Plan B students must pass a Comprehensive Examination administered by the School as one of the requirements for the MSW degree. "A comprehensive examination is an assessment of the student’s ability to integrate the knowledge of the area, show critical and independent thinking, and demonstrate mastery of the subject matter. The results of the examination evidence independent thinking, appropriate organization and high level of writing competency, critical analysis, and accuracy of documentation" (The SDSU Bulletin of the Graduate Division, San Diego State University, 2018-2019, p. 76). The School has developed a written comprehensive examination process to meet this University requirement. Students are permitted to take the examination up to three times. If a student is unable to pass the examination after three tries the School will disqualify them from the MSW program and the degree will not be awarded. Thus the examination is seen by the School and the University as the culmination of your educational process and should be taken quite seriously.

EXAM SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 22, 2019</td>
<td>Eligibility Criteria Must be Met</td>
</tr>
<tr>
<td>March 29, 2019</td>
<td>Eligibility List emailed to students</td>
</tr>
<tr>
<td>April 8, 2019</td>
<td>Examination – Direct practice (9:00am to 1:00pm)</td>
</tr>
<tr>
<td></td>
<td>(Aztec Student Union: Templo Mayor)</td>
</tr>
<tr>
<td></td>
<td>Examination – Admin &amp; CD (9:00am to 1:00pm)</td>
</tr>
<tr>
<td></td>
<td>(Location: TBA)</td>
</tr>
<tr>
<td>April 15, 2019</td>
<td>Results are emailed to students.</td>
</tr>
<tr>
<td>April 16, 2019</td>
<td>Students who fail the exam may contact their assigned faculty reviewer to</td>
</tr>
<tr>
<td></td>
<td>review the exam. Direct practice students should contact Dr. Ko. Macro</td>
</tr>
<tr>
<td></td>
<td>students should contact Dr. Uradia for the identity of their reviewer.</td>
</tr>
<tr>
<td>May 13, 2019</td>
<td>Retake Examination</td>
</tr>
<tr>
<td></td>
<td>Location and time TBA</td>
</tr>
<tr>
<td>May 14, 2019</td>
<td>Results of Retake Exam will be sent to you by Dr. Fuentes.</td>
</tr>
</tbody>
</table>
ELIGIBILITY
To be eligible to take the written comprehensive examination you must meet ALL of the following criteria by the deadline date:

1. Complete all first year classes (31 units) and SW 744 or 740, SW 791, and 750 or 755 (4 units) with a minimum grade in each course of C in each letter graded course.
2. Be advanced to candidacy
3. Have a cumulative 3.0 GPA
4. Have no incomplete grades
5. Have filed for May graduation or be eligible to graduate in August or December

If you are not eligible to take the examination you will have to wait until the Spring 2020 semester to take the examination. Taking the exam assumes that your eligibility problem has been cleared up. There are no exceptions to this rule so it is the students’ responsibility to insure that they meet all eligibility criteria.

ELIGIBILITY LIST
You will receive by email a list of all eligible students by concentration on March 29, 2019. If you do not receive an email indicating your eligibility, it means:

   a. You are a Plan A student doing a thesis or doing the Alternative publication option
   b. You have not met one or more eligibility criteria
   c. We made an error

If you were left off the list, put under the wrong concentration, or do not plan to take the examination, please contact Dr. Fuentes by phone at 619-594-3555, email (dahlia.fuentes@sdsu.edu), or stop in at her office HH-119.

EXAMINATION FORMAT
The examination is a four-hour exam focusing on your second year concentration in either the direct practice or administrative practice area. The macro students will be given a practice case to analyze utilizing an essay approach. The direct practice students will be given a series of vignettes where they will be asked to answer a series of objective questions that are related to that vignette. The direct practice exam will also include a series of objective questions covering a variety of topic areas, and these questions do not refer to a specific vignette. Both formats (essay and objective) require students to use appropriate social work intervention models, knowledge/skills, and methods of evaluating those interventions

WHAT TO BRING
The School will provide Scantron forms. You should bring the following items with you to the examination:

   a. Your RED ID card for identification
   b. #2 pencil(s) for filling out the scantron answer sheet
   c. A good quality eraser for changing your answers on the scantron answer sheet
**No cell phones are allowed in the exam room.**

**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 619-594-6865, and leaving a phone message, or informing HH 119 office staff directly, or by e-mailing Dr. Fuentes (dahlia.fuentes@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 above. In addition, contact the School as early as possible so your request can be evaluated before the exam. If you are unable to inform the school of your request before exam you must present a justification and 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 present, the School will decide whether or not you are eligible to take the exam on the second examination day as your first try.

c. If you do not meet the conditions in a and b, or the School decides based on the evidence you present that your reason for missing the exam was not justified, you forfeit your first examination try. This forfeit means you have only 2 actual chances to take the examination. You are eligible to take the examination in May 13, 2019 which is the date scheduled for the retake examination. You need to follow procedures outlined in this document in order to take the exam.

**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 procedures outlined in this document have not been followed by the School. 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 Student Ability Success Center (SASCS). Students requiring these arrangements must contact Dr. Eunjeong Ko (The Graduate Advisor) and go through the appropriate procedures and documentation at Student Ability Success Center.

**EVALUATING THE EXAMINATION**
Students must mark their Scantron form carefully using a #2 pencil. To change an answer a student must **completely erase** the former answer with a **clean eraser**. If a student has doubts about whether an answer was completely erased, please complete a new Scantron.

A Scantron machine will be used to score this test. The grade will be based on how the machine reads the Scantron. There will be 100 questions used to calculate the student’s
score, and a score of 75 or more is a passing score. Students will have up to 4 hours to
complete the exam. Questions may be included on the exam that are under consideration
for use in future presentations of the exam. These will not be identified in the exam, but
they will not be used in the calculation of your final score.

**NOTIFICATION OF RESULTS**
Results for the exam will be emailed to students by April 15, 2019. If a problem arises in
the notification process, you will be contacted by Dr. Fuentes.

**EXAMINATION REVIEW-FAILURES**
For both Advanced Direct Practice and Administration and Community Development
students, you will be assigned a faculty member to review your exam performance. The
faculty member will not go over specific items in the exam nor will he/she allow you to read
test items. The aim is to help you understand the areas in which you are weak as you
prepare for your retake. You are not allowed to remove the examination from the faculty
member's office or to make copies.

**SECOND EXAMINATION PROCEDURE**
Procedures duplicate the conditions of the first examination process. All the same
expectations of the first examination will apply again and different examinations will be
given. The different examinations, however, reflect the same set of knowledge and skills
requirements, as the initial examinations required.

If you plan to retake the examination you must notify Dr. Fuentes by phone at 619-594-
3555, by email (dahlia.fuentes@sdsu.edu), or stop by her office (HH-119). If you do not
notify us, you will not be permitted to sit for the examination(s).

**SECOND EXAMINATION EVALUATION/NOTIFICATION**
Evaluation and notification procedures for the second examination process are handled
somewhat differently. Students will be emailed to confirm the date/time and location of the
retake exam. Results will not be communicated over the telephone. Results of the
examination will be emailed to the students.

**THIRD EXAMINATION PROCESS**
If a student fails the examination a second time, a meeting must be scheduled with Dr. Ko
(The Graduate Advisor). At this meeting, a review of the issues and processes up to that
point is made. No student is allowed to sit for the comprehensive examination for a third
time until a written plan of action is developed and implemented to address the deficit
areas or skills identified. The Student Affairs Committee must approve the written plan of
action and approve its satisfactory completion. No student will be permitted to take the
comprehensive examination a third time until April 2020.

**EXAM INTEGRITY**
Your exam will be numbered and you will sign for receipt, and again when you return it.
The Exam must be returned in order for you to receive a grade. **No cell phones are
allowed in the exam room.** If you need to leave the room during the exam you must ask
the Proctor for permission. The Proctor will hold Direct Practice student’s scantron sheets
while they are out of the room. Violations of any of the above may lead to the
disqualification of your exam.
STUDY GUIDE

I. Direct Practice

The Comprehensive Exam, while primarily addressing Direct Practice content, draws on material studied in the Foundation Year and basic policy principles and applications at the advanced year. The exam is, therefore, comprehensive in its scope.

If you are analyzing a direct practice vignette:
A series of vignettes will be presented which vary in length and detail. Following each vignette, a number of questions will be posed that address some or all of the following areas. The “stand alone” questions that do not relate to a specific vignette are also based on these areas.

<table>
<thead>
<tr>
<th>General Area</th>
<th>Specific Content to be Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsychosocial assessment</td>
<td>Impact of current environmental and social issues; gathering developmental and social history; mental status exam; assessing biological and psychological functioning; assessing risk factors; assessing the presenting problem(s) and underlying individual and/or family issues</td>
</tr>
<tr>
<td>Diagnostic impressions</td>
<td>Developing a diagnostic impression or problem description; knowledge of the purpose and application of the Diagnostic &amp; Statistical Manual (DSM), process of exploring and analyzing relevant biological, psychological, ecological and high risk factors for clients</td>
</tr>
<tr>
<td>Clinical case management: coordination of adjunctive resources; client advocacy and support</td>
<td>Person-In-Environment; intervention planning, evaluative criteria; appropriate referrals to other resources and services, and advocacy for clients</td>
</tr>
<tr>
<td>Practice theories/models:</td>
<td></td>
</tr>
<tr>
<td>Under each practice theory</td>
<td>Systems/Ecological:</td>
</tr>
</tbody>
</table>
concepts are used to understand client functioning and applied; strengths and limitations in terms of demonstrated efficacy, appropriateness with diverse populations

<table>
<thead>
<tr>
<th>Providing therapeutic intervention</th>
<th>Crisis intervention and support; individual, couples, adolescents, family therapy and therapeutic issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human diversity</td>
<td>Issues of culture, race, ethnicity, sexual orientation, gender, religion, age, or disability; appropriate professional conduct and response in the context of culturally sensitive practice</td>
</tr>
<tr>
<td>Legal requirements</td>
<td>Protective issues, professional conduct in California; legal issues related to dangerous client situations</td>
</tr>
<tr>
<td>Ethical standards</td>
<td>Professional conduct: understanding one's scope of competency and responsibility in dangerous client situations; awareness of professional strengths and limitations, NASW Code of Ethics</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Evidence-based practice issues, research designs, research strategies, instruments and tools; advantages and limitations of using evidence-based interventions</td>
</tr>
</tbody>
</table>

- **Behavioral/Social Learning:**
  - Practice Models: Behavior Therapy, Task Centered Therapy, Dialectical Behavioral Therapy, Prolonged Exposure Therapy, Exposure and Response Prevention Therapy, Eye Movement Desensitization Therapy (EMDR), Structural Family Therapy, Strategic Family Therapy, Psychoeducational Family Therapy, Parent Child Interaction Therapy, Behavioral Couples Therapy, Behavioral Parent Training

- **Cognitive Theory:**
  - Practice Models: Cognitive Therapy (Beck), Rational Emotive Behavior Therapy (Ellis), Cognitive-Behavioral Therapy, Motivational Interviewing, Solution-Focused Therapy (Constructivist), Narrative Therapy, Trauma Focused Cognitive-Behavioral Therapy, Cognitive-Behavioral Play Therapy, Trauma Outcome Process

- **Humanistic Theory:**
  - Practice Models: Client Centered Therapy, Experiential Family Therapy

Providing therapeutic intervention

Crisis intervention and support; individual, couples, adolescents, family therapy and therapeutic issues

Human diversity

Issues of culture, race, ethnicity, sexual orientation, gender, religion, age, or disability; appropriate professional conduct and response in the context of culturally sensitive practice

Legal requirements

Protective issues, professional conduct in California; legal issues related to dangerous client situations

Ethical standards

Professional conduct: understanding one's scope of competency and responsibility in dangerous client situations; awareness of professional strengths and limitations, NASW Code of Ethics

Evaluation

Evidence-based practice issues, research designs, research strategies, instruments and tools; advantages and limitations of using evidence-based interventions
Suggested topics and selected bibliography to guide preparation for the Comprehensive Examination taken by students in the Direct Practice

A. Individual Approaches to Change – SW 744

I. Practice Theories / Models:
   Under each practice theory are listed practice models that are primarily based on that particular theory. Content to be covered in each theory or model may include: major theorists; major concepts explicated by the theory/model; how the concepts are used to understand client functioning and applied; strengths and limitations in terms of demonstrated efficacy, appropriateness with diverse populations.

   A. Systems/Ecological
      1. Practice Models: Generalist Intervention Model (Problem-solving), Clinical Case Management, Multisystemic Therapy, Family System Approaches

   B. Psychodynamic - Major Developmental Theories: Psychoanalysis (Freud), Ego Psychology (Erikson), Attachment Theory (Bowlby), Object Relations Theory (Winnicott, Mahler, Sullivan), Self Psychology (Kohut), Bowen Family Systems Therapy
      1. Practice Models: Ego Supportive Therapy (Goldstein), Brief Therapy, Crisis Theory/Crisis Intervention, Interpersonal Therapy

   C. Behavioral/Social Learning
      1. Practice Models: Behavior Therapy, Task-Centered Therapy, Dialectical Behavioral Therapy, Prolonged Exposure Therapy (PE), Exposure and Response Prevention (EX/PR), Eye Movement Desensitization Therapy (EMDR), Structural family Therapy, Psychoeducational Family Therapy, Parent Child Interaction Therapy, Behavioral Couples Therapy, Behavioral Parent Training

   D. Cognitive Theory
      1. Practice Models: Cognitive Therapy (Beck), Rational Emotive Behavior Therapy (Ellis), Cognitive-Behavioral Therapy, Motivational Interviewing, Solution-Focused Therapy (Constructivist), Narrative Therapy, Trauma Focused Cognitive-Behavioral Therapy, Cognitive-Behavioral Play Therapy, Trauma Outcome Process

   E. Humanistic Theory
      1. Practice Models: Client Centered Therapy, Experiential Therapy

II. Biopsychosocial Assessment

   A. Includes: assessing the presenting problem(s), underlying individual, and/or family issues; developmental, family, and social history; assessing biological and
psychological functioning; assessing risk factors, mental status exam; and impact of current environmental and social issues.

B. Using a Social Work Practice Framework to Guide Clinical Interventions with Individual Adult Clients
   1. Selection Criteria: What Works for Whom: Application of EBP Principles regarding efficacy with specific populations
   2. Short-term vs. Long-term Psychotherapy Approaches
   3. Cultural issues; Context of treatment – how could interventions be tailored to different cultures
   5. Issues for the Therapist

III. Assessment and Diagnosis
   A. Diagnostic Impressions
      1. Developing a diagnostic impression or problem description
      2. Knowledge, purpose, and application of the Diagnostic & Statistical Manual (DSM)
      3. Implementation of DSM skills in assessment; cultural impact of diagnosis
      4. Exploring and analyzing relevant biological, psychological, ecological, and high risk factors for clients
      5. Mental Status Examination (MSE); content and use of the MSE
   B. Diversity and Culture
      1. Cultural assessment and competency
      2. Cultural sensitive practice with issues of race, ethnicity, religion, spirituality, age, disability, sexual orientation, gender and gender identity and expression
      3. Mental health disparities for ethnic minorities

IV. Legal and Ethical Issues Impacting Social Work Practice
   A. Confidentiality, privileged communication and exceptions, high-risk assessments and interventions with dangerous clients’ situations (danger to self, others [Tarasoff], gravely disabled, mandated laws, scope of practice, California laws and mental health practice, minors and treatment, involuntary hospitalization [5150], HIPAA, record keeping, and documentation
   B. Professional conduct, professional boundaries/dual relationships, disciplinary action, scope of competency, informed consent, ethical dilemmas, ethical decision-making, and NASW Code of Ethics

V. Clinical Case Management
   A. Coordination of adjunctive resources, client advocacy and support
   B. Person-In-Environment – intervention planning, appropriate referrals to other resources and services, and advocacy for clients.

VI. Therapeutic Intervention and Techniques
   A. Individuals, couples, children and adolescents, family therapy
   B. Crisis intervention and support (support systems and service delivery)
   C. Basic psychopharmacology in social work practice
   D. Group approaches as appropriate
VII. Recommended Topics in Preparation of the Comprehensive Exam:

Suggested theories and causes, multidimensional-functional assessment, treatment planning, selected interventions (therapies, practice models, medication), transference countertransference, effects on the practitioner, termination, relapse prevention, special concerns, and practice issues and topics when working with the following client populations. (*Reminder to include children and adolescents when considering certain diagnoses.*)

A. Working with Persons on Schizophrenia Spectrum and Other Psychotic Disorders
B. Working with Persons with Mood Disorders
   1. Depression and Depressive Disorders
   2. Bipolar and Related Disorders
C. Working with Persons with Anxiety Disorders
   1. Panic Disorder, Panic Attacks, Specific Phobias, Agoraphobia, Separation Anxiety Disorder
D. Working with Persons with Obsessive-Compulsive Related Disorders
E. Working with Persons with Trauma-Stressor-related Disorders
   1. Reactive Attachment Disorder, Post-traumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorder
F. Working with Persons with Personality Disorders
G. Working with Persons with Substance-Related and Addictive Disorders
H. Working with Major and Mild Neurocognitive Disorders
   1. Consider Alzheimer’s Disease, Dementia considerations, Traumatic Brain Injury
I. Working with Persons with Disruptive, Impulse-Control, and Conduct Disorders
J. Working with Persons with Neurodevelopmental Disorders
   1. Intellectual Disabilities, Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder
K. Working with Persons with Eating Disorders
   L. Identifying the impact of those suffering loss and mourning issues

B. Family Approaches to Change – SW 739

I. Family Approaches to Change (SW 739)

1. Family Systems
2. Structural Family Therapy
3. Bowenian Family Systems Therapy
4. Experiential Family Therapy
5. Psychoeducational Strategies

II. The Family Context (SW 739)

1. Comprehensive and ongoing assessment of the individual within the context of the family, and of the family within larger systems
2. Individual and family high risk and underlying issues  
3. Family Life Cycle  
4. Communication  
5. Boundaries, structure, roles and rules  
6. Family of origin issues  
7. Parents use of children as objects through parentification and projective identification  
8. Identified patient’s symptoms (i.e., acting out behavior, depression) and their relationship to family system dynamics, roles, structure, etc.  
9. Individual and family separation and differentiation issues  
10. Ethnocultural, racial, religion/spirituality, immigration, and socioeconomic contexts  
11. Strengths, social support, cultural and other emotional and instrumental resources at the individual-, family-, and community-level

C. Research / Evaluation - SW 791

1. Major risk areas and underlying issues at the individual- and family-level addressed in evaluation plan  
2. Using the EBP process to guide the choice of interventions  
3. Use of appropriate design, measurement tools, and procedures to evaluate goals of practice effectiveness and guide choice of intervention.  
4. Research Plan  
   a. Formulation and implementation of a relevant evaluation plan (including but not limited to the use of instrument and measurement tools)  
   b. The use of observation, self-report, and collateral information to evaluate practice and progress toward set goals  
   c. Appropriate data analysis plan (visual and statistical procedures)  
   d. Advantages and limitations of using evidence-based interventions

D. Skills - SW 744, 791, 739

1. Demonstration of skill in the application assessment and diagnostic knowledge to specific cases, as evidenced by application to a variety of vignettes and stand-alone questions.  
2. Demonstration of skill in the application of specific interventions, modalities and processes in the three phases of treatment, as evidenced by application to a variety of vignettes and stand-alone questions.  
3. Demonstration of skill in the referral process of direct social work practice in preventive and adjunctive services, as evidenced by application to a variety of vignettes and stand-alone questions.  
4. Demonstration of understanding one’s scope of competency and ethical and legal issues related to confidentiality, professional conduct, and high risk client situations (e.g., child abuse, elder abuse, domestic violence, Tarasoff concerns) as evidenced by application to a variety of vignettes and stand-alone questions.  
   a. Conscious use of the NASW Code of Ethics in guiding social work practice  
   b. Conscious use of self in providing culturally-relevant, sensitive, and
competent services at the individual, family, and community-level

Direct Practice (744 & 739)


Direct Practice Evaluation


Recommended

California Legislation, California Law: [www.leginfo.legislature.ca.gov](http://www.leginfo.legislature.ca.gov)


Or:

II. Administration & Community Development

The Comprehensive Exam, while primarily addressing content from SW 740 and SW 720 Civic Engagement, also draws on material studied in the Foundation Year and basic policy principles and applications in the advanced year. The exam is, therefore, comprehensive in its scope.

A series of vignettes will be presented which vary in length and detail. Following each vignette, a number of close-ended, multiple-choice questions will be posed, totaling 100. The questions will address all 9 EPAS competencies via Administration & Community Development content.

Suggested topics and selected bibliography to guide preparation for the Comprehensive Examination taken by students in the Administration and Community Development Concentration.

1. Social Work 740: ADVANCED SEMINAR IN SOCIAL WORK ADMINISTRATION AND COMMUNITY DEVELOPMENT

a. Strategic management
   Mission, vision, & values
   Stakeholders
   SWOT analysis
   Strategy implementation

b. Marketing
   4 P’s: product, price, place, promotion
   Marketing audit
   Market niche, positioning
   Market mix

c. Social Enterprise and Innovation
   Changing the way social workers do business
   Business planning for social workers
   Human centered design thinking
   Change management

d. Finance
   Financial management
   Financial leadership
   Direct and indirect costs
   Cost efficiency, cost effectiveness
   Program structures and responsibility centers
   Break even analysis
   Revenue and expense analysis
   Cutback management
e. Governance and boards
   Roles: Board, CEO
   Board functions
   Board member criteria
   Board development

f. Performance Management
   Management audits
   Performance measurement: outputs, outcomes
   Cost effectiveness

g. Diversity and discrimination
   Diversity principles & practices
   Management of a multicultural workforce

h. Ethics & Values
   Ethical issues & requirements
   Ethical dilemmas in administration
   Ethics audit


<table>
<thead>
<tr>
<th>General Area</th>
<th>Specific Content to be Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asset-based Community Development, Assessment</td>
<td>Asset mapping: Identifying stakeholders, internal and external potential partners and resources, shared interest and values and how it differs from traditional needs assessments, Social capital (bridging, bonding, linking), 5 steps to whole community mobilization, Community asset checklist, Community readiness model</td>
</tr>
<tr>
<td>Cultural Responsiveness &amp; Entering Communities</td>
<td>Understanding the contexts of historical cultural trauma impacting communities; Microaggressions; Cultural humility; Entering &amp; engaging diverse communities and recognizing your role as a community worker; Interpersonal social work skills for community practice; Relational building, bridging, and establishing trust as an organizer; Community mobilization; Finding gatekeepers; Social and economic justice practice; Restorative justice</td>
</tr>
<tr>
<td>Strategies/Tactics of Civic Engagement and Community Organizing</td>
<td>Developing organizing capacity; Recognizing leadership and capacity in various community groups, e.g. youth, elders, artists, business owners; Interviewing (one-on-one, online engagement, knocking on doors, community events); Neighborhood and community organizing; Consensus and conflict organizing;</td>
</tr>
</tbody>
</table>
Social, economic, & sustainable development (e.g., food justice); Movements for progressive change; social action; Coalitions; Collective impact model

Political Participation of Social Workers (Advocacy, Lobbying)
Advocacy, e.g., understanding how a policy affects a community (e.g., Grand Challenges of Social Work or local/state/federal policies); Identifying stakeholders; Developing and Implementing a Plan for Advocacy and Lobbying (Launching/getting approval; 8 Planning steps)

Evidence-based Community Practice
Community based participatory research methods (steps of interviewing, community advisory boards, etc., identifying “wins” and ongoing assessment of agreed upon change)

Ethics in Community Practice
Ethical conduct of research; Ethical conduct of practice; Empowering marginalized communities; Sustainability, community ownership

Grantsmanship
Integrating civic engagement into grant proposals; engaging communities and stakeholders; Elements of a grant proposal

3. SW 791: RESEARCH

a. Qualitative and mixed methods evaluations
b. Formative and process evaluation
c. Single system research designs
d. Client satisfaction
e. Measurement tools
f. Data analysis

4. ORGANIZATION AND COMMUNITY PRACTICE (SW 632)

a. Program design & development
   Principles of program design
   Goals, objectives, activities
   Logic Models
   Evidence based practice in program design
   Management by objectives (MBO)

b. Management information systems
   Inputs, throughputs, outputs, outcomes

c. Organizational Climate and Culture
Norms, values, and ethics

d. **Leadership**
   - Trait theories
   - Situational leadership
   - Contingency theories
   - Visionary leadership
   - Transactional and transformational leadership

e. **Organizational Change**
   - Change tactics: create urgency, develop support and address resistance, develop an action system, implement the plan
   - Problem solving groups
   - Total Quality Management
   - Management analysis
   - Team building
   - Employee attitude survey

f. **Diversity and Ethics**
   - Creating diverse workplaces

g. **Community Practice**
   - Community change
   - Knowing your community
   - Power
   - Building the organizing effort
   - Strategies and tactics
   - Enhancing the quality of neighborhoods
   - Theory of Change outcomes
   - Grand Challenges of Social Work

**BIBLIOGRAPHY**

**Administrative Practice:**


**Evaluation Research:**

HBSE Civic Engagement:


Recommended articles/excerpts:


