

**SAN DIEGO STATE UNIVERSITY  
COLLEGE OF HEALTH AND HUMAN SERVICES  
SCHOOL OF SOCIAL WORK  
SPRING 2008 QUALIFYING EXAM GUIDELINES**

**INTRODUCTION**

All students must pass a Qualifying Examination administered by the School as one of the requirements for the MSW degree. The exam is a test of your knowledge of the foundation content in social work. Mastery of this content is deemed essential before moving on to the advanced specialized course material. Students are permitted to take the examination twice. A student who fails the examination the second time will be disqualified from the MSW program and from the University. Thus, the examination should be taken quite seriously.

<b>QUALIFYING EXAMINATION TIME LINE</b>	
April 28, 1200	Eligibility criteria must be met
May 5, 0800	Eligibility List will be mailed
May 14, 0900-1115	Students take the examination from 9:00AM to 11:15AM. Montezuma Hall, Aztec Center.
May 19, 0800	Results will be emailed to students.
May 20-21	Students failing the exam can begin review their examination by scheduling an appointment with Dr. Rasmussen
July 8*, 0900-1115	Retake Examination HH-122 from 9:00AM to 11:15AM

\* Date, time, and location of the examination is tentative

**ELIGIBILITY**

To be eligible to take the written qualifying exam you must complete (or be registered in) all first year classes (31 units) with a minimum grade in each course of C. If you are not eligible to take the examination you will have to wait until Spring 2009 semester to take the examination. This sitting for the exam assumes that your eligibility problem has been resolved. There are no exceptions to this rule. It is the student's responsibility to insure that they meet all eligibility criteria.

**ELIGIBILITY LIST**

A list of all eligible students will be emailed to students on May 5, 2008. If your name does not appear on the list it means:

- a. You have not met one or more eligibility criteria
- b. We made an error

If you were left off the list, please contact Dr. Rasmussen by phone at 594-6459 or stop by her office at HH-110.

### **EXAMINATION FORMAT**

The examination will be a 2-hour and fifteen minute 100 question multiple-choice test of foundation content in social work. Content comes from first year course work in Micro and Macro Practice (SW 630, 631, 632), Policy and Services (SW 601), Research (SW 690) and HBSE (SW619 & 620). You must answer at least 75% of the items correctly in order to pass the exam.

### **WHAT TO BRING**

The School will provide scantron forms .You should bring the following items with you to the examination:

- a. #2 pencil(s) for filling out the scantron answer sheet
- b. A good quality eraser for changing your answers on the scantron answer sheet
- c. Your student ID card

### **NO SHOWS**

The policy on students who miss the examination is:

- a. If you are ill on the examination day you must notify the School by either calling the main telephone number 594-6865, and leaving a message on the VMS, or informing HH 119 office staff directly, or by emailing Dr. Finnegan ([dfinnegan@mail.sdsu.edu](mailto:dfinnegan@mail.sdsu.edu)). You must bring a letter from a doctor verifying your illness to be eligible to take the exam on the second examination day as your first try.
- b. You may have an unanticipated event or emergency of a serious nature that prevents you from taking the examination. You should call the School office and follow the procedures outlined in a. above. In addition, contact the School as early as possible so your request can be evaluated before the exam. If you are unable to make this early contact you must present a justification with supporting documentation that includes: (1) a description of the event that caused you to miss the exam, (2) a justification of why the event was unanticipated and necessitated missing the exam, (3) and you must present satisfactory reasons for why you were not able to contact the School prior to the exam. Based on the evidence you provide, the School will decide whether or not you are eligible to take the exam on the second examination day as your first attempt.
- c. If you do not meet the conditions in a and b, or the school decides based on the evidence

that you present that your reason for missing that exam was not justified, you forfeit your first examination attempt. This forfeit means you have only 1 chance to take the examination. You are eligible to take the examination July 10 examination day and need to follow procedures listed below.

### **APPEALING FAILING GRADES**

If a student sits for the exam, the grade will stand, unless they can demonstrate either of the following two conditions. (1) A student may believe that the School has not followed procedures outlined in this document. It is the student's responsibility to present evidence that this is the case. (2) A student can demonstrate that the answer key used to score grades was unambiguously wrong.

### **SPECIAL ARRANGEMENTS**

Special testing arrangements are available for students identified through Disabled Student Services. Students requiring these arrangements must contact Dr. Finnegan or Dr. Rasmussen and complete the appropriate procedures and documentation at Disabled Student Services.

### **NOTIFICATION OF RESULTS**

You will be notified May 19 by e-mail and/or phone if you fail.

### **EXAMINATION REVIEW-FAILURES**

A grade of at least 75 is needed to pass the exam. If you fail the examination you are allowed to read and review your examination with Dr. Rasmussen. Dr. Rasmussen will help you prepare for the second exam.

### **SECOND EXAMINATION PROCEDURE**

Students who were not successful on the examination can take the examination again. Procedures duplicate the conditions of the first examination process. All the same expectations of the first examination will apply again. You may elect to take an essay exam rather than a new multiple choice examination. The retake examination will reflect the same set of knowledge and skills requirements, as the initial examination required. The exam must be taken prior to enrolling for the Fall semester. If you plan to retake the examination you must notify Dr. Rasmussen by phone at 594-6459 or stop in at HH-110.

### **SECOND EXAMINATION EVALUATION/NOTIFICATION**

Students will be informed by mail and/or phone of the results of the second test.

### **STUDY GUIDE**

The exam contains multiple choice questions that will test first year general concepts across

subject areas outlined in the master syllabus, will be based on the study outline that follows; which are Micro Practice (SW 630 & SW 631), Macro (SW 630 & SW 632), Practice, Human Behavior and Social Environment (SW 619 & 620), Social Welfare Policy (SW 601), and Social Work Research (SW 690). The texts related to the topics that are outlined are suggested references based on the most common text or readings used in your first year courses. Common refers to those items in use across sections.

## **GENERALIST PRACTICE**

### **(A) Social Work 630: Generalist Social Work Practice:**

#### I. Unit I: Foundation and Overview of Social Work Practice: A Generalist Model

##### A. The Generalist Social Work Practice Perspective: Historical Context and Evolution of Social Work Practice

1. The Systems Theory and An Ecological Perspective
2. Overview of Generalist Intervention Model
3. The Problem-Solving Process as an overarching model of generalist practice for all system levels (i.e., micro, mezzo, and macro)

##### B. Social Work Values

1. Respect for human dignity
2. Self-determination
3. Access to needed resources
4. Making social institutions responsive to human needs
5. Respect for diversity

##### C. Conscious Use of Self / Self-Assessment

1. Comprehension of student's own prejudices and lack of experiences with oppressed groups such as people of color, gay men, lesbians, and bisexual individuals, women, older adults, and people with disabilities.
2. Self-awareness of personal values, cultural values, and the effects of one's own life experiences on the professional use of self.

#### II. Unit II: Professional Processes, Communication Skills, and Interviewing

##### *Problem-Solving Process: Engagement*

##### A. Relationship-building: Engagement with Client Systems (Individuals and Families)

1. Social work roles and professional boundaries
2. Confidentiality
3. Relationship skills - Part I
  - a. Nonverbal communication
  - b. Paraphrasing
  - c. Following, exploring, and focusing skills
  - d. Reciprocal empathy (active listening)

- B. Relationship-building: Engagement with Client Systems (Communities and Organizations)
  - 1. Engagement with the community
    - a. The community as an ecological and social system
    - b. How does an organization (e.g., field agency) fit within its community context?
    - c. Self-assessment - how does the student's own culture interface with the culture of the field agency and the culture of the community served by the agency?
  - 2. Engagement with organizations
    - a. Relationships with colleagues - professional boundaries in an organizational context
    - b. Communication protocol in large organizations
      - (1) Working with supervisors
      - (2) Personal empowerment process in social work roles
- C. Relationship Building: Application of Skills in All Levels of Intervention
  - 1. Using micro skills in the macro environment
    - a. Nonverbal communication
    - b. Empathy
    - c. Exploring skills (clarification, interpretation, providing and eliciting information, summarization)
    - d. Emphasizing people's strengths
  - 2. Relationship skills: Part II
    - a. Additive empathy
    - b. Confrontation
  - 3. Completion of genograms, eco-maps, and culturegrams as tools to aid communication in a cultural context - identification of effective communication avenues with oppressed groups and involuntary/reluctant clients; and in managerial, supervisory, and collegial relationships.

### III. Unit III: Initial Client System Assessment and Crisis Intervention (Individuals)

#### *Problem-Solving Process: Assessment*

- A. Initial Assessment: Assessing the Person-in-Situation
- B. Mental Status Exam
- C. Identifying and Addressing High Risk Factors (i.e., suicide, homicide, child abuse, elder abuse, family violence, community violence, psychoses, substance abuse, poverty)
  - 1. Crisis intervention model
  - 2. Case management model – linking clients to community resources; community responses to high risk factors
- D. Ethical Decision Making Processes
  - 1. Ethical dilemmas in micro practice (as related to social work values, professional boundaries, and high risk factors)
  - 2. Ethical dilemmas in macro practice (as related to social work values, community values, and interagency collaboration)

- IV. Unit IV: Client System Multidimensional Assessment (Individuals and Families)
  - A. Multidimensional Assessment
  - B. Assessment of Individual within the Context of the Family System
    - 1. Identification of intergenerational themes (e.g., mental illness, substance abuse, child abuse, family violence) in assessment)
  - C. Assessment of Client's Ecological Context
    - 1. Identification of client resources
    - 2. Completion of eco-maps (as an aid to assessment)

V. Unit V: Assessment of the Community

- A. Community Needs Assessment

VI. Unit VI: Understanding Organizations

- A. Viewing Organizations from a Systems Perspective
- B. Organizational Theories
  - 1. Structure of organization
  - 2. Goals of organization
  - 3. Methods of management
- C. Case Management and Advocacy
  - Impact of Diversity / Assessment for Institutional Racism (related to personnel, hiring)

VII. Generalist Case Conceptualization

- A. Case Conceptualization using a Generalist Practice Perspective
  - 1. The Individual and Family
  - 2. The Community
  - 3. The Organization

VI. Readings:

Hepworth, D. H., Rooney, R. H., Rooney, G. D., Strom-Gottfried, K., & Larsen, J. A. (2006). *Direct social work practice: Theory and skills* (7<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole.

Kirst-Ashman, K. K., & Hull, G. H. (2006). *Generalist practice with organizations and communities* (3<sup>rd</sup> ed.). Belmont, CA: Brooks/Cole. (Chapters 1, 4, 8)

Lukas, S. (1993). *Where to start and what to ask: An assessment handbook*. New York: W. W. Norton. (With audiotapes on reserve at Love Library – Lukas, S. [1993]. *Thinking like a therapist*. New York: W. W. Norton.)

Rivas, R. F., & Hull, G. H. (2004). *Case studies in generalist practice* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

**B: Social Work 631**

- I. Culturally Responsive Assessment
  - A. Mental Status Exam, including cultural considerations
  - B. Review of Crisis Intervention: Assessment and intervention in high risk situations (suicide, homicide, child abuse/neglect, domestic violence, elder abuse, psychotic behavior, substance abuse)
  - C. Review of multidimensional biopsychosocial assessment:
    - 1. Assessing the person /family/ group in the situation
  - D. Review of case conceptualization from a Generalist Practice Perspective
  - E. Culturally responsive assessment of diverse groups: racial/ethnic; gay, lesbian, and bisexual; socioeconomic class; age; sex; religion; disability
  - F. Assessment and case conceptualization
  
- II. Skills for Culturally Responsive Assessment / Culturally Responsive Diagnostic Formulation
  - A. Ethnographic interviewing
  - B. Introduction to DSM IV: Rationale, organization, multi-axial diagnosis, and major diagnostic categories
  - C. Cultural considerations in making a diagnosis: Understanding the impact of human diversity in case conceptualization (e.g. ethnicity, sexual orientation)
  - C. Culturally responsive diagnosis: Application of a cultural model (i.e., assessment of cultural systems and structures, gender role socialization, cultural values, trauma)
  - E. Integrating DSM IV into case conceptualization
  
- III. Case Conceptualization and Treatment Planning from a Generalist Practice Perspective
  - A. Thinking through the issues: Constructing a treatment plan from the case conceptualization/ formulation
  - B. Integrating a strengths perspective
  - C. Steps to developing a treatment plan:
    - 1. Negotiating immediate and long-term goals
    - 2. Developing behavioral objectives for helping client achieve long-term goals
    - 3. Identifying alternatives and selecting interventions
    - 4. Clarifying roles and assigning tasks
    - 5. Establishing time frames
    - 6. Establishing criteria for measuring treatment outcomes
  - D. Review of legal and ethical issues that arise in assessing and intervening with individuals and families
  - E. Treatment planning in the Generalist Practice Model
  
- IV. Case Conceptualization and Practice Theory
  - A. Overview of Practice Theories: Psychodynamic, Behavioral, Social Learning, Systems, and Ecological
  - B. Practice Models: Psychodynamic Therapy in a short-term setting, Cognitive-Behavioral, Solution Focused, Structural Family Systems, Multisystemic Therapy, Crisis Intervention, clinical case management
  - C. Difference between a theory and a practice model
  - D. Clinical case conceptualization: Using practice theories and models to make an in-depth assessment and refine the treatment plan
  
- V. Cognitive-Behavioral Therapy: Theory

- A. Overview of Cognitive-Behavioral Therapy: Historical background
- B. Presentation of Cognitive theory: Premises, assumptions, and concepts
- C. The role of a Cognitive-Behavioral therapist
- D. Assessment using Cognitive-Behavioral Therapy
- E. Case conceptualization using Cognitive theory
- F. Application of Cognitive Behavioral Therapy

#### VI. Cognitive-Behavioral Therapy - Practice

- A. Treatment planning: Goal setting using Cognitive-Behavioral Therapy
- B. Cultural sensitivity: Implementation of Cognitive-Behavioral Therapy with diverse groups (i.e., racial/ethnic groups; gay, lesbian and bisexual sexual orientation; socioeconomic class); age [see below]; sex; religion, and people with disabilities)
- C. Developmental issues: Implementation of Cognitive-Behavioral Therapy with different ages: Children, adolescents, adults and elderly people
- D. Application of Cognitive-Behavioral Therapy and Cognitive Theory to the Kim Family (treatment planning and interventions; ); Clinical Case Management)
- E. Strengths and Limitations of the Cognitive-Behavioral Therapy practice model

#### VII. Monitoring and Evaluating Practice

- A. Barriers to treatment: Interviewing skills and intervention strategies and techniques for the middle phase of treatment
  - 1. Additive empathy
  - 2. Interpretation
  - 3. Confrontation
- B. Addressing client resistance
- C. Managing transference, countertransference, and vicarious traumatization
- D. Measuring treatment outcomes

#### VIII. Introduction to Group Treatment

- A. Formation of groups
- B. Group dynamics and process
- C. Ethical and legal issues in group work
- D. Preparing for and beginning a group

#### IX. Group Development and Stages of Group

- A. Initial/preaffiliation stage
- B. Transition/power and control stage
- C. Intimacy stage
- D. Differentiation stage
- E. Termination stage

#### X. Applying Practice Theories to Group Work

- A. Psychodynamics in groups
- B. System theory as applied to groups
  - 1. Families as groups
  - 2. Agency staff as a group
  - 3. Community as group
- C. Confrontation
- D. Cognitive-Behavioral, and Behavioral (Social Learning) Theories in Groups

#### XI. Termination

- A. Evaluating progress and measuring treatment outcomes
- B. Preparing for termination
- C. Intervention strategies and techniques for termination

## XII. Readings

Boyle, S.W., Hull, G.H., Mather, J.H., Smith, L.L. & Farley, O.W. (2006). *Direct practice in social work*. Boston: Allyn and Bacon.

Hepworth, D. H., Rooney, R. H., Dewberry Rooney, G., Strom Gottfried, K., & Larsen, J. A. (2006). *Direct social work practice: Theory and skills* (7<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole.

Lukas, S. (1993). *Where to start and what to ask: An assessment handbook*. New York: W. W. Norton. (With audiotapes on reserve at Love Library – Lukas, S. [1993]. *Thinking like a therapist*, New York: W. W. Norton.)

Rivas, R. F., & Hull, G. H. (2004). *Case studies in generalist practice* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

### **(C.) MACRO PRACTICE SW-632**

Managerial Competency and Organizational Excellence  
Organizational Vision and Culture

Paradigm of Evidence-Based Practice  
Evidence-Based Practice in the Context of Organizations

Theories of Management/Organizational Behavior: bureaucracy, scientific management, classical theories, human relations, human resources, open systems theory, Japanese management, total quality management, the excellence movement, business process reengineering, employee involvement

#### **Influence of Organizational Processes and Leadership Styles on Practice Outcomes**

Asset Mapping and Needs Assessment Techniques  
Planning Process in Designing Programs and in Evaluating Outcomes of Programs

Systematic Reviews of Interventions and Policy Evaluation  
Dissemination of Research: Comparing Research Settings and Practice Settings

Managing Human Resources: hiring, staff training, performance appraisal, theories of motivation, Leadership Grid, Situational Leadership, participative decision making  
Cultural Competency in Human Services Management

Faith-Based and Community Initiatives: Inter-organizational Behavior  
Research on Service Outcomes from Public-Private Partnerships

Budgeting and Financial Management Processes: grants, contracts, writing proposals, line item budget

Information Systems: inputs, outputs, outcomes

Community Practice Models and Theories  
Working to Promote Community Change

Community Practice Interventions: Issues of Effectiveness  
Evidence-Based Practices and Evidence-Based Interventions: What's the difference?

Assessing Community Needs  
Ethics and Values in Building Bases of Power

Advocacy and Social Change Efforts

## **Empowerment Issues**

Issues of Discrimination and Oppression  
Strategies That Advance Social and Economic Justice

Community-Based Research Evidence

## **Using Evidence-Based Interventions to Address Community Needs and Problems**

Building Evidence-Based Organizational Cultures and Partnerships  
Transportability Issues in Implementing Evidence-Based Practices: Roles of the Purveyors and Implementers

## **TEXT BOOKS-READINGS**

### **Textbooks**

Netting, F.E.; Kettner, P.M.; & McMurty, S.L. (2008). *Social Work in Macro Practice (4<sup>th</sup> edition)*, Boston, MA: Allyn and Bacon.

Homan, M. (2004). *Promoting community change: Making it happen in the real world (3<sup>rd</sup> edition)*. Belmont, CA: Wadsworth/Thomson Learning.

Lewis, J., Packard, T., and Lewis, M. (2007). *Management of human service programs (4th edition)*. Belmont, CA: Thomson Higher Education.

### **Journal Articles (Available through Montezuma Press in Aztec Shops)**

Johnson, M., and Austin, M. J. (in press for 2006). Evidence-based practice in the social services: Implications for organizational change. *Administration in Social Work*, 30.

Ohmer, M. and Korr, W. (2006). The effectiveness of community practice interventions: A review of the literature. *Research on Social Work Practice*, 16 (2), 132-145.

Roberts-DeGennaro, M. (in press). Evidence-based macro practice paradigm: Integration of practice expertise and research. *Journal of Evidence-Based Social Work*.

### **Online Sources and Other Resources**

Hills, M., and Mullett, J. (2000, May). *Community-based research: Creating evidence-based practice for health and social change*. Education-line database. Retrieved October 26, 2005, from <http://www.leeds.ac.uk/educol/documents/00001388.htm>

Institute for the Advancement of Social Work Research (2005). *Factors Influencing Retention of Child Welfare Staff: A Systematic Review of Research*. Retrieved January 14, 2006, from <http://www.charityadvantage.com/iaswr/images/ExecSummaryCWWI.pdf>

Petrosino, A, Turbin-Petrosino, C., and Buehler, J. (2003, November) "Scared straight" and other juvenile awareness programs for preventing juvenile delinquency. Updated C2-RIPE. Retrieved October 27, 2005, from <http://www.campbellcollaboration.org/doc-pdf/ssrupdt.pdf>

Roberts-DeGennaro, M. (2006). Executive Orders for the faith-based and community initiatives. *Journal of Policy Practice* 5\_(4), 55-68. (Handout related to this article will be posted on the Blackboard course site by the instructor.)

Scher, L, Maynard, R., and Stagner, M. (2005, August). *Interventions intended to reduce pregnancy-related outcomes among adolescents*. C2-RIPE. Retrieved October 31, 2005, from <http://www.campbellcollaboration.org/doc-pdf/scherteenpregnancyprot.pdf>

Schoenwald, S., and Hoagwood, K. (2001, September). Effectiveness, transportability, and dissemination of interventions: What matters when? *Psychiatric Services* 52, 1190-1197. (Handout related to this article will be posted on the Blackboard course site by the instructor.)

## **(D) HUMAN BEHAVIOR AND SOCIAL ENVIRONMENT SW-619**

### **1. Ecological Theory**

- A. General systems theory
- B. Ecological model
- C. Person-in-Environment perspective
- D. Basic Concepts
  - 1. boundary, 2. suprasystem, 3. interface, 4. input, 5. output, 6. structure, 7. feedback, 8. functions (adaptation, change, maintenance), 9. integration, 10. power, 11. oppression, 12. human relatedness, 13. connection, 14. self-direction, 15. competence.

### **2. Culture**

- A. Basic Elements of Culture
- B. Ethnicity and race
- C. Values & Norms
  - 1. Socialization and social control
  - 2. Acculturation & Assimilation
- D. Mores and Folkways
- E. Language
- F. Mainstream Culture
- G. Bi-cultural

### **3. Social Class**

- A. Stratification

- B. Mobility
- C. Gender and Race
- D. Access to basic resources

#### 4. **Oppression**

- A. Nondominant Group
  - 1. Race/Ethnicity
  - 2. Gender
  - 3. Sexual orientation
  - 4. Disabilities
- C. Oppression

#### 5. **Communities**

- A. Ecosystems (Human Ecology) Approach
- B. Definitions of Community
  - 1. Traditional and alternative perspectives
- C. Localities
  - 1. Power
  - 2. Patterns of power relationships
  - 3. Structure and dynamics
  - 4. Elitist, pluralist, and Conflict Theory
- D. Communities as social systems
  - 1. Boundaries, metropolitan areas, neighborhoods, integration
- E. Social and community assets (capital) and diversity
- F. Support Systems and Networks

#### 6. **Formal, Complex, Organizations, and Behavior**

- A. Types of Organizations
- B. Organizational Theories
  - 1. Scientific Management, (2) Bureaucracy, (3) Human Relations, (4) Theory X and Theory Y, (5) Human Resources, (6) Contingency Theory, (7) Organization Systems Theory, (8) Political Economy
- C. Organizational Behavioral and Dynamics
  - 1. Organizational life cycles
  - 2. Organizational culture
  - 3. Organizational Climate
  - 4. Organizational Structure
    - a) internal
    - b) staff types
    - c) Choices in grouping technologies and staff
- D. Theories of Motivation (reward systems)
- E. Leadership
  - a) roles, types, theories, traits
- F. Problems faced by Non-dominant Groups in the Organization

#### 7. **Groups and Human Behavior**

- A. Types of Groups (Dimensions, formal, natural helpers, self-help,

- task)
- B. Theories of Group Behavior (Field, Exchange, Symbolic Interaction)
- C. Introduction Group Dynamics
  - 1. Structure
  - 2. Goals and purposes
  - 3. Decision making
  - 4. Roles
  - 5. Composition
  - 6. Values and norms
  - 7. Status and prestige
  - 8. Socialization and social control
  - 9. Conformity and deviance
  - 10. Cohesion
  - 11. Subgroups
- D Stages and Processes (as evolving systems)

## 8. Reading

Kettner, P. (2002). *Human service organizations*. Boston: Allyn and Bacon.

Johnson, D. & Johnson, F.P. (2003). *Joining Together: Group Theory and Group Skills*. Pearson Education Inc, pp. 174-273.

Germain, C.B. & Bloom, M. (2001). *Human Behavior in the Social Environment: An Ecological View*. New York: Columbia University Press, pp. 3-37.

## E. Human Behavior in the Social Environment SW 620

- I. Pregnancy and the neonate.
  - A. Genetics and development
  - B. Normal fetal development and risks to fetal development
  - C. The multiple systems affecting human development from conception to birth.
  - D. The birth process.
    - 1) Variations as influenced by environment, SES, gender, and cultural expectations.
  - E. Brain development. Cultural and ethnic variations will be a topic in all units.

## II The Interpersonal Foundation

- A. Theories:

- 1) Attachment theory
  - 2) Developmental theory
  - 3) and Self-theory
- B. Infant and toddler.
- 1) Temperament
  - 2) Tasks and crisis
  - 3) Language development
  - 4) Locomotion
  - 5) Play
  - 6) Self-control
  - 7) Mother, fathers, infants and toddlers in the psychosocial Environment.

### **III. The Child and Family**

- A. The pre-schooler.
- 1) Developmental tasks, needs, and variations.
  - 2) Developmental level and the child's perception of events, coping strategies, and psychological responses to stress.
  - 3) The expanding social awareness of the young child.
  - 4) Processes and milestones for normal physical, cognitive, social, and emotional development of children in the context of the child's family=s cultural/ethnic/social class environment.
- B. The potential negative effects of maltreatment on a child's development.

### **IV. The Social World of the Child**

- A. Theories of socialization and cognition
- B. Early school age.
- 1) Ethnic and social class difference
  - 2) Education as a context of development
  - 3) Exposure to violence and drugs
  - 4) Early moral development
  - 5) Peer play

### **V. The Inner World**

- A. Mid-school age.
- 1) The impact of peer acceptance and competition.
  - 2) Moral development and judgment.
  - 3) Gender differences in development.
  - 4) The community and neighborhood context.

### **VI. Establishing an Identity**

- A. Adolescence.

1. Normal development and variations.
2. Physiological changes.
3. Being a member of a peer group
4. Changing relationships with the larger environment. Career choice
5. Variations by culture, ethnic, and class.

## **VII. Sexuality: Development and Identity**

- A. The process of normal human development and behavior
- B. The dynamics of adolescent sexuality and teen pregnancy
- C. Sexuality and Gender identity
- D. Variations in identity for heterosexual and homosexual adolescents
- E. Experimenting and risk taking behavior.

## **VIII. Intimacy and Commitment**

- A. Theories
  - 1) Role theory
  - 2) Cohort Theory
  - 3) Life Course Perspective
- B. Young Adulthood
  - 1) Career and relationship decisions
  - 2) The meaning of work.
  - 3) Formation of a new family unit.
  - 4) Separation and individuation from the family of origin.
  - 5) External barriers to getting into the adult world.

## **XI. Transitions, Adaptations, and disruptions: A Family Perspective**

- A. Theories
  - 1) Structural, Communication, Intergenerational, Social Learning
- B. Normal family processes and functions.
  - 1) The family process as socialization, family roles, tasks.
  - 2) The family life cycle including the launching of children.
  - 3) Family structure. Variations according to immigration status, culture, ethnicity, and SES.
  - 4) Stress and adaptation
  - 5) Divorce

## **XII. Transitions and Adaptations: Parenting**

- A. Crisis Theory
- B. Middle Adulthood
  - 1) Changing roles and opportunities
  - 2) Role conflict and strain.
  - 3) Parenting

- a. Culturally-based discipline and child rearing practices of ethnic families.
- b. Primary manifestations of adult psychopathology and their impact on children.
- c. Managing work and the household
- d. Nurturing an intimate relationship.

### **XIII Transition to Later Life: Senescence**

- A. Physiological aspects of aging
- B. Myths and realities, losses and adjustments of aging
- C. Networks and social support
- D. Retirement.
- E. Alzheimer disease.
- F. Aging for
- G. Life review.

#### **Reading:**

Newman, Barbara & Newman, Phillip (2004-7). **Development Through Life: A Psychosocial Approach**. New York: Brooks/Cole Publishing Company.

### **(E.) SOCIAL WELFARE POLICY (SW 601)**

#### **Topics**

1. Historical perspectives on social welfare policies: 1600-present
2. History, mission, and philosophy of the social work profession
3. Contributions of the social work profession to advances in social welfare policy
4. Historical and current patterns of provision of social welfare services
5. Social policy definitions and issues
6. Social policy practice
7. Policy analysis
8. Policy formulation
9. Policy implementation
10. Effects of policy on social work practice and on social and economic justice
11. Patterns, dynamics, and consequences of discrimination, economic deprivation, & oppression on people of color, women, gays and lesbians, youth and the aged, and people with disabilities
12. Classism, racism, ageism, and sexism as precipitating factors for developing and implementing social welfare policy initiatives
13. Ethical and value issues in social policy making and implementation

#### **Readings:**

Chapin, Rosemary. (2007). **Social Policy for Effective Practice: A Strengths Approach**. New York: McGraw Hill.

## **(F.) SOCIAL WORK RESEARCH (SW-690 & 610)**

### Basic Research Concepts

1. The nature of knowledge and scientific inquiries: Quantitative/Qualitative Approaches.
2. Ethical considerations in conducting research
3. Issues of research on populations from different ethnic, cultural groups, women, children, the handicapped, elderly or other special groups.
4. Problem identification and formulation
5. Conceptualization, measurement construction and operationalization
  - a. Variables
    - (1). independent and dependent
    - (2). nominal, ordinal, interval, ratio.
  - b. Reliability and validity.
6. Research designs
  - a. experimental, descriptive, survey, evaluative, Single subject design, etc.
  - b. validity, internal and external
  - c. Causal inference and correlational designs
7. Sampling (random, etc.)
8. Hypothesis Testing
9. Analysis of Data (See SW 610)
  - a. Tests of significance (Chi-square, t-tests, and correlation)
  - b. Levels of significance
  - c. Measures of central tendency (mean, median, mode)
  - d. Measures of variation (dispersion and transformed scores)
10. Evidence Based Practice Methodology
11. Program Evaluation
12. Qualitative Research

### **Reading:**

Rabin, A. & Babbie, E. (2008). Research Methods for Social Work (6th ed.) Pacific Grove, CA: Brooks/Cole Publishing.

Students should be Familiar with one of these for the Analysis of Data Content:

RownTree, D. (2004). Statistics without fear: A primer for non-mathematicians. Boston: MA. Allen and Bacon Classics.

Babbie, E. Halley, F., & Zaino, J. (2003). Adventures in social research: Data analysis using SPSS 11.0/11.5 for windows. Thousand Oaks, CA: Pine Forge Press.

## **APPENDIX**

### **Sample Multiple Choice Questions**

1. Operant conditioning might be most effectively used in which setting?
  - a. outpatient treatment
  - b. community education classroom
  - c. mental hospital or other institution
  - d. rehabilitation facilities
  
2. If we theorize that increases in hospital size lead to increase in specialized facilities, then size is the variable.
  - a. independent
  - b. intervening
  - c. dependent
  - d. suppressor
  
3. When a social worker reasonably suspects child abuse has occurred:
  - a. She/he must report it by phone to a child protective service as soon as possible and follow up with a written report within 36 hours.
  - b. She/he must report by phone to a child protective service as soon as possible within 36 hours.
  - c. She/he must report by phone to a child protective by phone and follow up in writing within 72 hours.
  - d. She/he should get appropriate release of information and then report to Child Protective Services within 36 hours service.
  
4. A major difference of the system approach to practice compared to the medical approach is that:
  - a. client problems are most always seen as interactions with as community systems
  - b. the client system is not always the target system for change
  - c. psychoanalytical theory is not used as a knowledge base as a cause of human behavior.

d. contracts and goals are set

5. Which is the first step in the generic planning process:

- a. needs assessment
- b. generation of alternate strategies
- c. forecasting
- d. developing an implementation plan

6. In the United States, the institutional conception of social welfare is best illustrated by

- a. health care
- b. child day care
- c. employment
- d. education

Answers (1) c (2) a (3) a (4) b (5) a (6) d

