal status, death and dying, disability(ies), poverty, violence)*; (3) *intra-, inter- and inter-disciplinary teams*); (4) *Identify evidence-based prevention principles and approaches to wellbeing and social and economic justice across client systems. public health/risk and resilience framework (Fraser); EBP prevention models of practice; precautionary Principle (Public Health) and traditional scientific risk assessment methodologies; at-risk populations (e.g., HIV, suicide, community, and domestic violence, and substance abuse; using information technology to identify evidence-based principles and approaches)*; and (5) *models of community practice, planned social change, and empowerment (e.g., grassroots, neighborhood, and community organizing); generalist roles, strategies and tactics in organizing functional communities, community social and economic development, program development, community liaison, social planning, coalition building, political and social action; social movements and their core components for progressive change (i.e., social work roles, scope of concern, constituencies, target systems, desired outcomes)*.

Guidelines for Discussion Board participation: There will be four discussion board assignments (each assignment is worth up to 25 points). The discussion boards serve two purposes: (a) to reinforce the import of an ecological/multi-systemic assessment when seeking to identify and use evidence-informed and evidence-based practice models; and (b) to recognize, analyze, and tolerate ambiguity in resolving ethical dilemmas that arise in practice with individuals, families, communities and across organizations.

Postings to the discussion board should be made between the Tuesdays and Fridays of the third through fifth weeks of class. The quality and substance of your postings will dictate the points awarded for entries.

Discussion Board Competencies: (1) *skills and strategies for assessing clients/client systems, problems, issues, and organizations; culturally affirming communication and*

assessment; critical analysis of assessment tools for evidence-based and culturally affirmative elements; assessing family dynamics, roles, and patterns; information technology to locate evidence-based assessment tools) (3) ethical principles, professional values, analysis of ethical dilemmas, designing resolution strategies, utilizing supervision appropriately for analysis, and resolution of ethical dilemmas; and (5) models of community practice, planned social change, and empowerment (e.g., grassroots, neighborhood, and community organizing); generalist roles, strategies and tactics in organizing functional communities, community social and economic development, program development, community liaison, social planning, coalition building, political and social action; social movements and their core components for progressive change (i.e., social work roles, scope of concern, constituencies, target systems, desired outcomes).

Class 1-- (January 12, 2009) The Course and Student Competencies

Overview of this course and student performance expectations as well as educational outcomes will be discussed. A review of the multi-systemic assessment process and its logical progression to the selection of an evidence-based intervention will facilitate your understanding of the complexity of social work practice. Clarification of the relationship between theoretical frameworks and practice will provide a toolkit for practice with at-risk populations. And lastly, the integration of public health concepts will broaden social work practice across systems levels.

Individuals, Families, and Groups

Multi-systemic assessment of issues/behaviors facing individuals & families from an ecological perspective; Identification and critique of best practices when intervening with complex client systems (individuals, small groups, & families); Use of information technology to locate evidence-based assessment tools; Understanding the point of convergence when family configurations (e.g., single parent, step-, aging, GLBTQ) problem issues/behaviors (e.g., child maltreatment and abuse, mental and physical health, immigration/legal status, death and dying, disability(ies), poverty, violence), interface with strengths-based, culturally affirming interventions..

Required Readings:

Dworkin (2005) Chapter 1 – Problem-Based Learning and the Case Study Method pp 1-8.

Jenson, J.M. (2006). Advances and challenges in preventing childhood and adolescent problem behavior. *Social Work Research*, 30, 131-134.

Okamoto, S.K., LeCroy, C.W., Tann, S.S., Rayle, A.D. Kulis, S., Dustman, P. & Berceci, D. (2006). The implications of ecologically based assessment for primary prevention with indigenous youth populations. *The Journal of Primary Prevention*, 27, 155-170.

Hancock, T. U. (2005). Cultural competence in the assessment of poor Mexican families in the rural southeastern United States. *Child Welfare*, 84, 689-711.

Wu, B., Plassman, B. L., Liang, J., Wei, I. (2007). Cognitive function and dental care utilization among community-dwelling older adults. *American Journal of Public Health*, December, 97(12), 2216-2221.

Mary M. D. Selvidge, M. M. D., Matthews, C. R., Bridges, S.K. (2008). The relationship of minority stress and flexible coping to psychological well being in lesbian and bisexual women. *Journal of Homosexuality*, Vol. 55(3) 450-470.

Zivin, K., Kim, H.M., McCarthy, J.F., Austin, K.L., Hoggatt, K. J., Walters, H., & Valenstein M. (2007). Suicide mortality among individuals receiving treatment for depression in the veterans affairs health system: Associations with patient and treatment setting characteristics. *American Journal of Public Health*, December, 97(12) 2193-2198.

Case study: 2-3 Clinical practice in a rural community with an adult survivor of sexual trauma (pp.20-24)

Case study: 2-4 Assessment challenges with an adult homeless male (pp. 25-28)

Case study: 3-1 A school-based program for teen parents (pp. 34-36)

Case study: 4-1 Multilevel solutions to violence with an African-American family using Oppression and Feminist theories (pp. 46-48).

Case study: 6-2 AIDS in remission: Reversing direction (p. 72-74)

Class 2 – (January 19, 2009)

Martin Luther King’s Birthday – No Class

Class 3 – (January 26, 2009)

Communities & Organizations – DRAFT 1 DUE

Advocacy and social change strategies that advance well-being, social, and economic justice for individuals, within and across communities & organizations are the foci during this class session. An ecological perspective is applied to the multi-systemic, evidenced-informed assessment and identification /critique of best practices with the aid of information technology. Analyses and syntheses of community practice models, planned social change, and empowerment practice (grassroots, neighborhood, and community organizing).

Required Readings:

Checker, M. (2007). “But I know it’s true”: Environmental risk assessment, justice, and anthropology. *Human Organization*, 66, 112-124.

Birman, D., Trickett, E. & Buchanan, R.M. (2005). A tale of two cities: Replication of a study on the acculturation and adaptation of immigrant adolescents from the former Soviet Union in a different community context. *American Journal of Community Psychology*, 35, 83-101.

Finifter, D.H., Jensen, C.J., Wilson, C.E. & Koenig, B.L. (2005). A comprehensive multitiered, targeted community needs assessment model. *Family and Community Health*, 28, 293-306.

Boehm, A. & Itzhaky, H. (2004). The social marketing approach: A way to increase reporting and treatment of sexual assault. *Child Abuse and Neglect*, 28, 253-265.

Goodkind, J.R. & Foster-Fishman, P.G. (2002). Integrating diversity and fostering interdependence: Ecological lessons learned about refugee participation in multiethnic communities. *Journal of Community Psychology*, 30, 389-409.

Chino, M. & DeBruyn, L. (2006). Building true capacity: Indigenous models for indigenous communities. *American Journal of Public Health*, 96, 596-599.

Peterson, N.A. & Hughey, J. (2002). Tailoring organizational characteristics for empowerment: Accommodating individual economic resources. *Journal of Community Practice*, 10, 41-59.

Icard, L.D. Bourjolly, J.N. & Siddiqui, N. (2003). Designing social marketing strategies to increase African Americans' access to health promotion programs. *Health and Social Work*, 28, 214-223.

Case study: 3-3 Response to school violence: A community-based approach (p. 40-41)

Case study: 3-4 Community-based services for youth released on parole (p. 42-44)

Case study: 4-3 Saving STOP: A community-based program to reduce jail recidivism among the mentally ill (pp. 52-55)

Case study: 6-3 Northeast Valley: A Latino community overcoming vulnerability (p. 75-78)

Case study: 7-2 Integrated services in American Indian country (p. 85-88).

Case study: 7-3 Partners in care: Enhancing medical and psychosocial care for the elderly (p. 89-92).

Case study: 7-4 Restoring organizational functioning: Challenge for a new executive director (p. 93-95).

Class 4 – (February 2, 2009) Public Health Social Work Practice

Evidence-based prevention principles and approaches across client systems; intra-, inter- and trans-disciplinary teams; public health/risk and resilience framework (Fraser), prevention approaches with at-risk populations (e.g., HIV, suicide, community, and domestic violence, and substance abuse); using information technology to identify evidence-based principles and approaches; precautionary principle (Public Health) and traditional scientific risk assessment methodologies.

Required Readings:

Anderson, L. M., Scrimshaw, S. C., Fullilove, M.T., Fielding, J. E. (2003). The *Community Guide's* Model for Linking the Social Environment to Health. *American Journal of Preventive Medicine* 24(3S) 12-20.

Goldman, K. D., & Schmalz, K. J. (2000). The Gist of Gis (Geographic Information Systems). *Health Promotion Practice*, 1, 11-14.

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society*, 35, 341-365.

Turbin, M.S., Jessor, R, Costa, F.M., Zhang, Q. D. H., & Wang, C. (2006). Protective and risk factors in health-enhancing behavior among adolescents in China and the United States: Does social context matter? *Health Psychology*, 25(4), 445-454.

Bronstein, L.R. (2003). A model for interdisciplinary collaboration. *Social Work*, 48, 297-306.

Robinson, K. L., Driedger, M. S., Elliott, S. J., & Eyles, J. (2006). Understanding facilitators of and barriers to health promotion practice. *Health Promotion Practice*, 7(4), 467-476.

Jenson, J.M. (2007). Research, advocacy, and social policy: Lessons from the risk and resilience model. *Social Work Research*, 31, 3-5.

Botvin, G.J., Griffen, K.W. & Nichols, T.D. (2006). Preventing youth violence and delinquency through a universal school-based approach. *Prevention Science*, 7, 403-408.

Case study: 3-2 Outreach to homeless youth at-risk (pp. 37-39).

Case study: 6-1 Dealing with end-stage illness: Cultural issues and the interdisciplinary team (p.69-71)

Case study: 7-1 Primary prevention to promote effective parenting: The Parent University (pp. 80-84).

Class 5 -- (February 9, 2009) Ethical Dilemmas – DRAFT 2 DUE

Recognizing, analyzing, and resolving ethical dilemmas with individuals, families, groups, and communities. The use and application of the NASW Code of Ethics and the International Code of Ethics to analyze and resolve ethical dilemmas; as well as the use of supervision ,as a tool, to prioritize ethical principles and professional values.

Required Reading:

Carlson, B.E. (2006). Best practices in the treatment of substance-abusing women in the child welfare system. *Journal of Social Work Practice in the Addictions*, 6, 97-115.

Miley, K. & DuBois, B. (2007). Ethical preferences for the clinical practice of empowerment. *Social Work in Health Care*, 44(1/2), 29-44.

Fertig, A. R. & Reingold, D. A. (2008). Homelessness among At—Risk Families with Children in Twenty American Cities. *Social Service*, September, 82(3) 485-510

Olson, K.L., Grannis, S.J., & Mandl, K.D. (2006). Privacy protection versus cluster detection in spatial epidemiology. *American Journal of Public Health*, November, 96(11), 2002-2008.

International Federation of Social Workers- Ethics in Social Work, Statement of Principles (<http://www.ifsw.org/en/p38000398.html>)

Case study: 2-5 The impact of agency policy on intervention with a family affected by ADHD/ODD (pp. 29-32)

Sniff, C. *Trustee for the Heirs of Jonathon Miller, and guardian ad litem, for Donovan Miller, a minor*. Legal Brief (listed under “course documents” on Blackboard site).

Class 6 – (February 16, 2009) Pulling it all together!

Class 7 - (February 23, 2009) Small Group Project Final Draft Due and Presentations

Bibliography

- Campbell, A.N., Fisher, D.S., Picciano, J.F., Orlando, M.J., Stephens, R.S. & Roffman, R.A. (2004). Marketing effectiveness in reaching the non-treatment seeking marijuana smoker. *Journal of Social Work Practice in the Addictions*, 4, 39-59.
- Chung, I.W. (2006). A cultural perspective on emotions and behavior: An empathic pathway to examine intergenerational conflicts in Chinese immigrant families. *Families in Society: The Journal of Contemporary Social Services*, 87, 367-376.
- Cox, K.F. (2005). Examining the role of social network intervention as an integral component of community-based, family-focused practice. *Journal of Child and Family Studies*, 14, 443-454.
- Glisson, C. & Schoenwald, S.K. (2005). The ARC organizational and community intervention strategy for implementing evidenced-based children's mental health treatments. *Mental Health Services Research*, 7, 243-259.
- Haber & Toro (2004). Homelessness among families, children, and adolescents: An ecological- developmental perspective. *Clinical Child and Family Psychology Review*, 7, 123-163.
- Henggeler, S.W., Schoenwald, S.K. & Swenson, C.C. (2006). Methodological critique and meta- analysis as Trojan horse (letter to the editor). *Children and Youth Services Review*, 28, 447-457.
- Jacobson, M. & Rugeley, C. (2007). Community-based participatory research: Group work for social justice and community change. *Social Work with Groups*, 30, 21-39.
- Littell, J.H. (2005). Lessons from a systematic review of effects of multisystemic therapy. *Children and Youth Services Review*, 27, 445-463.
- Littell, J.H. (2006). The case for Multisystemic Therapy: Evidence or orthodoxy? *Children and Youth Services Review*, 28, 458-472.
- Mann, E.A. & Reynolds, A.J. (2006). Early intervention and juvenile delinquency prevention: Evidence from the Chicago Longitudinal Study. *Social Work Research*, 30, 153-167.
- Mulroy, E.A. & Lauber, H. (2004). A user-friendly approach to program evaluation and effective community interventions for families at risk of homelessness. *Social Work*, 49, 573-586.
- Schaeffer, C.M. & Borduin, C.M. (2005). Long-term follow-up to a randomized clinical trial of Multisystemic therapy with serious and violent juvenile offenders. *Journal of consulting and Clinical Psychology*, 73, 445-453.